

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 20-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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March 03, 2020

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

RE: Washington State Plan Amendment (SPA) Transmittal Number OR-20-0002

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-20-0002. This SPA adds three additional counties to the state's Targeted Case Management for Public Health Nurse Home Visiting Program.

This SPA was approved on March 2, 2020, with the effective date of April 1, 2020, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Washington State Plan.

If there are any questions concerning this approval, please contact me or you may contact Betsy Conklin at [Elizabeth.Conklin@cms.hhs.gov](mailto:Elizabeth.Conklin@cms.hhs.gov) or at (206) 615-2357.

Sincerely,

A solid black rectangular box redacting the signature of James Scott.

James Scott, Director  
Division of Program Operations

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

1. TRANSMITTAL NUMBER:  
**20-0002**

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  
**4/1/20**

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 440.169 and 441.

7. FEDERAL BUDGET IMPACT:  
a. FFY 2020      \$ 474,401  
b. FFY 2021      \$ 948,803

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 3.1-A, page 52

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 1 to Attachment 3.1-A, page 52

10. SUBJECT OF AMENDMENT: This transmittal is being submitted expand the TCM Family Connects Nurse Home visiting program to additional counties.

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

14. TITLE: State Medicaid Director, OHA

ATTN: Jesse Anderson, State Plan Manager

15. DATE SUBMITTED:

**2/13/20**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 2/13/20

18. DATE APPROVED:  
March 2, 2020

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
4/1/20

20. SIGNATURE OF OFFICIAL:



21. TYPED NAME:  
James G. Scott

22. TITLE:  
Director, Division of Program Operations

23. REMARKS:

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

CASE MANAGEMENT SERVICES

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Targeted Case Management  
Family Connect® Nurse Home Visiting

Target Group:

Targeted case management (TCM) services will be provided to Medicaid eligible infants 0 through 6 months of age.

For case management services provided to individuals in medical institutions:

Target group comprised of individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

Areas of state in which services will be provided:

Entire State

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)  
Lincoln County, Malheur, Benton, Linn County

Comparability of services:

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

Services are not comparable in amount duration and scope.

1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

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TN 20-0002  
Supersedes TN 19-0003

Approval Date: 3/2/20

Effective Date: 4/1/20