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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 24-0023

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 24, 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-24-0023

Dear Dr. Sandoe:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-24-0023. This amendment proposes to expand the Targeted Case Management Family Connects Nurse Home Visiting program into Polk and Yamhill 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 440.169(b). This letter informs you that Oregon's Medicaid SPA TN OR-24-0023 was approved on October 24, 2024, with an effective date of January 1, 2025.

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.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. The box is positioned over the signature line, obscuring the handwritten name.

Digitally signed by James G.
Scott -S
Date: 2024.10.24 13:01:21
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jesse Anderson

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 3

2. STATE

OR3. 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

1/1/25

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR ~~440.130(c)~~ **440.169(b)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 51,190b. FFY 2026 \$ 145,099

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 3.1-A, Page 52

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Supplement 1 to Attachment 3.1-A, Page 52

9. SUBJECT OF AMENDMENT

This transmittal is being submitted to expand the nurse home visiting TCM program into Polk and Yamhill 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

12. TYPED NAME

Emma Sandoe, PhD

13. TITLE

Medicaid Director

14. DATE SUBMITTED

10/18/24

15. RETURN TO

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

ATTN: Jesse Anderson, State Plan Manager

FOR CMS USE ONLY

16. DATE RECEIVED

10/18/24

17. DATE APPROVED

October 24, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/25

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.10.24 13:02:04 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

10/22/24 State authorizes P&I change for box 5 to read 42 CFR 440.169(b)

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) 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, Lane, Lincoln, Linn, Malheur, Marion, Polk, Sherman, Wasco, Washington, Wheeler and Yamhill 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.