
Table of Contents

State/Territory Name: Oregon

State Plan Amendment (SPA) #: 13-0017-MM6

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter (delete if not applicable)
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Superseding Pages Notice (delete if not applicable)
- 5) 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

MAR 24 2014

RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-0017-MM6

Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 13-0017-MM6. This transmittal incorporates the citizen and non-citizen eligibility requirements into the Medicaid State Plan in accordance with the Affordable Care Act.

This SPA is approved effective January 1, 2014.

The new pages, S89-1 through S89-3, should be placed in a separate section at the back of the state plan.

Also, the new page titled, "Superseding Pages of the State Plan Material", should be placed in a separate section in front of the state plan.

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 handwritten signature in blue ink, which appears to read "Carol J.C. Peverly", is written over a black rectangular redaction box.

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

cc:

Judy Mohr Peterson, Administrator, Division of Medical Assistance Programs
Jesse Anderson, State Plan Manager, Division of Medical Assistance Programs

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

MAR 24 2014

RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-0017-MM6

Dear Ms. Edlund:

This letter is being sent as a companion to the Centers for Medicare & Medicaid (CMS) approval of Oregon State Plan Amendment (SPA) Transmittal Number 13-0017-MM6, which was submitted on December 24, 2013. Oregon submitted this SPA to update the policies in the state plan related to citizenship and immigration status.

During the review of this state plan amendment, CMS determined that Oregon's policy with respect to the provision of benefits during the reasonable opportunity period was not correctly aligned with the requirements at section 1137(d) of the Social Security Act and 42 CFR 435.406. The state agreed to implement a manual workaround and seek systems changes to ensure that eligible individuals receive the benefits to which they are entitled during the reasonable opportunity period.

Effective immediately, for individuals who attest to a being a U.S. citizen or an immigrant with a satisfactory immigration status which cannot be immediately verified, the state's "Missing Information Team" will no longer request and wait for information from the applicant prior to processing an application and furnishing benefits to that individual.

On or before December 31, 2014, the state will implement systems changes to complete application processing for otherwise eligible applicants who attest to U.S. citizenship or qualified immigration status that cannot be verified. Please provide CMS with a corrective action plan describing in detail how the state will implement the required systems changes prior to December 31, 2014 to ensure that eligible individuals receive benefits during the reasonable opportunity period.

The State has 90 days from the date of this letter to respond to the issues described above. Failure to respond will result in the initiation of a formal compliance process. During the 90 days, CMS will provide technical assistance, as needed or required.

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

Sincerely,

C. J. C. Peverly
[Redacted Signature]

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

cc:

Judy Mohr Peterson, Administrator, Division of Medical Assistance Programs
Jesse Anderson, State Plan Manager, Division of Medical Assistance Programs

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-13-0017

Proposed Effective Date

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

Federal Statute/Regulation Citation

1902(a)(46)(B) 8 U.S.C. 1611, 1612, 1613, and 1641 1903(v)(2),(3) and (4) 42 CFR 435.4 42 CFR 435.406 42 C

Federal Budget Impact

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

Subject of Amendment

This transmittal is being submitted to reflect the ACA eligibility templates SPAs which include citizenship and immigration status.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

The Governor does not wish to review any plan material.

Signature of State Agency Official

Submitted By: Jesse Anderson

Last Revision Date: Dec 24, 2013

Submit Date: Dec 24, 2013



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Non-Financial Eligibility Citizenship and Non-Citizen Eligibility	S89
--	------------

1902(a)(46)(B)
8 U.S.C. 1611, 1612, 1613, and 1641
1903(v)(2),(3) and (4)
42 CFR 435.4
42 CFR 435.406
42 CFR 435.956

Citizenship and Non-Citizen Eligibility

The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42

CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

The state provides Medicaid eligibility to otherwise eligible individuals:

Who are citizens or nationals of the United States; and

Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity

Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and

Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or

satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

Yes No

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.

Yes No

The date benefits are furnished is:

The date of application containing the declaration of citizenship or immigration status.

The date the reasonable opportunity notice is sent.

Other date, as described:



Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).

Yes No

The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

Yes No

Pregnant women

Individuals under age 21:

Individuals under age 21

Individuals under age 20

Individuals under age 19

An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

An individual is considered to be lawfully present in the United States if he or she:

1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
4. Is a non-citizen who belongs to one of the following classes:
 - Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
 - Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
 - Granted employment authorization under 8 CFR 274a.12(c);
 - Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
 - Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
 - Granted Deferred Action status;
 - Granted an administrative stay of removal under 8 CFR 241;
 - Beneficiary of approved visa petition who has a pending application for adjustment of status;
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who -
 - Has been granted employment authorization; or
 - Is under the age of 14 and has had an application pending for at least 180 days;



Medicaid Eligibility

- 6. Has been granted withholding of removal under the Convention Against Torture;
- 7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
- 8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
- 9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));
- 10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

Other

The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:



Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;

Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

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.