

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

1. TRANSMITTAL NUMBER:
02-09

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

4. PROPOSED EFFECTIVE DATE
July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One): **SEP 23 2002**

- 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:
42 CFR 431.11

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 1.2-A, Pages 1-9; Attachment 1.2-B, Page 1;
Attachment 1.2-C, Page 1; Section 1, Pages 1 & 2; Pages 42
& 43

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 1.2-A, Page 1; Attachment 1.2-B, Page 1;
Attachment 1.2-C, Page 1; Section 1, Pages 1 & 2;
Pages 42 & 43

10. SUBJECT OF AMENDMENT:

This transmittal is being submitted to update the state's organization charts in the state plan.

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:

Lynn Read for Hersh Crawford *Bobby Mink*

13. TYPED NAME: Hersh Crawford Bobby Mink

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED: **9-19-02**

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

17. DATE RECEIVED:

SEP 23 2002

18. DATE APPROVED:

NOV - 5 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

ISI

21. TYPED NAME:

Bunnie Butterfield

22. TITLE:

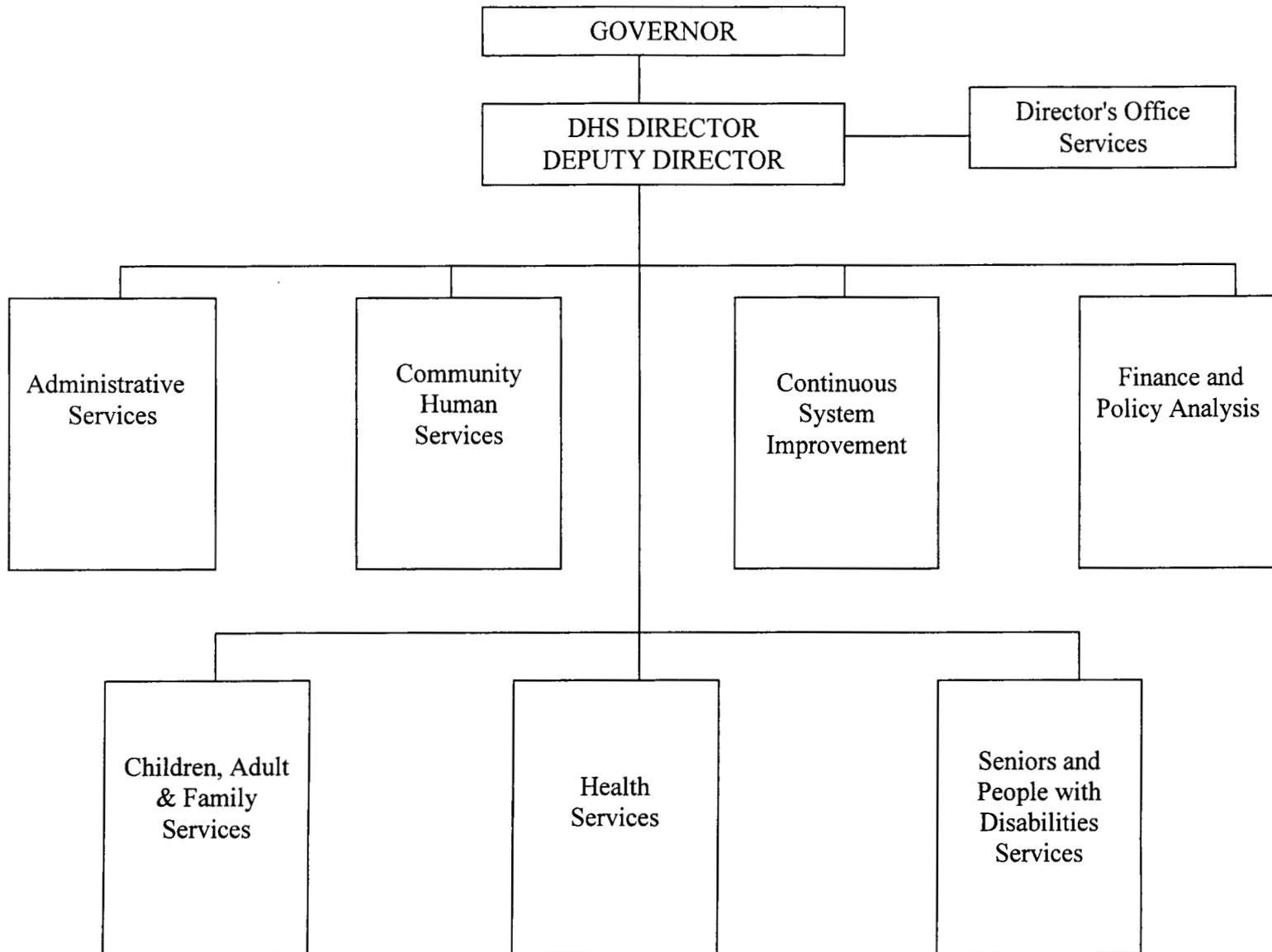
ACTING ARK

23. REMARKS:

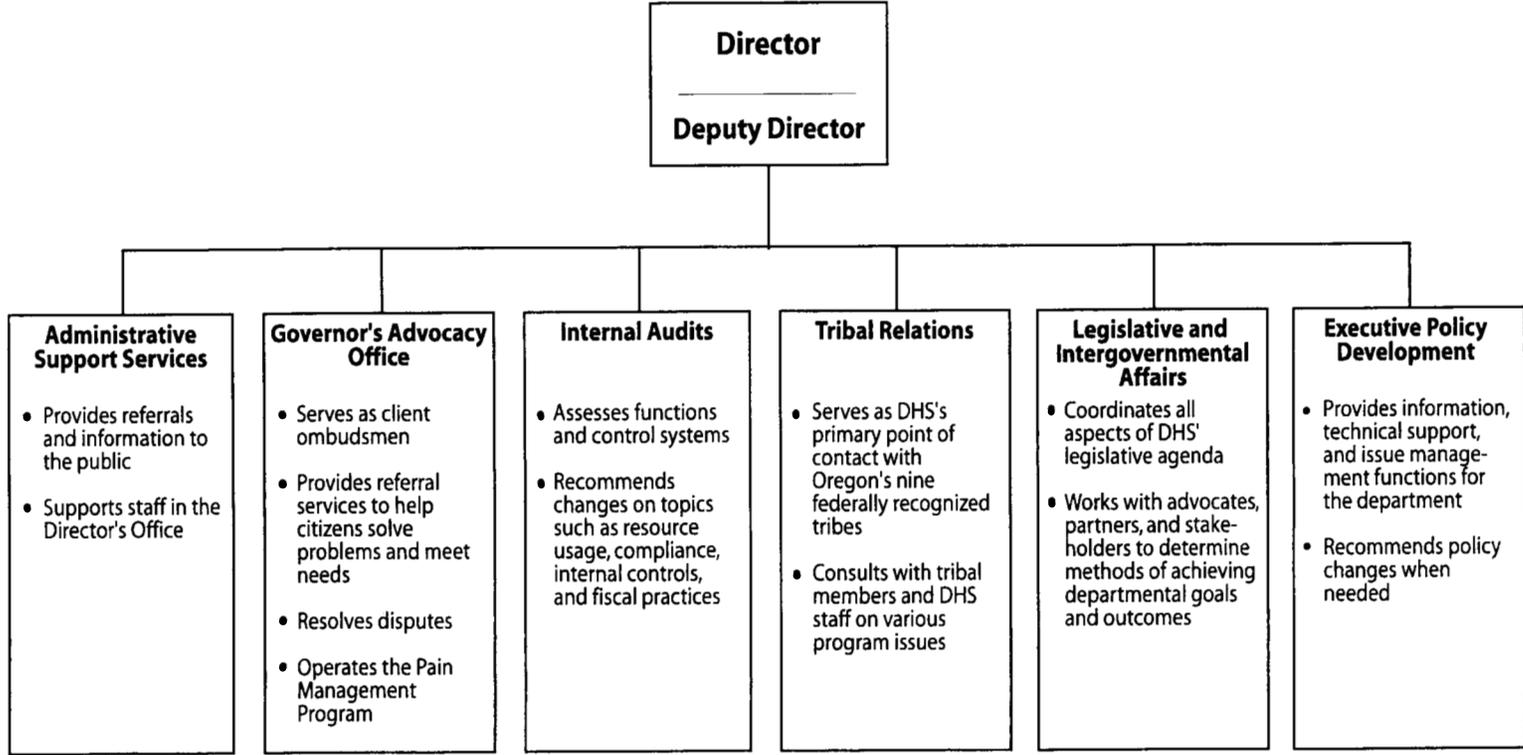
9/20 - Salem

P+I changes authorized by state on 10/29/02 for attachment
1.2B, page 1 and attachment 1.2A, page 5.

