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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 13-0015

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, Washington 98104

Division of Medicaid & Children's Health Operations

Lynne Saxton, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

APR 0 8 2015

RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-0015-MM

Dear Ms. Saxton:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 13-0015-MM. This transmittal describes the single state agency's delegation of appeals and determinations in accordance with the Affordable Care Act and updates the state's organizational structure.

This SPA is approved effective January 1, 2014.

The new pages, A-1 through A-3, should be placed in a separate section at the back of the state plan.

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

If you have any additional questions or require further assistance, please contact me or have your staff contact Janice Adams at (206) 615-2541 or janice.adams@cms.hhs.gov.

Sincerely,

[redacted]

Frank Schneider
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc:
Judy Mohr Peterson, Medicaid Director
Rhonda Busek, Interim Director, DMAP
Jesse Anderson, State Plan Manager, DMAP

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-13-0015

Proposed Effective Date

11/15/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 431.10

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 description of the single state agency and delegated authority.

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:	Apr 8, 2015
Submit Date:	Dec 24, 2013

SUPERSEDING PAGES OF STATE PLAN MATERIAL

TRANSMITTAL NUMBER:	STATE:
OR-13-0015-MM	Oregon

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	COMPLETE PAGES SUPERSEDED:	PARTIAL PAGES SUPERSEDED:
A1 – A3	Page 1 Section 1.1 (pages 2-6) Section 1.2 (page 7) Section 1.3 (page 8) Attachment 1.1-A (Attorney General certification) Attachment 1.2-A (Organizational chart) Attachment 1.2-B (Description of the functions of the single state agency) Attachment 1.2-C (Description of professional medical and supporting staff) Attachment 1.2-D	Section 1.4 (page 9)(State Medical Care Advisory Committee only. Tribal consultation will remain in the state plan.)

Medicaid Administration

State Name: Oregon

OMB Control Number: 0938-1148

Transmittal Number: OR - 13 - 0015

Expiration date: 10/31/2014

State Plan Administration
Designation and Authority

A1

42 CFR 431.10

Designation and Authority

State Name: Oregon

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency: Oregon Health Authority

Type of Agency:

- ○ Title IV-A Agency
- ◉ Health
- ○ Human Resources
- ○ Other

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

ORS 413.032

The single state agency supervises the administration of the state plan by local political subdivisions.

○ Yes ◉ No

☑ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

○ Yes ◉ No

☒ Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

(•) Yes ( ) No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY): 03/23/15

The type of responsibility delegated is (check all that apply):

- [ ] Determining eligibility
- [x] Conducting fair hearings
- [ ] Other

Name of state agency to which responsibility is delegated:

Office of Administrative Hearings (OAH)

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

Office of Administrative hearings:
In 1999, the Oregon Legislature created the Office of Administrative Hearings (OAH) within the Department of Employment. The Office of Administrative Hearing is an independent state agency that conducts benefit and eligibility hearings for the Oregon Health Authority and resolves both Medicaid and non-Medicaid disputes. The Office of Administrative Hearing has approximately 65 Administrative Law Judges (ALJs) that serve approximately 70 state agencies. There is no Intergovernmental Agreement (IGA) with the Office of Administrative Hearing because the relationship is mandated by Oregon Revised Statute, ORS 183.605 through 183.690. Administrative law judges assigned from the OAH may conduct contested case proceedings on behalf of agencies as provided by ORS 183.605 to 183.690; Perform other services, that are appropriate for the resolution of disputes arising out of the conduct of agency business. All administrative law judges in OAH must meet the standards and training requirements of ORS 183.680.

If a matter goes to hearing, the hearing is conducted by an Administrative Law Judge (ALJ), employed by OAH. The ALJ receives evidence, hears arguments and issues the initial order (which resolves the matter and becomes final, absent intervention by the Oregon Health Authority. Should Oregon Health Authority disagree with the Office of Administrative Hearings, the Oregon Health Authority may review the application/interpretation of laws, rules, and policies. If merited, the Oregon Health Authority can change them. However, the OAH/ALJ findings of fact (under State law) may only be changed by an ALJ at OAH. Under state law, it is the Office of Administrative Hearings that "conducts" these hearings and Oregon Health Authority participates.

