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**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 18-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Page with like 179 Form data
- 3) Approved SPA Pages
- 4) Organization Chart

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

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January 15, 2019

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number 18-0007

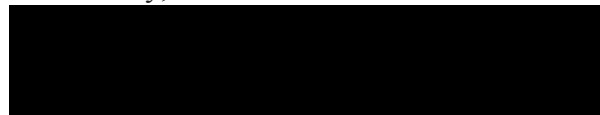
Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 18-0007. The amendment updates the state plan to reflect recent changes to the Medicaid unit and organizational structure of the Oregon Health Authority, the Single State Agency.

This SPA is approved effective October 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](mailto:janice.adams@cms.hhs.gov) or at (206) 615-2541.

Sincerely,



David L. Meacham  
Associate Regional Administrator

Enclosure

cc:  
Jesse Anderson, OHA

## Package Information

<b>Package ID</b>	OR2018MS00060	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	OR
<b>SPA ID</b>	OR-18-0007	<b>Region</b>	Seattle, WA
<b>Version Number</b>	4	<b>Package Status</b>	Approved
<b>Submitted By</b>	Jesse Anderson	<b>Submission Date</b>	10/29/2018
<b>Package Disposition</b>		<b>Approval Date</b>	1/15/2019 5:33 PM EST
<b>Priority Code</b>	P2		

## 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:** 01/15/2019

**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:** OR2018MS00060

**SPA ID:** OR-18-0007

**Subject**

Oregon SPA 18-0007, Single State Agency

**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 amend the Single State Agency RU's.

Reviewable Unit	Effective Date
Designation and Authority	10/1/2018
Intergovernmental Cooperation Act Waivers	10/1/2018
Eligibility Determinations and Fair Hearings	10/1/2018
Organization and Administration	10/1/2018
Single State Agency Assurances	10/1/2018

If you have any questions related to this SPA, please contact Janice Adams at [janice.adams@cms.hhs.gov](mailto:janice.adams@cms.hhs.gov) or (206) 615-2541.

**Sincerely,**

Stephanie Kaminsky  
Acting Division Director

## Approval Documentation

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

### Package Header

**Package ID** OR2018MS00060

**SPA ID** OR-18-0007

**Submission Type** Official

**Initial Submission Date** 10/29/2018

TN: OR 18-0007  
Supersedes TN: OR 17-0005

Approved: 01/15/2019

Effective: 10/01/2018

**Approval Date** 1/15/2019  
**Superseded SPA ID** N/A

**Effective Date** N/A

## State Information

**State/Territory Name:** Oregon

**Medicaid Agency Name:** Oregon Health Authority

## Submission Component

State Plan Amendment

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

### Package Header

<b>Package ID</b>	OR2018MS00060	<b>SPA ID</b>	OR-18-0007
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	10/29/2018
<b>Approval Date</b>	1/15/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** OR-18-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	10/1/2018	OR-17-0005
Intergovernmental Cooperation Act Waivers	10/1/2018	OR-17-0005
Eligibility Determinations and Fair Hearings	10/1/2018	OR-17-0005
Organization and Administration	10/1/2018	OR-17-0005
Single State Agency Assurances	10/1/2018	OR-17-0005

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

### Package Header

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<b>Approval Date</b>	1/15/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This transmittal is being submitted to reflect the changes to the organizational structure of OHA and the Medicaid unit within OHA

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

#### Federal Statute / Regulation Citation

42 CFR 431.10-431.12 and 431.50

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

### Package Header

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**Approval Date** 1/15/2019  
**Superseded SPA ID** N/A

**SPA ID** OR-18-0007  
**Initial Submission Date** 10/29/2018  
**Effective Date** N/A

### 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



# Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

## Package Header

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<b>Superseded SPA ID</b>	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 | Administration | OR2018MS00060 | OR-18-0007

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<b>Superseded SPA ID</b>	N/A		

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

- Yes  
 No

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

- Yes  
 No

- The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

- All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
7/11/2018	Presented information during the July '770' quarterly tribal meeting as well as distributed a Dear tribal leader Letter distributed via email.

- All Urban Indian Organizations




<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
7/11/2018	Presented information during the July '770' quarterly tribal meeting as well as distributed a Dear tribal leader Letter distributed via email.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
7/11/2018	Presented information during the July '770' quarterly tribal meeting as well as distributed a Dear tribal leader Letter distributed via email

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
<a href="#">Dear Tribal Leaders Letter-Single state agency org</a>	10/29/2018 10:49 AM EDT	
<a href="#">SPA_notification-7-11-18 770-Consultation mtg</a>	10/29/2018 10:49 AM EDT	
<a href="#">Tribal Contact List-2017</a>	10/29/2018 10:49 AM EDT	

**Indicate the key issues raised (optional)**

- Access

- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Medicaid State Plan Administration

## Organization

## Designation and Authority

MEDICAID | Medicaid State Plan | Administration | OR2018MS0006O | OR-18-0007

## Package Header

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<b>Approval Date</b>	1/15/2019	<b>Effective Date</b>	10/1/2018
<b>Superseded SPA ID</b>	OR-17-0005		
	User-Entered		

## A. Single State Agency

1. State Name: Oregon

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid 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 Centers for Medicare and Medicaid Services (CMS).


