



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

NOV 09 2010

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number 10-019

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-019. This amendment implements the required eligibility determination data match system using the Public Assistance Reporting Information System (PARIS) facilitating appropriate enrollment and retention in public programs in compliance with Section 3 of the Qualifying Individual Program Supplemental Funding Act of 2008. The change is reflected the General Administration, Section 4.32, page 1.

This SPA is approved effective July 1, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or maria.garza@cms.hhs.gov.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Judy Mohr Peterson, Administrator, Office of Medical Assistance Programs
Sandy Hansen, State Plan Coordinator, Office of Medical Assistance Programs

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

1. TRANSMITTAL NUMBER:
10-19

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
7/1/10

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:
1903(r) of the Act

7. FEDERAL BUDGET IMPACT:
a. 2011 \$ -0-
b. 2012 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Section 4.32, page 79 and Attachment 4.32-A, page 1 (P&I)
Attachment 4.32, page 1 (P&I)**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Section 4.32, page 79 (P&I)

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to comply with Section 3 of the Qualifying Individual (QI) Program Supplemental Funding Act of 2008, requiring States have eligibility determination systems that provide for data matching through PARIS.

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 Mohr Peterson* **Bruce Goldberg, MD**

14. TITLE: **Administrator, DMAP** **Director, DHS**

15. DATE SUBMITTED: **9-2-10**

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: **September 2 2010**

18. DATE APPROVED: **NOV 09 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JUL 01 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Barbara K. Richards

**Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS:
**Pen and Ink changes authorized by the State on 10/7/10.
Pen and Ink changes authorized by the State on 10/8/10.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: OREGON

INCOME AND ELIGIBILITY VERIFICATION SYSTEM

The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged on a quarterly basis with States and other entities legally entitled to verify title XIX applicants and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.

TN No. 10-19
Supersedes TN No.

Approval Date:

Effective Date: 7/1/10

NOV 09 2010