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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 21-0024

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
March 17, 2022

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

Re: Oregon State Plan Amendment (SPA) OR-21-0024

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-21-0024. This amendment proposes to add services to the Newborn Nurse Home visiting program, including maternal and newborn physical assessment; anticipatory and supportive guidance.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.130(c). This letter is to inform you that Oregon Medicaid SPA OR-21-0024 was approved on March 17, 2022, with an effective date of January 1, 2022.

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

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

cc:
Jesse.ANDERSON@dhsoha.state.or.us
Dana.HITTLE@dhsoha.state.or.us
Vivian.LEVY@dhsoha.state.or.us
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

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

1. TRANSMITTAL NUMBER 21-0024

2. STATE OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
   XIX or XXI

4. PROPOSED EFFECTIVE DATE 1/1/22

5. FEDERAL STATUTE/REGULATION CITATION
   42 CFR 440.90
   42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
   a. FFY 2022 $765,565
   b. FFY 2023 $1,020,753

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 3.1-A, page 6-a-8
   Attachment 4.19-B, page 1a.8

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

9. SUBJECT OF AMENDMENT
   This transmittal is being submitted to add a direct medical component under clinic services for the Nurse Home visiting program.

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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME Dana Hittle

13. TITLE Interim Medicaid Director

14. DATE SUBMITTED 12/28/21

15. RETURN TO
    Oregon Health Authority
    Medical Assistance Programs
    500 Summer Street NE E-65
    Salem, OR 97301
    ATTN: Jesse Anderson, State Plan Manager

16. DATE RECEIVED 12/28/21

17. DATE APPROVED March 17, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/22

19. SIG Signatures digitally signed by Ruth Hughes -5

20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS
   3/16/22 state authorized P&I change to remove reference to 'clinic services' as this SPA was moved under prevention.

Instructions on Back
13.c. **Preventive Services: Newborn Nurse Home Visit**

**Newborn Nurse Home Visits**

Coverage for Preventive services is in accordance with 42 CFR 440.130(c). Newborn nurse home visits are a component of the services provided to families with newborns as part of the Universally offered Newborn Nurse Home Visiting Program.

Newborn Nurse Home Visits may include a support visit prior to the comprehensive newborn nurse home visit to address an urgent need, one comprehensive visit and up to two follow up support visits. The visits can be exceeded based on medically necessity in accordance with EPSDT. Nursing services provided include a comprehensive maternal and newborn physical assessment as appropriate for the visit type as well as standardized anticipatory and supportive guidance.

**Program coverage:**

A comprehensive newborn nurse home visit must be provided by a registered nurse in the family’s home. The comprehensive newborn nurse home visit must include but is not limited to:

(a) Maternal physical assessment (if applicable) according to clinical guidelines approved by the Authority.
(b) Newborn physical assessment according to clinical guidelines approved by the Authority.

**Provider qualifications:**

Newborn Nurse Home Visiting Services Providers must be certified by the Oregon Health Authority. Newborn Nurse Home Visiting services must be provided by a licensed registered nurse with experience in community health, public health, child health nursing.

**Reimbursement:**

This service is reimbursed according to attachment 4.19-B.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

13.c Preventive Services: Newborn Nurse Home Visit

Newborn Nurse Home Visits

Reimbursement for Newborn Nurse Home Visits is provided under a statewide rate and is the lower of:

1. Submitted charges; or
2. 99502 with modifier 32 = $592.81
   99502 with modifier TD = $242.31
   99502 with modifier TT = $170.65

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency’s fee schedule rate is effective for services provided on or after 1/1/2022. All rates are published on the agency web at: http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx