



Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

**APR 04 2011**

Bruce Goldberg, MD, Director  
Oregon Health Authority  
Human Services Building  
500 Summer Street Northeast, E-15  
Salem, Oregon 97301-1097

**RE: Oregon State Plan Amendment (SPA) Transmittal Number 11-001**

Dear Dr. Goldberg:

The Centers for Medicare & Medicaid Services has completed its review of the Oregon State Plan Amendment (SPA) Transmittal Number 11-001.

The SPA was submitted by the State to reflect the restructuring of the Department of Human Services and establishing the Oregon Health Authority as the single state Medicaid agency.

This SPA is approved effective June 30, 2011, as requested by the State.

If you have any questions concerning this SPA, please contact me, or have your staff contact Wendy Hill Petras at (206) 615-3814 or [wendy.hillpetras@cms.hhs.gov](mailto:wendy.hillpetras@cms.hhs.gov).

Sincerely,

Barbara K. Richards  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Judy Mohr Peterson, Administrator

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

1. TRANSMITTAL NUMBER:  
**11-01**

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  
6/30/11

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:  
42 CFR 431.10, 431.11, 431.12, 438.104 431.50(b),  
431.610, 433.34, 430.12. 45 CFR parts 80&84, 1902(a),  
1928 of the Act

7. FEDERAL BUDGET IMPACT:  
a. 2011 \$ (0)  
b. 2012 \$ (0)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Section 1, ~~page 1-9, 9a, 9b~~ **pages 1-3, 5, 7 (P+I)**  
Attachment 1.1-A, page 1  
Attachment 1.2-A, page 1,2  
Attachment 1.2-B, page 1,2  
Attachment 1.2-C, page 1  
Attachment 1.2-D, page 1  
~~Attachment 2.2 A, page 1,2,2a,3,3a~~ **(P+I)**  
Section 4.11, page 42  
Attachment 4.11-A, page 1  
Attachment 4.22-A, page 4  
Section 6.2, page 84  
Section 7.2, page 87  
Attachment 7.2-A, page 1-6  
Section 7.4, page 89

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Section 1, ~~page 1-9, 9a, 9b~~ **pages 1-3, 5, 7, (P+I)**  
Attachment 1.1-A  
Attachment 1.2-A, page 1-9  
Attachment 1.2-B, page 1  
Attachment 1.2-C, page 1-4, 4a, 4b, 4c  
  
~~Attachment 2.2 A, page 1,2,2a,3,3a~~ **(P+I)**  
Section 4.11, page 42  
Attachment 4.11-A, page 1  
Attachment 4.22-A, page 4  
Section 6.2, page 84  
Section 7.2, page 87  
Attachment 7.2-A, page 1-6  
Section 7.4, page 89

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reflect the restructuring of the Department of Human Services and establishing the Oregon Health Authority as the single state Medicaid agency.

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:

12. SIGNATURE OF STATE AGENCY OFFICIAL: 

13. TYPED NAME Judy Mohr Peterson ~~Brace Goldberg~~ MD

14. TITLE: Administrator, DMAP Director, DHS

15. DATE SUBMITTED: **1-7-11**

16. RETURN TO:  
Division of Medical Assistance Programs  
Department of Human Services  
500 Summer Street NE E-35  
Salem, OR 97301  
  
ATTN: Jesse Anderson, State Plan Manager

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **JAN 07 2011**

18. DATE APPROVED: **APR 04 2011**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JUN 30 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Barbara K. Richards**

22. TITLE: Associate Regional Administrator  
Division of Medicaid &  
Children's Health

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

Transmittal # 11-01  
OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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Citation As a condition for receipt of Federal funds under title XIX of the Social Security Act, the

42 CFR  
430.10

Oregon Health Authority  
(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.

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TN No. 11-01  
Supersedes TN No. 02-09

Approval Date

**APR 04 2011**

Effective Date: 6/30/11

HCFA ID: 7982E

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation  
42 CFR 431.10  
AT-79-29

1.1 Designation and Authority

(a) The Oregon Health Authority 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.

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TN No. 11-01  
Supersedes TN No. 02-09

Approval Date  
**APR 04 2011**

Effective Date: 6/30/11

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

Transmittal #11-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

Citation  
Sec. 1902(a)  
of the Act

1.1 (b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is  
The Department of Human Services  
This agency has a separate plan covering that portion of the State Plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN No. 11-01

Approval Date:

Effective Date: 6/30/11

Supersedes TN No. 80-11

**APR 04 2011**

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

Citation

42 CFR 431.10  
AT 79-29

1.1(d)

The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.

Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

TN No. 11-01

Approval Date:

Effective Date: 6/30/11

Supersedes TN No. 80-11

**APR 04 2011**

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

Citation  
42 CFR 431.11  
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Division of Medical Assistance Programs has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.
- Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN No. 11-01  
Supersedes TN No. 90-02

Approval Date:

Effective Date: 6/30/11

**APR 04 2011**

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: 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 Oregon Health Authority.
- (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 Oregon Health Authority.
- (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 Centers for Medicare and Medicaid Services on request.

TN No. 11-01  
Supersedes TN No. 02-09

Approval Date:

Effective Date: 6/30/11

**APR 04 2011**

Revision: HCFA-AT-81- (BPP)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance ProgramState/Territory: OREGON

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Citation

6.2

Cost Allocation42 CFR 433.34  
47 FR 17490

There is approved cost allocation plans on file with the Oregon Health Authority and the Department of Human Services in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

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TN No. 11-01  
Supersedes TN No. 82-15

Approval Date:

Effective Date: 6/30/11**APR 04 2011**

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

Transmittal #11-01  
OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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<u>Citation</u>	7.2	<u>Nondiscrimination</u>
45 CFR Parts 80 and 84		<p>In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.</p> <p>The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in <u>ATTACHMENT 7.2-A</u>,</p>

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TN No. 11-01  
Supersedes TN No. 91-25

Approval Date:

Effective Date: 6/30/11

**APR 04 2011**

HCFA ID: 7982E

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

Transmittal #11-01  
OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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Citation            7.4            State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

- Not applicable. The Governor--
- Does not wish to review any plan material.
- Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Oregon Health Authority  
(Designated Single State Agency)

Date: 1-4-11

 /s/  
(Signature)

*for*  
Bruce Goldberg, MD, Director  
Oregon Health Authority

\_\_\_\_\_  
(Title)

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TN No. 11-01  
Supersedes TN No. 91-25

Approval Date:

Effective Date: 6/30/11

**APR 04 2011**

HCFA ID: 7982E

Transmittal # 11-01  
Attachment 1.1-A

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

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

a. The Oregon Health Authority is the single State agency responsible for:

administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

ORS 413.032

(statutory citation)

supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on political subdivisions administering the plan is

(statutory citation)

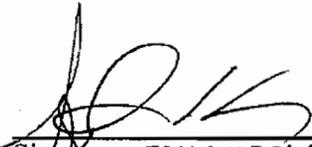
b. A waiver (waivers) of the single State agency requirement

has (have) been granted, as set forth in ATTACHMENT 1.1B.

has (have) not been granted.

Date

12/13/10

  
Signature JOHN K. RODER  
Title ATTORNEY GENERAL

TN No. 11-01

Approval Date:

**APR 04 2011**

Effective Date: 6/30/11

Supersedes TN No.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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OREGON HEALTH AUTHORITY FUNCTION OVERVIEW

Creation of the Oregon Health Authority

The Seventy-Fifth Oregon Legislative Assembly passed House Bill 2009, signed into law by the Governor in June of 2009, creating the Oregon Health Authority. The Oregon Health Authority is designated as the state Medicaid agency for the administration of funds from Title XIX of the Social Security Act. Legal authority for the Oregon Health Authority to administer Medicaid is found in Oregon Revised Statute chapter 413.

As the Single State Agency, OHA has final authority over Medicaid programs and has the power to exercise administrative discretion in the administration and supervision of the Medicaid State Plan. OHA duties generally include but are not limited to: Developing the policies for and the provision of publicly funded medical care and medical assistance in this state; Ensuring the promotion and protection of public health and the licensing of health care facilities; Developing the policies for and the provision of mental health treatment and treatment for substance use disorders.

The Oregon Health Authority has Interagency Agreements in place with the Department of Human Services for the determination of Medicaid eligibility and other administrative or operational functions related to the State Medicaid Program as necessary and appropriate.

