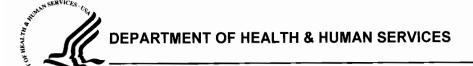
Table of Contents

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



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.

Sincerely,

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	I. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	09-13	Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2010	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440.120	a. FFY 2010 \$ (4,799,527)	
A CHANGE OF THE PLAN CHOMOS OF ATTENDED	b. FFY 2011 \$ (5,478,527)	EDED DI AMERICANA
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, Page 5-d , 2-c (P+I)	Girit (i) approved	
Attachment 3.1-A, rage 3-d , 2-c C(+2)	Attachment 3.1-A, Page 5-d, 2-c (P+I)	
		· · · · · ·
10 CURRENCE OF A SECURE TENED. This transmitted is being assis	ad in audau to limit autional Madias	aid vision honefite to
10. SUBJECT OF AMENDMENT: This transmittal is being revised in order to limit optional Medicaid vision benefits to non-pregnant adults.		
non-pregnant address.		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPECI	FIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNAPURE OF STATE AGENCY OFFICIAL AA	16. RETURN TO:	
	Division of Medical Assista	nce Programs
13. TYPE NAME Sim Edge Pruce Goldberg, MD	Department of Human Service	ces
7	500 Summer Street NE E-35	5
14. TATLE: Administrator, DMAP Director, DHS	Salem, OR 97301	
15. DATE SUBMITTED:		
8-6-09	ATTN: Jesse Anderson, Titl	e 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:	20 STATE OF THE PARTY OF THE PA	
3A - 2010		
21. TYPED NAME: BOY BOY BOY BOY BOY BOY BOY BOY BOY BY	22 TITLE: Associate Regional	
23. REMARKS:	Division of Medicaid &	
	Children's	Health
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Pen rink changes auxhorized by the state on 8/25/09		
		30 (Mag 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18

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. <u>Chiropractor Services</u>

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.