

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 20-0012**

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 355  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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July 14, 2020

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-20-0012

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-20-0012. This SPA amends the current Targeted Case Management State Plan Amendment for Public Health Nurse Home Visiting to include 9 additional counties.

The SPA was approved on July 9, 2020, with the effective date of January 1, 2021, as requested. Enclosed is a copy of the CMS-179 summary form, as well as the approved page, for incorporation into the Oregon State Plan.

If there are any questions concerning this approval, please contact me or you may contact Nikki Lemmon at [nicole.lemmon@cms.hhs.gov](mailto:nicole.lemmon@cms.hhs.gov) or at (303) 844-2641.

Sincerely,

ned by James  
07.14 15:29:17

James G. Scott, Director  
Division of Program Operations

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>20-0012</b>	2. STATE Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	4. PROPOSED EFFECTIVE DATE 1/1/21	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 2021      \$ 829,568 b. FFY 2022      \$ 1,106,091
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Supplement 1 to Attachment 3.1-A, page 52

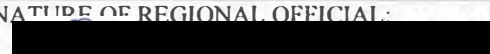
10. SUBJECT OF AMENDMENT: This transmittal is being submitted expand the TCM Family Connects Nurse Home visiting program to 9 additional counties.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED: The Governor does not wish to review any plan materials.  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Oregon Health Authority Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301  ATTN: Jesse Anderson, State Plan Manager
13. TYPED NAME Lori Coyner, MA	
14. TITLE: State Medicaid Director, OHA	
15. DATE SUBMITTED: 6/17/20	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 6/17/20	18. DATE APPROVED: 7/9/20
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/21	20. SIGNATURE OF REGIONAL 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)  
Benton, Crook, Deschutes, Gilliam, Hood River, Jefferson, Lincoln, Linn, Malheur, Wasco, Washington, Wheeler and Sherman 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 20-0012  
Supersedes TN 20-0002

Approval Date: 7/9/20

Effective Date: 1/1/21