



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

MAR 21 2011

Bruce Goldberg, MD, Director
Department Human Services
Human Services Building
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number 10-021

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of Oregon's State Plan Amendment (SPA) Transmittal Number 10-021. This amendment implements the consultation of tribal health programs prior to the submission of any plan amendment in compliance with Section 5006(e)(2) of the American Recovery and Reinvestment Act. In addition, this amendment provided a technical correction to the pagination of the pediatric immunization program as a result of inserting the consultation language. The changes are reflected in the General Administration, Section 1.4; pages 9, 9a and 9b.

This SPA is approved effective October 1, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,


Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Judy Mohr Peterson, Administrator, Office of Medical Assistance Programs
Jesse Anderson, State Plan Manager, Office of Medical Assistance Programs

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
10-21

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10/1/10

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
1902(a)(73) of the Act

7. FEDERAL BUDGET IMPACT:
a. 2010 \$ -0-
b. 2011 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 1.4, pages 9, 9a, 9b, 9c, 9d (P+I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Section 1.4 pages 9, 9a, 9b

10. SUBJECT OF AMENDMENT: Tribal consultation policy and immunization preprint renumbered due to tribal consult preprint overlapping pages.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: 

16. RETURN TO:

Division of Medical Assistance Programs
Department of Human Services
500 Summer Street NE E-35
Salem, OR 97301

13. TYPED NAME **Judy Mohr Peterson**  **Bruce Goldberg, MD**

14. TITLE: **Administrator, DMAP** **Director, DHS**

15. DATE SUBMITTED: **9/29/10**

ATTN: Jesse Anderson, State Plan Manager

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **September 30, 2010**

18. DATE APPROVED: **MAR 21 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVAL: **OCT 01 2010**

20. SIGNATURE OF REGIONAL OFFICIAL: 

21. TYPED NAME: **Barbara K. Richards**

22. TITLE:

23. REMARKS:

Pen & Ink changes authorized by the State on 3/9/2011.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: OREGON

Citation
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

42 CFR
438.104

The State enrolls recipients in MCO, PIHP, PAHP and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

1902(a)(73)

Tribal Consultation Requirements

The Oregon Health Authority (OHA) has regular quarterly meetings with the nine federally recognized Tribes, Urban Indian Programs and Indian Health Service (IHS) representatives. The agenda's are mainly driven by the Indian communities of Oregon, Urban Indian Programs and Indian Health Service (IHS) representatives and are constructed by requesting topic's to be discussed at the meeting. These meetings are referred to in Oregon as Senate Bill 770 in reference to the legislation authoring the meeting. The OHA may engage the tribal and urban program representatives outside of the meeting setting through correspondence in the event a policy change is needed more quickly than the next 770 meeting will support. Each Tribe and Indian Organization selects its representative to the meetings based on whom the Tribe or Indian Organization feels is best to represent their needs.

The Division discusses proposed State Plan Amendments, waiver proposals or amendments, demonstration project proposals or amendments, and rule-making that may have a direct impact on American Indians, Tribal entities and urban Indian programs or IHS in the SB 770 quarterly meetings.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance ProgramState/Territory: OREGONCitation

1902(a)(73)

Tribal Consultation Requirements (continued)

Impacts that are considered to have direct effects on Native Americans, Urban Indian programs or IHS are changes that would impact eligibility determinations, changes that reduce payment rates or changes in payment methodologies, reductions in covered services, changes in provider qualifications/requirements, and proposals for demonstrations or waivers.

Process:

Thirty (30) days prior to a State Plan submission to the Centers for Medicare and Medicaid Services (CMS), the Division distributes documents describing a proposed State Medicaid Plan Amendments (SPA). This is normally discussed in a scheduled quarterly SB 770 meeting. Approximately ten (10) days prior to the quarterly 770 meeting the Division distributes the agenda and documents describing a proposed SPA. This is distributed through the Tribal Liaison to the nine federally recognized Tribes, Tribal Urban Indian programs and Indian Health Service (IHS) representatives. The types of entities on the distribution list includes, but is not limited to:

- a. Oregon Tribal Governments (i.e. Tribal Executive Council, Tribal Business Council, etc.)
- b. Tribal Chairman or Chief or their designated representative(s)
- c. Tribal Health Clinic Executive Directors of Oregon's 638/FQHC providers
- d. IHS representatives
- e. Tribal Organizations established to represent IHS and Tribal health programs and such as the Northwest Portland Indian Health Board
- f. Urban Indian program(s) Executive Director(s) or designee(s)

In instances where a SPA would need to be submitted prior to a regularly scheduled '770' meeting the Division would utilize electronic mail or schedule conference calls.

Revision: HCFA-PM-94-3 (MB)
APRIL 1994

Transmittal # 10-21
OMB No. 0938-1098

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: OREGON

Citation

1902(a)(73)

Tribal Consultation Requirements (continued)

The Division may also utilize an expedited process in the event a deadline is outside the control of the Division, or in severely time limited situations. The expedited process includes at a minimum, 10 days in advance of the change the Division provides written notification with the proposed change; anticipated impact; method for providing comments/questions; timeframe for feedback; and an opportunity for a face-to-face meeting or conference call if requested.

Tribal, Urban Indian program and IHS designees are invited to attend all Divisions' Rule Advisory Committee meetings to provide additional input on rule concepts and language.

1.5

Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.

Revision: HCFA-PM-94-3 (MB)
APRIL 1994

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: OREGON

Citation

1928
of the Act

1.5 Pediatric Immunization Program

- c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
 - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.
2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.

TN No. 10-21
Supersedes TN No. 94-17

Approval Date: **MAR 21 2011**

Effective Date: 10/1/10

Revision: HCFA-PM-94-3 (MB)
APRIL 1994

Transmittal # 10-21
OMB No. 0938-1098

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: OREGON

Citation

1928 1.5 Pediatric Immunization Program
of the Act

3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:
 - State Medicaid Agency
 - State Public Health Agency (Both agencies are under the single state agency authority)