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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 24-0015

This file contains the following documents in the order listed:

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

OR - Submission Package - OR2024MS00020 - (OR-24-0015) - Administration

Summary Reviewable Units Versions Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid & CHIP Operations Group
601 E 12th St., Room 355
Kansas City, MI 64106



Center for Medicaid & CHIP Services

September 16, 2024

Dr. Sejal Hathi
Director
Oregon Health Authority
500 Summer St NE
Salem, OR 97301

Re: Approval of State Plan Amendment OR-24-0015

Dear Director Hathi,

On July 17, 2024, the Centers for Medicare & Medicaid Services (CMS) received Oregon State Plan Amendment (SPA) OR-24-0015 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Oregon State Plan Amendment (SPA) OR-24-0015 with an effective date(s) of December 01, 2024.

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov

Sincerely,
James G. Scott
Director
Center for Medicaid & CHIP Services

OR - Submission Package - OR2024MS00020 - (OR-24-0015) - Administration

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OR2024MS00020 | OR-24-0015

CMS-10434 OMB 0938-1188

Package Header

Package ID	OR2024MS00020	SPA ID	OR-24-0015
Submission Type	Official	Initial Submission Date	7/17/2024
Approval Date	09/16/2024	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Superseded SPA ID	N/A		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 - Summary

MEDICAID | Medicaid State Plan | Administration | OR2024MS00020 | OR-24-0015

Package Header

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SPA ID and Effective Date

SPA ID OR-24-0015

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/1/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

n/a

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OR2024MS00020 | OR-24-0015

Package Header

Package ID	OR2024MS00020	SPA ID	OR-24-0015
Submission Type	Official	Initial Submission Date	7/17/2024
Approval Date	09/16/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This transmittal is being submitted to include the required assurances for the Adult and Child annual core set reporting.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

42 CFR 431.16 & 437.10 through 437.15

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | OR2024MS00020 | OR-24-0015

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Governor's Office Review

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

Describe Governor does not wish to review

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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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Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | OR2024MS00020 | OR-24-0015

CMS-10434 OMB 0938-1188

Package Header

Package ID	OR2024MS00020	SPA ID	OR-24-0015
Submission Type	Official	Initial Submission Date	7/17/2024
Approval Date	09/16/2024	Effective Date	<u>12/1/2024</u>
Superseded SPA ID	NEW		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- 1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- 2. The agency reports annually, by December 31, on:
 - a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
 - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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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