



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JUL 13 2010

Bruce Goldberg, MD, Director
Department of Human Services
Human Services Building
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number 10-007

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of the Oregon State Plan Amendment (SPA) Transmittal Number 10-007.

This amendment removes the Targeted Case Management (TCM) Tuberculosis program from the State plan. The TCM Tuberculosis SPA was approved by CMS on March 10, 2009, through the approval of Oregon SPA Transmittal Number 08-012, but was not implemented by the State. As the State has reported that the program was never implemented, CMS understands that there will be no Medicaid beneficiaries who will lose coverage as a result of the approval of the SPA.

This SPA is approved effective May 25, 2010, as requested by the State.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Wendy Hill Petras at (206) 615-3814 or wendy.hillpetras@cms.hhs.gov.

Sincerely,

Carol J.C. Peverly
Acting Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc: Judy Mohr-Peterson, Administrator, Department of Medical Assistance Program

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
10-07

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 25, 2010

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY \$ -0-
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A, pages 14-18 (P&I)
Attachment 4.19-B, page 4f (P&I)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Remove (P&I)
Attachment 3.1-A, pages 14-18, Attachment 4.19-B,
page 4f
Supplement to Attachment 3.1-A, pages 14-18 (P&I)

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to remove transmittal # 08-12 TB TCM program from the state plan. The state has not been able to implement this program due to loss of staff at the county entity involved.

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME Judy Mohr Peterson ~~Judy Bruce Goldberg, MD~~

14. TITLE: Administrator, DMAP Director, DHS

15. DATE SUBMITTED: **6-7-10**

16. RETURN TO:

Division of Medical Assistance Programs
Department of Human Services
500 Summer Street NE E-35
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **June 7 2010**

18. DATE APPROVED: **JUL 13 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **MAY 25 2010**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Carol JC Peverly**

22. TITLE: **Associate Regional Administrator**
Division of Medicaid &
Children's Health

23. REMARKS:

6/08/2010 State authorized pen and ink changes.
7/01/2010 State authorized pen and ink changes to box 8 & 9.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

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TN No.: 10-07 Approval Date Effective Date 5/25/10
Supersedes TN No. 08-12 **JUL 13 2010**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

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Supersedes TN No. 08-12

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State: Oregon

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Attachment 4.19-B
Page 4f

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Oregon

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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TN No.: 10-07 Approval Date **JUL 13 2010** Effective Date 5/25/10
Supersedes TN No. 08-12