



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

OCT 12 2009

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 #09-012

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services has completed its review of the Oregon State Plan Amendment (SPA) Transmittal Number #09-012.

This amendment approves the revision to the State plan to limit optional Medicaid dental benefits to non-pregnant adults. Dental services limited for non-pregnant adult, age 21 and older are: no crown; endodontics only for anterior or bicuspid teeth and no apexification/recalcification procedures; periodontics; removable prosthodontics (full dentures restricted to once in a lifetime for recent edentulous; resin partial dentures; adjustments and repair of dentures); no alveoplasty; and no office visits for observation.

This SPA is approved effective January 1, 2010, as requested by the State.

If you have any questions concerning this SPA, please contact Wendy Hill Petras at (206) 615-3814 or wendy.hillpetras@cms.hhs.gov.

Sincerely,

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

cc: Judy Mohr-Peterson, Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-12	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 January 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.100		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$(4,953,898) b. FFY 2011 \$(5,571,144)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1.-A, page 4-b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1.-A, page 4-b	
10. SUBJECT OF AMENDMENT: This transmittal is being revised in order to limit optional Medicaid dental benefits to non-pregnant adults.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>		16. RETURN TO: Division of Medical Assistance Programs Department of Human Services 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, Title XIX Coordinator	
13. TYPED NAME: Jim Edge Bruce Goldberg, MD			
14. TITLE: Administrator, DMAP Director, DHS			
15. DATE SUBMITTED: 8-6-09			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: AUG - 6 2009		18. DATE APPROVED: OCT 12 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 1 - 2010		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Barbara K. Richards		22. TITLE: Associate Regional Administrator	
23. REMARKS:		Division of Medicaid & Children's Health	

LIMITATIONS ON SERVICES (Cont.)

10. Dental Services

Coverage and provider qualifications are in accordance with 42 CFR 440.100 and 440.120, Coverage and limitations are specified in The HSC prioritized list of services as approved by CMS under an 1115 Demonstration Waiver. General categories of Dental services that are not included/funded on the HSC prioritized list are considered cosmetic in nature such as; veneer procedures, overhang removal, tooth bleaching. Dental services requiring prior authorization are: crowns; complete, immediate or partial dentures; oral surgical services; and orthodontics.

Dental Services provided are:

Preventive services; dental examinations; restorative services (fillings, crowns); diagnostic services (radiology/diagnostic imaging/oral pathology) that are medically and dentally necessary; Periodontics; Removable Prosthodontics; Endodontics; Oral and Maxillofacial Surgery; Orthodontics; Adjunct services, EPSDT services

Dental Services limited for non pregnant adults, age 21 and older are:

No crowns; Endodontics only for anterior or bicuspid teeth and no apexification/recalcification procedures; Periodontics; Removable Prosthodontics (Full dentures restricted to once in a lifetime for recent edentulous; resin partial dentures; adjustments and repairs of dentures); No alveoplasty; and No office visit for observation

11a. Physical Therapy

Coverage and provider qualifications are in accordance with 42 CFR 440.110(a). Coverage and limitations are specified in The HSC prioritized list of services as approved by CMS under an 1115 Demonstration Waiver. Physical therapy services require prior authorization except for initial evaluations or re-evaluations. Services may be limited by number of days or visits as outlined in the Health Service Commissions (HSC) prioritized list of services or Oregon Administrative Rules. Services that are not covered are services that are not medically appropriate, diagnoses not funded on the HSC prioritized list, back to school classes, hippo-therapy and work hardening. Physical therapy is provided according to a plan of treatment. DMAP Physical and Occupational Therapy Administrative Rules describe services provided, prior authorization requirements, and limitations of services for providers.

11b. Occupational Therapy

Coverage and provider qualifications are in accordance with 42 CFR 440.110(b). Coverage and limitations are specified in The HSC prioritized list of services as approved by CMS under an 1115 Demonstration Waiver. Therapy services require prior authorization except for initial evaluations or re-evaluations. Services may be limited by number of days or visits as outlined in the Health Service Commissions (HSC) prioritized list of services or Oregon Administrative Rules. Services that are not covered are services that are not medically appropriate, diagnoses not funded on the HSC prioritized list, back to school classes, hippo-therapy and work hardening. Occupational therapy is provided according to a plan of treatment. DMAP Physical and Occupational Therapy Administrative Rules describe services provided, prior authorization requirements, and limitations of services for providers.