

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355 (300)
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 5, 2024

Dr. Sejal Hathi, Director
Oregon Health Authority
500 Summer St NE
Salem, OR 97301

Re: Oregon State Plan Amendment (SPA) – 24-0001

Dear Director Hathi:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes to remove the Targeted Case Management program for clients with poorly controlled asthma or a history of environmentally induced respiratory distress from the state plan as the program ended on July 1, 2023. The program participants continued to receive case management services through Oregon Health Plan's disease management program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.169 and 42 CFR 441.18. This letter informs you that Oregon's Medicaid SPA TN 24-0001 was approved on April 5, 2024, with an effective date of March 2, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oregon State Plan.

If you have any questions, please contact Maria Garza at (206) 615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. A blue horizontal line is drawn across the bottom of the box, and a blue curved line is visible below the box.

Digitally signed by James
G. Scott -S
Date: 2024.04.05 09:57:08
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Vivian Levy, Oregon Health Plan, Interim Director
Jesse Anderson, Oregon Health Plan, SPA Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 1

2. STATE

OR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

P&I 3/2/24 ~~1/1/24~~

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.169, 441.18

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 3.1-A, Page 45-51
Attachment 4.19-B, Pages 4q-4r

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement 1 to Attachment 3.1-A, Page 45-51
Attachment 4.19-B, Pages 4q-4r

9. SUBJECT OF AMENDMENT

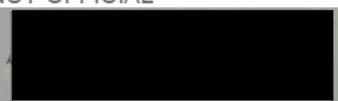
This transmittal is being submitted to remove the Healthy Homes TCM program. This program no longer is in operation.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Vivian Levy

13. TITLE

Interim Medicaid Director

14. DATE SUBMITTED

1-10-24

15. RETURN TO

Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

FOR CMS USE ONLY

16. DATE RECEIVED

January 10, 2024

17. DATE APPROVED

April 5, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

March 2, 2024

19. SIGNING OFFICIAL



Digitally signed by James G. Scott -S
Date: 2024.04.05 09:57:29 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

4/2/24 - OR provides P&I change to BOX 4 - updating effective date to 5/2/24

4/4/24 OR authorized P&I request to reflect March 2, 2024 in Box 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: OREGON

CASE MANAGEMENT SERVICES

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

CASE MANAGEMENT SERVICES

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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