

Table of Contents

State/Territory Name: Oregon

State Plan Amendment (SPA) #: 21-0023

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

January 24, 2022

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-21-0023

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-21-0023. This SPA proposes to incorporate language based on provisions for Medicaid non-emergency medical transportation (NEMT) services added to Section 1902(a)(87), Title XIX of the Social Security Act, as part of the Consolidated Appropriations Act, 2021.

This letter is to inform you that OR- 21-0023 was approved on January 24, 2022 with an effective date of December 27, 2021. 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,



Digitally signed by James
G. Scott -S
Date: 2022.01.24 10:54:12
-06'00'

James G. Scott, Director
Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 3

2. STATE

OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

12/27/21

5. FEDERAL STATUTE/REGULATION CITATION

41905(a)(31) of the Act,
2 CFR § 440.170(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2021 \$ 0
b. FFY 2022 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-D, page 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

NEW

9. SUBJECT OF AMENDMENT

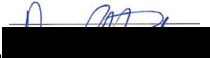
This transmittal is being submitted to make assurances for provisions added by the Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209, concerning Medicaid coverage of certain medical transportation (section 209).

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL



Dana Hittle

13. TITLE

Interim Medicaid Director

14. DATE SUBMITTED

12/27/21

15. RETURN TO

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

ATTN: Jesse Anderson, State Plan Manager

FOR CMS USE ONLY

16. DATE RECEIVED

12/27/2021

17. DATE APPROVED


January 24, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

12/27/2021

19. SIGNING OFFICIAL


Digitally signed by James G. Scott -S
Date: 2022.01.24 10:55:41 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. 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

METHODS OF ASSURING TRANSPORTATION (Cont)

The state/territory assures that it meets the minimum requirements for NEMT providers in section 1902(a)(87) of the Act.