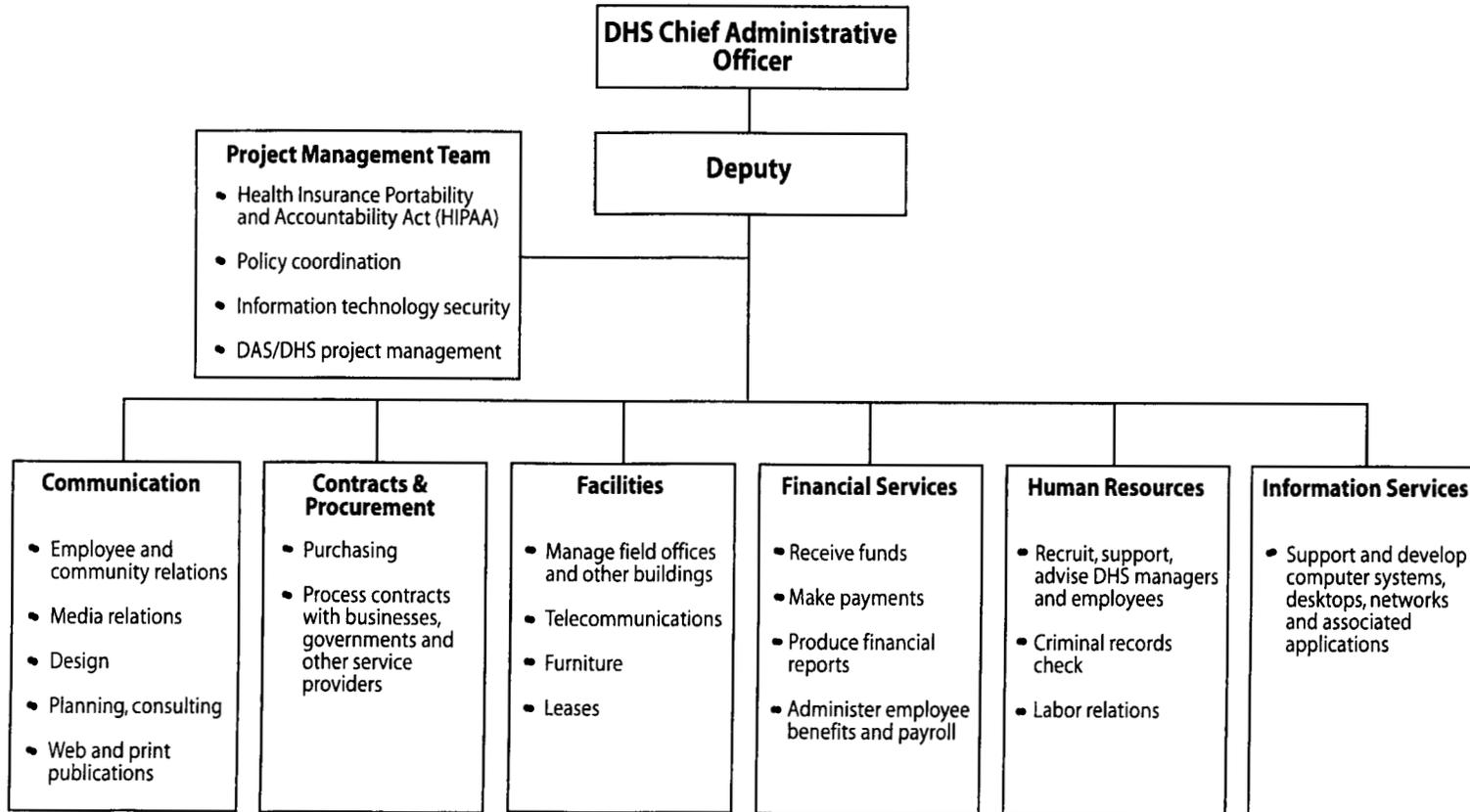
OREGON DEPARTMENT OF HUMAN SERVICES



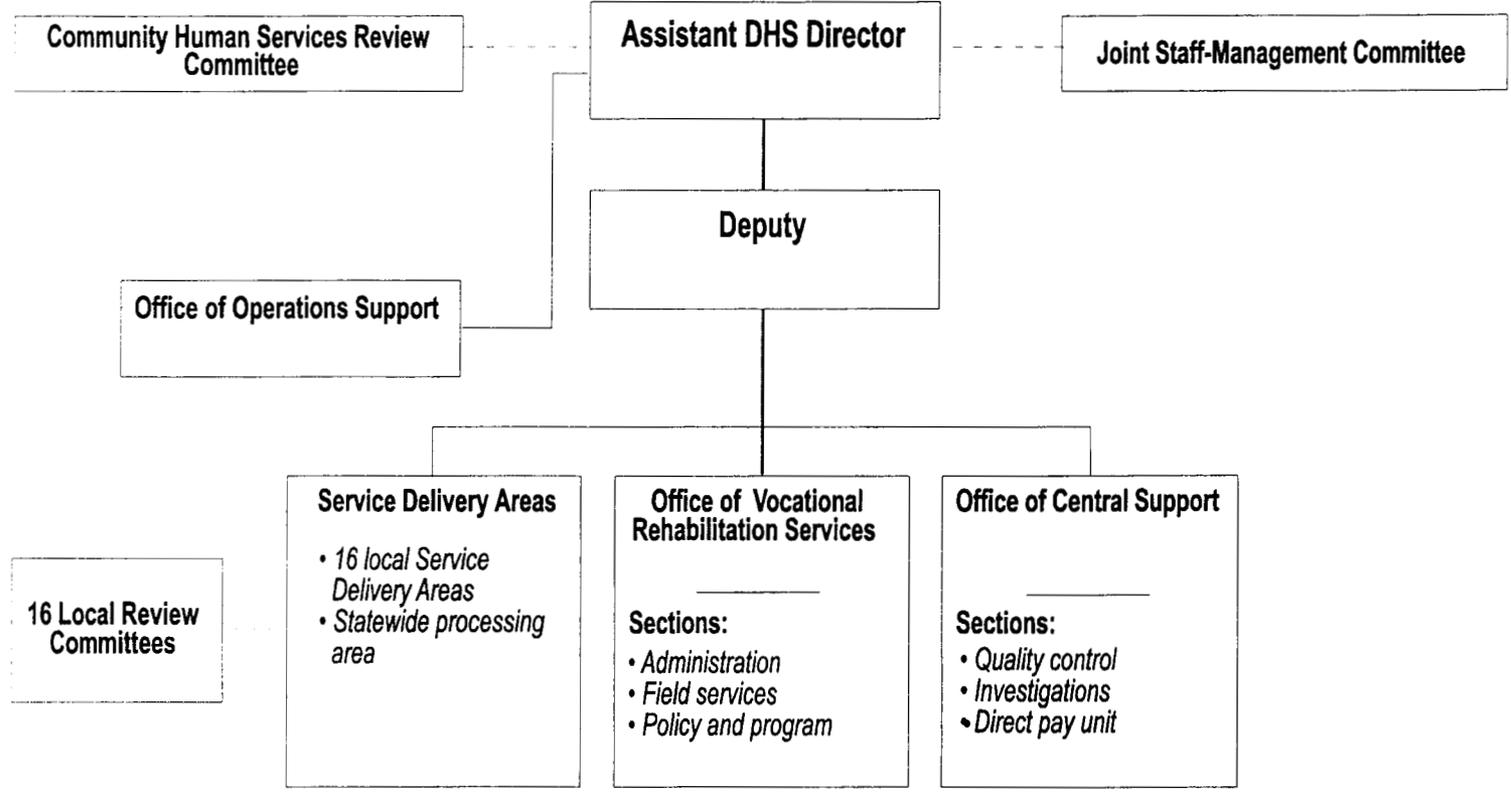
