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State/Territory Name: OR

State Plan Amendment (SPA) #: 20-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

April 30, 2020

Patrick Allen, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-20-0005

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-20-0005. This SPA adds Lactation Consultant Services as a billable provider type.

SPA# 20-0005 was approved on April 24, 2020, with the effective date of April 1, 2020, as requested. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Oregon State Plan.

If there are any questions concerning this approval, please contact me or you may contact Nikki Lemmon at nicole.lemmon@cms.hhs.gov or at 303-844-2641.

Sincerely,



James G. Scott, Director
Division of Program Operations

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

1. TRANSMITTAL NUMBER:
20-0005

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
4/1/20

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 440.130

7. FEDERAL BUDGET IMPACT:
a. FFY 2020 \$ 9,513
b. FFY 2021 \$ 62,392

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 6-a-6, 6-a-7
Attachment 4.19-B, Page 1a.7

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, page 6-a-6, 6-a-7
Attachment 4.19-B, Page 1a.7

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to add Lactation consultant services under prevention as an additional billable provider type.

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: The Governor does not wish to review any plan materials.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

13. TYPED NAME Lori Coyner, MA

ATTN: Jesse Anderson, State Plan Manager

14. TITLE: State Medicaid Director, OHA

15. DATE SUBMITTED: **3/12/20**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/12/20

18. DATE APPROVED: 4/24/20

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
4/1/20

20. S

21. TYPED NAME: James G. Scott

22. TITLE: Director, Division of Program Operations

23. REMARKS:

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

13.c. Preventive Services: Lactation Consultation services

Lactation Consultation services are intended for children in the post-partum period and their mothers who need help with breastfeeding. Services may be sought for difficulties such as inadequate milk supply, poor milk extraction, poor weight gain, nipple and breast pain, breast infections, and engorgement.

1. Services

Comprehensive lactation consultation must include the following:

- a. A face-to-face encounter with the mother and child lasting a minimum of thirty minutes
- b. Comprehensive maternal, infant and feeding assessment related to lactation
- c. Interventions at a minimum:
 - i. Observation of mother and child during breastfeeding
 - ii. Instruction in positioning techniques and proper latching to the breast
 - iii. Consultation in nutritive suckling and swallowing, milk production and release, frequency of feedings and feeding cues, expression of milk and use of pump if indicated, assessment of infant nourishment and reasons to contact a health care provider
- d. Information on community supports such as Women, Infant and Children (WIC)
- e. Evaluation of outcomes from interventions

2. Limitations

Lactation Consultation services is primarily intended for children age birth through ninety days postpartum or ninety days corrected for gestational age; however, it may be available to children up to age 21 when medically necessary. There is a limit of 5 Consultation sessions per child, and each session can last up to ninety minutes. In accordance with Section 1905(r) of the Social Security Act this service limit may be exceeded based on medical necessity.

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

13.c. Preventive Services: Lactation Consultation services (Cont.)

3. Providers

a. The following providers may provide all lactation Consultation services without the addition of the Lactation Consultant licensure under Oregon State law: Physician, Nurse Practitioner (NP), Physician Assistant (PA), and Registered Nurse (RN).

b. Other providers not referenced above are required to be licensed as a Lactation Consultant under Oregon State law and hold a current and valid certification from the International Board of Lactation Consultant Examiners (IBLCE).

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Preventive Services: Lactation Consultation services

OHA pays for Lactation Consultation services at the lower of:

1. The provider's submitted charge; or
2. The maximum allowable fee established by the Authority.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Lactation Consultation Services. The agency's fee schedule rate was set as of 4/1/20 and is effective for services provided on or after that date. All rates are published on the agency's website

TN No. 20-0005
Supersedes TN No. NEW

Approval Date: 4/24/20

Effective Date: 4/1/20