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**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 13-23**

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  
Seattle Regional Office  
2201 Sixth Avenue, Mail Stop 43  
Seattle, Washington 98121



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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

**FEB 20 2014**

**RE: State Plan Amendment (SPA) Transmittal Number (TN) 13-023**

Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office has completed its review of State Plan Amendment Transmittal Number 13-023. This amendment was submitted to remove the sunset date of September 30, 2013, for Express Lane Eligibility (ELE) option under Medicaid and to add language regarding eligibility determinations using Modified Adjusted Gross Income (MAGI) based methodology in accordance with the Affordable Care Act. The state will continue to use the Supplemental Nutritional Assistance Program (SNAP) and the National School Lunch Program (NSLP) as Express Lane agencies to conduct simplified eligibility determinations and expedited enrollment of eligible children under age 19 in Medicaid.

This State Plan Amendment is approved effective October 1, 2013.

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 via email at [janice.adams@cms.hhs.gov](mailto:janice.adams@cms.hhs.gov).


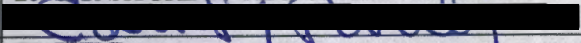
Sincerely,

A black rectangular redaction box covers the signature area of the letter.

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>13-23</b>	2. STATE Oregon
<b>FOR: Centers for Medicare and Medicaid Services</b>		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 10/1/13	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(e)(13) Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 0 b. FFY 2014 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Section 2.1, pages 11b-11f		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Section 2.1 pages 11b-11g	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to delete the end date of September <del>31</del> included in the original 'preprint' and revise some language due to MAGI income methods. <span style="float: right;">30 (P&amp;I)</span>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
12. SIGNATURE OF STATE AGENCY OFFICIAL:   00		16. RETURN TO: Division of Medical Assistance Programs Oregon Health Authority 500 Summer Street NE E-35 Salem, OR 97301  ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Judy Mohr Peterson			
14. TITLE: Director, Division of Medical Assistance Programs			
15. DATE SUBMITTED: 12/26/13			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 12/26/2013		18. DATE APPROVED: 2-20-14	
PLAN APPROVED -- ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-13		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Carol J.C. Peverly		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:  2.19.14: State authorizes P&I change to box 10			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Medical Assistance Program

State/Territory: OREGON

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid

1902(e)(13) of the Act

(e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option.

(1) The Express Lane option is applied to:

Initial determinations       Redeterminations

Both

(2) A child is defined as younger than age:

19       20       21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

The Supplemental Nutritional Assistance Program (SNAP) and selected Department of Education, National School Lunch Program (NSLP).

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

State/Territory: Oregon

SECTION 2 – COVERAGE AND ELIGIBILITY

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Citation(s)

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2.1 Application, Determination of Eligibility and Furnishing Medicaid (Cont)

(4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

**SNAP ELE Process:**

Periodically, the state sends mailings to SNAP recipients in households containing children. The mailings invite caretakers to apply for children either through a phone call or by returning a short form. The state uses SNAP findings for income and eligibility group size for Medicaid and CHIP eligibility determinations for children who apply via these methods .. The state also uses SNAP findings for verification of SSN and state residency. The state then verifies citizenship and obtains any supplemental health insurance information.

SNAP Non-ELE Process:

The state uses MAGI-based income methodology as described in 42 CFR 435.603 to determine the household income and family size for MAGI-based Medicaid and MAGI-based CHIP medical eligibility determinations. SNAP does not use MAGI or MAGI-based income methodology. The state allows adjustments made to income based on IRS determination of Adjusted Gross Income in determining medical eligibility. SNAP does not allow the same adjustments. For example, the state excludes child support received by children in the household in determining medical eligibility, and SNAP includes it.

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TN No. 13-23

Approval Date:

Effective Date: 10/1/13

Supersedes TN No. 10-16

2-20-14



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## Medical Assistance Program

State/Territory: OREGON

## SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid (Cont)

(4) (Continued)

Filing groups differ between SNAP and Medicaid/CHIP. For SNAP, filing groups may include anyone living in the same home who purchases and prepares food together. For MAGI-based Medicaid/CHIP, the household is defined in 42 CFR 435.603(f) and is based on taxable income households, with certain exceptions allowed, as for example, individuals who do not file taxes.

**THE NATIONAL SCHOOL LUNCH PROGRAM (NSLP) ELE Process:**

The state sent mailings to households receiving NSLP in participating school districts. The mailings invited families to apply through a phone call or by returning a short form. For those who responded the state used NSLP findings for income, eligibility group size, and residency for Medicaid and CHIP eligibility determinations. The state then verified SSN and citizenship. The state also obtained any supplemental health insurance information.

**NSLP Non-ELE Process:**

The state uses MAGI-based income methodology as described in 42 CFR 435.603 to determine the household income and family size used for MAGI-based Medicaid and MAGI-based CHIP; NSLP did not.

The state allows adjustments made to income based on IRS determination of Adjusted Gross Income in determining medical eligibility. NSLP did not allow the same adjustments. For example, the state excludes child support received by children in the household in determining medical eligibility and NSLP included it.

For MAGI-based Medicaid/CHIP, the household is defined in 42 CFR 435.603(f) and is based on taxable income households, with certain exceptions allowed, as for example, individuals who do not file taxes. NSLP counts the income of all household members

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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SECTION 2 – COVERAGE AND ELIGIBILITY

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Citation(s)

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2.1 Application, Determination of Eligibility and Furnishing Medicaid (Cont)

(4) (Continued)

The state uses monthly income or annual income as described in 42 CFR 435.603 NSLP used annual income unless it is not representative. In that case, the income is anticipated.

The state considers a child to live in the household where the child spends most nights or with the caretaker who has legal custody. NSLP allows children to receive benefits in both households in shared custody situations.

The state uses 42 CFR 435.603(f) to form MAGI-based Medicaid/CHIP eligibility groups based on relationships and tax status of household members. NSLP forms eligibility groups based on all household members regardless of their relationships.

The state accepts self-attestation for numerous eligibility items. NSLP verified information if it was questionable and verifies information for a statistical sample of applicants. If information is questionable, NSLP temporarily certified children and requires verification at a later time.

In some school districts, the entire school population is certified for NSLP regardless of income.

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SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid (Cont)

(5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

- (a) Screening threshold established by the Medicaid agency as:
  - (i) 30 percentage of the Federal poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify FPL equals 163% for all children; or
  - (ii) \_\_\_ percentage of the Federal poverty level (that reflects the value of any differences between income methodologies of Medicaid and the Express Lane); or
- (b) Temporary enrollment pending screen and enroll.
- (c) State’s regular screen and enroll process for CHIP.

(6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child’s or family’s affirmative consent to the child’s Medicaid enrollment.

(7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

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TN No. 13-23 Approval Date: Effective Date: 10/1/13  
 Supersedes TN No. 10-16

2-20-14