

Public notice

Notice of intent – OHA will amend the Alternate Benefit Plan to align with the Medicaid State Plan.

Date: March 11, 2025

Contact: Jesse Anderson, State Plan manager

Comments due: 5 p.m. Friday, April 4, 2025

Oregon Health Authority (OHA) will submit a proposed amendment to Oregon's Alternate Benefit Plan (ABP) to the Centers for Medicare & Medicaid Services (CMS). The amendment would add align coverage for incarcerated youth with the Medicaid State Plan as required under Section 5121 of the Consolidated Appropriations Act, 2023.

Background

The ABP establishes Medicaid coverage for adults newly eligible under the Affordable Care Act. Under section 1937 of the Social Security Act, states may base their ABP entirely on their approved Medicaid State Plan as long as the ABP stays fully aligned with the Medicaid State Plan.

This amendment ensures that Oregon's ABP contains all updates to the Medicaid State Plan since original approval of the ABP.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

The ABP will continue to provide full access to EPSDT services to all members under age 21 through the coordinated care organization and fee-for-service delivery systems. This includes:

- Informing them that EPSDT services are available and of the need for age-appropriate immunizations.
- Covering screening services and corrective treatment the screenings identify. This includes any services coverable under the Medicaid program found medically necessary to treat, correct or reduce illnesses and conditions discovered regardless of whether the service is covered in Oregon's Medicaid State Plan.

Cost-sharing protections

Oregon does not impose cost sharing on Medicaid beneficiaries, so no exemptions are necessary to ensure cost sharing protections for Native Americans as required by section 5006(e) of the American Recovery and Reinvestment Act of 2009. There is no estimated cost to make the changes as it does not change reimbursement methods or add services.

Obtaining SPA language

The next pages show edits to existing State Plan language in the proposed SPA. You can also view the full State Plan, approved SPAs and proposed SPAs on [the OHA website](#).

How to comment:

OHA welcomes public review and input. Please send written comments by 5 p.m. Friday, April 4, 2025, to jesse.anderson@oha.oregon.gov.

14. Other 1937 Covered Benefits that are not Essential Health benefits

<u>Other 1937 Benefits</u>	
<u>Benefit Provided:</u> Targeted Case management	<u>Source:</u> Section 1937 Coverage option
<u>Authorization :</u> Other	<u>Provider Qualifications:</u> Medicaid State Plan
<u>Amount Limit:</u> None	<u>Duration Limit</u> None
<u>Scope Limit:</u> Services provided within the scope of practice as defined under state law	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Services provided within the scope of practice as defined under state law or Administrative rule. Targeted groups are HIV/AIDS, EI/ECSE, Babies First, Tribal members, Children Who Are the Responsibility of Child Welfare, Self sufficiency, and Substance Use Disorder <u>and services for incarcerated youth as described in sec 5121 of the CAA.</u>	