DHS Director's Office



Administrative Services



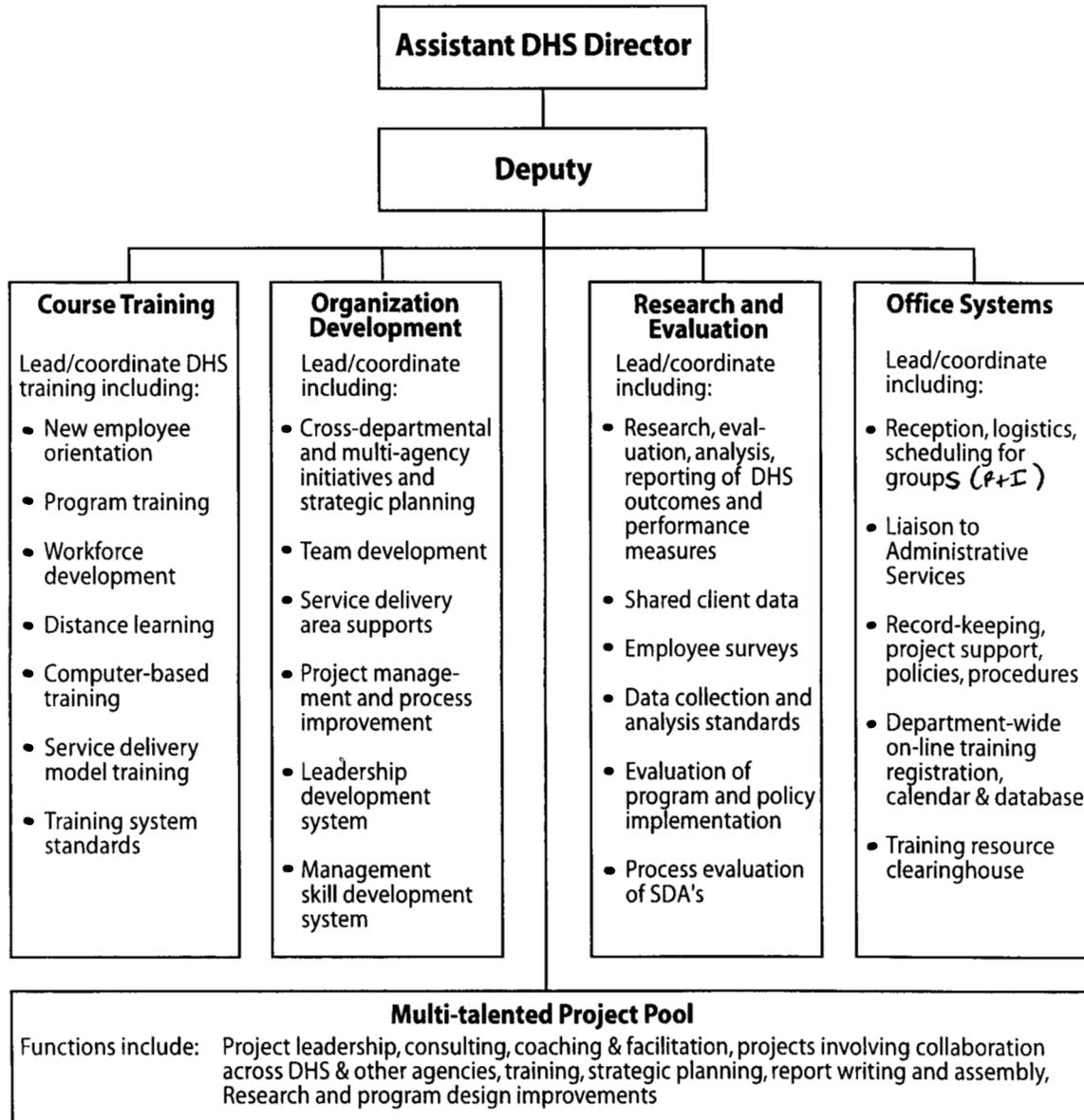
Community Human Services