3. Name of single state agency:

Oregon Health Authority

4. This 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.)

## B. Attorney General Certification:

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.

Name	Date Created	
16-0003 AG cert	10/25/2018 10:30 AM EDT	

## C. Administration of the Medicaid Program

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

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
  - a. The single state agency supervises the administration through counties or local government entities.
  - b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
  - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

## Designation and Authority

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

### Package Header

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### D. Additional information (optional)

# Medicaid State Plan Administration

## Organization

### Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | OR2018MS0006O | OR-18-0007

#### Package Header

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<b>Superseded SPA ID</b>	OR-17-0005		
	User-Entered		

#### A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

##### View Waiver - Department of Human Services

###### 1. Name of state agency to which responsibility is delegated:

Department of Human Services

###### 2. Date waiver granted:

7/18/2017

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

- a. Conducting fair hearings
- b. Other

###### 4. The scope of the delegation (i.e. all fair hearings) includes:

Department of Human Services:

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.

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.

###### 5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
  - i. A written agreement between the agencies.
  - ii. State statutory and/or regulatory provisions.

###### 6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes
- No

- The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

###### 7. Additional methods for coordinating responsibilities among the agencies (optional):

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.

## View Waiver - Office of Administrative Hearings (OAH)

### 1. Name of state agency to which responsibility is delegated:

Office of Administrative Hearings (OAH)

### 2. Date waiver granted:

3/23/2015

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

- a. Conducting fair hearings  
 b. Other

### 4. The scope of the delegation (i.e. all fair hearings) includes:

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.

### 5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
- i. A written agreement between the agencies.
  - ii. State statutory and/or regulatory provisions.

#### Statutory/regulatory citation(s):

ORS 183.605 through 183.690

### 6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes  
 No
- The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

### 7. Additional methods for coordinating responsibilities among the agencies (optional):

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 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.



# Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

## Package Header

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	User-Entered		

## B. Additional information (optional)

# Medicaid State Plan Administration

## Organization

### Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | OR2018MS0006O | OR-18-0007

#### Package Header

<b>Package ID</b>	OR2018MS0006O	<b>SPA ID</b>	OR-18-0007
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#### A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

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

2. The entity or entities that conduct determinations of eligibility based on age, blindness, and disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for SSI beneficiaries
- iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. 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).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

# Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

## Package Header

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## B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- The Medicaid agency is responsible for all Medicaid fair hearings.
  1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:
    - a. Medicaid agency
    - b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
    - c. Local governmental entities
    - d. Delegated governmental agency
  3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):
    - All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

# Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

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## C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

Yes

No

## D. Additional information (optional)

# Medicaid State Plan Administration

## Organization

### Organization and Administration

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

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## A. Description of the Organization and Functions of the Single State Agency

### 1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

**2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)**

#### a. Eligibility Determinations

##### 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, and family planning.

#### b. Fair Hearings (including expedited fair hearings)

Fair hearings are delegated per the Intergovernmental Cooperation Act of 1968 waiver. The delegated entities include The 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. 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.

##### Department of Human Services:

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.

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, Office of Client and Community Services may review the eligibility 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 Oregon Health Authority is responsible for the medical service hearings for Medicaid Members. This includes processing and tracking the requests, and representing the state as lay representatives at the hearings.

**c. Health Care Delivery, including benefits and services, managed care (if applicable)**

OHA utilizes both enrollment in Managed care organizations, known as Coordinated Care Organizations and fee-For-Services delivery systems. OHA comply's with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services. The managed care delivery system is authorized under an 1115 demonstration waiver. The FFS program operates under an 1115 waiver demonstration as well as 1902(a) state plan coverage. Once determined eligible, an individual will be in FFS for a period of time. The majority of these individuals will be enrolled in a CCO within 2 weeks of determination. Populations that are not enrollable into a CCO would receive services through this FFS option such as Citizen/Alien-Waived Emergency Medical (CAWEM). Services that are not included in CCOs and reimbursed under FFS for those enrolled in CCOs include items such as: Standard therapeutic class 7 & 11 Prescription drugs, Depakote, Lamictal and their generic equivalents, Hospice services for Members who reside in a skilled Nursing Facility, Long term care services and Therapeutic abortions (abortions comport with the Hyde amendment).

