

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 East 12th Street, Suite 355

Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

July 14, 2020

Patrick Allen, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1079

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-20-0012

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-20-0012. This SPA amends the current Targeted Case Management State Plan Amendment for Public Health Nurse Home Visiting to include 9 additional counties.


The SPA was approved on July 9, 2020, with the effective date of January 1, 2021, as requested. Enclosed is a copy of the CMS-179 summary form, as well as the approved page, for incorporation into the Oregon State Plan.

If there are any questions concerning this approval, please contact me or you may contact Nikki Lemmon at nicole.lemmon@cms.hhs.gov or at (303) 844-2641.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 20-0012	2. STATE Oregon
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 1/1/21	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR part 440.169 and 441.		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$ 829,568 b. FFY 2022 \$ 1,106,091	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A, page 52		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 1 to Attachment 3.1-A, page 52	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted expand the TCM Family Connects Nurse Home visiting program to 9 additional counties.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Lori Coyner, MA			
14. TITLE: State Medicaid Director, OHA			
15. DATE SUBMITTED: 6/17/20			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/17/20		18. DATE APPROVED: 7/9/20	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/21		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

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

CASE MANAGEMENT SERVICES

Targeted Case Management
Family Connect® Nurse Home Visiting

Target Group:

Targeted case management (TCM) services will be provided to Medicaid eligible infants 0 through 6 months of age.

For case management services provided to individuals in medical institutions:

☐ Target group comprised of individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

Areas of state in which services will be provided:

☐ Entire State

☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)
Benton, Crook, Deschutes, Gilliam, Hood River, Jefferson, Lincoln, Linn, Malheur, Wasco, Washington, Wheeler and Sherman County

Comparability of services:

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount duration and scope.

1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

TN 20-0012
Supersedes TN 20-0002

Approval Date: 7/9/20

Effective Date: 1/1/21