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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 23-0036

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

December 13, 2023

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-23-0036

Dear Interim Director Levy:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-23-0036. This amendment complies with Section 11405 of the Inflation Reduction Act (IRA) adding new mandatory coverage of Medicaid adult vaccinations.

We conducted our review of your submittal according to statutory requirements at section 1905(a)(13)(B) of the Social Security Act and implementing regulations at 42 CFR 440.130(c). This letter is to inform you that OR-23-0036 was approved on December 13, 2023, with an effective date of October 1, 2023.

If there are any questions concerning this approval, please contact me or you may contact Maria Garza, Acting Oregon State Lead, at maria.garza@cms.hhs.gov or at (206) 615-2542.

Sincerely,

Digitally signed by Ruth Hughes -5 Date: 2023.12.13 13:36:26 -06'00'

Ruth A. Hughes, Acting Director Division of Program Operations

cc: Jesse Anderson, OHP State Plan Coordinator

CENTENOT ON MEDIO, WE WINDOW DELIVIOUS	Sandar Service (1997) 1997 (1997)
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE
	2 3 — 0 0 3 6 OR
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	10/1/23
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$_51,103
4 2 CFR 440.10, 440.20(a), 440.50 (a), 440.60, 440 an d 440.130(c)	b. FFY 2025 \$ 51,103
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement 4 to Attachment 3.1-A, page 4 6-a-11	18.E.01
	NEW
9. SUBJECT OF AMENDMENT	
This transmittal is being submitted to comply with section 11405 of	f the IRA regarding vaccine coverage.
10. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
O COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
	15. RETURN TO
11. SIGNATURE OF STATE AGENCY OFFICIAL	Oregon Health Authority
12. TYPED NAME	Medical Assistance Programs
Vivian Levy	500 Summer Street NE E-65
13. TITLE	Salem, OR 97301
Interim Medicaid Director	ATTN: Jesse Anderson, State Plan Manager
14. DATE SUBMITTED 11/27/23	
FOR CMS U	SE ONLY
	17. DATE APPROVED
11/27/23 PLAN APPROVED - ON	December 13, 2023
the control of the co	IS SIGNATURE OF
10/1/23	Digitally signed by Ruth Hughes -5 Date: 2023.12.13 13:36:57 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Ruth A. Hughes	Acting Director, Division of Program Operations
22. REMARKS	
12/6/23: OR authorizes P&I change to BOX 5 to only reference 42	CFR 440.130(c) since the state is only amending the
preventive services benefit and BOX 7 correcting reference to sub-	

Transmittal # 23-0036 Attachment 3.1-A Page 6-a-11

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

13.c. <u>Preventive Services: 1905(a)(13) Vaccine coverage</u>

The State program will provide Medicaid eligible individuals with approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and vaccine administration as described in section 1905(a)(13)(B) of the Act.

The state assures, that as ACIP recommendations change, we have processes in place to update the coverage and billing codes to comply with those revisions.

TN No. <u>23-0036</u> Approval Date: <u>12/13/23</u> Effective Date: <u>10/1/23</u>

Supersedes TN No. NEW