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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 13-0014-MM3

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice (delete if not applicable)
- 4) Approved SPA Pages

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

Tina Edlund, Acting Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

JAN 10 2014

RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-0014-MM3

Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 13-0014-MM3. This transmittal incorporates the Modified Adjusted Gross Income (MAGI)-Based Methodologies into the Medicaid State Plan in accordance with the Affordable Care Act.

This SPA is approved effective January 1, 2014.

The new pages, S10-1 and S10-2, should be placed in a separate section at the back of the state plan.

Also, the new page titled, Superseding Pages of State Plan Material, should be placed in a separate section in the front of the state plan. This page incorporates the following statement into the Oregon State Plan:

“Notwithstanding any other provisions of the Oregon Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment OR-13-0014-MM3 will apply to all MAGI-based eligibility groups covered under Oregon’s Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.”

If you have any additional questions or require any further assistance, please contact me or have your staff contact Janice Adams at (206) 615-2541 or janice.adams@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of the sender.

Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Judy Mohr Peterson, Administrator

Jesse Anderson, State Plan Manager

Medicaid State Plan Eligibility: Summary Page (CMS 179)

- **State/Territory name:**

Oregon

- **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

OR-13-0014

- **Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

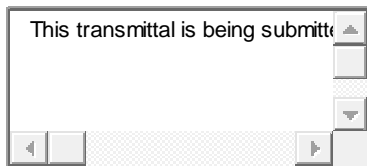
- **Federal Statute/Regulation Citation**

1902(e)(14)

- **Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

- **Subject of Amendment**



- **Governor's Office Review**

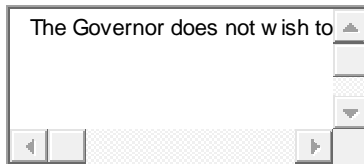
- Governor's office reported no comment
- Comments of Governor's office received

Describe:

A rectangular text area with a light gray background and a thin border. It contains no text. On the right side, there are three small square buttons: a top one with an upward-pointing triangle, a middle one with a downward-pointing triangle, and a bottom one with a rightward-pointing triangle. On the bottom left side, there are two small square buttons: one with a leftward-pointing triangle and one with a rightward-pointing triangle.

- No reply received within 45 days of submittal
- Other, as specified

Describe:

A small, empty rectangular text box with a thin border.A rectangular text area with a light gray background and a thin border. It contains the text "The Governor does not wish to" in a black font. On the right side, there are three small square buttons: a top one with an upward-pointing triangle, a middle one with a downward-pointing triangle, and a bottom one with a rightward-pointing triangle. On the bottom left side, there are two small square buttons: one with a leftward-pointing triangle and one with a rightward-pointing triangle.

- **Signature of State Agency Official**

- Submitted By:

Jesse Anderson

- Last Revision Date:

Jan 7, 2014

- Submit Date:

Dec 24, 2013

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

OR-13-0014-MM3

STATE:

Oregon

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

S10 - MAGI Income Methodology

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

Notwithstanding any other provisions of the Oregon Medicaid State Plan, the financial eligibility methodologies described in State Plan Amendment OR-13-0014-MM3 will apply to all MAGI-based eligibility groups covered under Oregon's Medicaid State Plan. The MAGI financial methodologies set forth in 42 CFR § 435.603 apply to everyone except those individuals described at 42 CFR § 435.603(j) for whom MAGI-based methods do not apply. This State Plan Amendment supersedes the current financial eligibility provisions of the Medicaid State Plan only with respect to the MAGI-based eligibility groups.

TN NO: Supersedes TN NO: Approval Date: Effective Date:

13-0014-MM3

N/A

1/10/14

01/01/2014



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

MAGI-Based Income Methodologies

S10

1902(e)(14)
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

Yes No

TN NO: Supersedes TN NO: Approval Date: Effective Date:



Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN NO:	Supersedes TN NO:	Approval Date:	Effective Date:
13-0014-MM3	N/A	1/10/14	01/01/2014