
Table of Contents

State/Territory Name: Oregon

State Plan Amendment (SPA) #: 16-0005

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

May 04, 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 16-0005

Dear Ms. Saxton:

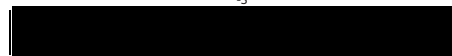
The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 16-0005. This SPA partially restores dental services (stainless steel crowns and dentures) for non-pregnant adults age 21 and over.

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
-S



58, cn=David L. Meacham -S
Date: 2016.05.06 06:38:51 -0700'

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: 16-0005	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

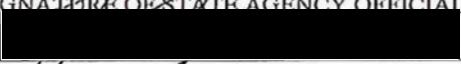
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.100	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$ 5,623,220 4,998,417 (P&I) b. FFY 2017 \$ 19,993,670
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 4-b, 4-b.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 4-b, 4-b.1

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to partially restore dental services to adults.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: *Lofi Coyner, MA*

14. TITLE: Medicaid Director, OHA

15. DATE SUBMITTED: *4/15/16*

16. RETURN TO:
Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-35
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <i>4/15/16</i>	18. DATE APPROVED: <i>5/4/16</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>7/1/16</i>	20. SIGNATURE OF: 
21. TYPED NAME: David L. Meacham	22. TITLE: Associate Regional Administrator
23. REMARKS: <i>4/21/16 - State authorized P&I change to box 7</i>	

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.)

10. Dental Services

Coverage and provider qualifications are in accordance with 42 CFR 440.100 and 440.120. Some dental services require prior authorization such as: crowns; complete, immediate or partial dentures; oral surgical services; and orthodontics.

EPSDT Dental Services provided for recipients under age 21 are:

- a. Preventive services;
- b. Diagnostic services-dental examinations and radiology/diagnostic imaging that are dentally necessary;
- c. Restorative services -fillings, crowns;
- d. Periodontics;
- e. Removable Prosthodontics;
- f. Endodontics;
- g. Oral and Maxillofacial Surgery;
- h. Orthodontics;
- i. Adjunct services.

Dental services provided for recipients age 21 and older (including pregnant women) are:

- a. Preventive services;
- b. Diagnostic services-dental examinations and radiology/diagnostic imaging that are dentally necessary;
- c. Restorative services-amalgam and composite restorations, stainless-steel crowns;
- d. Periodontics-gingivectomy/gingivoplasty, scaling and root planning, full mouth debridement, periodontal maintenance;
- e. Removable Prosthodontics-full dentures, resin and interim partial dentures; relines and rebases; adjustments and repairs of dentures;

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.)

10. Dental Services (Cont)

Dental services provided for recipients age 21 and older (including pregnant women) are (Cont):

- f. Endodontics-root canals on anterior and bicuspid teeth, therapeutic pulpotomy, pulpal debridement, retreatment of previous anterior root canal and apicoectomy/periradicular surgery;
- g. Oral and Maxillofacial Surgery;
- h. Adjunct services.

Additional services for pregnant women:

- a. Additional prophylaxis, fluoride and periodontal services if authorized as medically/dentally necessary due to the pregnancy;
- b. Permanent crowns and resin-based composite crowns for anterior teeth;
- c. Prefabricated post and core;
- d. Root canals on first molars;
- e. Apexification/recalcification, pulpal regeneration;
- f. Alveoplasty not in conjunction with extractions.