

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

1. TRANSMITTAL NUMBER:
03-13

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

4. PROPOSED EFFECTIVE DATE
~~September 30, 2003~~
August 13, 2003 (P+I)

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:
1997 Balanced Budget Amendment

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
**Pages 9, 11, 22, 45(a), 41, 45(b), 55, 77, and 78(a);
Attachment 2.2-A, Pages 10 and 10a; Attachment 4.30,
page 2; List of Attachments, Page 1**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
**Pages 9, 11, 22, 41, 45(a), 45(b), 55, 77, and 78(a);
Attachment 2.2-A, Pages 10 and 10a;
List of Attachments, Page 1**

10. SUBJECT OF AMENDMENT:
**implement changes in federal regulations governing
managed care. (P+I)**
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:
Lynn Read *Jean Thorne*

13. TYPED NAME: Lynn Read Jean Thorne

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED: **8-21-03**

16. RETURN TO:

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

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **AUG 28 2003**

18. DATE APPROVED: **NOV - 6 2003**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **AUG 13 2003**
Karen S. O'Connor

22. TITLE: **Associate Regional Administrator**

23. REMARKS:
Pen & Ink changes authorized by the State OR 11/2/03.
Pen & Ink changes authorized by the state on 11/3/03
AUG 28 2003
Oregon (03-13)
Approved: 11/06/03
effective: 08/13/03

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

State Oregon

Citation
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

42 CFR
438.104

[X] The State enrolls recipients in MCO, PIHP, PAHP and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

TN #03-13

Approval Date: ~~NOV - 6 2003~~

Effective Date: ~~9/30/03~~ AUG 13 2003

Supersedes TN #80-11

Revision: HCFA-PM-93-2 (MB)
MARCH 1993

State: OREGON

Citation

42 CFR
435.914
1902(a)(34)
of the Act

2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.

1902(e)(8) and
1905(a) of the
Act

(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and
1920 of the Act

____ (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

42 CFR 438.6

(c) The Medicaid agency elects to enter into a risk contract that complies with 42 CFR 438.6 and is procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

X Qualified under title XIII of the Public Health Service Act .

X A MCO that meets the definition of 1903(m) of the Act and 42 CFR 438.2.

X A PIHP that meets the definition of 1903(m) of the Act and 42 CFR 438.2.

P&I X A PAHP that meets the definition of 1903(m) of the Act and 42 CFR 438.2.

____ Not applicable.

TN #03-13
Supersedes TN #93-5

Approval Date: NOV - 1993 Effective Date: 8/13/03

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991State/Territory: OREGONCitation 3.1 (a)(9) Amount, Duration, and Scope of services: EPSDT Services
(continued)42 CFR 441.60 X The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.42 CFR 440.240 and 440.250 (a)(10) Comparability of Services

1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), and 1925(b)(4) and 1932 of the Act

P&I

Except for those items or services for which sections 1902 (a), 1902(a)(10), 1903(v), 1915, 1925, 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- X (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

TN No. 03-13
Supersedes
TN No. 91-25Approval Date NOV 11 1993 Effective Date: 8/13/03

HCFA ID: 7982E

The Agency conducts a yearly medical audit of each contractor. One of the elements of the audit is review of medical records specifically related to EPSDT services.

State: OregonCitation

42 CFR 431.51

AT-78-90

46 FR 48524

48 FR 23212

1902 (a) (23)

of the Act

P.L. 100-93

(section 8(f))

P.L. 100-203

(Section 4113)

4. 10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.

(b) Paragraph (a) does not apply to services furnished to an individual--

(1) Under an exception allowed under 42 CFR 431.54, Subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act, (P&I)

Section 1902(a)(23)
of the Social Security Act
P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services. or

Section 1932(a)(1)
Section 1905(t)

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); managed care organization, prepaid inpatient health plan, prepaid ambulatory health plan, or similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services under section 1905(a)(4)(c).

TN#03-13
Supersedes TN# 99-13

Date Approved NOV 13 2003 Effective Date 8/13/03

45(a)

Revision: HCFA-PM-91-9 (MB)
October 1991

Transmittal #03-13
OMB No.:

State/Territory: OREGON

Citation

1902(a)(58)

1902(w)

4.13 (e)

For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
 - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
 - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
 - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
 - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
 - (e) Ensure compliance with requirements of State Law (whether

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AUG 13 2003

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Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: OREGON

statutory or recognized by the courts) concerning advance directives; and (P&I)

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
- (a) Hospitals at the time an individual is admitted as an inpatient.
- (b) Nursing facilities when the individual is admitted as a resident.
- (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
- (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
- (e) Managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (P&I) and health insuring organizations (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

___ Not applicable. No State law or court decision exist regarding advance directives.

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Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991State/Territory: OREGONCitation 4.18(b)(2) (Continued)42 CFR 447.51
through 447.58

(iii) All services furnished to pregnant women.

___ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

42 CFR 438.108
42 CFR 447.60

(vii) Services furnished by a MCO, PIHP, PAHP or health insuring organization in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

[] Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.

[X] Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act,
P.L. 99-272,
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN #03-13
Supersedes TN #01-18Approval Date: ~~9/30/03~~ Effective Date: ~~9/30/03~~AUG 13 2003
HCFA ID: 7982E

Revision: HCFA-PM-99-3 (CMSO)
JUNE 1999

State: Oregon

Citation

1902(a)(4)(C) of the
Social Security Act
P.L. 05-33

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that is prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D) of the
Social Security Act
P.L. 105-33
1932(d)(3)
42 CFR 438.58

The Medicaid agency meets the requirements of section 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

TN #03-13 Approval Date:
Supersedes TN #99-13

AUG 13 1999
Effective Date: ~~9/30/03~~

Revision: HCFA-AT-87-14
OCTOBER 1987

(BERC)

Transmittal #03-13
OMB No.: 0938-0193

State/Territory: _____

Citation

- (b) The Medicaid agency meets the requirements of--
- 1902(p) of the Act
P.L. 100-93 (secs. 7)
- (1) Section 1902(p) of the Act by excluding from participation--
- (A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).
P&I
- 42 CFR 438.808
- (B) An MCO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that--
- (i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or
- (ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.
- 1932(d)(1)
42 CFR 438.610
- (2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b) suspended, or otherwise excluded from participating in procurement activities under Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c).

TN #03-13
Supersedes TN #88-1

Approval Date: NOV - 2003 Effective Date: 8/13//03

HCFA ID: 1010P/0012P

State/Territory OREGON

Agency* Citation(s) Groups Covered
B. Optional Groups Other Than the Medically Needy(Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508 (section 4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in a MCO, PCCM program but who have been enrolled for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C).

X The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility. The minimum enrollment period is ___ months (not to exceed six).

The State measures the minimum enrollment period from:

P&I

— The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.

— The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

— The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

P&I

*Agency that determined eligibility for coverage

AUG 13 1993

TN #03-13
Supersedes TN #92-8

Approval Date: 11/07/93 Effective Date: 9/30/03

State/Territory OREGON

Agency* Citation(s) Groups Covered

1932(a)(4) of
the Act

B. Optional Groups Other Than the Medically Needy (Continued)

P&I The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of MCOs, PIHPs, PAHPs and PCCMs in accordance with the regulations of 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

— Disenrollment rights are restricted for a period of _____ months (not to exceed 12 months).

P&I

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

X No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902(a)(52) of
the Act
P.L. 101-508
(Section 4732)
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with a MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to re-enroll those individuals in the same entity if that entity still has a contract.

— The agency elects to re-enroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

X The agency elects not to re-enroll above individuals into the same entity in which they were previously enrolled.

*Agency that determined eligibility for coverage

TN No. 03-13
Supersedes
TN No. 92-8

Approval Date 10/2 - 3 2003

Effective Date 8/13/03

HCFA ID: 7983E

State/Territory: OREGON

Citation

Sanctions for MCOs and PCCMs

1932(e)
42 CFR 428.726

P&I

- (a) The State will monitor for violations that involve the actions and failure to act specified in 42 CFR Part 438 Subpart I and to implement the provisions in 42 CFR 438 Subpart I, in manner specified below:
- (b) The State uses the definition below of the threshold that would be met before an MCO is considered to have repeatedly committed violations of section 1903(m) and thus subject to impositions of temporary management:
- (c) The State's contracts with MCOs provide that payments provided for under the contract will be denied for new enrollees when, and for so long as, payment for those enrollees is denied by CMS under 42 CFR 438.730(e).

— Not applicable; the State does not contract with MCOs, or the State does not choose to impose intermediate sanctions on PCCMs.

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LIST OF ATTACHMENTS

<u>No.</u>	<u>Title of Attachment</u>
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
	* Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
	* Supplement 2 - Definitions of Blindness and Disability (Territories only)
	* Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements (States only)
	* Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
	* Supplement 2 - Resource Levels - Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups
	* Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
	* Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

*Forms Provided

TN #03-13
Supersedes TN #91-25

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