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State/Territory Name: Oregon

State Plan Amendment (SPA) #: OR-21-0133

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850

Children and Adults Health Programs Group

October 18, 2022

Dana Hittle
Interim Medicaid Director
Oregon Health Authority
500 Summer Street Northeast, E-49
Salem, OR 97301-1079

Dear Ms. Hittle:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number OR-21-0133, submitted on November 22, 2021 with additional information received on October 17, 2022, has been approved. This SPA has an effective date of December 1, 2021.

This amendment implements a health services initiative (HSI) program to support families through the Oregon Parenting Education Collaborative (OPEC). OPEC aims to provide parents with high-quality, parenting education programs and parenting support through programs and partnerships that are evidence-based and culturally responsive. OPEC will facilitate parenting classes, workshops, parenting support activities, individual and small-group parent coaching, family activities/events, and home visitation with a culturally-specific curriculum. HSI resources will be used to fund in-person group parenting classes where qualifying low-income families are directly supported with transportation assistance, childcare, and food to overcome barriers to participation.

This approval is based on section 2105(a)(l)(D)(ii) of the Social Security Act (the Act) and 42 CFR §§ 457.10 and 457.618, which authorize use of title XXI administrative funding for HSIs that improve the health of children, including targeted low-income children and other low-income children. Consistent with section 2105(c)(6)(B) of the Act and 42 CFR § 457.626, title XXI funds used to support an HSI cannot supplant Medicaid or other sources of federal funding.

The state shall ensure that the remaining title XXI administrative funding, within the state's 10 percent limit, is sufficient to continue the proper administration of the CHIP program. If such funds become less than sufficient, the state agrees to redirect title XXI funds from the support of this HSI to the administration of the CHIP program. The state shall report annually to CMS the expenditures funded by the HSI for each federal fiscal year.

Your title XXI project officer is Shakia Singleton. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8102
E-mail: Shakia.Singleton@cms.hhs.gov

If you have any questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Sarah deLone/

Sarah deLone
Director

CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Oregon

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR 457.40(b))
Designee-Medicaid Director
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Patrick Allen	**Position/Title: Director, OHA**
Name: Dana Hittle	**Position/Title: Interim Director, Medicaid/CHIP**
Name:	**Position/Title:**

***Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is** 0938-1148 (CMS-10398 #34)**. The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.**

1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan
Effective Date: **July 1, 1998**
Implementation Date: **July 1, 1998**

State Plan Amendment #2: Minor revisions to performance measures in approved XXI State Plan
Submitted: May 30, 2000
CMS Approved: September 11, 2000

State Plan Amendment #3: Increase enrollment cap to 19,800
Submitted: December 12, 2000
CMS Approved: March 9, 2001

State Plan Amendment #4 Compliance with final CHIP regulations and updated program descriptions
Submitted: July 31, 2002
CMS Approved: April 15, 2003

State Plan Amendment #5: Asset limit increase to $10,000
Submitted: August 19, 2004
CMS Approved: November 10, 2004
Effective date: October 1, 2004

State Plan Amendment #6: Duration of eligibility period increased to 12 months
Submitted: May 16, 2006
CMS Approved: August 1, 2006
Effective Date: June 1, 2006

State Plan Amendment # 7: Unborn child expansion
Submitted: July 31, 2007
Approved: April 9, 2008
Effective: April 1, 2008

State Plan Amendment #8: Require SSN on application
Submitted: September 13, 2007
Approved: December 12, 2007
Effective: October 1, 2007

State Plan Amendment # 9: Transition the following targeted low income children from Section 1115 demonstration to the state plan: children ages 0 through 18 above 170 percent of the FPL up to 185 percent of the FPL.
Submitted: November 30, 2007
Approved: September 16, 2008
Effective: November 1, 2007

State Plan Amendment # 10: This amendment expands the income eligibility level for CHIP children through age 18 from 185 percent of the Federal poverty level (FPL) up to and including 300 percent of the FPL under the State's Healthy Kids initiative. This SPA is a companion amendment to the State's section 1115 title XXI demonstration amendment. This SPA also creates a new private insurance option, referred to as Healthy KidsConnect, specifically for children from 200 up to and including 300 percent of the FPL under Secretary-approved coverage under the CHIP state plan. In addition, this SPA institutes an Application Assistance Program to assist families applying for CHIP and other child health programs in the State as part of its Healthy Kids initiative, finances an outreach and enrollment grant program designed to provide culturally-specific and targeted outreach and direct application assistance to families in racial, ethnic and language minority communities living in geographic isolation or with additional access barriers, reduces the waiting period of uninsurance for CHIP coverage from 6 months to 2 months, and eliminates the asset test in CHIP This amendment will have a retroactive effective date of October 1, 2009, for the expansion of eligibility from 185 percent of FPL up to and including 200 percent of the FPL, as well as for the application assistance program, outreach and enrollment grant program, the waiting period reduction, and elimination of the asset test.
Submitted: July 27, 2009
Effective: October 1, 2009

