



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JAN 07 2010

Bruce Goldberg, MD, Director
Department of Human Services
Human Services Building
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number (TN) #09-010

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number #09-010. This amendment provides Medicaid and Children's Health Insurance Program (CHIP) coverage for children under age 19 pursuant to section 214 of the Children's Health Insurance Program Reauthorization Act (CHIPRA) who are qualified aliens and who would otherwise be subject to a five-year waiting period, and non-qualified aliens who are lawfully residing in the United States to the extent described in this plan amendment. Previously, these groups could only receive emergency services under Medicaid and were ineligible for CHIP. This change is reflected in Attachment 2.6-A, pages 2, 2a, 2b, and 2c.

This SPA is approved effective October 1, 2009.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Janice Adams at either janice.adams@cms.hhs.gov or (206) 615-2541.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Judy Mohr Peterson, Administrator, Office of Medical Assistance Programs
Sandy Hansen, State Plan Coordinator, Office of Medical Assistance Programs

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
09-10

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
1903(v) of the Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 \$1,350,663
b. FFY 2011 \$1,322,273

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 2, 2a, 2b, 2c (P+I)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.6-A, Page 2

10. SUBJECT OF AMENDMENT: This transmittal is being revised to lift 5 year ban for immigrant children. Part of CHIPRA regulation change. Attachment 2.6-A, Page 2, 2a. Fiscal provided by Roger McGraw, Fiscal Analyst Budget and Planning and Roger Staples, Budget and Finance.

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL: *[Signature]*

16. RETURN TO:

Division of Medical Assistance Programs
Department of Human Services
500 Summer Street NE E-35
Salem, OR 97301

13. TYPED NAME **Jim Edge**

Bruce Goldberg, MD

14. TITLE: **Administrator, DMAP**

Director, DHS

15. DATE SUBMITTED:

ATTN: Sandy Hansen, Title XIX Specialist

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **JUL - 8 2009**

18. DATE APPROVED: **JAN 07 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **OCT 01 2009**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **BARBARA K RICHARDS**

22. TITLE: **Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS:

12/10/09 State authorized Pm + Wm changes

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Oregon

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| <u>Citation(s)</u> | <u>Condition or Requirement</u> |
|--------------------|--|
| | b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435. |
| 1905(p) of the Act | c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act. |
| 1905(s) of the Act | d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(8). |
| 42 CFR 435.406 | 3. Is residing in the United States (U.S.),and-- |
| | a. Is a citizen or national of the United States; |
| | b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended; |
| | c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; |

TN #09-10
Supersedes TN # 02-08

Approval Date:

Effective Date: 10/1/09

JAN 07 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Oregon

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| Citation(s) | Condition or Requirement |
|-------------|--|
| d. | Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; |
| e. | Is a qualified alien (QA) whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended. <input checked="" type="checkbox"/> State covers all authorized QAs. <input type="checkbox"/> State does not cover authorized QAs. |
| f. | State elects CIIPRA option to provide full Medicaid coverage to all otherwise eligible alien pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following: |
| (1) | A "Qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; |
| (2) | A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.; |

TN # 09-10
Supersedes TN #

Approval Date:

Effective Date: 10/1/09

JAN 07 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Oregon

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| Citation(s) | Condition or Requirement |
|-------------|---|
| (3) | <p>An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include:</p> <ul style="list-style-type: none"> (a) An individual currently in temporary resident status as an Amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA); (b) An individual currently under Temporary Protected Status pursuant to section 244 of the INA; (c) A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554; (d) An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and (e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and |
| (4) | <p>An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA:</p> <ul style="list-style-type: none"> • A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(N) of the INA; • A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA; • A religious worker under section 101(a)(15)(R); • An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(S) of the INA; • A battered alien under section 101(a)(15)(U) (see also section 431 as amended by PRWORA); and • An individual with a petition pending for 3 years or more, as permitted under section 101(a)(15)(V) of the INA. |

Elected for pregnant women.
 Elected for children under age 19.

TN # 09-10
Supersedes TN #

Approval Date:
JAN 07 2010

Effective Date: 10/1/09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Oregon

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| Citation(s) | Condition or Requirement |
|-------------|--------------------------|
|-------------|--------------------------|

| | |
|-------------|---|
| g. <u>X</u> | The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act. |
|-------------|---|