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State/Territory Name: OR

State Plan Amendment (SPA) #: 13-20

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) HCFA 179
- 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
Centers of Medicaid and CHIP Services



12/02/13

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-20

Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 13-20. This SPA disregards all income for children with non IV-E adoption assistance and all reasonable classifications of children covered by the state under 42 CFR 435.222.

This SPA is approved effective December 31, 2013.

If you have any questions concerning this SPA, please contact me, or have your staff contact Janice Adams at (206) 615-2541 or janice.adams@cms.hhs.gov.

Sincerely,

/s/

Carol J.C. Peverly
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

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

1. TRANSMITTAL NUMBER:
13-20

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
12/31/13

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(r)(2) of the Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$ 0
b. FFY 2015 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

~~Supplement 8a to Attachment 2.9-A, page 1 b~~
Supplement 8a to Attachment 2.6-A page 1-b (P&I)

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reflect a technical change to current SPA to coordinate with ACA 2014 SPA regarding disregards.

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:

16. RETURN TO:

Division of Medical Assistance Programs
Oregon Health Authority
500 Summer Street NE E-35
Salem, OR 97301

13. TYPED NAME: Judy Mohr Peterson

14. TITLE: Director, Division of Medical Assistance Programs

15. DATE SUBMITTED: 11/12/13

ATTN: [REDACTED]

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 11/12/13

18. DATE APPROVED: 12/2/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Carol J.C. Peverly

22. TITLE: Associate Regional Administrator Division of
Medicaid and Children's Health Operations

23. REMARKS:

12.9.13 State Authorizes P&I change to box 8

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

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| Citation(s) | Condition or Requirement |
|-------------|--------------------------|
|-------------|--------------------------|

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State Non-Section 1902(f) State

3. The state disregards all income for Children with Non IV-E Adoption Assistance described in 1902(a)(10)(A)(ii)(VIII) of the Act addressed in Attachment 2.2-A, page 14.
4. The state disregards all income for all reasonable classification of children covered by the state under 42 CFR 435.222 as specified on Attachment 2.2-A pages 12, 13, and 13a and Supplement 1 to Attachment 2.2-A.

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|--|---------------|--------------------------------|
| TN No. <u>13-20</u> Supersedes TN No. | Approval Date | Effective Date <u>12-31-13</u> |
|--|---------------|--------------------------------|

DEC 02 2013