This amendment will also have an effective date of January 1, 2010, for the expansion of eligibility above 200 percent of the FPL up to and including 300 percent of the FPL. However, the State must receive approval for its section 1115 demonstration amendment in order to permit children to enroll in its premium assistance programs.
Submitted: July 27, 2009
Approved: December 18, 2009
Effective: January 1, 2010.

State Plan Amendment #11: Expand Unborn population coverage to Benton, Clackamas, Hood River, Jackson and Lincoln counties.
Submitted: August 26, 2009
Effective: October 1, 2009
This amendment also closes the expansion in Lincoln County effective December 31, 2009.
Submitted: December 22, 2009
Approved: September 20, 2010
Effective: January 1, 2009

State Plan Amendment # 12: CHIPRA provisions related to those who have not met the 5 year waiting period for immigrant children.
Submitted: July 27, 2009
Approved: May 18, 2010
Effective: October 1, 2009

State Plan Amendment # 13: Designate express lane eligibility agencies as the Supplemental Nutritional Assistance Program (SNAP) and selected Department of Education, National School Lunch Program (NSLP).
Submitted: August 9, 2010
Approved: October 21, 2010
Effective: August 1, 2010

State Plan Amendment #14: Expand Unborn population coverage to Lane county.
Submitted: October 11, 2010
Effective: January 1, 2011
This Amendment also revises the budget month used for income eligibility
Approved: December 30, 2010
Effective: November 1, 2010

State Plan Amendment #15: withdrawn

State Plan Amendment #16: Expand Unborn population coverage to Columbia, Crook, Douglas, Josephine, Jefferson, Morrow, Union and Wasco county.
Submitted: March 28, 2011
Effective: July 1, 2011
Approved: May 26, 2011

State Plan Amendment #17: (a) Expand Unborn population coverage to Umatilla county. (b) Provisions implementing temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in Governor or FEMA declared disaster areas. In the event of a natural disaster, the State will notify CMS that it intends to provide temporary adjustments to its enrollment and/or redetermination policies, the effective and duration date of such adjustments, and the applicable Governor or FEMA declared disaster areas. (c) This amendment also closes the expansion in Josephine county effective July 1, 2011.
Submitted: March 29, 2012
Effective: April 1, 2012
Approved: April 30, 2012

State Plan Amendment # 18: This amendment is to provide federal funding for the Oregon Poison Center (OPC) under a health services initiative.
Submitted: May 4, 2012
Effective: April 1, 2012
Approved: September 27, 2012

State Plan Amendment # 19: Children currently enrolled in Healthy KidsConnect with incomes between 200 and 300% FPL will be converted to CHIP direct coverage. Expand OHP Plus direct coverage to children to at or below 300% and reduce the period of uninsurance from 2 months to zero.
Submitted: 8/29/13
Effective: 8/23/13
This Amendment also expands the unborn population coverage statewide.
Submitted: 8/29/13
Effective: 10/1/13
Approved: 11/22/13

State Plan Amendment # 120 (13-0120) ACA MAGI elig. Form CS15 Adds new subsection 4.3.4, CS13 adds new subsection 4.3.5. CS7, CS8 Supersede section 4.1.1, 4.1.2 and 4.1.3.
Submitted: 11/12/13
Effective: 1/1/14
Approved: 2/10/14

State Plan Amendment # 121 (13-0121) ACA elig process. Form CS24 supersedes section 4.3 & 4.4.
Submitted: 11/12/13
Effective: 1/1/14
Approved: 5/5/14

State Plan Amendment # 122 (13-0122) ACA established 2101(f). Form CS14 adds new subsection 4.1. 10.
Submitted: 11/12/13
Effective: 1/1/14
Approved: 2/3/14

