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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

<u>Targeted Case Management</u>

<u>Developmentally Disabled Comprehensive Waiver, Model Waivers and TCM-only</u>

Waiver Case Management (WCM) through the 1915(b)(4) -DD waiver replaces this State Plan Amendment for Targeted Case Management effective 7/1/13.

TN <u>13-10</u> Supersedes TN <u>08-10</u> Approval Date:
August 22,2013

Effective Date: 7/1/13

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

(Reserved for future use)

TN <u>13-10</u> Approval Date: Effective Date: 7/1/13

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

(Reserved for future use)

TN <u>13-10</u> Approval Date: Effective Date: 7/1/13

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

(Reserved for future use)

TN 13-10 Approval Date: Effective Date: 7/1/13

Transmittal # 13-10 Attachment 4.19-B Page 4j

STATE	E PLAN UNDER TITLE XIX State:Oregon	OF THE SOCIAL SECURITY ACT
METHO	DS AND STANDARDS FOR	ESTABLISHING PAYMENT RATES
Payment Methodolog Comp waiver services		ent for Persons with Developmental Disabilities
	ement (WCM) through the 1 geted Case Management effe	915(b)(4) -DD waiver replaces this State Plan ctive 7/1/13.
TN <u>13-10</u>	Approval Date:	Effective Date: 7/1/13

TN <u>13-10</u> Supersedes TN <u>08-10</u>

Approval Date:
August 22,2013

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

<u>Targeted Case Management</u>
Developmentally Disabled Self Directed Support Services Waiver Only

Waiver Case Management (WCM) through the 1915(b)(4) -DD waiver replaces this State Plan Amendment for Targeted Case Management effective 7/1/13.

TN <u>13-10</u> Approval Date: Effective Date: 7/1/13

Supersedes TN <u>09-07</u>

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

(Reserved for future use)

TN <u>13-10</u>. Approval Date: Effective Date: 7/1/13

Supersedes TN <u>09-07</u>

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

(Reserved for future use)

TN <u>13-10</u>. Supersedes TN <u>09-07</u> Approval Date:

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

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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TN <u>13-10</u>. Approval Date: Effective Date: 7/1/13

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State:Oregon			
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES			
Payment Methodology for Targeted Case Management for Persons with Developmental Disabilities Accessing Support Services.			
Waiver Case Management (WCM) through the 1915(b)(4) -DD waiver replaces this State Plan Amendment for Targeted Case Management effective 7/1/13.			

TN <u>13-10</u>. Supersedes TN <u>09-07</u>

Approval Date:

August 22,2013