

Table of Contents

State/Territory Name: Oregon

State Plan Amendment (SPA) #: 24-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 4, 2024

Dr. Sejal Hathi, Director
Oregon Health Authority
500 Summer St NE
Salem, OR 97301

Re: Oregon State Plan Amendment (SPA) 24-0003

Dear Director Sejal Hathi:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-24-0003. This amendment will expand Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services in alignment with 1115 waiver renewal.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.40 and 42 CFR 441 Subpart B. This letter is to inform you that OR-24-0003 was approved on March 4, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Maria Garza at 206-615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. A blue ink scribble is visible below the redaction.

Digitally signed by
James G. Scott -S
Date: 2024.03.04
20:04:02 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Jesse Anderson, Oregon Health Authority State Plan Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 3

2. STATE

OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/1/24

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.40 and 42 CFR 441 Subpart B

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 1,833,425
b. FFY 2025 \$ 2,444,566

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 2-a, 2-a.1, 2-a.2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Page 2-a, 2-a.1

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to expand EPSDT services in alignment with the 1115 waiver renewal approval.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Vivian Levy

13. TITLE

Interim Medicaid Director

14. DATE SUBMITTED

1/19/24

15. RETURN TO

Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

FOR CMS USE ONLY

16. DATE RECEIVED

January 19, 2024

17. DATE APPROVED

March 4, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
Digitally signed by James G. Scott -S
Date: 2024.03.04 20:05:21 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

LIMITATIONS ON SERVICES (Cont)

4.a. Nursing Facility Services for age 21 or Over

Nursing facility service is subject to a maximum cost reimbursement.

4.b. Early and Periodic Screening, Diagnostic and Treatment of those Under Age 21

The Medicaid program's benefit for enrolled children and adolescents is known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income individuals under age 21 as specified in section 1905(r) of the Act. Section 1905(r) of the Act requires states to have available medically necessary health care, diagnostic services, treatment, and other measures defined in section 1905(a) of the Act in order to correct or ameliorate defects and physical and mental illnesses and conditions discovered by screening services whether or not such services are covered in the state plan. Individuals under age 21 are entitled to EPSDT services whether they are enrolled in a managed care plan or receive services in a fee-for-service (FFS) delivery system.

All 1905(a) benefits are covered for EPSDT eligible children pursuant to sections 1902(a)(10)(A), 1905(a)(4)(B), and 1905(r) of the Act.

- Early: Assessing and identifying problems early;
- Periodic: Checking children's health at periodic, age-appropriate intervals;
- Screening: Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems;
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified; and
- Treatment: Control, correct, ameliorate or reduce health problems found.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

LIMITATIONS ON SERVICES (Cont)

4.b. Early and Periodic Screening. Diagnosis and Treatment of those Under Age 21 (Cont)

Screening visits at age-appropriate intervals follow the American Academy of Pediatrics and Bright Futures guidelines and periodicity schedule.

Coverage of transplants and transplant-related services is available for individuals under the age of 21 based on medical necessity.

All medically necessary diagnosis and treatment services permitted under Medicaid statute will be furnished to EPSDT recipients. The service limitations outlined elsewhere in Attachment 3.1-A do not apply to EPSDT recipients unless the service limitation is determined to fit the medically necessary criteria used by the Medical Assistance Programs. Medical necessity is determined on a case-by-case basis through clinical review.

4.c. Family Planning Services

Family planning services are those intended to prevent or delay pregnancy, or otherwise control family size. Clients may seek family planning services from any provider enrolled with the Division, even if the client is enrolled in a Managed Care entity. Family Planning services include: Annual examinations and treatment by medical professionals; Contraceptive education and counseling to address reproductive health issues; Laboratory examinations and tests; Medical and surgical procedures, including tubal ligations and vasectomies; Pharmaceutical supplies and devices to prevent conception.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.d. Tobacco Cessation Counseling Services for Pregnant Women:

1) Face-to-Face Tobacco Cessation Counseling Services provided

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under state law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under state law and who is specifically designated by the Secretary in regulation (none are designated at this time)

❖ Describe any limits on who can provide these counseling services.

2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Oregon's tobacco cessation program includes more sessions/ visits/ treatment than listed above.

TN No. 24-0003

Approval Date: 3/4/2024

Effective Date: 1/1/2024

Supersedes TN No. NEW