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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 19-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Form
- 3) Approved SPA Page

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

December 10, 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 OR 19-0009

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR 19-0009. This SPA revises the two-week service periods and increases the State Plan Personal Care (SPPC) hours to 270 hours annually.

This SPA is approved on December 6, 2019 and is effective January 1, 2020. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Oregon State Plan.

If there are any questions concerning this approval, please contact me or Nick Sukachevin at Nickom.Sukachevin@cms.hhs.gov or 206-615-2416.

Sincerely,



David L. Meacham
Deputy Director

Enclosure

cc:

Lori Coyner, OHA
Dana Hittle, OHA
Jesse Anderson, OHA

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

1. TRANSMITTAL NUMBER:
19-0009

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
1/1/20

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:
42 CFR part 440.167

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 \$0
b. FFY 2020 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 9i

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, page 9i

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to revise the not to exceed limits to align with services for consumers receiving services through DHS or ODDS.

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: The Governor
does not wish to review any plan materials.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Oregon Health Authority
Medical Assistance Programs
500 Summer Street NE E-65
Salem, OR 97301

13. TYPED NAME Lori Coyner, MA

ATTN: Jesse Anderson, State Plan Manager

14. TITLE: State Medicaid Director, OHA

15. DATE SUBMITTED:

11/7/19

FOR REGIONAL OFFICE USE ONLY

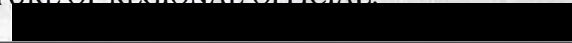
17. DATE RECEIVED:
11/7/19

18. DATE APPROVED: 12/6/19

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1/1/20

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: David L. Meacham

22. TITLE: Deputy Director

Date: 2019.12.10 07:54:19 -08'00'

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: OREGON

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

LIMITATIONS ON SERVICES

24. f. Personal Care Services (42 CFR 440.167)

Eligible individuals must be assessed for their need for personal care services. Personal care services are not to exceed 270 hours per year. Individuals whose assessed need exceeds the 270-hour annual limit may receive approval for additional hours through a prior approval process. State Plan Personal Care services are not available for individuals in an institution.

TN No. 19-0009

Supersedes TN No. 13-05

Approval Date: 12/6/19

Effective Date: 1/1/20