

OR - Submission Package - OR2019MS0003O - (OR-19-0004) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	OR2019MS0003O	Submission Type	Official
Program Name	N/A	State	OR
SPA ID	OR-19-0004	Region	Seattle, WA
Version Number	6	Package Status	Approved
Submitted By	Jesse Anderson	Submission Date	9/11/2019
Package Disposition		Approval Date	7/22/2020 5:57 PM EDT
Priority Code	P2		

Center for Medicaid & CHIP Services

July 22, 2020

Patrick Allen
OHA Director
Oregon Health Authority
500 Summer St NE
Salem, OR 97301

Re: Approval of State Plan Amendment OR-19-0004

Dear Patrick Allen:

On September 11, 2019, the Centers for Medicare and Medicaid Services (CMS) received Oregon State Plan Amendment (SPA) OR-19-0004 to revise the alternative paper application to align with the state's online eligibility system.


This SPA is acceptable. Therefore, we are approving a revised version of the application that was submitted with SPA 19-0004 with an effective date of October 31, 2019, and acknowledge Oregon has implemented different versions of this application prior to SPA approval.

Accompanying the approval of SPA 19-0004 is the companion letter regarding the need for Oregon to make modifications to its paper applications. Oregon will provide dates for completion of outstanding changes within 60 days of approval of this SPA, and will implement the revised paper applications addressing CMS concerns by the agreed-upon dates.

Please note that we have recently clarified that the practice described on the state's applications to recoup overpayments from beneficiaries and authorized representatives may not be permissible. CMS will be issuing further guidance on this issue, and will provide additional guidance to Oregon about required changes. Please also note that CMS may issue guidance on whether it is permissible to include gender options on an application in addition to male or female.

If there are any questions concerning this approval, please contact me or you may contact Maria Garza at maria.garza@cms.hhs.gov or at 206-615-2542.

We approve Oregon State Plan Amendment (SPA) OR-19-0004 on July 22, 2020 with an effective date(s) of October 31, 2019.

Name	Date Created	
OR 19-0004_ Companion letter	7/20/2020 12:00 PM EDT	

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov.

Sincerely,
James Scott
Director
Center for Medicaid & CHIP Services

RAI

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97-35). This request has the effect of stopping the 90-day time period for CMS to act on the material. A new 90-day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

Submission Package OR2019MS00030

Authority Eligibility

State OR

Agency Name Oregon Health Authority

Submission Date Sep 11, 2019

Priority Code P2

All Questions

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
1	Authorized Representative	In response to CMS' comment	42 CFR 435.923(a)(1); 42 CFR	In preparation of launching a

Question ID	Reference	requesting the state remove the authorized representative's date of birth from Appendix B, the state explained Appendix B has been removed from the application, and in its place, the application now provides a link to form 231.	435.923(f) Policy/Regulation	State Response
		<p>Please provide CMS with a copy of form 231 if this is the process by which applicants may designate authorized representatives.</p> <p>Please explain if applicants can designate an authorized representative when submitting a paper application without first accessing form 231 online, and confirm that the state allows designation of authorized representatives through all modalities at the time of application.</p> <p>**The agency must accept an application signed by an authorized representative designated by the applicant, and applicants must be able to designate an authorized representative at the time of application. In removing Appendix B, the application the state submitted does not provide applicants an opportunity to designate an authorized representative.</p>		<p>combined eligibility system, Oregon's administrative rules related to authorized representatives were updated effective 3/1/19 to bring DHS and OHA rules into alignment and to ensure they supported the shared case structure of the new system. Concurrent to the rule changes, Oregon also updated the authorized representative designation form (MSC 231).</p> <p>One update to the MSC 231 form, unrelated to the 3/1/19 rule changes, was to add a checkbox for field staff to check when the Department was designating an authorized representative on someone's behalf. This may be necessary, for example, when an individual has been hospitalized and is in a coma. The checkbox on the MSC 231 form was added to help staff identify when the agency had established an authorized representative on behalf of the individual.</p> <p>Oregon submitted a state plan amendment in September 2019 with request for approval of a new combined application for both MAGI and non-MAGI (APD) medical benefits. The MSC 231 form was included as an appendix.</p> <p>Upon your review of this application, you had questions about the practice of the Medicaid agency designating an authorized representative on behalf of a client and noted that the practice is not allowed per federal policy, specifically in 42 CFR 435.923. You did, however, point out that 42 CFR 435.907 requires the agency to accept an application and documentation needed to determine eligibility from someone "acting responsibly for the applicant" when the applicant is a minor or incapacitated. Oregon's rules allow for an application to be submitted on behalf of an individual, but they only allow certain individuals to complete the application process (i.e., sign the application) based on blood relationship and/or tax filing status.</p> <p>Below is a summary of corrective actions Oregon is currently undertaking in order to comply with federal regulations per the direction from CMS:</p> <ul style="list-style-type: none"> By April 1, 2020 Oregon will remove the following items from the MSC 231: <ul style="list-style-type: none"> The DHS designation checkbox; and The authorized representative's date of birth field. By July 1, 2020, Oregon rules will be updated to add the

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
				allowance to accept a signature from a person acting responsibly on behalf of an incapacitated individual. <ul style="list-style-type: none">Concurrent with the implementation of the updated MSC 231 form as well as with implementation of updated administrative rules, Oregon will send communication transmittals to all staff to ensure that business practices are adjusted to align accordingly.
2	CHIP - States that have adopted other CHIP eligibility standards must submit a state plan amendment for CMS approval	Oregon has clarified that it has adopted other eligibility standards related to safety concerns and distance from providers based on the state option provided at §457.320(a)(7). We request that the state submit a state plan amendment prior to the end of the state's fiscal year to reflect these eligibility standards as required at 42 CFR 457.60(b)(1). For additional technical assistance on submission of this SPA, please contact your CHIP project officer, Janice Adams, at 206-615-2541.	42 CFR 457.320(a)(7); 42 CFR 457.60(b)(1)	The state had planned to submit the changes to the CHIP SPA prior to the end of June however COVID-19 has delayed routine actions such as this SPA. The CHIP SPA change will be submitted as soon as the Tribal consultation period is over in the next few months.

