### **Table of Contents**

**State/Territory Name: Oregon** 

State Plan Amendment (SPA) #: 24-0012

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 (300) Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 5, 2024

Dr. Sejal Hathi, Director Oregon Health Authority 500 Summer St NE Salem, OR 97301

Re: Oregon State Plan Amendment (SPA) - 24-0012

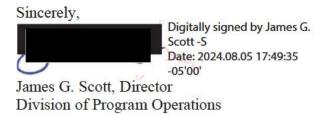
Dear Director Hathi:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0012. This amendment adds the National Diabetes Prevention Program under preventative services as a stand-alone program in the state plan.

We conducted our review of your submittal according to statutory requirements in Section 1905 of the Social Security Act and implementing regulations at 42 CFR 440.130(c). This letter informs you that Oregon's Medicaid SPA TN 24-0012 was approved on August 5, 2024, with an effective date of April 10, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oregon State Plan.

If you have any questions, please contact Maria Garza at (206) 615-2542 or via email at maria.garza@cms.hhs.gov.



#### Enclosures

cc: Vivian Levy, Oregon Health Plan, Interim Director Jesse Anderson, Oregon Health Plan, SPA Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE 2 4 — 0 0 1 2 OR
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT
	● XIX
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4/10/24
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 440.130(c)	a FFY 2024 \$ 0
Ved An	b. FFY 2025 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attackment 2.1 A marca 6 a 12.12 6 a 12 (new) D81	OR ATTACHMENT (If Applicable)
Attachment 3.1-A, pages 6-a-12, 43 6-a-13 (new) P&I Attachment 4.19-B, page 1a.10 (new) P&I	NEW P&I
Automitent 4.10-b, page 14.10 (new) 1 di	HETT CO.
9. SUBJECT OF AMENDMENT	<del>-l</del>
This transmittal is being submitted to include the National Diabetes	Prevention Program under the preventive services state plan
authority.	r revention r rogram under the preventive services state plan
Section 100 Co.	
10. GOVERNOR'S REVIEW (Check One)	
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	0 - 11 - 11 - 11 - 11 - 11
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
11. SIGNATURE OF STT_ AGENCY OFFICIAL 15	5. RETURN TO
TI. SIGNATURE OF ST. IT AGENCY OF TIGIAL	Oregon Health Authority
1-1	Medical Assistance Programs
12. TY. ED NAME Nikki Olson	500 Summer Street NE E-65
13. TITLE	Salem, OR 97301
Interim Deputy Medicaid Director	ATTN: Jesse Anderson, State Plan Manager
14. DATE SUBMITTED	ATTIV. Jesse Anderson, State Flan Manager
6/17/24	
FOR CMS US	
16. DATE RECEIVED 17	7. DATE APPROVED
16. DATE RECEIVED June 17, 2024	7. DATE APPROVED August 5, 2024
16. DATE RECEIVED June 17, 2024  PLAN APPROVED - ONE	7. DATE APPROVED August 5, 2024 E COPY ATTACHED  3. SIGN ROVING OFFICIAL
16. DATE RECEIVED June 17, 2024  PLAN APPROVED - ONE	7. DATE APPROVED August 5, 2024  E COPY ATTACHED  9. SIGN ROVING OFFICIAL Digitally signed by James G. Scott -S
16. DATE RECEIVED June 17, 2024  PLAN APPROVED - ONE  18. EFFECTIVE DATE OF APPROVED MATERIAL April 10, 2024  17. April 10, 2024	7. DATE APPROVED August 5, 2024  E COPY ATTACHED  9. SIGN ROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2024.08.05 17:52:13 -05'00'
16. DATE RECEIVED June 17, 2024  PLAN APPROVED - ONE  18. EFFECTIVE DATE OF APPROVED MATERIAL April 10, 2024  20. TYPED NAME OF APPROVING OFFICIAL 22	7. DATE APPROVED August 5, 2024  E COPY ATTACHED  9. SIGN POVING OFFICIAL Digitally signed by James G. Scott -S Date: 2024.08.05 17:52:13 -05'00'  1. TITLE OF APPROVING OFFICIAL
16. DATE RECEIVED June 17, 2024  PLAN APPROVED - ONE  18. EFFECTIVE DATE OF APPROVED MATERIAL April 10, 2024  20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	7. DATE APPROVED August 5, 2024  E COPY ATTACHED  9. SIGN ROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2024.08.05 17:52:13 -05'00'
16. DATE RECEIVED June 17, 2024  PLAN APPROVED - ONE  18. EFFECTIVE DATE OF APPROVED MATERIAL April 10, 2024  20. TYPED NAME OF APPROVING OFFICIAL 22	7. DATE APPROVED August 5, 2024  E COPY ATTACHED  9. SIGN POVING OFFICIAL Digitally signed by James G. Scott -S Date: 2024.08.05 17:52:13 -05'00'  1. TITLE OF APPROVING OFFICIAL
16. DATE RECEIVED June 17, 2024  PLAN APPROVED - ONE  18. EFFECTIVE DATE OF APPROVED MATERIAL April 10, 2024  20. TYPED NAME OF APPROVING OFFICIAL James G. Scott  22. REMARKS	August 5, 2024  E COPY ATTACHED  Digitally signed by James G. Scott -S Date: 2024.08.05 17:52:13 -05'00'  TITLE OF APPROVING OFFICIAL Director, Division of Program Operations
16. DATE RECEIVED June 17, 2024  PLAN APPROVED - ONE  18. EFFECTIVE DATE OF APPROVED MATERIAL April 10, 2024  20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	August 5, 2024  E COPY ATTACHED  Digitally signed by James G. Scott -S Date: 2024.08.05 17:52:13 -05'00'  TITLE OF APPROVING OFFICIAL Director, Division of Program Operations
16. DATE RECEIVED June 17, 2024  PLAN APPROVED - ONE  18. EFFECTIVE DATE OF APPROVED MATERIAL April 10, 2024  20. TYPED NAME OF APPROVING OFFICIAL James G. Scott  22. REMARKS	August 5, 2024  E COPY ATTACHED  Digitally signed by James G. Scott -S Date: 2024.08.05 17:52:13 -05'00'  TITLE OF APPROVING OFFICIAL Director, Division of Program Operations
16. DATE RECEIVED June 17, 2024  PLAN APPROVED - ONE  18. EFFECTIVE DATE OF APPROVED MATERIAL April 10, 2024  20. TYPED NAME OF APPROVING OFFICIAL James G. Scott  22. REMARKS	August 5, 2024  E COPY ATTACHED  Digitally signed by James G. Scott -S Date: 2024.08.05 17:52:13 -05'00'  TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

