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**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 17-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



Division of Medicaid & Children's Health Operations

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March 10, 2017

Lynne Saxton, Director  
Oregon Health Authority  
500 Summer Street Northeast, E-15  
Salem, OR 97301-1079

**RE: Oregon State Plan Amendment (SPA) Transmittal Number 17-0001**

Dear Ms. Saxton:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 17-0001. This SPA disregards unearned shelter-in-kind as income when determining financial eligibility for Medicaid programs administered by the Oregon Department of Human Services, Division of Aging and People with Disabilities.

This SPA is approved effective April 1, 2017.

If there are any questions concerning this approval, please contact me or your staff may contact Janice Adams at [janice.adams@cms.hhs.gov](mailto:janice.adams@cms.hhs.gov) or (206) 615-2541.

Sincerely,

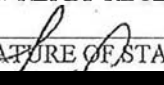

Digitally signed by David L. Meacham -S  
DN: c=US, o=U.S. Government, ou=HHS

Date: 2017.03.13 09:23:30 -0700'

David L. Meacham  
Associate Regional Administrator

Enclosure

cc:  
Lori Coyner, Oregon Health Authority  
Jesse Anderson, Oregon Health Authority

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>17-0001</b>	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 <b>4/1/17</b>	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart C		7. FEDERAL BUDGET IMPACT: a. FFY 2017    \$(4,825.14) b. FFY 2018    \$(9,650.28)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8a to ATTACHMENT 2.6-A, Page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 8a to ATTACHMENT 2.6-A, Page 2	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to disregard unearned Shelter-In-Kind as income when determining financial eligibility for Medicaid programs administered by Aging and People with Disabilities Division.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials. <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: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-35 Salem, OR 97301  ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Loy Coyner, MA			
14. TITLE: Medicaid Director, OHA			
15. DATE SUBMITTED: 1-17-17			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 1-17-17		18. DATE APPROVED: 3/10/17	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/17		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: David L. Meacham		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

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

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Citation(s)	Condition or Requirement
	Replaced by ACA TN No. 13-0012 in section 8

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

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

1. The following unearned income regulations apply to Working Disabled individuals as defined in Section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act.
  - (a) An unearned income shall be disregarded when determining eligibility under this section.
  - (b) The total amount of any special needs allowance shall also be disregarded. Special needs allowances are defined under Oregon Administrative Rules.
  
2. The following unearned income disregard applies to; Qualified Medicare beneficiaries under Section 1902(a)(10)(E)(i), SLMB under Section 1902(a)(10)(E)(iii), QI1 under Section 1902(a)(10)(E)(iv), qualified disabled and working individuals covered under Section 1902(a)(10)(E)(ii), working disabled under section 1902(a)(10)(A)(ii)(XIII), and aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under Section 1902(a)(10)(A)(ii)(X) of the Act.
  - (a) Unearned shelter-in-kind income is disregarded.