TN #02-09 Approval Date _____
Supersedes TN # 99-08

Effective Date 7/1/02

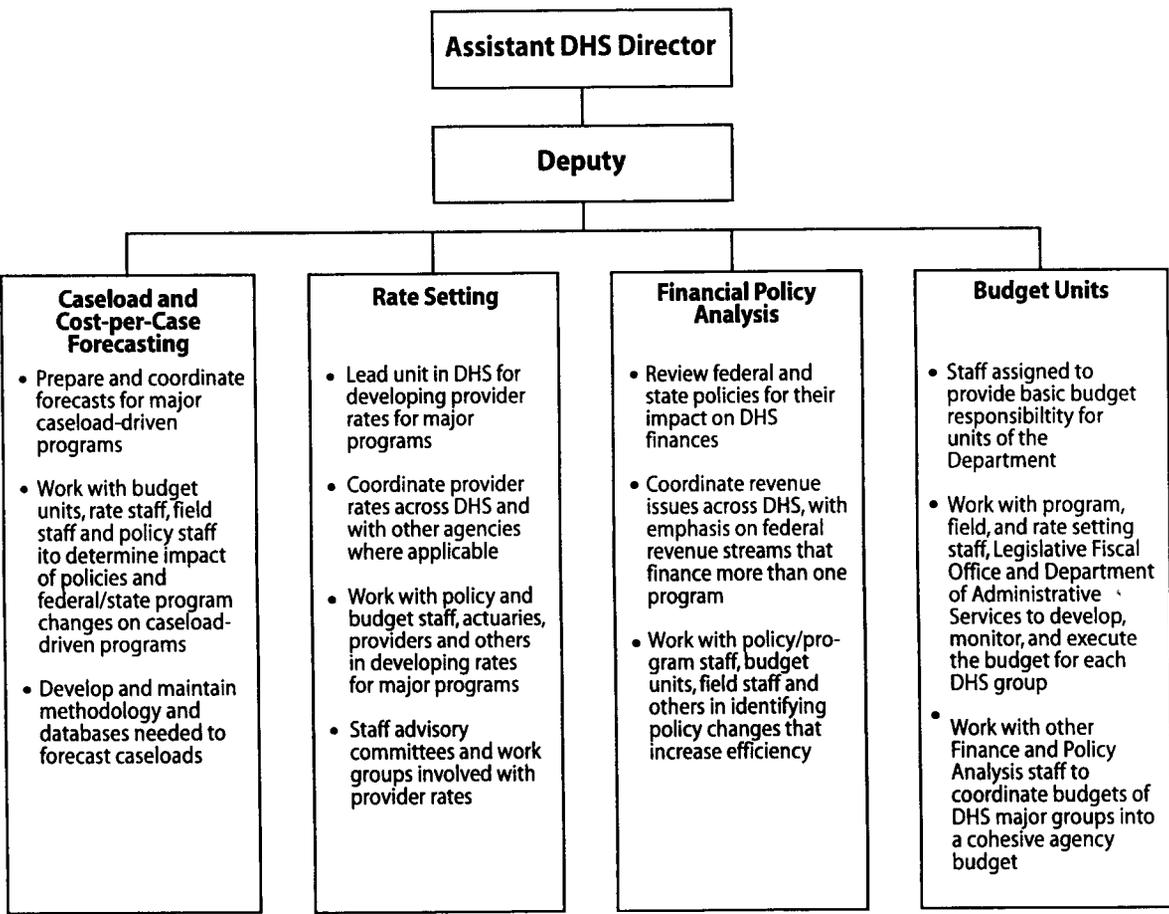
Continuous System Improvement