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TN No. 11-01

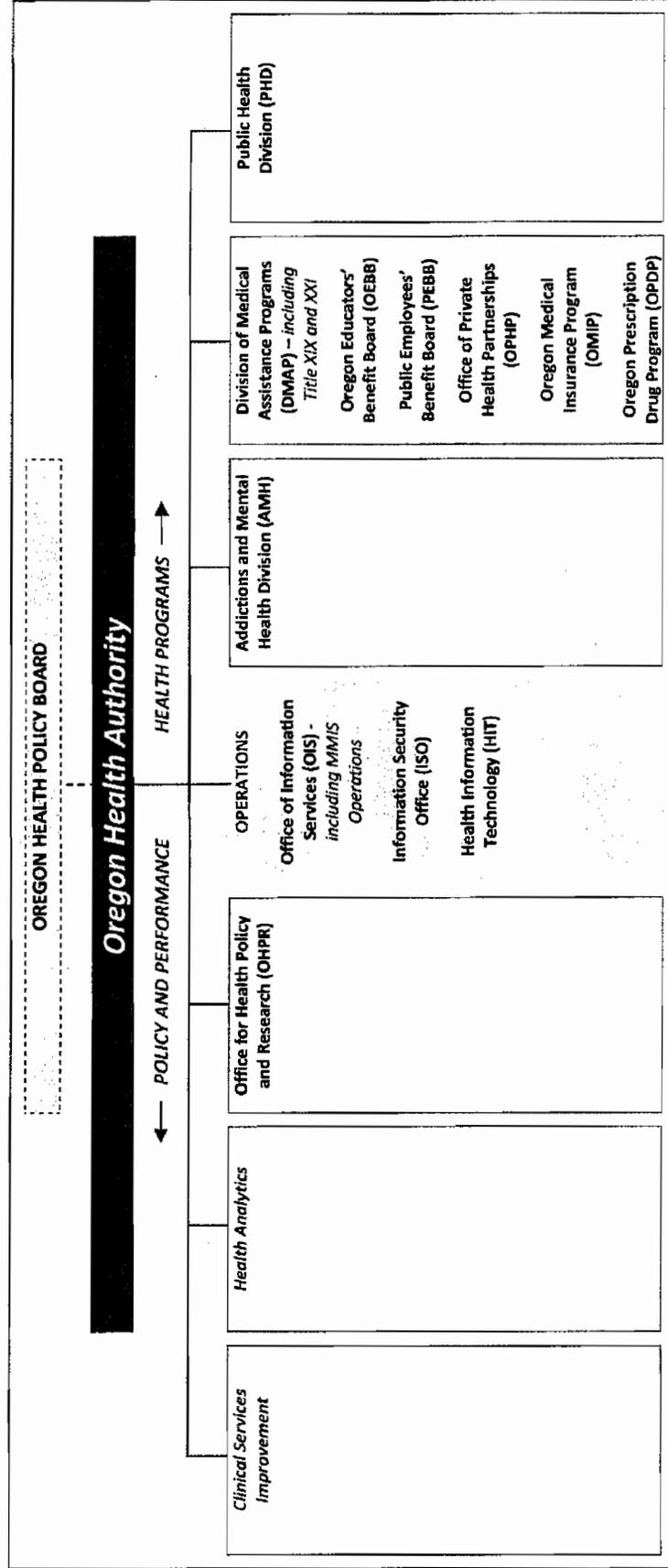
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT



TN No. 11-01

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**APR 04 2011**

Effective Date: 6/30/11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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OREGON HEALTH AUTHORITY FUNCTION OVERVIEW

Medical Assistance Unit Operations:

This division has primary responsibility of day-to-day operation of the Medicaid program and coordination with other entities. Specific responsibilities within the Division of Medical Assistance Programs include overseeing Program Operations which includes but is not limited to:

- Program and Policy development;
- Coordination with the Department of Human Services;
- Operating a grievance and appeals function;
- Quality assurance monitoring;
- Claims adjudication;
- Provider and client relations;
- Implementing and revising the state plan;
- Overseeing research and evaluation activities;
- Overseeing managed care activities and monitoring;
- Information services;
- Medical & clinical review.

