OR - Submission Package - OR2023MS0011O - (OR-24-0006) - Eligibility

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

December 05, 2025

Emma Sandoe
Medicaid Director
Oregon Health Authority
500 Summer St. NE, E-65
Salem, OR 97301

Re: Approval of State Plan Amendment OR-24-0006

Dear Dr. Sandoe,

On February 21, 2024, the Centers for Medicare & Medicaid Services (CMS) received Oregon State Plan Amendment (SPA) OR-24-0006, in which the state proposed to transition its separate state Children's Health Insurance Program (S-CHIP) to a Medicaid Expansion program (M-CHIP).

We approve Oregon State Plan Amendment (SPA) OR-24-0006 with an effective date of January 01, 2024.

If you have any questions regarding this amendment, please contact Sasha Zolynas at sasha.zolynas@cms.hhs.gov.

Sincerely,

Wendy Hill Petras

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

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

Optional Targeted Low Income Children- 42 CFR 435.229 and 435.4(MCHIP)

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:
1. Are under age 19, or a lower age, as specified in C.
2. Are uninsured and otherwise meet the definition of optional targeted low-income child at 42 CFR 435.4 and section 1905(u)(2)(B) of the Act.
3. Have household income at or below the standard established by the state, if the state has an income standard.
4. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

View approved version of MAGI-Based Methodologies

C. Individuals Covered

- (•) Yes
- ( ) No

The age of children covered under this eligibility group is:

- (•) a. Under age 19
- ( ) b. Under age 18
- ( ) c. Under other age

D. Income Standard Used

The income standard for this eligibility group is:

300.00% FPL

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E. Basis for Income Standard

1. Minimum income standard

The minimum income standard for this eligibility group is a standard greater than the lowest income standard currently used for children of this age under the mandatory Infants and Children under Age 19 eligibility group.

View Approved Version of Infants and Children under Age 19 - Income Standards Used

2. Maximum income standard

☑ a. The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

○ i. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ ii. The state's effective income level for this group of children under the CHIP state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ iii. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

◉ iv. The state's effective income level for this group of children under the CHIP state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ v. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ vi. The state's effective income level for this group of children under a CHIP-1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

○ vii. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ viii. The state's effective income level for this group of children under a CHIP 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

○ ix. 200% FPL

○ x. A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4), but by no more than 50 percentage points.

c. The amount of the maximum income standard is: 300% FPL