Oregon Health Authority retains final authority over all eligibility and benefit fair hearings heard and decided by Office of Administrative Hearings. Oregon Health Authority retains oversight over the State Plan; the development and issuance of policies, rules and regulations on program matters; and the appeals process, including the quality and accuracy of the final decisions rendered by the Office of Administrative Hearings.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

There is extensive coordination for eligibility and appeals (MAGI and non-MAGI) as well as services-related appeals (benefits) among the Oregon Health Authority, and The Office of Administrative Hearings. Hearing request can come through OHA or DHS (no door is the wrong door), when a request comes into DHS or OHA the

Office of Administrative Hearings is notified. Once OAH is notified their responsibilities include: schedule the hearings, notifications to claimants and OHA/DHS staff about these hearings, communicating orders to claimants and DHS/OHA, retaining hearing files, and tracking data about the hearings.. Initial eligibility or benefit service level appeals hearings request are assigned to OHA or DHS based upon MAGI or non-MAGI or a combination of both. The Oregon Health Authority, Office of Client & Community Service employees review the MAGI hearing request, conduct the informal conference, and can issue dismissal orders if either the matter is resolved in favor of the client or the client withdraws.

If the matter goes to hearing, the hearings are conducted by an Administrative Law Judge employed by the Office of Administrative Hearings, Oregon Health Authority participates in the hearing. Oregon Health Authority retains ultimate final order authority over all eligibility and benefit fair hearings in these cases after the ALJ makes findings and issues an order.

Oregon Health Authority will ensure that:
i. OHA retains oversight of the State Plan and has a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by OAH.
ii. OHA will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact OAH and obtain information about fair hearings from that agency.
iii. OHA will ensure that OAH complies with all federal and state laws, regulations, policies and guidance of the Medicaid program.

Remove

Date waiver granted (MM/DD/YY): 03/23/15

The type of responsibility delegated is (check all that apply):

- ☐ Determining eligibility
- ☒ Conducting fair hearings
- ☐ Other

Name of state agency to which responsibility is delegated:

Department of Human Services (DHS)

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

Department of Human Services:

For non-MAGI eligibility cases, Department of Human Service (DHS) staff will review the hearing request, conduct the informal interview, and can issue dismissal orders if either the matter is resolved in favor of the client or the client withdraws. DHS staff can perform the review of the hearing request, conduct the informal interview and can issue dismissal orders on eligibility or benefits unique to "home and community based care"/Title XIX services needed to keep an individual out of a long-term care facility. These services are: In-home services except for state plan personal care services.; Residential care facility services; Assisted living facility services; Adult foster care services; Home adaptations to accommodate a client's physical condition; Home-delivered meals provided in conjunction with in-home services; specialized living facility services; Adult day care services; Community transition services; personal care services for the Aged and Physically Disabled or Child Welfare non-MAGI populations. DHS employees participate in the hearing, and DHS have final order authority. If an individual has a combined hearing about both MAGI and non-MAGI eligibility, DHS employees may cover all issues in terms of participating in the hearing but OHA retains final authority over the final orders. If the matter

goes to hearing, the hearing is conducted by an Administrative Law Judge (ALJ), employed by OAH. The ALJ receives evidence, hears arguments and issues the initial order (which resolves the matter and becomes final, absent intervention by the Oregon Health Authority or the Department of Human Services. Should Oregon Health Authority or the Department of Human Services disagree with the Office of Administrative Hearings, the Oregon Health Authority or the Department of Human Services may review the application/interpretation of laws, rules, and policies. If merited, the Oregon Health Authority or the Department of Human Services can change them. However, the OAH/ALJ findings of fact (under State law) may only be changed by an ALJ at OAH. Under state law, it is the Office of Administrative Hearings that "conducts" these hearings and Department of Human Services and Oregon Health Authority participates.

Oregon Health Authority retains final authority over all eligibility and benefit fair hearings. Oregon Health Authority retains oversight over the State Plan; the development and issuance of policies, rules and regulations on program matters; and the appeals process, including the quality and accuracy of the final decisions rendered by the Department of Human Services.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

