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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 21-0010

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

June 16, 2021

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-21-0010

Dear Mr. Allen:

The CMS Division of Pharmacy team has reviewed Oregon's State Plan Amendment (SPA) 21-0010 received in the CMS Division of Program Operations on May 10, 2021. This SPA proposes to amend the state's coverage pages to include updates to covered over-the-counter items.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 21-0010 is approved with an effective date of April 1, 2021. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Oregon's state plan.

If you have any questions regarding this request, please contact Michael Forman at 410-786-2666 or michael.forman@cms.hhs.gov.

Sincerely,



Cynthia R. Denemark, R.Ph.
Deputy Director
Division of Pharmacy
DEHPG/CMCS/CMS

cc: Lori Coyner, State Medicaid Director, Oregon Health Authority
Dana Hittle, Interim Deputy State Medicaid Director, Oregon Health Authority
Jesse Anderson, State Plan Manager, Oregon Health Authority
Nicole Lemmon, CMS, Medicaid & CHIP Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-0010	2. STATE Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 4/1/21	

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: 1902(a)(30)(A), 1927 of the Act, 42 CFR 440.120	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$ 5,220 b. FFY 2022 \$10,440
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 5-a-1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 5-a-1

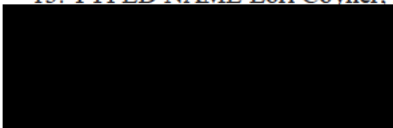
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to add melatonin to the list of covered OTC products.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.


COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager
13. TYPED NAME Lori Covner, MA 	
14. TITLE: State Medicaid Director, OHA	
15. DATE SUBMITTED: 5/10/21	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: May 10, 2021	18. DATE APPROVED: June 16, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Cynthia R. Denemark, R.Ph.	22. TITLE: Deputy Director, Division of Pharmacy
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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

LIMITATIONS ON SERVICES (Cont.)

- 1927(d)(2) and 1935(d)(2)
- (b) agents when used to promote fertility
 - (d) agents when used for the symptomatic relief cough and colds: Cough Preparations/Expectorants Cough & Cold Preps
 - (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride:
 - (f) nonprescription drugs:
Nonprescription drugs determined to be cost-effective and clinically appropriate as approved by the Oregon Pharmaceutical & Therapeutics Committee (aka DUR Board) can be found on the Oregon Preferred Drug List on the OHA public website.
 - (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.

TN 21-0010
Supersedes TN 17-0007

Approval Date 6/16/21

Effective Date 4/1/21