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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 24-0022

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

October 18, 2024

Emma Sandoe Medicaid Director Oregon Health Authority 500 Summer Street Northeast, E-65 Salem, OR 97301-1079

Re: Oregon State Plan Amendment (SPA) – OR-24-0022

Dear Dr. Sandoe:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-24-0022. This amendment proposes to expand the Targeted Case Management Family Connects Nurse Home Visiting program into Lane County.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.130(c). This letter informs you that Oregon's Medicaid SPA TN OR-24-0022 was approved on October 18, 2024, with an effective date of November 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Oregon State Plan.

If you have any questions, please contact Nikki Lemmon via email at Nicole.Lemmon@cms.hhs.gov.

Digitally signed by James G.
Scott -S
Date: 2024.10.18 16:14:45

James G. Scott, Director Division of Program Operations

Enclosures

cc: Jesse Anderson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	2 4 — 0 0 2 2 OR		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI		
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 11/1/24		
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(c)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2025 \$ 102,178 b. FFY 2026 \$ 219,523		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
Supplement 1 to Attachment 3.1-A, Page 52	Supplement 1 to Attachment 3.1-A, Page 52		
9. SUBJECT OF AMENDMENT	- !		
This transmittal is being submitted to expand the nurse home visit	ting TCM program into Lane County.		
10. 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:		
11. SIGNATURE OF STATE AGENCY OFFICIAL	RETURN TO Oregon Health Authority		
12. TYPED NAME Emma Sandoe, PhD	Medical Assistance Programs 500 Summer Street NE E-65 Salem, OR 97301		
13. TITLE Medicaid Director 14. DATE SUBMITTED	ATTN: Jesse Anderson, State Plan Manager		
10/7/24			
FOR CMS USE ONLY			
	7. DATE APPROVED		
10/7/24 PLAN APPROVED - ON	October 18, 2024		
11/1/24	19 SIGNATURE OF APPROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2024.10.18 16:15:14 -05'00'		
The state of the s	TITLE OF APPROVING OFFICIAL		
James G. Scott	Director, Division of Program Operations		
22. REMARKS			

Transmittal #24-0022 Supplement 1 to Attachment 3.1-A Page 52

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

CASE MANAGEMENT SERVICES

Targeted Case Management Family Connect® Nurse Home Visiting

Target Group:		
Targeted case management (TCM) sthrough 6 months of age.	services will be provided to	Medicaid eligible infants 0
For case management services prov	ided to individuals in med	ical institutions:
Target group comprised of indiv management services will be made stay in the medical institution.	_	
Areas of state in which services will	be provided:	
Entire State		
Only in the following geographi invoked to provide services less Baker, Benton, Clatsop, Crook, E Linn, Malheur, Marion, Wasco, V	than Statewide) Deschutes, Gilliam, Hood R	iver, Jefferson, Lane, Lincoln,
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.		
TN <u>24-0022</u> Ap	proval Date: 10/18/24	Effective Date: 11/1/24

Supersedes TN 21-0002