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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 13-21

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Seattle Regional Office 2201 Sixth Avenue, MS/RX -43 Seattle, WA 98121



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Tina Edlund, Acting Director Oregon Health Authority 500 Summer Street Northeast, E-15 Salem, Oregon 97301-1079

JAN 0 3 2014

RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-21

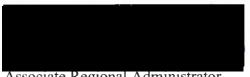
Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 13-21. This SPA adjusts the state's estate recovery program to recover only on claims for all approved services of individuals age 55 and over who receive nursing facility services or home and community-based services.

This SPA is approved effective October 1, 2013.

If you have any additional questions concerning this SPA or require further assistance, please contact me or have your staff contact Gary Ashby at 206-615-2333 or gary.ashby@cms.hhs.gov.

Sincerely,



Associate Regional Administrator Division of Medicaid and Children's Health Operations

cc:

Judy Mohr Peterson, Administrator, Division of Medical Assistance Programs Jesse Anderson, State Plan Manager, Division of Medical Assistance Programs Barry Levin, CMS Central Office

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-21	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 1/1/14 10/01/2013 (P&I)	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1917(b)(1) of the Act	a. FFY 2014 \$ 750,000	
	b. FFY 2015 \$1,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Section 4, page 53a, 53a-1 (P&I)	Section 4, page 53a, 53a-1	
recovered for estate recovery. 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 SPE	CIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Division of Medical Assis	tance Programs
13. TYPED NAME Rhonda Busek	Oregon Health Authority	
	500 Summer Street NE E-	35
14. TITLE: Director, Division of Medical Assistance Programs	Salem, OR 97301	
15. DATE SUBMITTED:	ATTN: Jesse Anderson, S	tate Plan Manager
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: 11/18/13	18. DATE APPROVED: 1/03/14	
PLAN APPROVED – ON	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2013	20 SIGNATURE OF REGIONAL OPPICIAL	
21. TYPED NAME: Carol J.C> Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:		

12/19/13- State authorize P&I change to box 4,8, and 9.

53a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: OREGON

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Adjustments or Recoveries

Adjustments or recoveries for Medicaid claims correctly paid are as follows: For permanently institutionalized individuals, (1)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. Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual. "permanent The determines (2)State 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). For any individual who received medical assistance (3)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

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

> > During the time an individual was receiving nursing facility services or home and community-based services the State recovers all approved services, except for Medicare cost sharing identified at 4.17(b)(3)(i) & (ii).

Approval Date: <u>1/03/14</u>

Effective Date:10/1/13

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

drug services.

(b)

Citation(s)