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State/Territory Name: Oregon

State Plan Amendment (SPA) # 12-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form(with 179-like data)
- 3) Approved SPA

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
2201 6th Avenue, Mailstop RX-43
Seattle, Washington 98121



Division of Medicaid & Children's Health Operations

OCT 24 2012

Bruce Goldberg, MD, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301

RE: Oregon State Plan Amendment (SPA) Transmittal Number 12-010

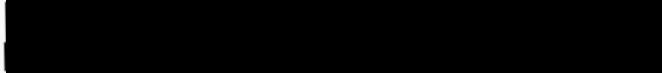
Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 12-010. This SPA was submitted to reflect a change to the date for the published fee schedule for Targeted Case Management for (TCM) Medicaid High Risk Infants and Children.

This SPA is approved effective September 2, 2012, as requested by the State.

If you have any questions concerning this SPA or require further assistance, please contact me, or have your staff contact Bill Vehrs at (503) 399-5682 or bill.vehrs@cms.hhs.gov.

Sincerely,


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

Enclosure

cc: Judy Mohr Peterson, Administrator, Office of Medical Assistance Programs

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

1. TRANSMITTAL NUMBER:
12-10

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
~~7/27/12~~ 9/2/12 (P&I)

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 CFR 440.169 and 441

7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$ 149,212
b. FFY 2013 \$ 592,392

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 4i

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Page 4i

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reflect a change to the date for the published fee schedule. The current SPA requires a review of costs every 2 years, this does not change the current methodology used to determine the costs.

11. GOVERNOR'S REVIEW (Check One):

- 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

14. TITLE: Director, Division of Medical Assistance Programs

15. DATE SUBMITTED: 8-1-12

16. RETURN TO:
Division of Medical Assistance Programs
Oregon Health Authority
500 Summer Street NE E-35
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

FOR REGIONAL OFFICE USE ONLY

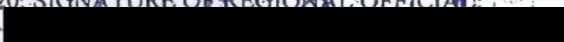
17. DATE RECEIVED: August 1, 2012

18. DATE APPROVED: OCT 24 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
9/2/12

21. TYPED NAME: Carol J.C. Peverly

20. SIGNATURE OF REGIONAL OFFICIAL:


22. TITLE: Associate Regional Administrator

23. REMARKS:
10/17/2012 - Pen and Ink (P&I) changes authorized by State to block 4.

Division of Medicaid &
Children's Health

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

State/Territory: OREGON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Payment Methodology for Targeted Case Management for Medicaid High Risk Infants and Children

“Unit” is defined as one encounter per visit. A unit consists of at least one documented contact with the individual (or other person acting on behalf of the individual) and any number of documented contacts with other individuals or agencies identified through the case planning process. Case management providers are paid on a unit-of-service basis that does not exceed 1 unit (encounter) per day.

The rate for reimbursement of the case management services is computed as follows:

<u>Compute the</u>	Total Annual Medicaid Encounters
<u>Compute the</u>	Total Annual Program Expenditures
<u>Divide</u>	Calculate Average Cost Per Encounter
<u>Examine the</u>	Extreme values, develop “reasonable range”
<u>Equals</u>	AVERAGE COST PER ENCOUNTER

The total annual expenditures of providing targeted case management includes:

- Targeted case management staff salary and other personnel expenses;
- Supervisory salary and other personnel expenses;
- Administrative support salary and other personnel expenses;
- Services and supply expenses; and
- Expenses (General government service charges, worker’s comp, property insurance, etc).

The Agency’s rates are statewide rates, both public and private provider receive the same rate. The rates are set as of 9/2/2012 and are effective for services on or after that date. All rates are published on the Agency’s website at

<http://www.dhs.state.or.us/policy/healthplan/guides/tcmngmt/main.html>.

TN 12-10

Approval Date:

OCT 24 2012

Effective Date: 9/2/12

Supersedes TN 08-13