

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

1. TRANSMITTAL NUMBER:
02-07

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
JUN 17 2002

4. PROPOSED EFFECTIVE DATE
August 1, 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-85-14

7. FEDERAL BUDGET IMPACT:
a. FFY 02-03 (\$ 1,915,350)
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.18-A, page 1
Attachment 4.18-C, page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.18-A, page 1
Attachment 4.18-C, page 1

10. SUBJECT OF AMENDMENT:
This transmittal is being submitted to implement copayments for outpatient services as approved by the Oregon State Legislature.

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:
Hersh Crawford *Bobby Mink*

13. TYPED NAME: Hersh Crawford Bobby Mink

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED: *6-14-02*

16. RETURN TO:

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

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 18. DATE APPROVED: *AUG 20 2002*

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: *AUG - 1 2002* 20. SIGNATURE OF REGIONAL OFFICIAL: *151*

21. TYPED NAME: *Bunnie Butterfield* 22. TITLE: *ASSOCIATE REGIONAL ADMINISTRATOR*

23. REMARKS: *ASSOCIATE REGIONAL ADMINISTRATOR* DIVISION OF *STATE OPERATIONS*

6/15/02
(DATE) *Salem*
(CITY/STATE)

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

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount of Basis for Determination
	Deduct.	Coins.	Copay.	
Prescribed Drugs			X	\$2 for each generic prescription that is filled or refilled. \$3 for each brand prescription that is filled or refilled. ● The co-payment is based on the average payment for drug for CY 2001.
Acupuncturist			X	\$3 per visit
Physician Services			X	\$3 per visit
Alcohol and Drug			X	\$3 per visit, excludes dosing/dispensing or case management visits
Audiologist			X	\$3 per visit
Chiropractor			X	\$3 per visit
Dental Services			X	\$3 per visit, excludes diagnostic or routine cleaning
Home Health			X	\$3 per visit
Hospital outpatient			X	\$3 per visit
Ambulatory Surgical			X	\$3 per visit
Mental health			X	\$3 per visit
Naturopath			X	\$3 per visit
Nurse practitioner			X	\$3 per visit
Occupational Therapy			X	\$3 per visit
Optometrist			X	\$3 per visit
Physical Therapy			X	\$3 per visit
Speech therapy			X	\$3 per visit
Podiatrist			X	\$3 per visit

TN No. 02-07

Approval Date:

Effective Date: 8/1/02