Transmittal # 24-0012 Attachment 3.1-A Page 6-a-12

# 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. Preventive Services: Diabetes Prevention Program (DPP).

#### **Program Description:**

Diabetes services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c) and are recommended by a physician or other licensed practitioner of the healing arts acting within the scope of practice authorized under State law. The Diabetes Prevention Program (DPP) consists of medically necessary services designed to prevent at-risk individuals from developing Type 2 diabetes. The program is evidence-based and clinical research studies consistently demonstrate the program's effectiveness in preventing or delaying the onset of Type 2 diabetes among individuals at risk. The program involves a structured lifestyle intervention, incorporating elements such as dietary modification, increased physical activity, and behavior change strategies. DPP services are provided during sessions that occur at regular, periodic intervals over the course of one year. Oregon Health Plan Fee-for-Service (FFS) permits additional Diabetes Prevention Program services based on medical necessity.

#### **Qualified Providers:**

CDC-recognized organizations, holding pending, preliminary, or full recognition status for National DPP, are eligible to enroll as Medicaid Diabetes Prevention Program (DPP) Providers. CDC-recognized National DPP organizations offer services through trained Lifestyle Coaches, encompassing physicians, nonphysician licensed practitioners, and unlicensed practitioners under the supervision of a DPP service provider or licensed practitioner.

Lifestyle Coaches receive formal training on a CDC-approved curriculum for at least 12 hours and are recognized as having met the National DPP requirements specified in the CDC's Diabetes Prevention Recognition Program (DPRP) standards and guidelines.

TN 24-0012 Approval Date: 8/05/24 Effective Date: 4/10/24

Supersedes TN NEW

Transmittal # 24-0012 Attachment 3.1-A Page 6-a-13

# 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: Diabetes Prevention Program (DPP).</u>

DPP Lifestyle Coaches work with individuals with prediabetes or otherwise at risk for developing diabetes to instill a practical understanding of the positive impacts of sustained healthier dietary habits, increased physical activity, and behavior change strategies for weight control. Services offered during DPP classes include:

- Counseling related to long-term dietary change, increased physical activity, and behavior change strategies, aiming to prevent Type 2 diabetes;
- Skill-building sessions to enhance knowledge and abilities necessary for diabetes prevention; and
- Physical activity assessments

TN <u>24-0012</u> Approval Date: <u>8/05/24</u> Effective Date: <u>4/10/24</u>

Supersedes TN NEW

Transmittal 24-0012 Attachment 4.19-B Page 1a.10

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: OREGON

#### METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

### 13.c. <u>Preventive Services: Diabetes Prevention Program (DPP).</u>

Reimbursement for Diabetes Prevention Program shall be made in accordance with the published "Medicaid statewide fee schedule". Except as otherwise noted in the plan, Medicaid statewide fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate for DPP services was set as of 4/10/24 and is effective for services provided on or after that date. All rates are published on the agency's website and can be accessed at <a href="https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx">https://www.oregon.gov/oha/HSD/OHP/Pages/Fee-Schedule.aspx</a>

TN <u>24-0012</u> Approval Date: 8/05/24 Effective Date: <u>4/10/24</u>

Supersedes TN NEW