



Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

**AUG 08 2011**

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

**RE: Oregon State Plan Amendment (SPA) Transmittal Number 11-005**

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-005. This SPA is a technical change that amends the Title XIX Medicaid State plan by correcting the placement of program integrity assurances from page 35a to page 79aa.

This SPA is approved effective June 1, 2011.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Erin Cassady at (206) 615-2739 or [erin.cassady@cms.hhs.gov](mailto:erin.cassady@cms.hhs.gov).

Sincerely,

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

cc:

Judy Mohr Peterson, Administrator  
Sandy Hansen, State Plan Coordinator  
Jesse Anderson, State Plan Coordinator

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

1. TRANSMITTAL NUMBER:  
**11-05**

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  
July 1, 2011

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(a)(69) of the Act

7. FEDERAL BUDGET IMPACT:  
a. 2011 \$ -0-  
b. 2012 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4- page 79aa

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Section 4- page 79aa

10. SUBJECT OF AMENDMENT: This transmittal is being revised to correct placement of the program integrity  
assurances from page 35a to page 79aa in the state plan.

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:

13. TYPED NAME Judy Mohr Peterson      Bruce Goldberg, MD

14. TITLE: Director, DMAP      Director, OHA

15. DATE SUBMITTED:

6/27/11

16. RETURN TO:

Division of Medical Assistance Programs  
Department of Human Services  
500 Summer Street NE E-35  
Salem, OR 97301

ATTN: Jesse Anderson, State Plan Manager

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: June 27, 2011

18. DATE APPROVED: **AUG 08 2011**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Carol J.C. Peverly

22. TITLE: Associate Regional Administrator

23. REMARKS:

Division of Medicaid & Children's Health Operations

79aa

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Medical Assistance Program

State/Territory: OREGON

SECTION 4 –GENERAL PROGRAM ADMINISTRATION

---

Citation(s)

---

Citation

1902(a)(69) of  
The Act,  
P.L. 109-171  
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts

The Medicaid agency assures it complies with such requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under section 1936 of the Act.

---

TN No. 11-05  
Supersedes TN No. 11-04

Approval Date: **AUG 08 2011**

Effective Date: 7/1/11