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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 24-0006

This file contains the following documents in the order listed:

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OR - Submission Package - OR2023MS00110 - (OR-24-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

December 05, 2025

Emma Sandoe
Medicaid Director
Oregon Health Authority
500 Summer St. NE, E-65
Salem, OR 97301

Re: Approval of State Plan Amendment OR-24-0006

Dear Dr. Sandoe,

On February 21, 2024, the Centers for Medicare & Medicaid Services (CMS) received Oregon State Plan Amendment (SPA) OR-24-0006, in which the state proposed to transition its separate state Children's Health Insurance Program (S-CHIP) to a Medicaid Expansion program (M-CHIP).

We approve Oregon State Plan Amendment (SPA) OR-24-0006 with an effective date of January 01, 2024.

If you have any questions regarding this amendment, please contact Sasha Zolynas at sasha.zolynas@cms.hhs.gov.

Sincerely,
Wendy Hill Petras
Acting Director, Division of Program
Operations
Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00110 | OR-24-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	OR2023MS00110	SPA ID	OR-24-0006
Submission Type	Official	Initial Submission Date	2/21/2024
Approval Date	12/05/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Oregon

Medicaid Agency Name: Oregon Health Authority

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS0011O | OR-24-0006

Package Header

Package ID OR2023MS0011O
Submission Type Official
Approval Date 12/05/2025
Superseded SPA ID N/A

SPA ID OR-24-0006
Initial Submission Date 2/21/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID OR-24-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2024	OR-23-0033
Optional Targeted Low Income Children	1/1/2024	OR-13-0012-MM

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Replaces form S54 from MMDL

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00110 | OR-24-0006

Package Header

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Approval Date	12/05/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Moving from a SCHIP to an MCHIP program

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

42 CFR 435.229

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS0011O | OR-24-0006

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Approval Date	12/05/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Governor does not wish to review

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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OR - Submission Package - OR2023MS00110 - (OR-24-0006) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00110 | OR-24-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	OR2023MS00110	SPA ID	OR-24-0006
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Approval Date	12/05/2025	Effective Date	1/1/2024
Superseded SPA ID	OR-23-0033		
	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS0011O | OR-24-0006

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00110 | OR-24-0006

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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OR - Submission Package - OR2023MS00110 - (OR-24-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00110 | OR-24-0006

Uninsured children who meet the definition of optional targeted low income children at 42 C.F.R. 5435.4, who have household income at or below a standard established by the state.

CMS-10434 OMB 0938-1188

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	User-Entered		

The state covers the optional targeted low income children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 19, or a lower age, as specified in C.
2. Are uninsured and otherwise meet the definition of optional targeted low-income child at 42 CFR 435.4 and section 1905(u)(2)(B) of the Act.
3. Have household income at or below the standard established by the state, if the state has an income standard.
4. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all children under a specified age under this eligibility group.

- Yes
 No

The age of children covered under this eligibility group is:

- a. Under age 19
 b. Under age 18
 c. Under other age

D. Income Standard Used

The income standard for this eligibility group is:

FPL 300.00%

Optional Targeted Low Income Children

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E. Basis for Income Standard

1. Minimum income standard

The minimum income standard for this eligibility group is a standard greater than the lowest income standard currently used for children of this age under the mandatory Infants and Children under Age 19 eligibility group.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's effective income level for this group of children under the CHIP state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for this group of children under the CHIP state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- vi. The state's effective income level for this group of children under a CHIP-1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- vii. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- viii. The state's effective income level for this group of children under a CHIP 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ix. 200% FPL
- x. A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4), but by no more than 50 percentage points.

c. The amount of the maximum income standard is:

FPL 300.00%

Optional Targeted Low Income Children

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F. Additional Information (optional)

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