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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 16-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

June 6, 2016

Lynne Saxton, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number 16-0002

Dear Ms. Saxton:

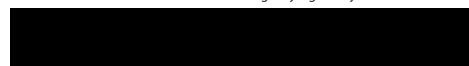
The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 16-0002. This SPA adds dentists and dental hygienists with an expanded practice permit to supervise non-licensed health workers under the Medicaid State plan.

This SPA is approved effective July 1, 2016.

If there are any questions concerning this approval, please contact me or your staff may contact Janice Adams at janice.adams@cms.hhs.gov or (206) 615-2541.

Sincerely,

Digitally signed by David L. Meacham -



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Date: 2016.06.06 14:50:44 -07'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:

Lori Coyner, Oregon Health Authority
Jesse Anderson, Oregon Health Authority

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 16-0002	2. STATE Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 7/1/16	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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)

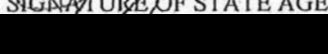
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.170	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$ 0 b. FFY 2017 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 3-a.1, 3-b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 3-b

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to add oral health providers as a licensed type able to supervise non licensed health workers.


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: The Governor does not wish to review any plan materials.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager
13. TYPED NAME Lori Coyner, MA	
14. TITLE: Medicaid Director, OHA	
15. DATE SUBMITTED: 3-31-16	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/31/16	18. DATE APPROVED: 06/06/16
PLAN APPROVED -- ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/16	20. SIGNATURE OF 
21. TYPED NAME: David L. Meacham	22. TITLE: Associate Regional Administrator

Digitally signed by David L. Meacham - S
DN: c=US, o=U.S. Government, ou=HHS,
ou=People,
#2.19200300.100.1.1=2000041858,
avid L. Meacham - S
Date: 2016.06.06 14:51:42 -0700

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

6. d. Other Practitioner Services

Licensed practitioners:

In accordance with 42 CFR 440.60, 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. While some of the following practitioners must meet board certification requirements, all covered practitioners must meet state licensure requirements to be covered for services under this section:

1. Naturopathic physicians;
2. Licensed non-nurse Direct Entry Midwives;
3. Acupuncturists;
4. Denturists;
5. Dental hygienists with an Expanded Practice Dental Hygienist Permit (EPDHP);
6. Certified Registered Nurse Anesthetist (CRNA);
7. Certified Nurse Practitioners, includes all specialty designations;
8. Physician Assistants;
9. Ph.D Psychologists, PsyD Psychologists, Licensed Clinical Social Workers and Licensed Professional Counselors;
10. Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA).

Non-licensed practitioners:

1. Behavioral Analyst Interventionists

Must be supervised by a licensed Board Certified Behavior Analyst, a licensed Board Certified Assistant Behavior Analyst or a Licensed Health Care Professional.

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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6. d. Other Practitioner Services (Cont)

Non-licensed practitioners (Cont):

2. Non-traditional health workers (referred to a traditional health workers in OAR)

Must be supervised by existing licensed practitioners and perform services for them within the licensed practitioner's scope of practice. Licensed health providers are responsible for the work that they order, delegate or supervise when health care professionals work under their supervision. 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 Professional (LHCP) includes Physicians*, Certified Nurse Practitioners, Physician Assistants, Dentists, Dental hygienists with an Expanded Practice Permit, Ph.D. Psychologists, PsyD Psychologists, LCSW Social Workers and Licensed Professional Counselors. (*covered in the state plan under physician services).

- a) Community Health Worker services are provided under the supervision of LHCP;
- b) Peer Wellness Specialist services are provided under the supervision of LHCP;
- c) Personal Health Navigators services are provided under the supervision of LHCP;
- d) Doula services are provided under the supervision of a Physician (M.D. and D.O.) or a Certified Nurse Practitioner.

The state assures that only the Licensed Health Care Professional will bill for services.