



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

MAY 18 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 10-004

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-004. This amendment adds the optional eligibility group provided for under the Chafee Foster Care Independence Program. The option provides coverage for individuals under age 21, who on their 18th birthday were in the custody of the State without regard of income or resources.

The change is reflected in Attachment 2.2-A, page 23e.

This SPA is approved effective May 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,

A black rectangular redaction box covering the signature of Carol J.C. Peverly.

Carol J.C. Peverly
Acting 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:
10-04

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 1, 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:
1902(a)(10)(A)(ii) (XVII) (P&I)

7. FEDERAL BUDGET IMPACT:
a. 5/1/10 - 9/30/10 **\$124,192 FF**
b. 10/1/10 - 9/30/11 **\$876,219 FF**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 1 to Attachment 2.2-A, page 1 (P&I)
Attachment 2.2-A, page 23e (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Supplement 1 to Attachment 2.2-A, page 1 (P&I)

10. SUBJECT OF AMENDMENT: **This transmittal is being revised to add the option of covering those foster children in state custody (Chaffee Act).**

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:
[Signature]

16. RETURN TO:
Division of Medical Assistance Programs
Department of Human Services
500 Summer Street NE E-35
Salem, OR 97301
ATIN: Jesse Anderson, Title XIX Coordinator

13. TYPED NAME **Judy Mohr-Peterson** **Bruce Goldberg, MD**
Jim Scherzinger for Bruce Goldberg

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

15. DATE SUBMITTED: **3/29/10**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **MAR 29 2010**

18. DATE APPROVED: **MAY 18 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **MAY 01 2010**

20. SIGNATURE OF REGIONAL OFFICIAL:
[Signature]

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

22. TITLE: **Associate Regional Administrator**

23. REMARKS:

Division of Medicaid & Children's Health

5/06/2010 State authorized pen & ink changes.

State: Oregon

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

Sections 477,
1902(a)(10)(A)(ii)(XVII),
and 1905(w) of the Act

24. Independent Foster Care Adolescents.

An individual who is younger than age 21, who on the individual's 18th birthday was in foster care under the responsibility of a State, who meets the targeting criteria in a.) below, and whose income and resources do not exceed the level(s), if any, established in b.) below.

a. Individuals who meet the following criteria:

- 1) Are under the age of: 21
 ___ 20
 ___ 19

- 2) Are: All such individuals.
 ___ Individuals for whom foster care maintenance payments or independent living services were furnished under a program funded under title IV-E before the date the individual turned 18 years old.
 ___ Other reasonable classifications:

b. Financial requirements

- 1) Income test: There is no income test.
 ___ The income test is:

- 2) Resource test: There is no resource test.
 ___ The resource test is:

Note: If there is an income or resource test, the standards and methodologies may not be more restrictive than those for the State's section 1931 population, as specified in Supplement 12 of Attachment 2.6-A.