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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 14-08

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
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

MAR 26 2015

RE: Oregon State Plan Amendment (SPA) Transmittal Number 14-08¹

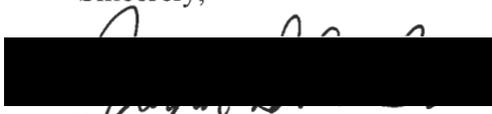
Dear Ms. Saxton:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-08. This SPA updates the description of extended services to pregnant women in the Medicaid State plan.

This SPA is approved effective July 1, 2014.

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,


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

¹ The CMS reference number for this SPA is 14-0008.

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

1. TRANSMITTAL NUMBER:
14-08

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
7/1/14

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 440.210

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$ 0
b. FFY 2015 \$ 0

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 8, ~~8-a.1, 8-a.2~~
Page 8, 8.1, 8.2

Attachment 3.1-A, page 8, 8.a.1, 8.b.1, 8.c.1
Page 8, 8.1, 8.2, 8.3

Attachment 4.19-B, page 1-b.1 P&I

Attachment 4.19-B, page 1-b.1 P&I

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to better describe extended services to pregnant women. The program was last described in 1989.

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:

16. RETURN TO:

13. TYPED NAME Rhonda Busek

Division of Medical Assistance Programs
Oregon Health Authority
500 Summer Street NE E-35
Salem, OR 97301

14. TITLE: Interim Director, Division of Medical Assistance
Programs

15. DATE SUBMITTED: 9-22-14

ATTN: Jesse Anderson, State Plan Manager

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/22/14

18. DATE APPROVED: 3.26.15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Frank Schneider

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

9.25.14: State authorizes P&I change to box 8 and 9
3.25.15: State authorizes P&I change to box 8 and 9

Revision: HCFA-PM-94-4 (MB)
APRIL 1994

Transmittal #14-08
ATTACHMENT 3.1-A
Page 8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations
 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

X Provided: With limitations*
 Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

 Additional coverage ++

- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on Attachment.

TN No.14-08
Supersedes TN 94-13

Approval Date: 3.26.15

Effective Date: 7/1/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

LIMITATIONS ON SERVICES

20. Extended Services to Pregnant Women

- a. Pregnancy-related and post-partum services provided for 60 days after the pregnancy ends include:

Maternity management and support services:

Service description:

Maternity Case Management (MCM) are services to optimize pregnancy outcomes, including reducing the incidence of low birth weight babies. MCM services are tailored to the individual's needs and consist of:

- Case management: Assist and support an individual pregnant client in accessing necessary health, nutritional and other services, includes assessment and the development of a Client Service Plan (CSP);
 - Nutritional assessment and counseling provided by a licensed or a registered dietician;
 - Child birth counseling services.
- b. Services for any other medical conditions that may complicate pregnancy include:

TN # 14-08

Supersedes TN # 87-43

Approval Date: 3.26.15

Effective Date: 7/1/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

20. Extended Services to Pregnant Women

Payment is based on a statewide fee schedule utilizing HCPCS procedure codes G9001-G9012 and S9470. The rate was established in 1989 utilizing cost of services, practitioner time and other factors as a base with legislative approved cost of living adjustments periodically since that time. The current state developed fee schedule rates are the same for both governmental and private providers and are effective for *services provided on or after 7/1/2014*. Fee schedule rates are posted on the agency web at: <http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx>.

4.b. EPSDT Services

Payment, as appropriate for the provider type and type of service, is pursuant to Attachment 4.19-A, 4.19-B, page 1, 1.a, 1.a.1,1-d,3, 5 through 17 of this state plan.

Targeted Case Management services reimbursement is as specified for the appropriate TCM service group in Attachment 4.19-B, page 4 through 4r.