Submission Package was updated by the State in accordance with the response above

- ☒ Yes
- ☐ No

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

Package Header

Package ID OR2019MS0003O

Submission Type Official

Approval Date 7/22/2020

Superseded SPA ID N/A

SPA ID OR-19-0004

Initial Submission Date 9/11/2019

Effective Date 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 | OR2019MS0003O | OR-19-0004

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Submission Type	Official	Initial Submission Date	9/11/2019
Approval Date	7/22/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID OR-19-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	10/31/2019	OR-15-0004

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

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Executive Summary

Summary Description Including Goals and Objectives Revision to the paper application to align with the on-line eligibility system

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 435, Subpart J and M

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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Effective Date N/A

Governor's Office Review

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

Describe The Governor does not wish to review any plan materials.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS00030 | OR-19-0004

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Package ID	OR2019MS00030	SPA ID	OR-19-0004
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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- ☐ Public notice was not federally required and comment was not solicited
- ☒ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- ☐ Newspaper Announcement
- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☐ Email to Electronic Mailing List or Similar Mechanism

☐ Website Notice

☐ Public Hearing or Meeting

Date of Email or other electronic notification: Jan 14, 2019

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used: Oregon Health Plan Member Updates mailing list through distribution client GovDelivery. The list includes more than six thousand providers, members, managed care organization staff, advocates and stakeholders

Select the type of website

☐ Website of the State Medicaid Agency or Responsible Agency

Date of Posting: Jan 14, 2019

Website URL: <https://www.oregon.gov/oha/HSD/OHP/Pages/CO-Member-Engagement-Outreach.aspx>

☐ Website for State Regulations

☐ Other

Name of process:

Description of process:

Communication Method

Public Forum Used

Name of process:

Description of process:

Communication Method

Public Forum Used

Name of process:

Description of process:

Communication Method


Public Forum Used

☐ Other method

Name of method:	Date:	Description:
Online survey(survey monkey)	1/14/2019	Survey tool <ul style="list-style-type: none">Open to public from 01/14/2019 to 03/21/2019Received more than 300 responses

Upload copies of public notices and other documents used

Name	Date Created	

Name	Date Created	
Memo - Oregon Health Plan print application revisions and review process	8/28/2019 12:32 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
7210-Medical Application 8.27.19	8/28/2019 12:32 PM EDT	

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Submission - Tribal Input

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SPA ID OR-19-0004
Initial Submission Date 9/11/2019
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes
☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- ☒ Yes
☐ No

☐ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☐ All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
1/24/2019	Per Tribal consultation policy a DTLL was distributed via email to Tribes an Tribal entities. Tribes were also invited to participate in the public meetings and member engagement work.

☐ All Urban Indian Organizations



Date of solicitation/consultation:	Method of solicitation/consultation:
1/24/2019	Per Tribal consultation policy a DTLL was distributed via email to Tribes an Tribal entities. Tribes were also invited to participate in the public meetings and member engagement work.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☐ All Indian Tribes

Date of consultation:	Method of consultation:
1/24/2019	Per Tribal consultation policy a DTLL was distributed via email to Tribes an Tribal entities. Tribes were also invited to participate in the public meetings and member engagement work.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
DTLL-OHP paper application	9/10/2019 12:59 PM EDT	
Tribal Contact List	9/10/2019 1:01 PM EDT	

Indicate the key issues raised (optional)

- ☐ Access
☐ Quality
☐ Cost
☐ Payment methodology
☐ Eligibility

- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

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Superseded SPA ID	OR-15-0004		
	User-Entered		

A. MAGI Paper Application


The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- ☐ 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- ☒ 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

me0231 R 4-20


The paper application(s) has been uploaded.

Document Name	Date Created	
me0231 04.2020	7/2/2020 10:15 AM EDT	

Name

7210 R 5-1-20 application

The paper application(s) has been uploaded.

Document Name	Date Created	
7210 R 5-1-20	7/2/2020 10:12 AM EDT	

- ☐ 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- ☐ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

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	User-Entered		

B. MAGI Online Application




The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- ☐ 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- ☒ 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Screen shots doicuments x 3

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
On line screen shots 3 of 3	12/3/2019 12:54 PM EST	
On line screen shots 2 of 3	12/3/2019 12:54 PM EST	
On line screen shots 1 of 3	12/3/2019 12:54 PM EST	

- ☐ 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- ☐ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

Package Header


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	User-Entered		

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- ☐ 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
7210-see Appendix A	9/10/2019 12:36 PM EDT	

- ☐ 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- ☐ 3. One or more applications used to apply for multiple human service programs
- ☐ 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

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	User-Entered		

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- ☐ 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded

Name	Date Created	
7210-see Appendix A	9/11/2019 12:02 PM EDT	

- ☐ 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- ☐ 3. One or more application used to apply for multiple human service programs

Name

539

Screenshots or other documentation of the multi-program online application(s) have been uploaded.

Document Name	Date Created	
se0539a	9/11/2019 12:03 PM EDT	

- ☐ 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | OR2019MS0003O | OR-19-0004

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	User-Entered		

E. Additional Information (optional)

No online Application for non MAGI until April 2020

PRA Disclosure Statement: 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 average 40 hours per response, 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.

This view was generated on 7/22/2020 6:22 PM EDT