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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 19-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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



Western Division - Regional Operations Group

September 26, 2019

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

RE: Oregon State Plan Amendment (SPA) Transmittal Number 19-0005

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Oregon State Plan Amendment (SPA) Transmittal Number 19-0005. This SPA is being submitted as a technical correction. OR SPA 14-0009 ended the Health Home program authorized under section 1945 of the Social Security Act. During that submission, Attachment 4.19-B pages 15-17 from OR SPA 11-11 were not removed in error. This submission is to remove those pages.

This SPA is approved effective October 1, 2019, as requested by the state.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Bill Vehrs at (503) 399-5682 or bill.vehrs@cms.hhs.gov.


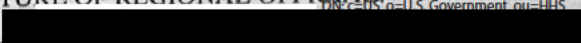

Sincerely,

Digitally signed by David L. Meacham



Date: 2019.09.27 11:09:30 -07'00'

David L. Meacham
Deputy Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 19-0005	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 10/1/19	
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: 1945 of the Act		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2019 \$ 0	
		b. FFY 2020 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 15-17		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 15-17	
10. SUBJECT OF AMENDMENT: This transmittal is being submitted as a technical correction. TN 14-09 end dated the Health Home program authorized under section 1945 of the Social Security Act. During that submission Attachment 4.19-B was not removed in error. This submission is to remove those pages.			
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-65 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Lori Coyner, MA			
14. TITLE: State Medicaid Director, OHA			
15. DATE SUBMITTED: 9/25/19			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/25/19		18. DATE APPROVED: 9/26/19	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/19		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: David L. Meacham		22. TITLE: 	
23. REMARKS:			

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

Date: 2019.09.27 12:33:08 -0700'

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reserved for future use

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reserved for future use

TN No. 19-0005

Approval Date: 9/26/19

Effective Date: 10/1/19

Supersedes TN No. 11-11

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Reserved for future use