

WEISMAN

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
02-08

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION
JUN 28 2002

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
HCFA-PM-98-1

7. FEDERAL BUDGET IMPACT:
a. FFY \$ -0-
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, pages 2 and 3
Page 21a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6-A, pages 2 and 3
Pages 21a and 21b

10. SUBJECT OF AMENDMENT:

This transmittal is being submitted to reflect language changes for the coverage of non-citizens.

11. 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

OTHER, AS SPECIFIED:

Per Attachment 7.3A

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Hersh Crawford *Bobby Mink*

13. TYPED NAME: Hersh Crawford Bobby Mink
14. TITLE: Administrator, OMAP Director, DHS

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

15. DATE SUBMITTED: 6-25-02

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN 28 2002

18. DATE APPROVED: AUG 20 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL -1 2002

20. SIGNATURE OF REGIONAL OFFICIAL: *151*

21. TYPED NAME: *Bunna Butterfield*

22. TITLE: ASSOCIATE REGIONAL
DIVISION OF MEDICAL

23. REMARKS:

6/28/02 Salem

Revision: HCFA-PM-98-1 (CMSO)
APRIL 1998

Transmittal No. 02-08

State/Territory: Oregon

<u>Citation</u>	3.1	<u>Amount, Duration and Scope of Services: (Continued)</u>
1902(a) and 1903(v) of the Act, Sec. 401(b) (1)(A) of P.L. 104-193		(a)(6) <u>Limited Services for Certain Aliens:</u> An otherwise eligible non-qualified alien or, qualified alien subject to the 5-year bar, is eligible only for care and services necessary to treat an emergency medical condition of the alien, as defined in section 1903(v) of the Act. The State applies the plain language of section 1903(v) to determine payment for such services.
1905(a)(9) of the Act		(a)(7) <u>Homeless Individuals.</u> Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished. <u>Presumably Eligible Pregnant Women</u>
1902(a)(47) and 1920 of the Act	—	(a)(8) <u>Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.</u>
42 CFR 441.55 50 F.R. 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act		(a)(9) <u>EPSDT Services.</u> The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

TN No. 02-08
Supersedes TN No. 98-10

Approval Date

Effective Date 7/1/02
HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB No.: 0938-

State OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(8).
	3. Is residing in the United States, is otherwise eligible for Medicaid and-
	(a) Is a citizen;
	(b) Is a qualified alien whose eligibility is mandatory, as provided by P.L. 104-193 as amended, including both those who entered the United States before August 22, 1996 and those who entered the United States on or after August 22, 1996.
	[X] Is a qualified alien whose eligibility for Medicaid is optional, as provided by P.L. 104-193, as amended, including those who entered the United States prior to August 22, 1996 and those who entered on or after August 22, 1996.
	(c) Is a non-qualified alien or qualified alien subject to the 5-year bar. Payment for services provided to individuals in paragraph (C), is restricted to services necessary to treat an emergency medical condition of the otherwise eligible alien as explained in Section 3.1.

TN # 02-08
Supersedes TN # 91-25

Approval Date

Effective Date 7/1/02
HCFA ID: 7985E

Revision: HCFA-PM-91-4 (MB)
AUGUST 1991

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ATTACHMENT 2.6-A
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OMB No.: 0938-

State OREGON

Citation Condition or Requirement

A. General Conditions of Eligibility (continued)

42 CFR 435.403
individual
1902(b) of the
Act

4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.

State has Interstate Residency Agreement with the following States:

State has open agreement(s).

Not applicable; no residency requirement.

TN # 02-08 Approval Date
Supersedes TN # 91-25

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HCFA ID: 7985E