

## **Table of Contents**

**State/Territory Name: Oregon**

**State Plan Amendment (SPA) #: 21-0002**

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 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 24, 2021

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-21-0002

Dear Mr. Allen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number OR-21-0002. This SPA amends the current Targeted Case Management State Plan Amendment for Public Health Nurse Home Visiting to include three additional counties (Baker, Clatsop and Marion).

The effective date of this SPA is February 1, 2021. 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 you may contact Nikki Lemmon at [nicole.lemmon@cms.hhs.gov](mailto:nicole.lemmon@cms.hhs.gov) or at 303-844-2641.

Sincerely,

A black rectangular redaction box covers the signature area of the letter.


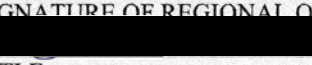
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James G. Scott, Director  
Division of Program Operations

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>21-0002</b>	2. STATE <b>Oregon</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 <b>2/1/21</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR part 440.169 and 441.		7. FEDERAL BUDGET IMPACT: a. FFY 2021      \$ 460,025 b. FFY 2022      \$ 690,038	
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 3 additional Oregon counties.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> 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  ATTN: Jesse Anderson, State Plan Manager	
13. TYPED NAME Lori Coyner, MA			
14. TITLE: State Medicaid Director, OHA			
15. DATE SUBMITTED: <b>1/29/21</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 1/28/21		18. DATE APPROVED: March 24, 2021	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 2/1/21		20. SIGNATURE OF REGIONAL OFFICIAL:  <small>Digitally signed by James G. Scott -S 2021.03.24 11:33:13 -05'00'</small>	
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)  
Baker, Benton, Clatsop, Crook, Deschutes, Gilliam, Hood River, Jefferson, Lincoln, Linn, Malheur, Marion, 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 21-0002  
Supersedes TN 20-0012

Approval Date: 3/24/21

Effective Date: 2/1/21