# **Table of Contents**

# **State/Territory Name Oregon**

State Plan Amendment (SPA) #: 25-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

#### 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

July 30, 2025

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

Re: Oregon State Plan Amendment (SPA) – OR-25-0016

Dear Dr. Sandoe:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-25-0016. This amendment proposes to expand the nurse home visiting Targeted Case Management (TCM) services program to Coos 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. This letter informs you that Oregon's Medicaid SPA TN OR-25-0016 was approved on July 30, 2025, with an effective date of November 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 Brian Zolynas via email at <a href="mailto:Brian.Zolynas@cms.hhs.gov">Brian.Zolynas@cms.hhs.gov</a>.

Sincerely,

Shantrina Roberts, Acting Director Division of Program Operations

Enclosures

cc: Jesse Anderson, Oregon Health Authority

	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	2 5 _ 0 0 1 6 OR
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT
TO OFFITTED DIPPOTOR	SEGGINIT ACT O XIX O XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE
DEPARTMENT OF HEALTH AND HUMAN SERVICES	11/1/25
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR <del>440.130(c)</del> <b>440.169</b>	a FFY 2026 \$ 20,333 b. FFY 2027 \$ 33,264
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
7. FAGE NOWBER OF THE FEAR SECTION OR ATTACHMENT	OR ATTACHMENT (If Applicable)
	Security Control of the Control of t
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 visiting	ng TCM program into Coos County.
10. GOVERNOR'S REVIEW (Check One)	-
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	O THER, ASSIFECTIVED.
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
OF STATE AGENCY OFFICIAL 11	5. RETURN TO
OF STATE AGENCY OF TIGIAL	Oregon Health Authority
40 TYPED NAME	Medical Assistance Programs
12. TYPED NAME Emma Sandoe, PhD	500 Summer Street NE E-65
13. TITLE	Salem, OR 97301
Medicaid Director	ATTN: Jesse Anderson, State Plan Manager
14. DATE SUBMITTED	
7/15/25 FOR CMS US	SE ONLY
	7. DATE APPROVED
July 15, 2025	July 30, 2025
PLAN APPROVED - ONE	COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	
November 1, 2025	
20. TYPED NAME OF APPROVING OFFICIAL 2	1. TITLE OF APPROVING OFFICIAL Date: 2025.07.30 14:57:49 -04'00'
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	1. TITLE OF APPROVING OFFICIAL Date: 2025.07.30 14:57:49 -04'00' Acting Director, Division of Program Operations
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Transmittal #25-0016 Supplement 1 to Attachment 3.1-A Page 52

> Approval Date: <u>7/30/2025</u> Effective Date: <u>11/1/2025</u>

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

### CASE MANAGEMENT SERVICES

## <u>Targeted Case Management</u> <u>Family Connect® Nurse Home Visiting</u>

## 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, Coos, Crook, Deschutes, Douglas, 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.

TN <u>25-0016</u> Supersedes TN <u>25-0007</u>