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State/Territory Name: Oregon

State Plan Amendment (SPA) # 12-007

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
2201 6th Avenue, Mailstop RX-43
Seattle, Washington 98121



Division of Medicaid & Children's Health Operations

SEP 20 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 12-007


Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 12-007. This SPA adds Non-Traditional Healthcare Workers under the supervision of a licensed health care professional to the Medicaid State plan.

This SPA is approved effective August 1, 2012.

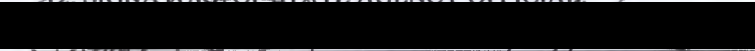

If you have any questions concerning this SPA, please contact me, or have your staff contact Janice Adams at (206) 615-2541 or Janice.Adams@cms.hhs.gov.

Sincerely,


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

Enclosure

cc:
Judy Mohr Peterson, Administrator
Jesse Anderson, State Plan Manager

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-07	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 8/1/12	
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: 1902(a)(10)(A) of the Act and 42 CFR 440.170 1902(a)(6) of the Act and 42 CFR 440.60		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ (36,636) b. FFY 2013 \$ (220,018)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 3-b and 11a 3-b.1 (added) Attachment 4.19-B, page 1a.2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 3-b and 11a	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to include Non-traditional Healthcare Workers as allowable providers as certified, under the supervision of a licensed health care professional.			
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: 5/9/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: May 9, 2012		18. DATE APPROVED: September 20, 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Carol J.C. Peverly		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: 07/17/2012 - Pen and Ink (P&I) changes authorized by the State in Blocks 6, 8 and 10. 08/15/2012 - Pen and Ink (P&I) changes authorized by the State in Block 8 and 9.			

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

LIMITATIONS ON SERVICES (Cont.)

6. d. Other Practitioner Services

The following licensed practitioners are covered for services within their scope of practice as defined in Oregon Revised Statutes, and the applicable Boards or certifying agency's governing them:

1. Naturopaths;
2. Licensed Direct Entry Midwives;
3. Acupuncturists;
4. Denturists;
5. Dental hygienists with an Expanded Practice Permit(EPP);
6. Certified Nurse Anesthetist;
7. Certified Nurse Practitioners with the following specialty designations: Acute Care Nurse Practitioner (ACNP); Adult Nurse Practitioner (ANP); Neonatal Nurse Practitioner (NNP); Psychiatric/Mental Health Nurse Practitioner (PMHNP); Women's Health Care Nurse Practitioner (WHCNP); and Geriatric Nurse Practitioner (GNP);
8. Physician Assistants, Ph.D Psychologists, PsyD Psychologists, Licensed Clinical Social Workers and Licensed Professional Counselors.

The following non traditional health workers (NTHW) are supervised by existing licensed practitioners and perform services for them within the licensed practitioner's scope of practice. The state assures that any non-licensed service providers authorized by this section of Oregon's state plan will be supervised by a Licensed Health Care Professional. For purposes of this State Plan a Licensed Health Care Practitioner (LHCP) includes Physician's*, Certified Nurse Practitioner's, Physician Assistant's, Ph.D. Psychologists, PsyD Psychologists, LCSW Social Workers and Licensed Professional Counselors.

*covered in the state plan under physician services.

9. Community Health Worker services are provided under the supervision of LHCP;
10. Peer Wellness Specialist services are provided under the supervision of LHCP;
11. Personal Health Navigators services are provided under the supervision of LHCP;
12. Doula services are provided under the supervision of a Physician (M.D. and D.O.) or a Certified Nurse Practitioner.

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

LIMITATIONS ON SERVICES (Cont.)

7. a. Home Health Care Services

Coverage and provider qualifications are in accordance with 42 CFR 440.70. Intermittent or part-time nursing services are provided to eligible clients in their homes according to a written plan of treatment. Home health services must be prescribed by a physician and the signed order must be on file at the Home Health Agency. The plan of care must be reviewed and signed by the physician every 60 days to continue services. Prior authorization is required for home health services. Home Health services are provided by a registered nurse when no home health agency is available. Services are provided by home health agencies that meet conditions for participation in Medicare. Services are not covered if not medically appropriate, Medical Social Worker services, Registered Dietician counseling. Services requiring prior authorization are: Skilled nursing services and all therapy services. Some services are limited; skilled nursing visits are limited to two visits per day; therapy services are limited to one visit or evaluation per day. The limits for skilled nursing visits and therapy services can be exceeded by prior authorization and medical necessity.

7. b. Services of Home Health Aide

Services of a home health aide, employed by a Home Health Agency, giving personal care are provided according to a plan of treatment. All requirements listed for Home Health Services above apply to Home Health Aide services.

TN 12-07
Supersedes TN 11-07

Approval Date

Effective Date 8/1/12

SEP 20 2012