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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 22-0002

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

February 18, 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-22-0002

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-22-0002. This SPA adds a new licensed provider type (dental therapists) to the Oregon State Plan.

The effective date of this SPA is January 1, 2022. 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: 2022.02.18 13:42:44 -06'00'

James G. Scott, Director Division of Program Operations

	_ 1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	2 2 <u>0 0 0 2</u> OR
STATE PLAN MATERIAL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
	SECORIT ACT () XIX () XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES	1/1/22
DEPARTMENT OF HEALTH AND HUMAN SERVICES	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2022 \$ 0
42 CFR 440.170	b. FFY 2023 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attachment 3.1-A, page 3-a.1	OR ATTACHMENT (If Applicable)
The state of the s	Attachment 3.1-A, page 3-a.1
9. SUBJECT OF AMENDMENT	
This transmittal is being submitted to add dental therapists as a n	new licensed provider type in Oregon.
	on mondou promate type in oragem
10. GOVERNOR'S REVIEW (Check One)	
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
O COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	O THE NATIONAL ESTIMATES.
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
	AL DETUDUTO
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	Oregon Health Authority
12. TYPED NAME	Medical Assistance Programs 500 Summer Street NE E-65
Dana Hittle	Salem, OR 97301
13. TITLE	,
Interim Medicaid Director	ATTN: Jesse Anderson, State Plan Manager
14. DATE SUBMITTED 1/19/22	
FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED
1/19/22	February 18, 2022
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF ARPROVING OFFICIAL Digitally signed by James G. Scott -S
1/1/2022	Date: 2022.02.18 13:43:26 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations
	Zirodor, Ziridor or riogram operations
22. REMARKS	

Transmitta1 # 22-0002 Attachment 3.1-A Page 3-a.1

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

6. d. Other Practitioner Services

Licensed practitioners;

In accordance with 42 CFR 440.60, the following licensed practitioners are covered for services within their scope of practice as defined in Oregon Revised Statutes, and the applicable Boards or certifying agency's governing them. While some of the following practitioners must meet board certification requirements, all covered practitioners must meet state licensure requirements to be covered for services under this section:

- 1. Naturopathic physicians;
- 2. Licensed non-nurse Direct Entry Midwives;
- 3. Acupuncturists;
- 4. Denturists;
 5. Dental hygienists with an Expanded Practice Dental Hygienist Permit (EPDHP);
 6. Dental Therapist;
- 7. Certified Registered Nurse Anesthetist (CRNA);
- 8. Certified Nurse Practitioners, includes all specialty designations;
- 9. Physician Assistants:
- 10. Ph.D Psychologists, PsyD Psychologists, Licensed Clinical Social Workers and Licensed Professional Counselors:
- 11. Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA).

Non-licensed practitioners:

1. Behavioral Analyst Interventionists

Must be supervised by a licensed Board Certified Behavior Analyst, a licensed Board Certified Assistant Behavior Analyst or a Licensed Health Care Professional.

TN 22-0002 Effective Date: 1/1/22 Approval Date: 2/18/22

Supersedes TN 16-0002