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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 18-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Summary Form (with 179-like data)
- 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

April 3, 2018

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number 18-0002

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 18-0002. This SPA affirms Oregon's status as a SSI criteria state for evaluating non-MAGI eligibility under the Medicaid state plan.

This SPA is approved effective January 1, 2018. 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 solid black rectangular box redacting the signature of David L. Meacham.

Date: 2018.04.04 07:00:14 -07'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
David Simmitt, OHA
Jesse Anderson, OHA

CMS-10434 OMB 0938-1188

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Date: 03/29/2018

Head of Agency: Patrick Allen

Title/Dept : OHA Director

Address 1: 500 Summer St NE

Address 2:

City : Salem

State: OR

Zip: 97301

MACPro Package ID: OR2018MS00020

SPA ID: OR-18-0002

Subject

Approval Notification

Dear Patrick Allen

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for Approval

Reviewable Unit	Effective Date
Financial Eligibility Requirements for Non-MAGI Groups	1/1/2018

This SPA was submitted to affirm Oregon is a SSI criteria state for evaluating non-MAGI eligibility under the Medicaid state plan.


Sincerely,

Stephanie Kaminsky
Acting Division Director

Approval Documentation

Name	Date Created	Type
No items available		

Package Information

Package ID OR2018MS00020
Program Name N/A
SPA ID OR-18-0002
Version Number 1
Submitted By Jesse Anderson
Package Disposition 

Submission Type Official
State OR
Region Seattle, WA
Package Status Approved
Submission Date 1/25/2018
Approval Date 3/29/2018 6:05 PM EDT

Priority Code P2

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS00020 | OR-18-0002

Not Started

In Progress

Complete

Package Header

Package ID OR2018MS00020	SPA ID OR-18-0002
Submission Type Official	Initial Submission Date 1/25/2018
Approval Date 3/29/2018	Effective Date N/A
Superseded SPA ID N/A	

State Information

State/Territory Name: Oregon

Medicaid Agency Name: Oregon Health Authority

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission Type

Official Submission Package

Draft Submission Package

Allow this official package to be viewable by other states?

Yes

No

Key Contacts

Name	Title	Phone Number	Email Address
Anderson, Jesse	State Plan Manager	[REDACTED]	[REDACTED]

SPA ID and Effective Date

SPA ID OR-18-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Financial Eligibility Requirements for Non-MAGI Groups	1/1/2018	

Executive Summary

Summary Description Including Goals and Objectives SPA submission as required for financial eligibility for non MAGI groups

Dependency Description

Description of any dependencies between this submission package and any other submission package undergoing review

Disaster-Related Submission

This submission is related to a disaster

Yes

No

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

42 CFR 435.121 & 1902(a)(10)(A)(ii)(XI) of the Act

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor does not wish to review any plan materials

Authorized Submitter

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Jesse Anderson
Phone number [REDACTED]
Email address [REDACTED]

Authorized Submitter's Signature Jesse Anderson

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS00020 | OR-18-0002

Not Started In Progress Complete

Package Header

Package ID OR2018MS00020 **SPA ID** OR-18-0002
Submission Type Official **Initial Submission Date** 1/25/2018
Approval Date 3/29/2018 **Effective Date** N/A
Superseded SPA ID N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS00020 | OR-18-0002

Not Started In Progress Complete

Package Header

Package ID OR2018MS00020 **SPA ID** OR-18-0002
Submission Type Official **Initial Submission Date** 1/25/2018
Approval Date 3/29/2018 **Effective Date** N/A
Superseded SPA ID N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

TN: OR-18-0002
 Supersedes TN: New

Approved: 3/29/18

Effective Date: 1/1/18

Yes
 No

Yes
 No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

This is a technical SPA required to submit SPA's in Macpro. It does not make any changes to the current eligibility nor to any tribal members.

- Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
- The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | OR2018MS0002O | OR-18-0002

Not Started

In Progress

Complete

Package Header

Package ID	OR2018MS0002O	SPA ID	OR-18-0002
Submission Type	Official	Initial Submission Date	1/25/2018
Approval Date	3/29/2018	Effective Date	1/1/2018
Superseded SPA ID	N/A		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

- The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

- The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

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 0938-1188. 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.

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