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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 17-0005

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 Pages
- 4) Additional Attachments that are part of the state plan

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

July 18, 2017

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number 17-0005

Dear Ms. Saxton:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 17-0005. This SPA moves the Modified Adjusted Gross Income (MAGI) eligibility determinations from the Oregon Health Authority to the Oregon Department of Human Services.

This SPA is approved effective June 1, 2017. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Oregon State Plan.

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 at (206) 615-2541.

Sincerely,

A black rectangular box redacting the signature of David L. Meacham.

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=2000041858,
cn=David L. Meacham -S
Date: 2017.07.19 12:11:09 -07'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
David Simnitt, OHA
Jesse Anderson, OHA

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-17-0005

Proposed Effective Date

06/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10, 431.11, 431.12 and 431.50

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|-------------|---------------------|---------|
| First Year | 2017 | \$ 0.00 |
| Second Year | 2018 | \$ 0.00 |

Subject of Amendment

This transmittal is being submitted in order to incorporate the changes made to transfer the MAGI eligibility determinations back to DHS from the single state agency.

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 materials

Signature of State Agency Official

Submitted By: **Jesse Anderson**
Last Revision Date: **Jul 18, 2017**
Submit Date: **Apr 20, 2017**



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: OR - 17 - 0005

State Plan Administration Designation and Authority **A1**

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.



Medicaid Administration

The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

Office of Administrative hearings:

In 1999, the Oregon Legislature created the Office of Administrative Hearings (OAH) within the Department of Employment. The Office of Administrative Hearing is an independent state agency that conducts benefit and eligibility hearings for the Oregon Health Authority and resolves both Medicaid and non-Medicaid disputes. The Office of Administrative Hearing has approximately 65 Administrative Law Judges (ALJs) that serve approximately 70 state agencies. There is no Intergovernmental Agreement (IGA) with the Office of Administrative Hearing because the relationship is mandated by Oregon Revised Statute, ORS 183.605 through 183.690. Administrative law judges assigned from the OAH may conduct contested case proceedings on behalf of agencies as provided by ORS 183.605 to 183.690; Perform other services, that are appropriate for the resolution of disputes arising out of the conduct of agency business. All administrative law judges in OAH must meet the standards and training requirements of ORS 183.680.

If a matter goes to hearing, the hearing is conducted by an Administrative Law Judge (ALJ), employed by OAH. The ALJ receives evidence, hears arguments and issues the initial order (which resolves the matter and becomes final, absent intervention by the Oregon Health Authority. Should Oregon Health Authority disagree with the Office of Administrative Hearings, the Oregon Health Authority may review the application/interpretation of laws, rules, and policies. If merited, the Oregon Health Authority can change them. However, the OAH/ALJ findings of fact may only be changed by an ALJ at OAH. Under state law, it is the Office of Administrative Hearings that "conducts" these hearings and Oregon Health Authority participates.

Oregon Health Authority retains final authority over all eligibility and benefit fair hearings heard and decided by Office of Administrative Hearings. Oregon Health Authority retains oversight over the State Plan; the development and issuance of policies, rules and regulations on program matters; and the appeals process, including the quality and accuracy of the final decisions rendered by the Office of Administrative Hearings.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

There is extensive coordination for eligibility and appeals (MAGI and non-MAGI) as well as services-related appeals (benefits) among the Oregon Health Authority, and The Office of Administrative Hearings. Hearing request can come through OHA or DHS (no door is the wrong door). When a request comes into DHS or OHA the



Medicaid Administration

Office of Administrative Hearings is notified. Once OAH is notified their responsibilities include: scheduling the hearings, notifications to claimants and OHA/DHS staff about these hearings, communicating orders to claimants and DHS/OHA, retaining hearing files, and tracking data about the hearings. Initial eligibility appeal hearings request are assigned to DHS and medical or dental service level appeal hearing request are assigned to OHA . The Oregon Health Authority employees review the medical or dental service level hearing request and DHS employees review the eligibility hearing request, conduct the informal conference, and can issue dismissal orders if either the matter is resolved in favor of the client or the client withdraws.

If the matter goes to hearing, the hearings are conducted by an Administrative Law Judge employed by the Office of Administrative Hearings, Oregon Health Authority participates in the hearing. Oregon Health Authority retains ultimate final order authority over all eligibility and benefit fair hearings in these cases after the ALJ makes findings and issues an order.

Oregon Health Authority will ensure that:

- i. OHA retains oversight of the State Plan and has a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by OAH.
- ii . OHA will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact OAH and obtain information about fair hearings from that agency.
- iii. OHA will ensure that OAH complies with all federal and state laws, regulations, policies and guidance applicable to the Medicaid program.