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TN No. 11-01

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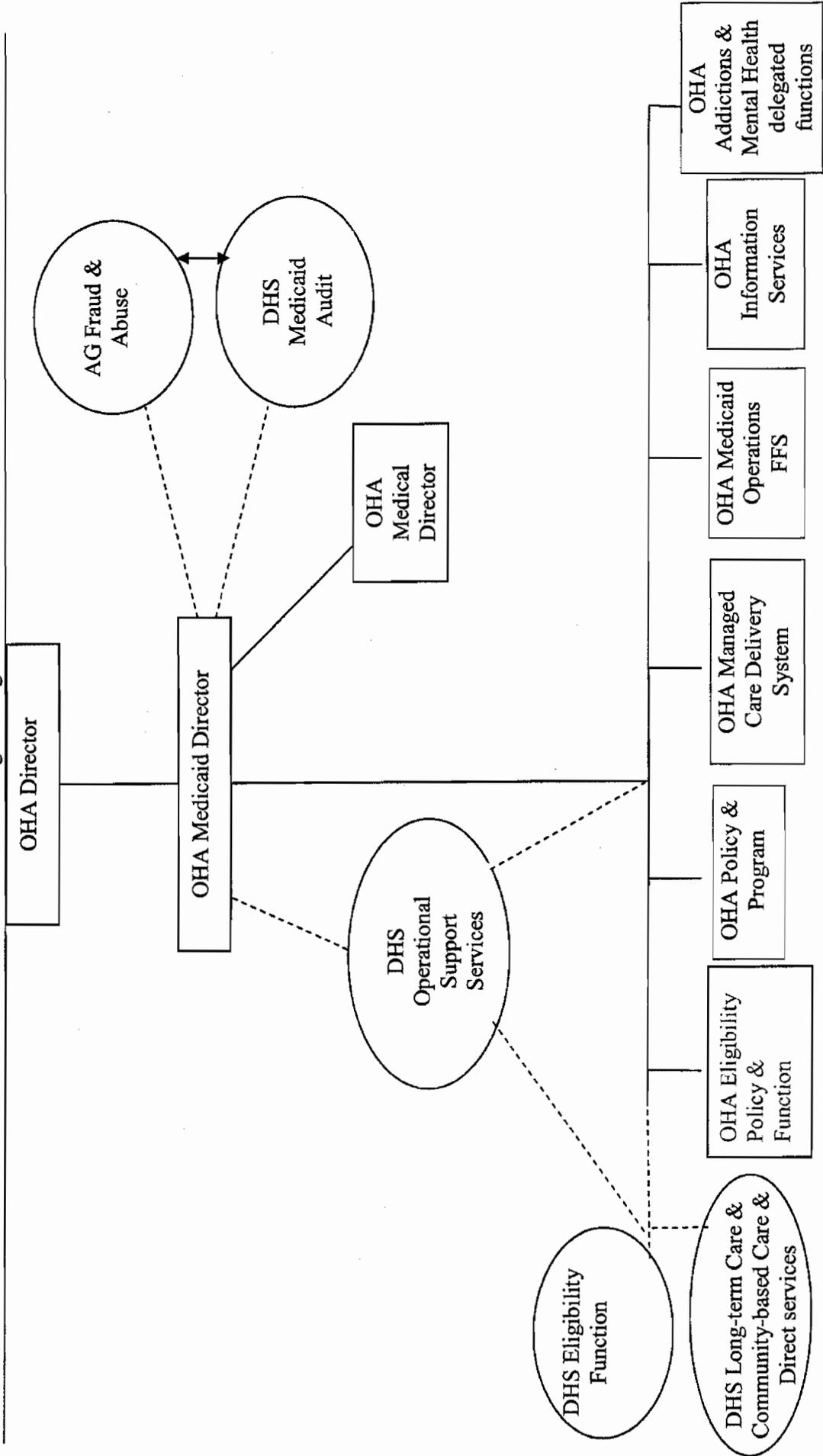
Effective Date: 6/30/11

Supersedes TN No. 02-09

**APR 04 2011**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program Organizational chart

--- represents an IGA  
between agencies



Effective Date: 6/30/11

Approval Date:

**APR 04 2011**

TN No. 11-01  
Supersedes TN No. 02-09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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Federal Financial Participation Staff Time Allocation

The Oregon Health Authority and the Department of Human Services use an electronic system to determine the Federal Financial Participation (FFP) allocations for staff. All staff enter data into the reporting system on a monthly basis and their time is allocated to categories such as:

- Approved Advance Planning Documents (APD);
- Drug Utilization Review(DUR);
- Family Planning;
- MMIS Operations;
- HIT planning costs;
- TPR recovery procedures;
- Regular Medicaid Administration; and
- Skilled Medical Professional.

Staff are instructed that only skilled medical professionals may claim time in that category. Staff must complete their time reporting for each month by the 10<sup>th</sup> day of the following month.

