
Table of Contents

State/Territory Name: Oregon

State Plan Amendment (SPA) #: OR-18-0129

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Oregon consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

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



Children and Adults Health Programs Group

AUG 23 2018

David Simnitt
Acting Medicaid Director
Oregon Health Authority
500 Summer Street NE, E-49
Salem, OR 97301-1379

Dear Mr. Simnitt:

I am pleased to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), OR-18-0129, has been approved. OR-18-0129 updates the CS28 to add hospitals as qualified entities to determine presumptive eligibility for children. This SPA has an effective date of July 1, 2018.

Your title XXI project officer is Ms. Janice Adams. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Adams' contact information is as follows:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
Mail Stop: RX-200
701 Fifth Avenue, Suite 1600
Seattle, WA 98104
Telephone: (206) 615-241
E-mail: Janice.Adams@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Adams and to Mr. David Meacham, Associate Regional Administrator (ARA) in our Seattle Regional Office. Mr. Meacham's address is:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
Mail Stop: RX-200
701 Fifth Avenue, Suite 1600
Seattle, WA 98104

Page 2 – Mr. David Simnitt

If you have additional questions or concerns, please contact Ms. Amy Lutzky, Director, Division of State Coverage Programs, at (410) 786-0721. We look forward to continuing to work with you and your staff.

Sincerely,

/ Anne Marie Costello /

~~A~~ Anne Marie Costello
Director

cc:

Mr. David Meacham, ARA, CMS Region X, Seattle

Control Panel

General Information

File Management

Tribal Input

Summary

Children's Health Insurance Program Eligibility: Summary Page

State/Territory Oregon

name: **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

OR-18-0129

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

07/01/2018 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 457.355, 435.1102, 2107(e)(l)(L) of the Act

Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 93 out of 2000

Changes to the application and training based upon alignment with the ONE eligibility system.

Signature of State Agency Official

Submitted By: Jesse Anderson

Last Revision Date: Aug 21, 2018

Date:

Submit Date: Jul 18, 2018

BACK

CONTINUE



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: OR - 18 - 0129

Separate Child Health Insurance Program **CS28**
General Eligibility - Presumptive Eligibility for Children

42 CFR 457.355 and 435.1102, 2107(e)(1)(L) and 1920A of the SSA

The CHIP Agency covers children when determined presumptively eligible by a qualified entity.

Describe the population of children to whom presumptive eligibility applies:

Targeted Low-income Children (2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320). HPE does not apply to the 'conception to birth/'unborn' population known in Oregon as the Citizen Alien Waived Emergent Medical (CAWEM) Plus population.

Describe the duration of the presumptive eligibility period and any limitations:

The presumptive period begins on the date the determination is made or the date that the individual received a covered service as long as the qualified hospital submits the decision to the Authority within 5 calendar days of the service date. The end date of the presumptive period is the earlier of: The date the eligibility determination for regular CHIP is made, if an application for CHIP is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for CHIP is filed by that date. The period of eligibility is once every 12 months.

Describe the application process and eligibility determination factors used:

The Hospital is responsible for making immediate eligibility determinations that: Are initiated using the OHA Hospital Presumptive Medical application (OHP 7260) and are based only on information provided by the applicant or his/her representative in Part 1 of the OHP 7260. No additional documentation or verification may be required at the time of the Hospital Presumptive Medical eligibility determination. Information required in order for the hospital to make the determinations are: Applicant's full legal name; Household's gross monthly income and family size; citizenship; state residency; and previous period of Hospital Presumptive Medical Assistance. At the time of the presumptive determination, the Hospital gives the applicant immediate written notice of whether s/he is eligible, or ineligible, for Hospital Presumptive Medical coverage.

Within 5 working days of each Hospital Presumptive Medical eligibility determination, the Hospital is responsible for submitting the a copy of the completed Approval or Denial Notice issued to the applicant along with a copy of the applicant's completed Hospital Presumptive Medical application to OHP Customer Service.

The CHIP Agency uses qualified entities, as defined in section 1920A, to determine eligibility presumptively for children.

Separate Child Health Insurance Program **CS30**
General Eligibility - List of Qualified Entities

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select the types of entities used to determine presumptive eligibility:



CHIP Eligibility

- Furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 *et seq.*)
- Any other entity the state so deems, as approved by the Secretary

	Name of entity	Description	
+	A qualified hospital	A qualified hospital is a hospital that: Participates as a provider under the CHIP, Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid/CHIP agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures. Has not been disqualified by the Medicaid/CHIP agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid/CHIP agency.	X

- The CHIP Agency assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.



CHIP Eligibility

	An attachment is submitted.	
--	------------------------------------	--

PRA Disclosure Statement

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. The time required to complete this information collection is estimated to average 50 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722