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

The Oregon Health Authority (OHA) delegates the authority to use informal resolution processes to resolve fair hearings and the authority to review and issue final fair hearing decisions following the initial decision made by an Administrative Law Judge (ALJ) for the cases for which DHS has authority. DHS has authority over fair hearing requests related to eligibility for both MAGI and non-MAGI populations as well as hearings related to Title XIX Home and Community-Based services (HCBS) administered by DHS through approved 1915(c) waivers, 1915(j) and 1915(k) state plan options. DHS also has authority over fair hearing requests related to state plan personal care services operated by DHS, Aging and People with Disabilities and Office of Developmental Disabilities Services. DHS staff can perform the review of the hearing request and use informal resolution processes to resolve fair hearing requests. DHS staff may also issue dismissal orders for fair hearing requests for which DHS has authority.



Medicaid Administration

Should the Oregon Health Authority or the Department of Human Services disagree with the decision of the Office of Administrative Hearings, the Oregon Health Authority or the Department of Human Services may review the fair hearing decision for proper application/interpretation of laws, rules, and policies. If the Oregon Health Authority or the Department of Human Services finds that law, rules or policies have been improperly applied, DHS can change OAH's initial decision. However, the OAH/ALJ findings of fact may only be changed by an ALJ at OAH. Under state law, it is the Office of Administrative Hearings that "conducts" these hearings and Department of Human Services and Oregon Health Authority participates.

The Oregon Health Authority may review the fair hearing decision and propose changes, and the Department of Human Services has final order authority over MAGI eligibility, non-MAGI eligibility and HCBS benefit fair hearings decisions.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

There is extensive coordination for eligibility appeals (MAGI and non-MAGI) as well as services-related appeals among the Oregon Health Authority, The Department of Human Services, and The Office of Administrative Hearings. Hearing request can come through OHA or DHS (no door is the wrong door). When a request comes into DHS or OHA, the Office of Administrative Hearings is notified. Once OAH is notified their responsibilities include: scheduling the hearings, notifications to claimants and OHA/DHS staff about these hearings, communicating orders to claimants and DHS/OHA, retaining hearing files, and tracking data about the hearings. Initial appeals hearings request are assigned to DHS employees based upon MAGI, non-MAGI, or benefits related to 1915(c), 1915(j) and 1915(k) HCBS authorities, and state plan personal care services operated by DHS for the APD and I/DD populations. For MAGI eligibility, non-MAGI eligibility and HCBS benefits cases, DHS can use informal resolution processes to resolve the fair hearing decisions. DHS can then issue dismissal orders if either the matter is resolved in favor of the client or the client withdraws. If the matter goes to hearing, the hearings are conducted by an Administrative Law Judge employed by the Office of Administrative Hearings and the Department of Human Service participates in the hearing in coordination with OHA. The Department of Human Services has final order authority over MAGI eligibility, non-MAGI eligibility and HCBS benefits, and state plan personal care services fair hearings in these cases after the ALJ makes findings and may issue a final order. OHA retains final order authority over all other fair hearings.

The Oregon Health Authority employees review the medical, dental, mental health/substance use services hearing requests.

Oregon Health Authority will ensure that:

- i. OHA retains oversight of the State Plan, the development and issuance of policies, rules and regulations on program matters and has a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by DHS.
- ii. OHA will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact DHS and how to obtain information about fair hearings from that agency.
- iii. OHA will ensure that DHS complies with all federal and state laws, regulations, policies and guidance applicable to the Medicaid program.
- iv. OHA has an Intergovernmental Agreement (IGA) in place with DHS. DHS is responsible for administrative and operational functions, including eligibility determinations as necessary and appropriate for the following Medicaid populations: Families, Adults and individuals under 21; Aged, Blind and Disabled, Child Welfare, Foster children and Adoption Assistance. OHA performs Medicaid eligibility determinations for all other populations.

Add

- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Oregon Health Authority
The Seventy-Fifth Oregon Legislative Assembly passed House Bill 2009, which was signed into law by the Governor in June of 2009, creating the Oregon Health Authority (OHA). The OHA is designated as the state Medicaid agency for the administration of funds from Title XIX of the Social Security Act. Legal authority for OHA to administer Medicaid is found in Oregon Revised Statute chapter 413. OHA is overseen by a nine-member, citizen-lead board called the Oregon Health Policy Board (OHPB). Members are appointed by the Governor and confirmed by the Senate. OHA performs oversight of all health related areas: Public Health; Oregon Educators' Benefit Board (OEBB); Public Employees' Benefit Board (PEBB); Oregon Prescription Drug Program (OPDP); Office for Health Policy and Research (OHPR); Addictions and Mental Health ; Health Analytics; Health Licensing Office (HLO); and Clinical Services Improvement.

As the Single State Agency, OHA has final authority over Medicaid programs and has the power to exercise administrative discretion in the administration and supervision of the Medicaid State Plan. The Medicaid Director is a cabinet-level position that reports to the Health Policy and Analytics Director of Oregon Health Authority. The OHA Director has oversight for all aspects of the Medicaid administration that includes the following units and their functions:



Medicaid Administration

The Health Policy & Analytics Division: has five sub units, the sub units are made up of:
Health Policy- this is also broken into two subunits. Medicaid policy development and Clinical Improvement Services. Medicaid policy development includes developing the policies for and the provision of publicly funded medical care and medical assistance, including develop health policy for physical health care, oral health care and behavioral health care, eligibility policy, policy analysis, research, and evaluation; State plan and waiver administration. Clinical Improvement Services oversees Quality Improvement, the Health Evidence Review Commission, the Pharmacy & Therapeutics Committee, and the Transformation Center.
Public Benefit plans- This is non Medicaid benefit plans. This subunit designs, contracts and administers a program of benefits for the state as the employer and state employees. The benefits include medical and dental coverage; life, accident, disability and long-term care insurance; and flexible spending accounts.

Health Information Technology- manages the Medicaid EHR incentive program and other statewide HIT initiatives
Health Analytics- includes the management of metrics for Medicaid programs, collection and analysis of data and provide technical assistance to support health system reform.

Business supports manages facilities, administrative staff

Health Systems Division: has five sub units, the sub units are made up of: Quality and compliance; Providers services; compliance regulations; operations support and business systems support. These five units are responsible to oversee eligibility quality and compliance; implement policies and monitor programs for physical health care, dental health care and mental health and substance use disorders; operational aspects for both fee-for-service (FFS) & Coordinated Care Organization (CCO) such as administrative rules; contracts; medical program hearings and coordination with DHS application processing centers and branches; clinical claims review, administrative claim appeals, transplant & out-of-state services coordination, CCO quality assurance and MMIS operations and maintenance.

Fiscal and Operations Division: Responsibilities include operational aspects that support the Medicaid agency for such things as staff training, human resources, administrative budget, program budget, facility settlements, Health Care Finance, cost allocation, audits, accounting, legal coordination and building management. Many of these are shared services with the Department of Human Services (DHS).

Oregon Health Authority has Intergovernmental Agreements (IGAs) in place with the Department of Human Services, whose responsibilities include administrative or operational functions, including eligibility determinations as necessary and appropriate for the following MAGI and non-MAGI Medicaid populations: families, adults and in individuals under 21, Aged, Blind and Disabled, Child Welfare, Foster children and Adoption Assistance.

Oregon Health Authority determines eligibility for the Family Planning waiver population that are not full benefit Medicaid eligible.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Oregon Health Authority (OHA) is overseen by a nine-member, citizen-lead board called the Oregon Health Policy Board (OHPB). Members are appointed by the Governor and confirmed by the Senate. OHA performs oversight of all health related divisions: Public Health; Health Systems; Health Policy & Analytics; State Hospital; External Affairs, Office of Equity and Inclusion, and Chief Financial Officer/Chief Operating Officer. .

As the Single State Agency, the Oregon Health Authority has final authority over Medicaid programs and has the power to exercise administrative discretion in the administration and supervision of the Medicaid State Plans. Other agencies, not part of the Oregon Health Authority, that interact with or coordinate Medicaid funds or administration are: The Department of Human Services (DHS): includes functions and support for eligibility determination as referenced under the program description above. DHS is responsible for the delivery and administration of programs and services relating to: Children and families, including but not limited to child



Medicaid Administration

protective services, foster care, residential care for children and adoption services; Elderly persons and persons with disabilities, including but not limited to social, health and protective services and promotion of hiring of otherwise qualified persons who are certifiably disabled; Persons who, as a result of the person's or the person's family's economic, social or health condition, require financial assistance or other social services; Developmental disabilities; Vocational rehabilitation for individuals with disabilities; Licensing and regulation of individuals, facilities, institutions and programs providing health and human services and long term care services delegated to the department by or in accordance with the provisions of state and federal law; Services provided in long term care facilities, home-based and community-based care settings and residential facilities to individuals with physical disabilities or developmental disabilities and to seniors who receive residential facility care; and All other human service programs and functions delegated to the department by or in accordance with the provisions of state and federal law.

Office of Administrative Hearings (OAH): In 1999, the Oregon Legislature created the Office of Administrative Hearings within the Department of Employment. OAH is an independent state agency that conducts medical and eligibility hearings for Medicaid and resolves other non-Medicaid disputes. OAH has approximately 65 Administrative Law Judges (ALJs) that serve approximately 70 state agencies.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Eligibility Determinations

Pursuant to Oregon State Law, and as permitted by Medicaid law, the Oregon Health Authority and the Department of Human Services have established an agreement regarding the provision of eligibility determination for the Medicaid program. The Oregon Health Authority will establish and implement eligibility policy and procedures across both the Oregon Health Authority and the Department of Human Services Medicaid/CHIP programs consistent with federal statutes and regulations. The agreement defines the roles and responsibilities of the Oregon Health Authority, The Single State Agency, as the administrator of the Medicaid State Plan and the Department of Human Services, Title IV-A Agency, as an eligibility determination agency for the Medicaid program.

