



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

JAN 18 2011

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 10-023

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-023.

This SPA was submitted by the State as a technical clarification to Oregon SPA 10-005, which was approved on May 18, 2010. Specifically, this SPA clarifies the exemptions of Medicare cost-sharing benefits paid under the Medicare Savings Program from estate recovery under Section 1917(b)(1) of the Act and in compliance with Section 115 of Medicare Improvement for Patients and Providers Act of 2008 (MIPPA), applies to individuals age 55 and over.

This SPA is approved effective October 1, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Janice Adams at (206) 615-2541 or janice.adams@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
Jesse Anderson, State Plan Coordinator, Office of Medical Assistance Programs

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

1. TRANSMITTAL NUMBER:
10-23

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
10/1/10

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:

42 USC 1396p(b)(1)(B)(ii)
Section 1917(b)(1) of the SSA (P+I)

7. FEDERAL BUDGET IMPACT:

- a. 2011 \$ -0-
b. 2012 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.17(b)(3), page 53a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Section 4.17(b)(3), page 53a

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to clarify the wording to make clear that the Division recovers all Medical Assistance after age 55, except for MIPPA protections to qualified dual eligibles age 55 and over, with dates of service on or after 1/1/10, as identified at

11. GOVERNOR'S REVIEW (Check One): **4.17(b)(3) - continued. (P+I)**

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: _____

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

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

15. DATE SUBMITTED:
12-17-10

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: **DEC 17 2010**

18. DATE APPROVED: **JAN 18 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT - 1 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Barbara K. Richards

22. TITLE: **Associate Regional Administrator**

**Division of Medicaid &
Children's Health**

23. REMARKS:

1/5/2011 - Pen and inc change authorized by the state.

Revision: HCFA-PM-95-3 (MB)
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

- (2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under ' 1917(a)(1)(B) (even if it does not impose those liens).

- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

The State recovers for all approved services, for individuals age 55 and over, except for Medicare cost sharing identified at 4.17(b)(3)(i) & (ii).