

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

1. TRANSMITTAL NUMBER:
03-04

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
FEB 10 2003

4. PROPOSED EFFECTIVE DATE
February 1, 2003

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:
42 CFR 440, Subpart B

7. FEDERAL BUDGET IMPACT:
a. FFY 2-1-03 - 6-30-03 (\$ 12,698,248)
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 12, 20, 20a, 23, and 56c; Att 2.2-A, Pages 24 through 26; Att 2.6-A, Page 14; Suppl 1 to Att 2.6-A, Page 8; Suppl 2 to Att 2.6-A, Page 7; Att 2.7-A, Page 1; Att 3.1-B, Pages 4, 5, 7, 8, & 10; Att 4.18-C, Page 1 ; Att 4.19-A, Page 25.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Pgs 12, 20, 20a, 23, & 56c; Att 2.2-A, Pgs 24 through 26; Att 2.6-A, Pg 14; Suppl 1 to Att 2.6-A, Pg 8 & 9; Suppl 2 to Att 2.6-A, Pg 7; Att 2.7-A, pg 1; Att 3.1-B, Pgs 4, 5, 7, 8, & 10; Att 4.18-C, Pgs 1 & 2; Att 4.19-A, Pg 25

10. SUBJECT OF AMENDMENT:

This transmittal is being submitted to change the effective date on approved Oregon State Plan Amendment #02-14 which deletes the "medically needy" from the state plan.

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:

Lynn Read
13. TYPED NAME: Lynn Read

Jean Thorne
13. TYPED NAME: Jean I. Thorne

14. TITLE: Acting Administrator, OMAP Director, DHS

15. DATE SUBMITTED: **2-6-03**

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
ATTN: Carole Van Eck
500 Summer Street NE, E-35
Salem, OR 97301

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: **MAR 11 2003**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **FEB 1 2003**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Karen S. O'CONNOR**

22. TITLE: **Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS:

2/7
Salem

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MAR 07 2003

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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10. SUBJECT OF AMENDMENT:
This transmittal is being submitted to change the effective date on approved Oregon State Plan Amendment #02-14 which deletes the "medically needy" from the state plan.

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 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
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OTHER, AS SPECIFIED:
Per Attachment 7.3A

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14. TITLE: Acting Administrator, OMAP Director, DHS
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ATTN: Carole Van Eck
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **MAR - 7 2003** 18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: 22. TITLE:

23. REMARKS:
POSTMARKED 3/5 (DATE) **Solen (OFFICIAL)**

Revised by state per CMS request. Will become attached to original signed 179 submitted on 2/10/03.

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

State: OREGON

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

Mandatory categorically needy and other required special groups only.

Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.

Mandatory categorically needy, other required special groups, and specified optional groups.

Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(1) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. 03-04
Supersedes No. 02-14

Approval Date

Effective Date 02/01/03

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991State/Territory: OREGONCitation3.1 Amount, Duration, and Scope of Services (continued)42 CFR Part 440,
Subpart B(a)(2) Medically needy.

— This State plan covers the medically needy.
The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv)
of the Act
care
42 CFR 440.220

- (i) If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

— Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of
women.
the Act

- (ii) Prenatal care and delivery services for pregnant

TN No. 03-04
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Effective Date 02/01/03

HCFA ID: 7982E

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

OMB No: 0938-

State/Territory: OREGON

<u>Citation</u>	3.1(a)(2)	<u>Amount, Duration, and Scope of Services: Medically Needy (Continued)</u>
	(iii)	Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.
	— (iv)	Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.
	(v)	Ambulatory services, as defined in <u>ATTACHMENT 3.1-B</u> , for recipients under age 18 and recipients entitled to institutional services.
	—	Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.
	(vi)	Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.
42 CFR 440.140, 440.150, Subpart B, 442.441, retarded. Subpart C 1902(a)(20) and (21) of the Act 1902(a)(10)(C)	— (vii)	Services in an institution for mental diseases for individuals over age 65.
	— (viii)	Services in an intermediate care facility for the mentally
	— (ix)	Inpatient psychiatric services for individuals under age 21.

TN No. 03-04
Supersedes TN No. 02-14

Approval Date

Effective Date 02/01/03

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
 May 22, 1980
 State Oregon

Citation
 42 CFR Part
 440, Subpart B
 42 CFR 441.15
 AT-78-90
 AT-80-34

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

Yes

Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

Yes, to all

Yes, to individuals age 21 or over; SNF services are provided

Yes, to individuals under age 18; SNF services are provided

No; SNF services are not provided

Not applicable; the medically needy are not included under this plan

TN No. 03-04
 Supersedes TN No. 02-14

Approval Date

Effective Date 02/01/03

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

Transmittal #03-04
OMB No.: 0938-

State/Territory: OREGON

Citation 4.18(c) ___ Individuals are covered as medically needy under the plan.

42 CFR 447.51
through 447.58

- (1) ___ An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

447.51 through
447.58

- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

- (i) Services to individuals under age 18, or under--

_____ Age 19

_____ Age 20

_____ Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

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Approval Date

Effective Date 02/01/03
HCFA ID: 7982E

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

Transmittal #03-04
ATTACHMENT 2.2-A
Page 24
OMB NO. 0938-

State OREGON

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 435.301

This plan includes the medically needy.

No.

Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a) (10) (A)(i) of the Act.

TN No. 03-04
Supersedes TN No. 02-14

Approval Date

Effective Date 02/01/03

HCFA ID: 7983E

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

Transmittal #03-04
ATTACHMENT 2.2-A
Page 25
OMB NO. 0938-

State: OREGON

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy (Continued)

- | | | |
|-----------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1902(e)(4) of the Act | 4. | Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have-applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household. |
| 42 CFR 435.308 | 5. | <ul style="list-style-type: none">___ a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--<ul style="list-style-type: none">— 21— 20— 19— 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training___ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:<ul style="list-style-type: none">___ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:<ul style="list-style-type: none">___ (a) In foster homes (and are under the age of <u>21</u>).___ (b) In private institutions (and are under the age of <u>21</u>). |

TN No. 03-04
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Effective Date 02/01/03

HCFA ID: 7983E

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

Transmittal #03-04
ATTACHMENT 2.2-A
Page 25a
OMB NO. 0938-

State: OREGON

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage for the Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ___).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ___).
- (3) Individuals in NFs (who are under the age of ___). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICF9/MR (who are under the age of ___).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ___). Inpatient-psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 03-04
Supersedes TN No. 02-14

Approval Date

Effective Date 02/01/03

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

Transmittal #03-04
ATTACHMENT 2.2-A
Page 26
OMB NO.: 0938

State: OREGON

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage for the Medically Needy (Continued)

- | | | |
|--------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 42 CFR 435.310 | ___ | 6. Caretaker Relatives |
| 42 CFR 435.320
and 42 CFR 435.330 | ___ | 7. Aged Individuals |
| 42 CFR 435.322
and 42C FR 435.330 | ___ | 8. Blind Individuals |
| 42 CFR 435.324
and 42 CFR 435.330 | ___ | 9. Disabled Individuals |
| 42 CFR 435.326 | ___ | 10. Individuals who would be eligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. |
| 42 CFR 435.340 | | 11. Blind and disabled individuals who:
<ul style="list-style-type: none">a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;b. Were eligible as-medically needy in December 1973 as blind or disabled; andc. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

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