The Department of Human Services determines eligibility for the MAGI and non-MAGI populations which includes families, adults, individuals under 21, Aged, Blind and disabled, Child Welfare, Foster children and Adoption Assistance.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act



Medicaid Administration

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes No

State Plan Administration

A3

Assurances

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement



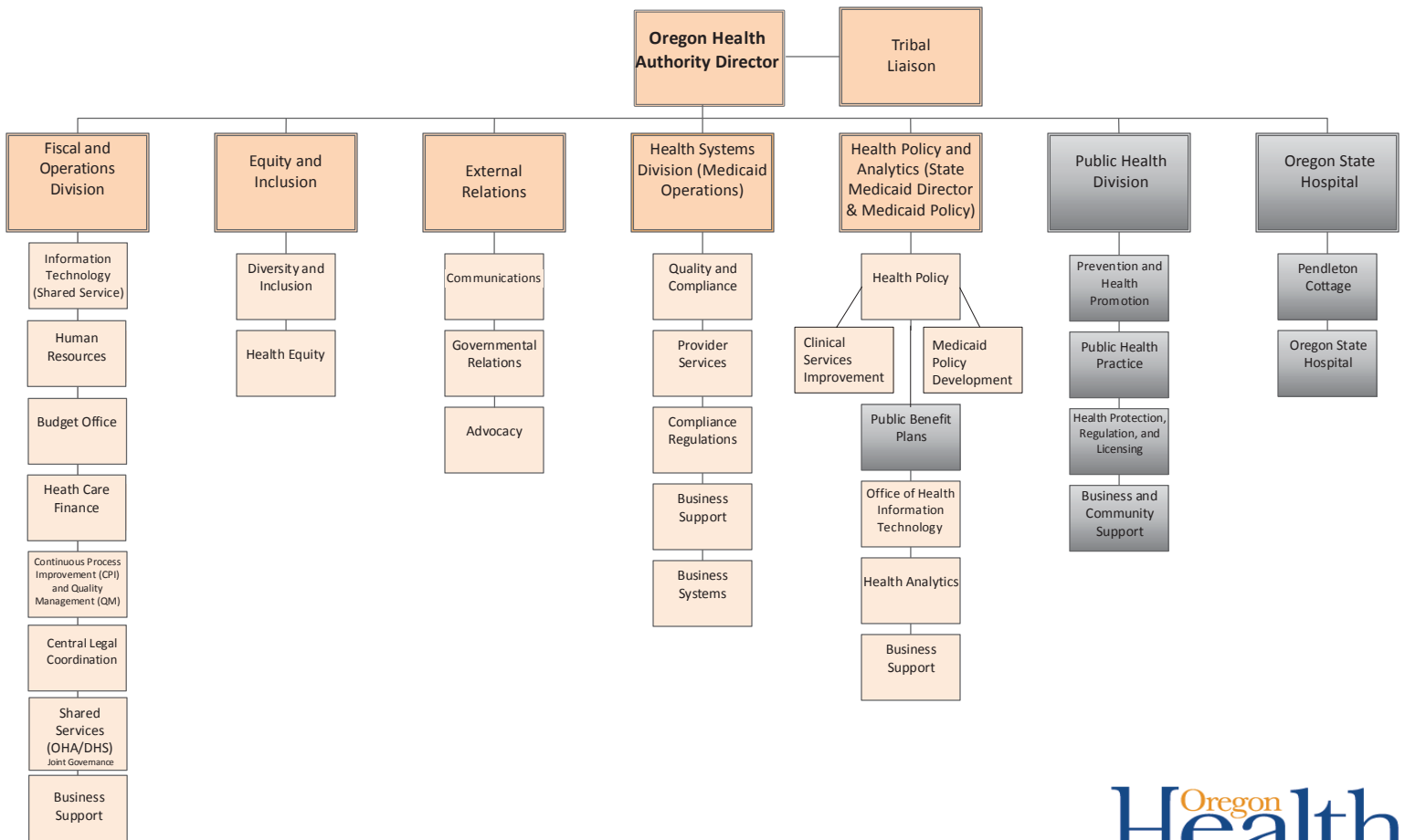
Medicaid Administration

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.

V.20160722

Medicaid Agency Functional Chart

Transmittal # OR-17-0005



Revised: 5/13/2016