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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 13-013-MM

This file contains the following documents in the order listed:

1) Approval Letter
2) Additional Companion letter (delete if not applicable)
3) CMS 179 Form/Summary Form (with 179-like data)
4) Superseding Pages Notice (delete if not applicable)
5) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
2201 Sixth Avenue, Mail Stop 43
Seattle, Washington 98121

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Tina Edlund, Acting Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

MAR 2 1 2014

RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-0013-MM2

Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 13-0013-MM2. This transmittal incorporates the Modified Adjusted Gross Income (MAGI)-Based eligibility process requirements, including the single streamlined application, into the Medicaid State Plan in accordance with the Affordable Care Act.

This SPA is approved effective October 1, 2013.

The approval of SPA 13-0013-MM2 authorizes the use of an interim alternative single streamlined online application and an interim alternative single streamlined paper application through November 30, 2014. Oregon will submit the revised online and paper alternative single streamlined applications by November 1, 2014, addressing the outstanding concerns detailed in the accompanying companion letter issued with this SPA approval.

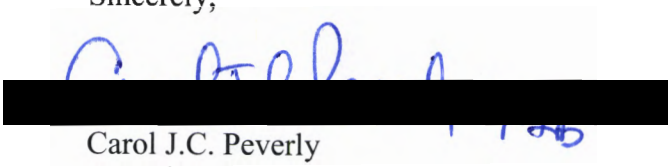
The new state plan pages for the S94 amendment and attachments should be incorporated within a separate section at the end of Oregon's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 1 – Statement of use with respect to the alternative single, streamlined online application
- Attachment 2 – Statement of use with respect to the alternative single, streamlined paper application

In addition, the new page titled, "Superseding Pages of the State Plan Material", should be placed in a separate section in the front of the state plan.

CMS appreciates the significant amount of work your staff dedicated to preparing this SPA. If you have any additional questions or require any further assistance, please contact me or have your staff contact Janice Adams at (206) 615-2541 or janice.adams@cms.hhs.gov.

Sincerely,



Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc:
Judy Mohr Peterson, Administrator, Division of Medical Assistance Programs
Jesse Anderson, State Plan Manager, Division of Medical Assistance Programs

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DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Tina Edlund, Acting Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

MAR 24 2014

RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-0013-MM2

Dear Ms. Edlund:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services' (CMS) letter which approved State Plan Amendment (SPA) Transmittal Number 13-0013-MM2. Our review of this submission included a review of the alternative single streamlined online and paper applications developed by the state.

The State of Oregon will continue to use an interim alternative single streamlined online application until November 30, 2014. This interim online application must be revised with the following necessary changes by November 1, 2014:

(1) The state will have a consumer-facing online application that is fully dynamic in accordance with CMS regulations and guidance.

(2) The application will not ask about Supplemental Security Income (SSI) except as a non-MAGI screening question for applicants only.

(3) The tobacco use question will be removed from the eligibility portion of the application.

(4) Only applicants who do not appear eligible for Medicaid and CHIP based on income attestation will be asked information about access to employer-sponsored coverage, beyond what is needed for Medicaid and CHIP.

Also, the state will continue to use the interim alternative single streamlined paper application until November 30, 2014. This interim paper application needs to be revised to reflect the following necessary changes by November 1, 2014:

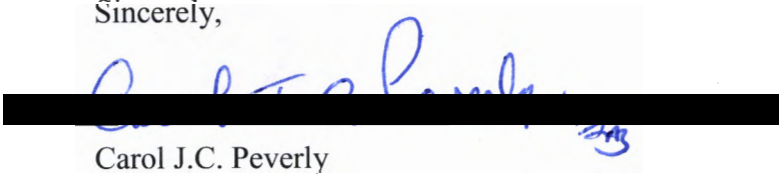
(1) Only individuals applying for coverage, not all household members, will be asked non-MAGI screening questions.

(2) The tobacco use question will be removed from the eligibility application.

Please submit both the revised alternative single streamlined online and paper applications to CMS for review no later than November 1, 2014, to process the final CMS decision on the submitted revisions for the two applications. The CMS staff will continue to be available to provide technical assistance until the submission of the revised applications.

If you have any questions about your interim or revised applications, please contact Dena Greenblum at Dena.Greenblum@cms.hhs.gov or (410) 786-8684. If you have any questions concering this SPA, please contact me, or have your staff contact Janice Adams at Janice.Adams@cms.hhs.gov or (206) 615-2541.

Sincerely,



Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc:
Judy Mohr Peterson, Administrator
Jesse Anderson, State Plan Manager

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Oregon**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

OR-13-0013

Proposed Effective Date

10/01/2013 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

42 CFR 435, Subpart J and Subpart M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	$ 0.00
Second Year	2015	$ 0.00

Subject of Amendment

This transmittal is being submitted to reflect the ACA eligibility templates SPAs which include the single streamlined application process, renewals enrollment.

Governor's Office Review

- ○ **Governor's office reported no comment**
- ○ **Comments of Governor's office received**
  Describe:
- ○ **No reply received within 45 days of submittal**
- ◉ **Other, as specified**
  Describe:
  The Governor does not wish to review any plan material.

Signature of State Agency Official

Submitted By:	**Jesse Anderson**
Last Revision Date:	**Mar 12, 2014**
Submit Date:	**Dec 24, 2013**

SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: OR-13-0013-MM2	**STATE:** Oregon
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S94 – Eligibility Process	**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:** Section 2, Page 10, section 2.1(a), TN 91-25 Effective date: 11/01/91, approved: 1/23/92 Section 2, Page 11a, section 2.1(d), TN 91-24 Effective date: 7/01/91 , approved: 11/01/91

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process	S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

☑ The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

☐ The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

☒ An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

☐ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

☒ The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

☒ An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

◉ Yes ○ No

Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
+	Fax	Paper application or fillable PDFs can be sent in via fax to the processing center	X
+	Email	Paper applications or fillable PDFs can be attached to an email and submitted to the processing center	X

☑ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

☑ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

■ Once every 12 months

■ Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

■ If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

■ Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

☒ Once every 12 months

☐ Once every 6 months

☐ Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

☑ The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

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 0938-1148. 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.