TN # 02-09 Approval Date _____
 Supersedes TN # 99-08

Effective Date 7/1/02

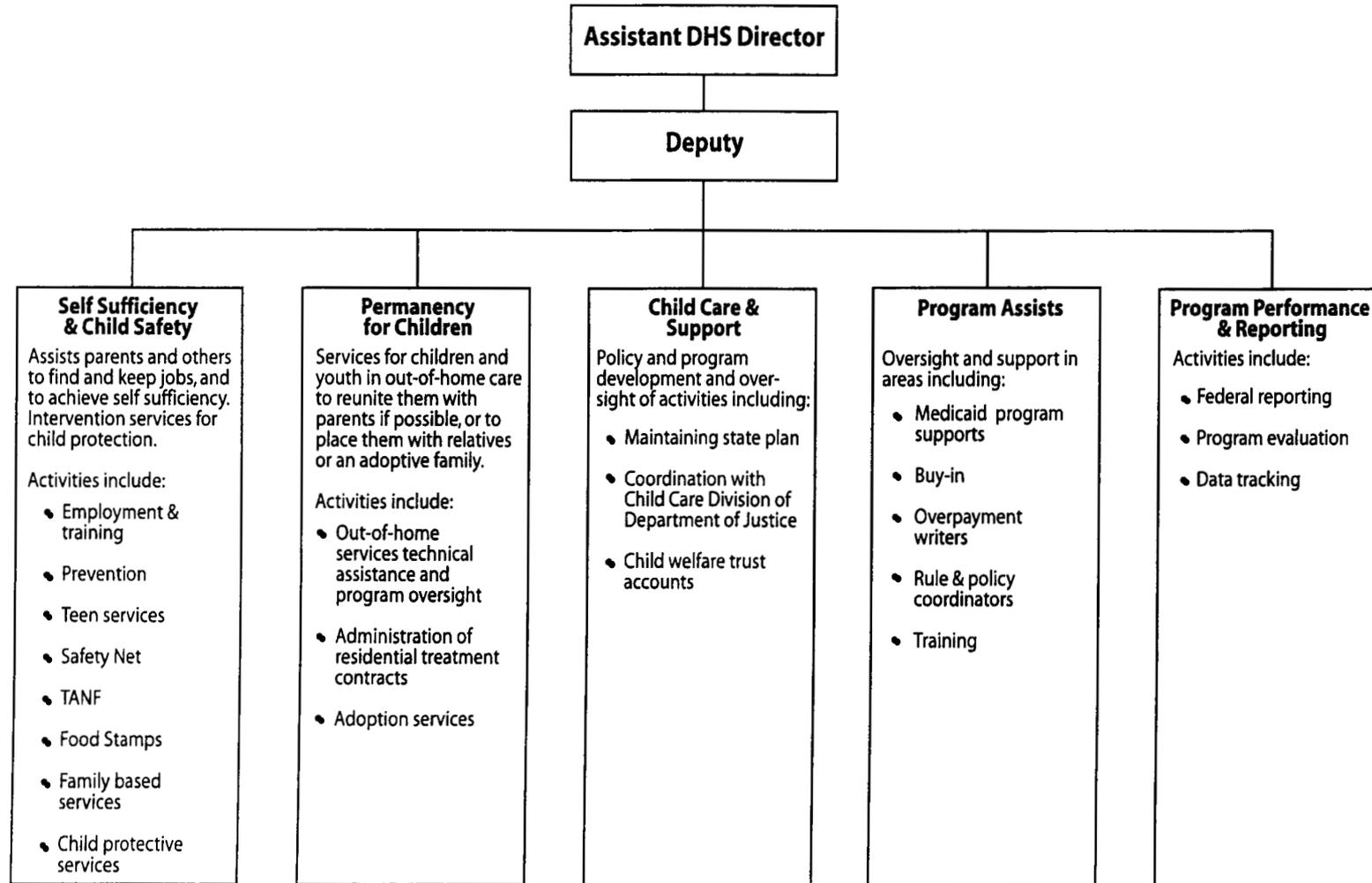
