

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
02-02

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR **MAR 18 2002**
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
February 14, 2002

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:
HCFA-PM-91-4

7. FEDERAL BUDGET IMPACT:
a. FFY \$ 0
b. FFY \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, pages 1, 2, 3, 4, 4a and 6

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6-A, pages 1, 2, 3, 4, 4a and 6

10. SUBJECT OF AMENDMENT:

This transmittal is being submitted to reflect the increase in the Federal Poverty Level.

11. 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:

Per Attachment 7.3A

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Aspen Reed for Hersh Crawford *Bobby Mink*
13. TYPED NAME: **Hersh Crawford** **Bobby Mink**

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

14. TITLE: **Administrator, OMAP** **Director, DHS**

ATTN: **Carole Van Eck**

15. DATE SUBMITTED: **3-14-02**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **MAR 18 2002**

18. DATE APPROVED: **MAR 29 2002**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
FEB 14 2002

20. SIGNATURE OF REGIONAL OFFICIAL:
LSI

21. TYPED NAME:
Bunnee Butterfield

22. TITLE: **ASSOCIATE REGIONAL ADMINISTRATOR**
DIVISION OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

POSTMARK: 3/15 **Salem**
(DATE) **(CITY/STATE)**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$ 345	\$ 310	\$ 310
2	499	395	395
3	616	460	460
4	795	565	565
5	932	660	660
6	1,060	755	755
7	1,206	840	840
8	1,346	925	925
9	1,450	985	985
10	1,622	1,090	1,090
Each Additional Person	172	105	105

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

 x 133 percent percent (no more than 185 percent)
(Specify)

<u>Family Size</u>	<u>Income Level</u>
1	\$ 982
2	1,323
3	1,665
4	2,006
5	2,347

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

INCOME ELIGIBILITY LEVELS (continued)

A. MANDATORY CATEGORICALLY NEEDY (continued)

3. Children under Section 1902(a)(10)(i)(VI) of the Act who have attained age 1 but have not attained age 6:

Effective April 1, 1990, based on 133 percent of the official Federal income poverty level.

<u>Family Size</u>	<u>Income Level</u>
1	\$ 982
2	1,323
3	1,665
4	2,006
5	2,347

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

INCOME ELIGIBILITY LEVELS (continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on up to 170 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>170% Income Level</u>
1	\$1,255
2	1,692
3	2,128
4	2,564
5	3,001

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

INCOME ELIGIBILITY LEVELS (continued)

B. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age under the provisions of Section 1902(1)(2) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$ 738
2	995
3	1,252
4	1,508
5	1,765
6	2,022
7	2,278
8	2,535
9	2,792
10	3,042

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Oregon

INCOME ELIGIBILITY LEVELS (continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who have attained 6 years of age, but not age 19, under the provisions of section 1902(1)(1) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$ 738
2	995
3	1,252
4	1,508
5	1,765
6	2,022
7	2,278
8	2,535
9	2,792
10	3,048

TN No. 02-02
Supersedes
TN No. 01-10

Approval Date _____

Effective Date 2/14/02

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State: Oregon

INCOME ELIGIBILITY LEVELS (continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The level for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of Section 1905(p)(2)(A) of the Act are as follows:

1. Non-Section 1902(f) States

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1992: 100 percent

b. Levels:

<u>Family Size</u>	<u>Income Level</u>
1	\$738
2	995