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State/Territory Name: Oregon

State Plan Amendment (SPA) # 12-015

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
Seattle Regional Office
2201 Sixth Avenue, Mail Stop 43
Seattle, Washington 98121



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

DEC 28 2012

Bruce Goldberg, MD, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

RE: Oregon State Plan Amendment (SPA) 12-015

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number #12-015. This SPA was submitted in response to a CMS companion letter issued September 25, 2012 with the approval of SPA 12-009. This filing clarifies the amount, duration and scope of the following plan services: home health; private duty nursing; occupational, physical, and speech therapies.

This SPA is approved effective October 1, 2012, as requested by the State.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Rick Dawson at (206) 615-2387 or Rick.Dawson@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covering the signature of Carol J.C. Peverly.

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

Cc: Jesse Anderson, Oregon Health Authority, State Plan Manager

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

1. TRANSMITTAL NUMBER:
12-15

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
10/1/12

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 Subpart A

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 3-b.2, 3-c, 3-c.1, 4-c, 4-c.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Pages 3-c, 4-c

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to make revision per a companion letter to SPA 12-009.

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:

13. TYPED NAME Judy Mohr Peterson

14. TITLE: Director, Division of Medical Assistance Programs

15. DATE SUBMITTED:

10/25/12

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: October 25, 2012

18. DATE APPROVED:

DEC 28 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Carol J.C. Peverly

22. TITLE:

Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

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. c. Medical Supplies in the Patient's Home

Medical supplies, equipment and appliances suitable for use in the home are provided when medically necessary and prescribed by a treating physician with the signed order on file at the Home Health Agency. The plan of care must specify the type of services to be provided to the client, with respect to the professional who will provide them, the nature of the individual services, specific frequency and specific duration. The orders must indicate how many times per day, each week and/or each month the services are to be provided. The plan of care must be reviewed and signed by the physician every two months to continue service. The medical equipment or appliance must be approved for marketing and registered or listed as a medical device by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended.

DMEPOS items are not covered include, but is not limited to; when the item is not primarily medical in nature; for personal comfort or convenience of client or caregiver; a self-help device; not therapeutic or diagnostic in nature; inappropriate for client use in the home (e.g., institutional equipment like an oscillating bed); for a purpose where the medical effectiveness is not supported by evidence-based clinical practice guidelines.

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
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LIMITATIONS ON SERVICES (Cont.)

7d. Physical, Occupational, Speech Therapy in Patient's Home

Coverage and provider qualifications are in accordance with 42 CFR 440.110. Physical, Occupational, Speech Therapy services in a Patient's Home must be prescribed by a physician with the signed order on file at the Home Health Agency. The plan of care must specify the type of services to be provided to the client, with respect to the professional who will provide them, the nature of the individual services, specific frequency and specific duration. The orders must indicate how many times per day, each week and/or each month the services are to be provided. The plan of care must be reviewed and signed by the physician every two months to continue services. Prior authorization is required for home health services. Services are provided by home health agencies that meet conditions for participation in Medicare. Services are not covered if they are not medically appropriate. Therapy services require Prior authorization and are limited to one visit or evaluation per day per. The limits are not a combined limit but applies to each individual therapy service type. Additional services can be authorized due to medical necessity.

8. Private Duty Nursing Services

The purpose of the Private Duty Nursing (PDN) Program is to reduce the cost of healthcare services through equally effective, more conservative, and/or less costly treatment. Eligible children must need continuous skilled nursing care that can be provided safely outside an institution; and have prior authorization from the agency (OHA or DHS). The provision of nursing services identified in conjunction with a child's IEP or IFSP will be provided pursuant to the Individuals with Disabilities Education Act (IDEA).

PDN services are provided in accordance with 42 CFR 440.80. PDN services meet complex medical needs for persons aged under 21 years who require skilled nursing care on a day-to-day basis. Services provide alternatives to institutionalization in a hospital or nursing facility and are not intended to supplant or replace other means of providing the services. Adults are not eligible.

TN 12-15
Supersedes 08-23

Approval Date

Effective Date 10/1/12

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LIMITATIONS ON SERVICES (Cont.)

8. Private Duty Nursing Services (Cont)

PDN services are available through three programs:

- For children with anticipated need of 60 days or less, through the PDN program;
- For children with anticipated long term needs greater than 60 days, through the Medically Fragile Children's Program; and
- For children who need PDN or the same or similar services during school hours, through the school-based health services program.

Private duty nursing services must be prior authorized and meet the level of service criteria that measure specific nursing interventions needed. Nursing services must be medically appropriate and based on a physician's order which include: Nursing assessment; Nursing care plan; Documentation of condition and medical appropriateness; Identified skilled nursing needs; Goals and objectives of care provided. The nursing care plan and documentation supporting the medical appropriateness for private duty nursing must be reviewed to continue the service.

Private duty nursing is not covered:

- if the client is: a resident of a nursing facility; a resident of a licensed intermediate care facility for people with developmental disabilities; in a hospital; in a licensed residential care facility.
- solely to allow the client's family or caregiver to work or go to school;
- solely to allow respite for caregivers or client's family;

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LIMITATIONS ON SERVICES (Cont.)

11a. Physical Therapy

Coverage and provider qualifications are in accordance with 42 CFR 440.110(a). Physical therapy services require a plan of care for prior authorization of services. Initial evaluations and re-evaluations do not require PA, but are limited to: two initial evaluations in any 12-month period; and up to four re-evaluation services in any 12-month period. All other therapy modalities require a PA. Therapy treatments must not exceed one hour per day for physical therapy and up to two modalities may be authorized per day of treatment. Additional modalities can be authorized due to medical necessity. Services that are not covered: back school/back education classes, hippo-therapy, maintenance therapy, work hardening or services that are not medically appropriate.

11b. Occupational Therapy

Coverage and provider qualifications are in accordance with 42 CFR 440.110(b). Occupational therapy services require a plan of care for prior authorization of services. Initial evaluations and re-evaluations do not require PA, but are limited to two initial evaluations in any 12-month period; and up to four re-evaluation services in any 12-month period. All other therapy modalities require a PA. Therapy treatments must not exceed one hour per day and up to two modalities may be authorized per day of treatment. Additional modalities can be authorized due to medical necessity. Services that are not covered: back school/back education classes, hippo-therapy, maintenance therapy, work hardening or services that are not medically appropriate.

TN 12-15
Supersedes 11-12

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LIMITATIONS ON SERVICES (Cont.)

11c. Services for Individuals with Speech, Hearing and Language Disorders

Coverage and provider qualifications are in accordance with 42 CFR 440.110 (c). Speech pathology or audiology services are provided according to a plan of treatment. Services authorizations are based upon medical necessity review. Services that require a prior authorization are: Speech pathology therapy treatment; Speech-generating/augmentative communication system or device; Repair/modification of a speech-generating/augmentative communication system or device ;Hearing aids; Repair of hearing aids, including ear mold replacement; Hearing aid dispensing and fitting fees; Assistive listening devices; Cochlear implant batteries. Services that are not covered: FM systems -- vibro-tactile aids; Earplugs; Tinnitus masker(s) or services that are not medically appropriate.

TN 12-15
Supersedes TN11-12

Approval Date
DEC 28 2012

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