State Plan Amendment #123 (13-0123) ACA Non financial elig. Form CS17 superseded section 4.1.5. CS18 superseded section 4.1.0, 4.1-LR; 4.1.1-LR. CS19 supersedes section 4.1.9. CS21 supersedes section 8.7. CS27 supersedes section 4.1.8 and CS28 supersedes section 4.4.3.
Submitted: 11/12/13
Effective: 1/1/14
Approved: 2/10/14

State Plan Amendment # 124 (13-0124) ACA Chip to XXI Medicaid. Form CS3 supersedes section 4.0.
Submitted: 11/12/13
Effective: 1/1/14
Approved: 2/3/14

State Plan Amendment # 127 (13-0124) FFM assessment designation. Form CS24
Submitted: 9/17/15
Effective: 11/1/15
Approved: 12/2/15

State Plan Amendment # 128 (18-0128) Mental Health Parity
Submitted: 6/29/18
Effective: 10/2/18
Approved:9/12/19

State Plan Amendment # 129 (18-0129) Hospital Presumptive Eligibility. Form CS28
Submitted: 7/18/18
Effective: 2/1/18
Approved:8/23/18

State Plan Amendment # 130 (OR-19-0130) CHIP MCO provisions
Submitted: 6/13/19
Effective: 7/1/18
Approved: 7/11/19

State Plan Amendment # 19-131 (OR-19-0131) Remove ELE
Submitted: 10/24/19
Effective: 7/1/19
Approved: 10/31/19

State Plan Amendment # 20-131 (OR-20-0131) CHIP COVID-19 provisions: Oregon is requesting to provide temporary adjustments to policies related to tribal consultation, changes in circumstances, and presumptive eligibility during the Federal COVID-19 public health emergency.
Submitted: 4/30/20
Effective: 3/1/20
Implementation date: 3/1/20
Approved: 6/30/20

State Plan Amendment OR-20-0132 CHIP Behavioral Health Coverage: Required preprint for BH benefit added as a mandatory benefit under the SUPPORT Act. Oregon had already included BH benefits since 1998.
Submitted: 6/18/20
Effective: 10/24/19
Approved: 3/16/21

State Plan Amendment OR-21-0133 CHIP HSI: This amendment is to add the Oregon Parenting Education Collaborative as a Health Services Initiative.
Submitted: 11/16/21
Effective: 12/1/21
Approved:

health services initiatives must meet the requirements of 42 CFR 457.1005.

2.2. **Health Services Initiatives-** Describe if the State will use the health services initiative option as allowed at **42 CFR 457.10**. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)

Oregon Poison Control Center program:
Oregon will use CHIP funds, within the 10 percent federal administrative expenditures cap allowed for states, to support the Oregon Poison Center (OPC). The OPC provides emergency telephone treatment advice, referral assistance, and information to manage exposures to poisonous and hazardous substances. The OPC answers poisoning emergency calls from the general public as well as health care providers needing assistance 24 hours a day, 365 days each year at no charge. At all times, Specialists in Poison Information, Certified Specialists in Poison Information, and toxicologists are available to manage cases. The service is provided via a toll-free telephone number to all communities throughout Oregon, including under-served, low income, and indigent populations. Services are available by use of an interpreter in over 150 languages and via telecommunications devices for the deaf and hearing impaired (TTY).

The OPC provides public education programs directed towards pediatric accidental poisoning as well as targeted "at-risk" populations. Educational materials and teaching curricula are distributed throughout the state, free of charge. Materials are also available in Spanish, Vietnamese and Russian. The OPC participates in a variety of community injury prevention including health fairs.

The OPC receives approximately 46,000 calls from Oregonians annually involving individuals exposed to poisons or hazardous substances. Sixty-four percent of all poisoning exposure calls received involve children under age 19. For CHIP eligible children, over 38 percent of the total calls relate to poisoning exposures of children in families whose annual household incomes is $44,700 or less (200% FPL for a family of 4 in 2011). In addition to calls regarding exposures, the OPC receives over 7,800 calls each year from Oregonians requesting information about poison prevention, effective use of chemicals, drug identification, substance abuse and other medical questions. These calls are considered preventive.
OPC intervention resulted in over 92 percent of the exposure calls (in children under age 19) being handled in the home so the children did not have to use an emergency department or need a 911 call and response.

The Authority has no special funding arrangement with the providers for these services and they retain 100% of the approved reimbursement from the state. Providers do not return any portion of the payments to the state.