There is extensive coordination for eligibility appeals (MAGI and non-MAGI) as well as services-related appeals among the Oregon Health Authority, The Department of Human Services, and The Office of Administrative Hearings. Hearing request can come through OHA or DHS (no door is the wrong door),when a request comes into DHS or OHA the Office of Administrative Hearings is notified. Once OAH is notified their responsibilities include: schedule the hearings, notifications to claimants and OHA/DHS staff about these hearings, communicating orders to claimants and DHS/OHA, retaining hearing files, and tracking data about the hearings. Initial eligibility appeals hearings request are assigned to OHA or DHS based upon MAGI or non-MAGI or a combination of both. Service cases are assigned to OHA staff if the hearing is about medical or dental services. Services cases are assigned to DHS if the hearing is about developmental disability services, in-home services, or child welfare personal care services. The Oregon Health Authority, Office of Client & Community Service employees review a MAGI eligibility fair hearing request, conduct the informal conference, and can issue dismissal orders if either the matter is resolved in favor of the client or the client withdraws. The Department of Human Services employees review the non-MAGI eligibility fair hearing request, conduct the informal conference, and can issue dismissal orders if either the matter is resolved in favor of the client or the client withdraws.
If the matter goes to hearing, the hearings are conducted by an Administrative Law Judge employed by the Office of Administrative Hearings, the Department of Human Service participates in the hearing in coordination with OHA. Oregon Health Authority retains ultimate final order authority over all eligibility and benefit fair hearings in these cases after the ALJ makes findings and issues an order.

Oregon Health Authority will ensure ensure that:
i. OHA retains oversight of the State Plan and has a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by DHS.
ii. OHA will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact DHS and how to obtain information about fair hearings from that agency.
iii. OHA will ensure that DHS complies with all federal and state laws, regulations, policies and guidance of the Medicaid program.
iv. OHA has a Intergovernmental Agreements (IGAs) in place with the DHS. DHS is responsible for administrative or operational functions, including eligibility determinations as necessary and appropriate for the following Medicaid populations: Aged, Blind and Disabled, Child Welfare, Foster children and Adoption Assistance. OHA performs Medicaid eligibility determinations for all other populations.

Add

☐ The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☒ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- ☒ The Medicaid agency
- ☒ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- ☒ Medicaid agency
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

◉ Yes ○ No

State Plan Administration
Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Oregon Health Authority
The Seventy–Fifth Oregon Legislative Assembly passed House Bill 2009, which was signed into law by the Governor in June of 2009, creating the Oregon Health Authority (OHA). The OHA is designated as the state Medicaid agency for the administration of funds from Title XIX of the Social Security Act. Legal authority for OHA to administer Medicaid is found in Oregon Revised Statute chapter 413. OHA is overseen by a nine-member, citizen-lead board called the Oregon Health Policy Board (OHPB). Members are appointed by the Governor and confirmed by the Senate. OHA performs oversight of all Health related divisions: Public Health; Oregon Educators' Benefit Board (OEBB); Public Employees' Benefit Board (PEBB); Oregon Prescription Drug Program (OPDP); Office for Health Policy and Research (OHPR); Addictions and Mental Health (AMH); Health Analytics; and Clinical Services Improvement.
As the Single State Agency, OHA has final authority over Medicaid programs and has the power to exercise administrative discretion in the administration and supervision of the Medicaid State Plan. The Division of Medical Assistance Programs (DMAP) is the designated Medicaid unit within the OHA structure. The Medicaid Director is a cabinet-level position that reports to the Director of Oregon Health Authority/Director of Health Policy and Programs. The Medicaid Director has oversight for all aspects of

the Medicaid administration that includes the following units and their functions:

The Policy & Program section: develops and implements policies for physical health care, dental health care and mental health and substance use disorders (MH and SUD). This section's functions include fee-for-service (FFS) & Coordinated Care Organization (CCO) administrative rules and contracts; federal regulations; state plan and waiver management; monitoring programs; Medicare coordination and CCO Delivery system management, including financial solvency and Tribal contracting;

Quality Assurance/Improvement & Clinical services section: Functions include operational aspects such as RN claims review, administrative claim appeals, Transplant & out-of-state services coordination, Health Evidence Review Commission (HERC) liaison and CCO quality assurance and improvement;

The Office of Client & Community Services (OCCS) section : Responsible for MAGI-based eligibility determinations, develops and implements policies for program eligibility, client services, outreach, eligibility hearings and coordination with DHS application processing centers and branches;

The Program Support section: includes operational aspects that support the Medicaid agency for such things as staff training, administrative budget, program budget, facility settlements, medical program hearings, cost allocation and shared services with the Department of Human Services (DHS) such as audits, accounting, and building management.

