

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 21-0015**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

May 11, 2023

David Baden, Interim Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, OR 97301-1079

Re: Oregon State Plan Amendment (SPA) Transmittal Number OR-21-0015

Dear Mr. Baden:

Enclosed please find a corrected approval package for your Oregon State Plan Amendment (SPA) submitted under transmittal number (TN) OR-21-0015. This SPA makes changes to the definition of home with settings in which normal life activities take place to better align the language with CMS regulations from 2017, and was originally approved on December 1, 2021. The approval package sent to Oregon included the following:

- The original approval package included an effective date as the day after the end of the COVID-19 Public Health Emergency (PHE). Because we now know that the PHE is ending May 11, 2023, the package is being corrected to reflect the effective date of May 12, 2023.

The enclosed corrected package contains the corrected CMS-179, and the corrected SPA pages.

If you have any questions, please contact Nikki Lemmon at (303) 844-2641, or via email at [Nicole.Lemmon@cms.hhs.gov](mailto:Nicole.Lemmon@cms.hhs.gov).

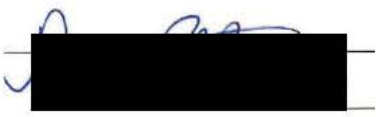
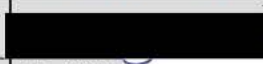
Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by  
James G. Scott -S  
Date: 2023.05.11  
18:03:24 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <b>21-0015</b>	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 <b>May 12, 2023</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.70		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Page 3-b.1 & 3-b.2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, Page 3-b.1 & 3-b.2	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to make changes to the definition of home with setting in which normal life activities take place to better align the language with CMS regulations from 2017. Rule definitions were changed in 2017 but SPA was not.			
11. GOVERNOR'S REVIEW (Check One): <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: 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  ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Dana Hittle			
14. TITLE: Interim State Medicaid Director, OHA			
15. DATE SUBMITTED: 9/30/21			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/30/21		18. DATE APPROVED: May 11, 2023	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 12, 2023		REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2023.05.11 18:04:28 -05'00'	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:  11/10/21: State authorized P&I change to box 4 to read "One day after end of PHE."  5/10/23: Corrected copy changing the SPA effective date from "One day after end of PHE" to May 12, 2023			

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.)

7. a. Home Health Services

Coverage and provider qualifications are in accordance with 42 CFR 440.70. Home health services are provided to eligible clients according to a written plan of treatment, in any setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board. Home health services must be ordered by a physician, nurse practitioner, clinical nurse specialist or physician assistant, working within their scope of practice and State licensing regulations. The signed order must be on file at the Home Health Agency. The plan of care must be reviewed and signed by the ordering practitioner every 60 days to continue services.

For the initiation of home health services, a face-to-face encounter related to the primary reason the client requires home health services must occur not more than ninety (90) days before or thirty (30) days after the start of services. The face-to-face encounter must be conducted by a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife or physician assistant.

Prior authorization is required for home health services. Home Health services are provided by a registered nurse when no home health agency is available. Services are provided by home health agencies that meet conditions for participation in Medicare. Services are not covered if not medically appropriate, Medical Social Worker services, Registered Dietician counseling. Services requiring prior authorization are: Skilled nursing services and all therapy services. Some services are limited; skilled nursing visits are limited to two visits per day; therapy services are limited to one visit or evaluation per day. The limits for skilled nursing visits and therapy services can be exceeded by prior authorization and medical necessity.

7. b. Services of Home Health Aide

Services of a home health aide, employed by a Home Health Agency, giving personal care are provided according to a plan of treatment. All requirements listed for Home Health Services above apply to Home Health Aide services.



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.)

7. c. Medical Supplies, Equipment, and Appliances

Coverage and provider qualifications are in accordance with 42 CFR 440.70. Medical supplies, equipment and appliances must be medically appropriate and suitable for use in any setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

Medical supplies, equipment and appliances may be ordered by a treating physician, nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician assistant working within their scope of practice and State licensing regulations. For the initial ordering of certain medical equipment, a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician assistant must conduct a face-to-face encounter that is related to the primary reason the client requires medical equipment no more than 6 months prior to the start of services.

Medical supplies, equipment or appliance must be approved for marketing and registered or listed as a medical device by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended. Medical supplies are health care related items that are consumable or disposable or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury. Equipment and appliances are items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable.

Medicaid coverage of equipment and appliances is not restricted to items covered as durable medical equipment in the Medicare program.

A request for an individual medical appropriateness review may be made for any medical equipment, related supplies or services that are not identified as covered by the Division. If the request is denied, the client will be informed of their right to a fair hearing.