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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 03 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

**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 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:
1917(b)(1) of the Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$ 750,000
b. FFY 2015 \$1,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4, page 53a, ~~53a-1~~ (P&I)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Section 4, page 53a, ~~53a-1~~ (P&I)

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reflect a revision to the services adjusted or 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 SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME Rhonda Busek

14. TITLE: Director, Division of Medical Assistance Programs

15. DATE SUBMITTED:

11/18/13

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: 11/18/13

18. DATE APPROVED: 1/03/14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/2013

20. SIGNATURE OF REGIONAL OFFICIAL:

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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation(s)

(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.

— 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:

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).

TN No. 13-21Approval Date: 1/03/14Effective Date: 10/1/13Supersedes TN No. 10-23