Oregon Parenting Education Collaborative:

Background:
As permitted under section 2105(a)(1)(D)(ii) of the Social Security Act and federal regulations at 42 CFR 457.10, the State of Oregon is doing a health services initiative that will use CHIP funds, within the federal administrative expenditures cap allowed for states, to support the Oregon Parenting Education Collaborative (OPEC). The aim of this initiative is to improve children's social and emotional development by expanding the availability of parenting education and parenting support programs within the state. Parenting education has been shown to be effective in improving the emotional and behavioral adjustment of children and helping them to thrive, as well as enhancing the psychosocial well-being of parents. Currently, parenting education programs in Oregon are only providing access to a fraction of the families with children in Oregon.

OPEC is a statewide system of parenting education "Hubs," in support of the vision that all Oregon parents will have access to high-quality parenting education programs that support them in their critical role as their children's first and most important teachers. OPEC Hubs coordinate parenting education efforts for their regions and provide parenting education services and supports through direct service and partnerships that are evidence-based and/or culturally-responsive/-specific.

OPEC programs are for all families and strive to build community while honoring each family for their values, identities, home language, culture, and lived experiences. Currently, 41% of families receiving parenting education through OPEC are enrolled in Medicaid/CHIP and the majority (>60%) access one or more resources available to low-income families (e.g., Head Start). Hubs use a multipronged approach to reach families. This approach includes providing parenting education opportunities (e.g., multi-session class series, parenting workshops, family activities) that are open to all families in a given community or county as well as offering targeted parenting education opportunities that support families from specific backgrounds or with specific needs (e.g., culturally-specific parenting education, programs for teen parents). OPEC is administered by Oregon State University (OSU) in partnership with four Oregon foundations (Oregon Community Foundation, The Ford Family Foundation, Meyer Memorial Trust, and The Collins Foundation).

Through the OPEC statewide infrastructure, OPEC Hubs receive ongoing strategic planning and technical assistance support, have access to professional development for parenting education professionals, and engage in a robust data collection effort. The strength of the OPEC infrastructure along with OPEC's capacity for robust data collection has positioned OPEC well to serve as a state partner in effectively and rapidly expanding access to parenting education resources and programs.

The COVID-19 pandemic has brought heightened awareness to the role families play in supporting children throughout their development. Alarmingly, the context of the pandemic has placed increasing demands and stresses on family life, exacerbating existing challenges in family-related policies and supports and inequities. Children and youth (and by extension their parents/caregivers) are experiencing mental health crises and in need of support. Parenting education has the potential to fill this need for support at a critical time, to rapidly expand access to prevention supports, and to normalize/destigmatize these resources beyond the pandemic context.

Services:

OPEC Hubs offer a variety of family programs as part of their parenting education menu. Family programs include parenting class series, parenting workshops, parenting support activities, and family activities/events. Some Hubs additionally offer home visitation and one-on-one parent coaching provides parenting education to parents through a one-on-one approach in their own home, typically while their children are present. Home visitors often follow a set curriculum that can be adapted to the particular needs of the family. Programs are offered both virtually, through hybrid models, and in-person (using state-required safety protocols).

Supporting the delivery of evidence-based and culturally responsive parenting education programs requires attention to best practices that minimize barriers to family participation. As such, Hubs sometimes use funds for family meals (when classes are held during mealtimes) and snacks, transportation expenses (e.g., gas cards for families who would not otherwise be able to attend on account of limited transportation) and onsite childcare for classes conducted in person. Specifically:

Food: Food is supplied only to increase access to services and is primarily provided when classes are held during mealtimes. Snacks are occasionally provided during class time.

Transportation: Funds for transportation are only provided when it correlates to an expense incurred travelling to and from a parenting class. Given much of Oregon is rural, gas cards are occasionally supplied to families in need of transportation assistance. The amount of money in the gas card is based upon the mileage from home to class.

Childcare:
Some Hubs do provide onsite childcare for classes conducted in person. When childcare is provided it is only provided by licensed providers and in facilities that are licensed by the state.

ASSURANCES

Oregon Health Authority (OHA) assures that the Parenting Education Programs health services initiative described above will not supplant or match CHIP federal funds with other federal funds, nor allow other federal funds to supplant or match CHIP federal funds.

The OHA has no special funding arrangement and assures the *parenting education* providers retain all (100 percent) of the funds transferred (state and federal) to them for the services rendered.