



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

**JAN 13 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 Transmittal Number #09-016

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Oregon State Plan Amendment (SPA) Transmittal Number #09-016.


This amendment reduces denture benefits for non-pregnant adults age 21 and older to once in a lifetime for those individual who are recently edentulous. Full and partial dentures are provided to children as medically necessary through the State's Early and periodic Screening Diagnostic, and Treatment (EPSDT) program. The SPA requires prior authorization for all denture services.

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

Additionally, please note that when the State submits a SPA that may impact Indians or Indian health providers, CMS will look for evidence of the State's Tribal consultation process for that SPA. Pursuant to the new section 1902(a)(73) of the Act added by section 5006(e) of the Recovery and Reconstruction Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. Such consultation must include all federally-recognized tribes, Indian Health Service and Urban Indian Organizations within the State.

If you have any questions concerning this SPA, please contact me, or Wendy Hill Petras of my staff at (206) 615-3814 or [wendy.hillpetras@cms.hhs.gov](mailto: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, Division of Medical Assistance Programs  
James Toews, Assistant Director, Seniors and People with Disabilities

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

1. TRANSMITTAL NUMBER:  
**09-16**

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):

- 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:  
**42 CFR 440.120**

7. FEDERAL BUDGET IMPACT:  
a. FFY 2010 \$ -0-  
b. FFY 2011 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A, Page 5-d**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Attachment 3.1-A, Page 5-d**

10. SUBJECT OF AMENDMENT: **This transmittal is being revised to incorporate the section on Dentures into the Dental reduction SPA 09-12.**

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: *Judy Mohr-Peterson*

13. TYPED NAME **Judy Mohr-Peterson** *Bruce Goldberg, MD*

14. TITLE: **Administrator, DMAP** **Director, DHS**

15. DATE SUBMITTED: **10-23-09**

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**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **OCT 23 2009**

18. DATE APPROVED: **JAN 13 2010**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JAN 01 2010**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Barbara K. Richards**

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

23. REMARKS:

LIMITATIONS ON SERVICES (Cont.)

12.b. Dentures

Coverage and provider qualifications are in accordance with 42 CFR 440.100 and 440.120. Removable Prosthodontics (Full and partial dentures) are provided to children as medically and dentally necessary. Dental services requiring prior authorization are; Full or partial dentures.

Dentures limited for non pregnant adults, age 21 and older:  
Removable Prosthodontics (Full dentures are restricted to once in a lifetime for recent edentulous; resin partial dentures; adjustments and repairs of dentures.

Dentures are covered for children under the EPSDT Program.

12.c. Prosthetic Devices

Prosthetic devices are provided. DMAP Durable Medical Equipment and Medical Supplies rules describes services provided, prior authorization requirements and limitations of services.

12.d. Eyeglasses

DMAP covers all vision services for children and pregnant women (including routine vision exams, fittings, repairs, and materials) provided by ophthalmologists, optometrists and opticians.

DMAP will not provide routine vision services and materials to adults 21 and over, except for clients with specific medical diagnoses.