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**State/Territory Name:** Oregon

**State Plan Amendment (SPA) #:** 09-013

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



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

**OCT - 6 2009**

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

**RE: Oregon State Plan Amendment Transmittal Number #09-013**

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the Oregon State Plan Amendment (SPA) Transmittal Number #09-013.

This amendment approves the revision to the State plan to eliminate routine vision services and material to non-pregnant adults age 21 and older, except for clients with specific medical diagnoses.

This SPA is approved effective January 1, 2010, as requested by the State.

If you have any questions concerning this SPA, please contact Wendy Hill Petras at (206) 615-3814 or [wendy.hillpetras@cms.hhs.gov](mailto:wendy.hillpetras@cms.hhs.gov).

Sincerely,

A black rectangular box redacts the signature of Barbara K. Richards.

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

cc: Judy Mohr-Peterson, Administrator

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

1. TRANSMITTAL NUMBER:  
**09-13**

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  
**January 1, 2010**

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:  
**42 CFR 440.120**

7. FEDERAL BUDGET IMPACT:  
a. FFY 2010 \$ (4,799,527)  
b. FFY 2011 \$ (5,478,527)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A, Page 5-d , 2-c (P+I)**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Attachment 3.1-A, Page 5-d , 2-c (P+I)**

10. SUBJECT OF AMENDMENT: This transmittal is being revised in order to limit optional Medicaid vision benefits to non-pregnant adults.

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

13. TYPED NAME **Jim Edge**

**Bruce Goldberg, MD**

14. TITLE: Administrator, DMAP Director, DHS

15. DATE SUBMITTED:

**8-6-09**

16. RETURN TO:

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

ATTN: Jesse Anderson, Title XIX Coordinator

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **AUG - 6 2009**

18. DATE APPROVED: **OCT - 6 2009**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**JAN - 1 2010**

20. SIGNATURE OF REGIONAL OFFICIAL

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

22. TITLE: **Associate Regional Administrator**  
**Division of Medicaid &**  
**Children's Health**

23. REMARKS:

**Per LINK changes authorized by the state on 8/25/09**

LIMITATIONS ON SERVICES (Cont.)

6.b. Optometrist Services

Coverage includes all vision services for children and pregnant women (including routine vision exams, fittings, repairs, therapies and materials) provided by ophthalmologists, optometrists and opticians.

DMAP will not provide routine vision services and material to non-pregnant adults age 21 and older, except for clients with specific medical diagnoses.

Some services have Prior authorization requirements and are limited in number of visits or quantity of service pursuant to Oregon Administrative rule and the 1115 demonstration waiver.

6.c. Chiropractor Services

Coverage for Chiropractic and Osteopathic manipulation services are in accordance with 42 CFR 440.60 and is subject to the prioritized list of services as approved by CMS under an 1115 Demonstration Waiver. Services may be limited by number of days or visits. Oregon Administrative Rules describes prior authorization requirements, and limitations of services and payments for enrolled providers.

LIMITATIONS ON SERVICES (Cont.)

12.b. Dentures

Dentures are limited for adults and require prior authorization. Services are limited by age and number of visits such as; full dentures are limited to 16 years of age and older and replacement are once every 5 years unless it is considered medically/dentally appropriate. Coverage is subject to Oregon Administrative Rule and the 1115 Demonstration Waiver.

Dentures are covered for children under the EPSDT Program.

12.c. Prosthetic Devices

Prosthetic devices are provided. OMAP Durable Medical Equipment and Medical Supplies rules describes services provided, prior authorization requirements and limitations of services.

12.d. Eyeglasses

DMAP covers all vision services for children and pregnant women (including routine vision exams, fittings, repairs, and materials) provided by ophthalmologists, optometrists and opticians.

DMAP will not provide routine vision services and materials to adults 21 and over, except for clients with specific medical diagnoses.

Service authorization requirements and limitations of services are subject to Oregon Administrative rule and the 1115 demonstration waiver.