**d. Program and policy support including state plan, waivers, and demonstrations (if applicable)**

Health Systems Division: has sub units that are made up of: Medicaid; Behavioral Health; Quality and compliance; Business Operations and Business Information. Health Systems Division includes the Medicaid Director who oversees integrated eligibility policy; Quality Assurance and Hearings; Provider services; Physical, Oral & Tribal Health programs. Hearings unit in HSD are responsible for the medical benefit service hearings for OHP Members. These are hearings when a client is denied a prior authorization for a medical or surgical service as opposed to eligibility hearings. This includes processing and tracking the requests, and representing the state as lay representatives at the hearings. Quality Assurance unit Administers the External Quality Review Organization's (EQRO) contract and associated external quality review activities associated with the MCE's. Medicaid develops and implements policies for physical health care, dental health care. This section's functions include fee-for-service (FFS) & Coordinated Care Organization (CCO) administrative rules and contracts; federal regulations; state plan and waiver management; monitoring programs; Medicare coordination and CCO Delivery system management, including financial solvency and Tribal contracting. Behavioral Health is also a part of Health Systems Division and includes activities related to addiction & prevention, housing, licensing and credentialing. Some Behavioral Health activities are Medicaid and some are not.

Other OHA agency units that are considered 'shared services' and may support some of the Medicaid operations but are not exclusive to Medicaid are: The Health Policy & Analytics Division: Activities include Health policy development for the provision of health care including publicly funded medical care and medical assistance. Other activities include policy analysis, research, and evaluation; Clinical Services Improvement oversees Quality Improvement, the Health Evidence Review Commission, the Pharmacy & Therapeutics Committee, and the Transformation Center. 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. 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

**e. Administration, including budget, legal counsel**

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, Actuarial services and building management. Many of these are shared services with the Department of Human Services (DHS).

**f. Financial management, including processing of provider claims and other health care financing**

Business operations and Information systems responsibilities include operational functions of the MMIS subsystems, claims managements functions, provider screening and monitoring and CCO encounter data processing.

**g. Systems administration, including MMIS, eligibility systems**


System admin and MMIS are included above under Business operations noted above. Oregon Health Authority has Intergovernmental Agreements (IGAs) in place with the Department of Human Services, whose responsibilities include administrative or operational functions, specific to eligibility determinations and functions specific to the ONE eligibility system. DHS determines eligibility 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.

**h. Other functions, e.g., TPL, utilization management (optional)**

External Relations: The External Relations Division functions as the unit that connects together the seven agencies of the Oregon Health Authority. Provides communications to audiences both inside and outside OHA agency. Stakeholders includes Oregon legislators, Oregon Health Plan providers and members, advocates and community partners, local and federal government, public health, members of the media, and all Oregonians and their families.

OPAR: Consists of various financial recovery areas such as estate recovery, Health Insurance group (TPR), Overpayment recovery, etc

**3. An organizational chart of the Medicaid agency has been uploaded:**

Name	Date Created	
18-0007 Org chart	10/25/2018 12:44 PM EDT	

## Organization and Administration

MEDICAID | Medicaid State Plan | Administration | OR2018MS00060 | OR-18-0007

### Package Header

<b>Package ID</b>	OR2018MS00060	<b>SPA ID</b>	OR-18-0007
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	10/29/2018
<b>Approval Date</b>	1/15/2019	<b>Effective Date</b>	10/1/2018
<b>Superseded SPA ID</b>	OR-17-0005		
	User-Entered		

## B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

### Title

Single state agency under Title IV-A (TANF)

### Description of the functions the delegated entity performs in carrying out its responsibilities:

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.

## Organization and Administration

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### E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes  
 No

Name of agency: ↑	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Department of Human Services	he 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 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.



## Organization and Administration

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### F. Additional information (optional)