Finance and Policy Analysis



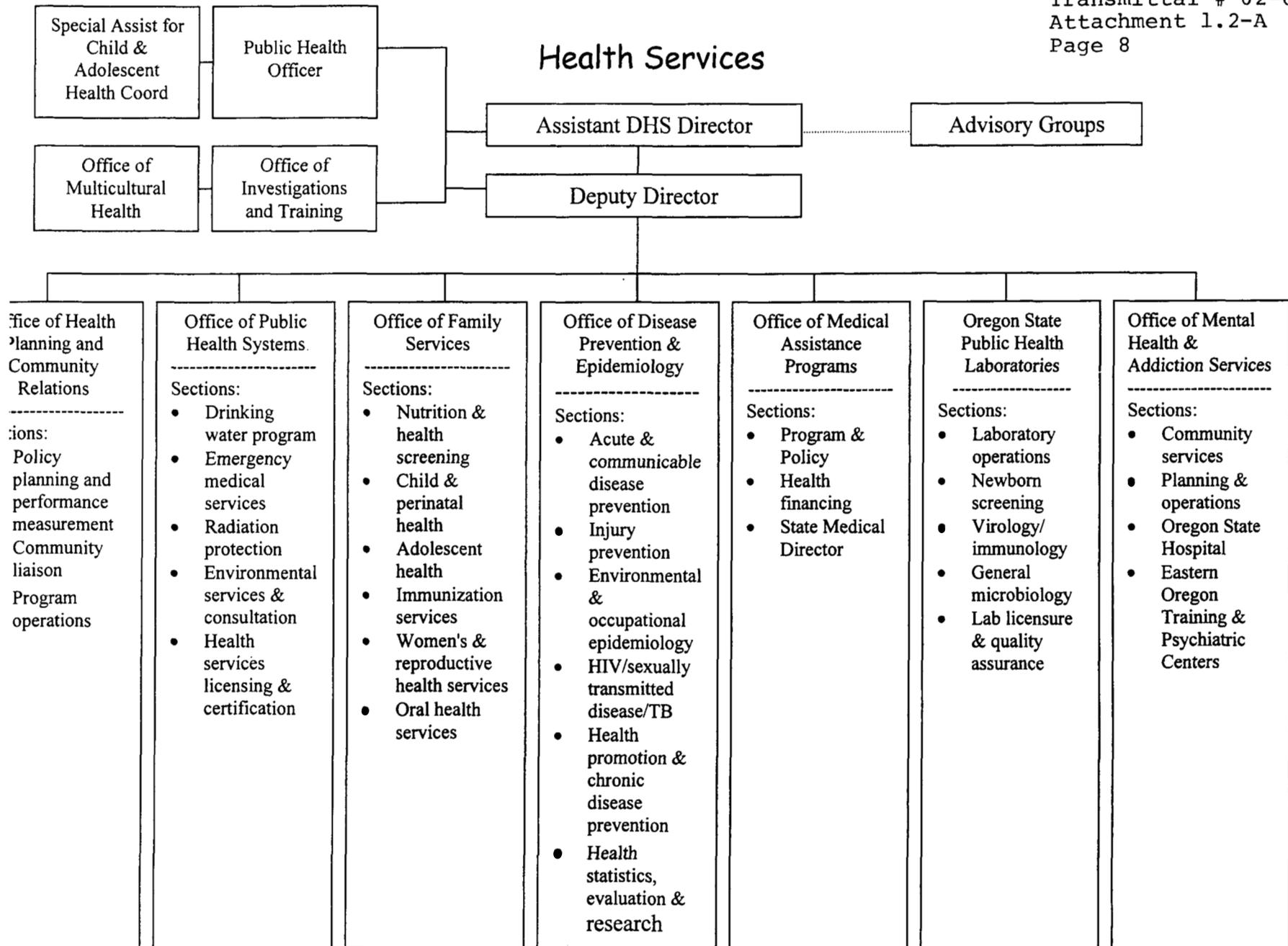
TN # 02-09 Approval Date _____
Supersedes TN # 99-08

