

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



December 24, 2013

Bruce Goldberg, MD, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1097

Dear Dr. Goldberg:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving your November 4, 2013, amendment request to incorporate changes needed to conform with the Affordable Care Act and your November 13, 2013, request to extend the Tribal Health Facility Program to Oregon's section 1115 demonstration (11-W-00160/10), Oregon Health Plan. Approval of these demonstration amendments is under the authority of section 1115(a) of the Social Security Act and is effective from the date of this letter through June 30, 2017, unless otherwise indicated.

The Special Terms and Conditions (STCs) include the following requested changes:

- Sunsets premium assistance and associated populations through the Family Health Insurance Assistance Program (FHIAP);
- Clarifies population that are covered under the Medicaid state plan, such as combining two populations that covered pregnant women at different income levels;
- Includes references to the Alternative Benefits Plan established in the Medicaid state plan to cover the newly eligible adults; and
- Extends the Tribal Health Facility Program originally slated to expire on December 31, 2013, through December 31, 2014.

The approval of the demonstration extension, including the waivers and the expenditure authority that are described in the enclosed list, is conditioned on the state's acceptance of the STCs within the proceeding 30 days from the date of this approval. The STCs will be effective, the date of the approval letter, unless otherwise specified.

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly waived or identified as not applicable in this list, shall apply to the demonstration. Your project officer is Ms. Terri Fraser. She is available to answer any questions concerning your section 1115 demonstration.

Ms. Fraser's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mailstop: S2-01-16
7500 Security Boulevard,
Baltimore, MD 21244-1850
Telephone: (410) 786-5573
Email: Terri.Fraser@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Carol Peverly, Associate Regional Administrator in our Seattle Regional Office. Ms. Peverly's contact information is as follows:

Associate Regional Administrator
Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
2201 Sixth Avenue, MS RX-43
Seattle, WA 98121
Telephone: (206) 615-2515
Email: Carol.Peverly@cms.hhs.gov

If you have any questions regarding this correspondence, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid & CHIP Services, at 410-786-5647.

We look forward to continuing to work with you and your staff.

Sincerely,

/s/

Cindy Mann
Director

Enclosures

Cc: Carol Peverly, Associate Regional Administrator, Region X