# Medicaid State Plan Administration

## Organization

### Single State Agency Assurances

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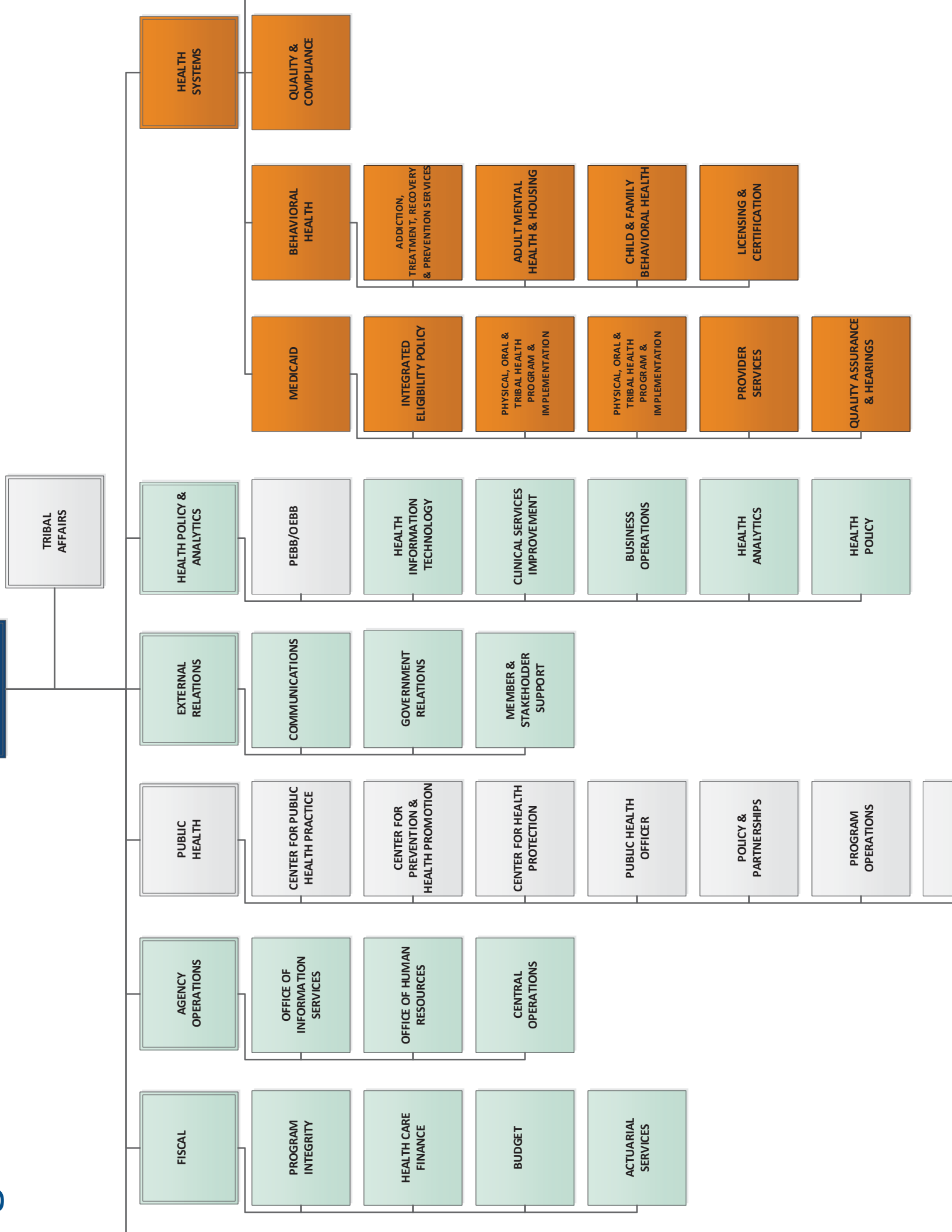
#### A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

#### B. 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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PEBB/O EBB

HEALTH INFORMATION TECHNOLOGY

CLINICAL SERVICES IMPROVEMENT

BUSINESS OPERATIONS

HEALTH ANALYTICS

HEALTH POLICY

EXTERNAL RELATIONS

COMMUNICATIONS

GOVERNMENT RELATIONS

MEMBER & STAKEHOLDER SUPPORT

PUBLIC HEALTH

CENTER FOR PUBLIC HEALTH PRACTICE

CENTER FOR PREVENTION & HEALTH PROMOTION

CENTER FOR HEALTH PROTECTION

PUBLIC HEALTH OFFICER

POLICY & PARTNERSHIPS

PROGRAM OPERATIONS

AGENCY OPERATIONS

OFFICE OF INFORMATION SERVICES

OFFICE OF HUMAN RESOURCES

CENTRAL OPERATIONS

FISCAL

PROGRAM INTEGRITY

HEALTH CARE FINANCE

BUDGET

ACTUARIAL SERVICES

MEDICAID

INTEGRATED ELIGIBILITY POLICY

PHYSICAL, ORAL & TRIBAL HEALTH PROGRAM & IMPLEMENTATION

PHYSICAL, ORAL & TRIBAL HEALTH PROGRAM & IMPLEMENTATION

PROVIDER SERVICES

QUALITY ASSURANCE & HEARINGS

HEALTH SYSTEMS

QUALITY & COMPLIANCE

BEHAVIORAL HEALTH

ADDICTION, TREATMENT, RECOVERY & PREVENTION SERVICES

ADULT MENTAL HEALTH & HOUSING

CHILD & FAMILY BEHAVIORAL HEALTH

LICENSING & CERTIFICATION