

---

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 14-09**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, Washington 98104



**Division of Medicaid & Children's Health Operations**

---

Suzanne Hoffman, Interim Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, Oregon 97301-1079

DEC 16 2014

**RE: Oregon State Plan Amendment (SPA) Transmittal Number 14-0009**

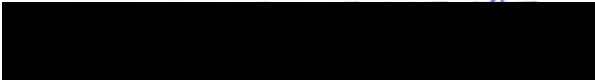
Dear Ms. Hoffman:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-0009. This SPA ends the health home program authorized under section 1945 of the Social Security Act.

This SPA was approved effective July 1, 2014 and was based on the state's agreement to implement and comply with CMS' health home core set of quality measures and evaluation requirements. The CMS expects that the state will continue to work with CMS to report on the data that was required while the SPA was effective.


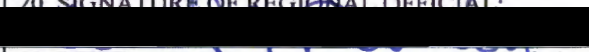
If you have any additional questions or require further assistance, please contact me or have your staff contact Gary Ashby at (206) 615-2333 or [gary.ashby@cms.hhs.gov](mailto:gary.ashby@cms.hhs.gov).

Sincerely,

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

cc:

Judy Mohr Peterson, Medicaid Director  
Rhonda Busek, Interim Director, DMAP  
Jesse Anderson, State Plan Manager, DMAP  
Christa Speicher, CMS Baltimore

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>14-09</b>	2. STATE Oregon
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 <b>7/1/14</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 1945 of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2014    \$ (17,756,253.29) b. FFY 2015    \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-H, page 1-29 (removed)	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to end date the Health Home program authorized under section 1945 of the Social Security Act.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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  ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Rhonda Busek		<b>FOR REGIONAL OFFICE USE ONLY</b>	
14. TITLE: Interim Director, Division of Medical Assistance Programs			
15. DATE SUBMITTED: 9/26/14			
17. DATE RECEIVED: 9/26/14		18. DATE APPROVED: 12.16.14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2014		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:			