Effective Date 7/1/02

Children, Adult and Family Services



Health Services



Health Services Office of Medical Assistance Programs

*Department of Human Services
Assistant Director for
Health Services*

Assistant Administrator

- Medical and Administrative Budget
- Legislation

Administrator

*Executive Assistant to the
Administrator*

- Legislative Tracking
- Administrative Support to the Administrator

*Office of the Medical Director
Medical Director*

- Medical Issues
- Hearings
- Transplants

*Health Financing Operations
Manager*

- MMIS Claims Processing/
(MED/ Non-Medical Prov)
- PHP Enrollment
- Prior Authorization of Medical Services
- Claims Review of Medical Services
- Data Entry
- Technical and Encounter Data Services
- OHP Benefits RN Hotline
- Premium Payments
- Provider Enrollment
- Provider-Field Liaison
- Provider Services
- AIS Hotline
- EMC

*Program and Policy
Manager*

- and Title XXI*
- Policy for Title XIX & General Assist Programs (P+I)
 - Alternative Delivery Syst. (PCO/HMO)
 - Liaison with Professional Medical Associations
 - Evaluate State & Federal Legislation
 - Coordinate Medical Activities Among Offices
 - Medical Program Management
 - Participate in Appeals & Court Actions
 - Implementation, Development & Coordination of Oregon Health Plan
 - Coordination of Managed Health Care Programs
 - Written Communication, Including Provider Guides, Rules & Publications
 - Client Advocate Services Unit

TN No. 02-09
Supersedes #99-08

Approval Date _____

Effective Date 7/1/02

STATE OF OREGON

HEALTH SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS

MEDICAL DIRECTOR:

Principal Executive Manager J	(1)	Medical Director
Program Technician 2	(3)	RNs
Office Specialist 1	(1)	Support Staff

PROGRAM AND POLICY:

Program Technician 2	(11)	RNs
Program Technician 1	(1)	Dental Hygienist
Administrative Specialist 2	(1)	Support Staff

HEALTH FINANCING OPERATIONS:

Medical Review Coordinators	(6)	RNs
Program Technician 1	(1)	Dental Hygienist
Office Specialist 1	(2)	Support Staff

Regional and branch staff who, at the local level, interpret and administer the Title XIX State Plan and who interface-with medical providers and clients. This would include Registered Nurses in the field who communicate with the medical community regarding problems being experienced by clients.

TN # 02-09
Supersedes # 90-02

Date Approved:

Effective Date: 7/1/02

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

Transmittal #02-09
OMB No. 0938-
Section 1, Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: OREGON

Citation As a condition for receipt of Federal funds under title XIX of the Social Security Act, the
42 CFR
430.10 Department of Human Services
(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

TN No. 02-09
Supersedes TN No. 91-25

Approval Date

Effective Date 7/1/02

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Oregon

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Department of Human Services is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1. 1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN No. 02-09
Supersedes TN No. 76-13

Approval Date

Effective Date 7/1/02

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Oregon

Citation

42 CFR 431.610

AT-78-90

AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is The Department of Human Services.*
- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): The Department of Human Services.
- _____
- _____
- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

* Senior Services Division for nursing facilities, Health Division for all others

TN No. 02-09

Approval Date

Effective Date 7/1/02

Supersedes TN No. 87-33