Oregon Health Authority has Intergovernmental Agreements (IGAs) in place with the Department of Human Services, whose responsibilities include administrative or operational functions, including eligibility determinations as necessary and appropriate for the following Medicaid populations: Aged, Blind and Disabled, Child Welfare, Foster children and Adoption Assistance. Oregon Health Authority performs Medicaid eligibility determinations for all other populations.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Oregon Health Authority (OHA) is overseen by a nine-member, citizen-lead board called the Oregon Health Policy Board (OHPB). Members are appointed by the Governor and confirmed by the Senate. OHA performs oversight of all Health related divisions: Public Health; Oregon Educators' Benefit Board (OEBB); Public Employees' Benefit Board (PEBB); Oregon Prescription Drug Program (OPDP); Office for Health Policy and Research (OHPR); Addictions and Mental Health; Health Analytics; and Clinical Services Improvement.

As the Single State Agency, the Oregon Health Authority has final authority over Medicaid programs and has the power to exercise administrative discretion in the administration and supervision of the Medicaid State Plans. Other agencies, not part of the Oregon Health Authority, that interact with or coordinate Medicaid funds or administration are:

The Department of Human Services (DHS): includes functions and support for eligibility determination as referenced under the program description above. DHS is responsible for the delivery and administration of programs and services relating to: Children and families, including but not limited to child protective services, foster care, residential care for children and adoption services; Elderly persons and persons with disabilities, including but not limited to social, health and protective services and promotion of hiring of otherwise qualified persons who are certifiably disabled; Persons who, as a result of the person's or the person's family's economic, social or health condition, require financial assistance or other social services; Developmental disabilities; Vocational rehabilitation for individuals with disabilities; Licensing and regulation of individuals, facilities, institutions and programs providing health and human services and long term care services delegated to the department by or in accordance with the provisions of state and federal law; Services provided in long term care facilities, home-based and community-based care settings and residential facilities to individuals with physical disabilities or developmental disabilities and to seniors who receive residential facility care; and All other human service programs and functions delegated to the department by or in accordance with the provisions of state and federal law.

Office of Administrative Hearings (OAH): In 1999, the Oregon Legislature created the Office of Administrative Hearings within the Department of Employment. OAH is an independent state agency that conducts medical and eligibility hearings for Medicaid and resolves other non-Medicaid disputes. OAH has approximately 65 Administrative Law Judges (ALJs) that serve approximately 70 state agencies.

The State's insurance Exchange: Known as Cover Oregon, the Exchange is not part of the Executive branch or of State government but is a public corporation. Cover Oregon's board members are appointed by the governor. The The Oregon Health Authority Director is a member of Cover Oregon's board, and agreements between the Oregon Health Authority and Cover Oregon are memorialized in Intergovernmental Agreements (IGAs). Cover Oregon and the Oregon Health Authority share a state computer system that determines enrollment into Medicaid, CHIP . Cover Oregon will use federal technology to support enrollment into Qualified Health Plans and calculation of tax credits.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- (●) Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ( ) An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ( ) The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Eligibility Determinations

Pursuant to Oregon State Law, and as permitted by Medicaid law, the Oregon Health Authority and the Department of Human Services have established an agreement regarding the provision of eligibility determination for the Medicaid program. The Oregon Health Authority will establish and implement eligibility policy and procedures across both the Oregon Health Authority and the Department of Human Services Medicaid/CHIP programs consistent with federal statutes and regulations, Both Oregon Health Authority and the Department of Human Services may have eligibility determination responsibilities. The agreement defines the roles and responsibilities of the Oregon Health Authority, The Single State Agency, as the administrator of the Medicaid State Plan and the Department of Human Services, Title IV-A Agency, as an eligibility determination agency for the Medicaid program.

The Department of Human Services determines eligibility for the non-MAGI populations of the Aged, Blind and disabled, Child Welfare, Foster children and Adoption Assistance. Individuals may access a single streamlined application process either through the state exchange web portal or directly through a branch office.

Remove

Type of entity that determines eligibility:

- ( ) Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- (●) An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ( ) The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Federally-Facilitated Marketplace (FFM) will be determining eligibility for Medicaid for groups of individuals whose income eligibility is determined based on MAGI income methodology and who apply through the FFM. The FFM will not be assigning an individual who is determined eligible for Medicaid whose income eligibility is determined using MAGI methodology to a specific eligibility group, determining cost-sharing (if applicable), or assigning a benefit package – functions that will be performed by the single state agency.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ○ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

○ Yes ○ No

State Plan Administration Assurances — A3

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- ☑ The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- ☑ All requirements of 42 CFR 431.10 are met.
- ☑ There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- ☑ The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- ☑ There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

☐ There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).

☐ When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

☑ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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.

V.20141203