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State/Territory Name: Oregon

State Plan Amendment (SPA) # 12-005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form(with 179-like data)
- 3) Approved SPA



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

MAY 03 2012

Bruce Goldberg, MD, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number 12-005


Dear Dr. Goldberg:



The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 12-005. This amendment implements concurrent care for children on hospice in compliance with Section 2302 of the Affordable Care Act. In addition, this amendment provides comprehensive coverage language on hospice services within the State plan in accordance with 1905(o) of the Social Security Act.

This SPA is approved effective April 1, 2012.

If you have any additional questions or require any further assistance regarding this amendment, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,


Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-05	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 4/1/12	
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: 1905(o)(1) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ -0- b. FFY 2013 \$ -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 7 and 7-b, 7-b.1(added) (P&I)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 7 and 7-b	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to implement section 2302 of the Affordable Care Act related to concurrent hospice care for children.			
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: 		16. RETURN TO: Division of Medical Assistance Programs Oregon Health Authority 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME: Judy Mohr Peterson			
14. TITLE: Director, Division of Medical Assistance Programs			
15. DATE SUBMITTED: 4-6-12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: APR 06 2012		18. DATE APPROVED: May 3, 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Carol J.C. Peverly		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS: 04/24/2012 - Pen and Ink (P&I) authorized by the State for block #8.			

Revision:

Transmittal #12-05
ATTACHMENT 3.1-A
Page 7

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided No limitations With limitations*
 Not Provided.

b. Including such services in a public institution (or district part thereof) for the mentally retarded or

Provided No limitations With limitations*
 Not Provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided No limitations With limitations*
 Not Provided.

17. Nurse-midwife services.

Provided No limitations With limitations*
 Not Provided.

18. Hospice care (in accordance with section 1905(o) of the Act.

Provided No limitations
 Provided in accordance with section 2302 of the Affordable Care Act

With limitations*
 Not Provided.

* Description provided on Attachment.

TN 12-05
Supersedes TN 06-11

Approval Date

Effective Date 4/1/12

MAY 03 2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

18. Hospice Care in accordance with section 1905(o) of the Act.

Hospice care is provided in accordance with the State Medicaid Manual at section 4305. Hospice services include acute, respite, home care and bereavement services provided to meet the physical, psychosocial, emotional, spiritual and other special needs of the patient during the final stages of illness, dying and bereavement period.

Covered services are intermittent except during brief periods of acute symptom control. Core services are provided directly by hospice agency staff or contracted through a hospice agency and include:

- Physician services related to administration of the plan of care;
- Nursing care provided by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN;
- Medical social services provided by a social worker under the direction of a physician;
- Counseling services provided to a client and the client's family members or caregivers.

Additional services, which must be related to the hospice diagnosis, written in the plan of care, identified by the hospice interdisciplinary team, safe and meet the client's needs within the limits of the hospice program, and made available by the hospice agency on a 24-hour basis. This includes, but is not limited to, pain and symptom management and palliative services.

Hospice coverage is available for two (2) 90-day election periods followed by an unlimited number of subsequent 60-day election periods. A client or a client's authorized representative must sign an election statement to initiate or reinstate an election period for hospice care. An election period to receive hospice care continues through the initial election period and subsequent election periods without a break in care as long as the client:

- Remains in the care of a hospice agency; and
- Does not revoke the election.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

18. Hospice Care in accordance with section 1905(o) of the Act.

A Hospice agency is required to be a Medicare, Title XVIII- certified hospice and currently licensed by the Oregon Health Authority, Public Health Division. All practitioners who provide hospice services must be licensed, certified, accredited, or registered according to Oregon State's laws and rules, including but not limited to physicians, registered nurses, licensed practical nurses, and social workers.

Concurrent care for children on hospice in accordance with section 2302 of the Affordable Care Act. Hospice clients 20 years of age and under may elect hospice without foregoing curative services to which the client is entitled for treatment of the terminal condition.