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TN No. 11-01  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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Eligibility Determinations

Pursuant to Oregon State Law, and as permitted by Medicaid law, the OHA and the Department of Human Services (DHS) have established an agreement regarding the provision of eligibility determination for the Medicaid program. OHA, will establish and implement eligibility policy and procedures across both OHA and DHS Medicaid/CHIP programs consistent with federal statutes and regulations, Both OHA and DHS may have have eligibility determination responsibilities. The agreement defines the roles and responsibilities of the OHA, The Single State Agency, as the administrator of the Medicaid State Plan and the DHS, Title IV-A Agency, as an eligibility determination agency for the Medicaid program.

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**APR 04 2011**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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The standards specified in paragraphs (a) and (b) on page 42 of the Plan are:

Surveys are conducted in accordance with the Interagency Agreement between the Oregon Health Authority (OHA) and the Department of Human Services (DHS).

The Department of Human Services conducts Medicare and Medicaid qualifying surveys on a schedule that meets criteria established by the Centers for Medicare and Medicaid Services (CMS). Additional standards for which Long-term Care Facilities are accountable are found in Oregon Revised Statutes (ORS) section 441.

The Department of Human Services, Seniors and People with Disabilities division is responsible for nursing facilities.

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TN No. 11-01

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**APR 04 2011**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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(3) The requirement in 433.138(g)(2)(ii) is met, as follows:

A. Health Insurance

Oregon Health Authority has an Agreement with the Department of Human Services staff that obtain health insurance information from applicants for and recipients of Medicaid. Such information is gathered during the initial application for assistance and at each subsequent redetermination of eligibility, or at any other time that new information becomes known. Information may include, but is not limited to, the policy holder's name and social security number, the group or plan number, the policy or identification number, and the name and address of the insurance company.

Eligibility staff in branch offices of these Divisions and in Type B AAA offices are responsible for assuring that all available information is recorded on a designated Form (DHS 415H), and sending a copy of the completed form to the Health Insurance Group . The branch office retains the original form in the client's case record file.

The Health Insurance Group staff verify the information on the form and then enter the information into the MMIS Recipient Subsystem, Third Party Liability (TPL) File. If the branch enters a Medicare health insurance code (HIC) on the eligibility file, the Medicare insurance information is electronically transferred to the Medicare file in MMIS.

Third Party Health insurance information may also be identified by staff, through such sources as the Title IV-D Child Support Program, BENDEX, DEERS, or provider billings or refunds that indicate health insurance. In such cases, Health Insurance Group staff obtain all available information, and enter the information into the MMIS Third Party Liability file. The Buy-In Unit verifies the electronically transferred Medicare insurance in the Medicare file.

The MMIS System uses the third party health insurance information in processing claims, in accordance with 433.139(b) through (f).

MMIS generates monthly reports to the Health Insurance Group and the Medical Payment Recovery Unit for review of recovery potential whenever new insurance is added and whenever there is a change in the effective date of known insurance.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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I. PURPOSE

This plan outlines procedures and policies by which DHHS funded Agencies comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 as amended and Age Discrimination Act of 1975.

II. POLICY

Under the provisions of Title VI, Civil Rights Act of 1964 (42 USC 2000 d. et. seq.) with 45 CFR Part 80, Section 504 of the Rehabilitation Act of 1973 (29 USC 706) with 45 CFR Part 84 (Sub-parts A,b,C, and F), and the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seg.) with 45 CFR Part 90 no individual shall, on the grounds of race, color, national origin, or persons with disabilities, or age shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under federally assisted programs and activities for which the Oregon Health Authority has responsibility. This same policy of non-discrimination is equally applicable to all OHA contractors, grantees, agents, and providers of services funded in whole or in part with Federal Funds from the Department of Health and Human Services.

A. This policy encompasses in scope and application the civil rights of employee, clients, recipients, applicants, and beneficiaries of DHHS-funded programs operated by or in behalf of the OHA.

B. Title VI of the Civil Rights Act prohibits acts of discrimination based on race, color, and national origin.

C. Section 504 of the Rehabilitation Act prohibits discrimination based on handicap. The term "Persons with disabilities" includes such diseases or conditions as: speech, hearing, visual and orthopedic impairments, cerebral palsy, epilepsy, muscular dystrophy, HIV, multiple sclerosis, cancer, diabetes, heart disease, mental retardation, emotional illness; and specific learning disabilities such as brain dysfunction, and developmental aphasia. Alcohol and drug addicts are also considered individuals with disabilities.

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**APR 04 2011**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

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D. The age discrimination act prohibits discrimination based on age in programs or activities.

The Age Discrimination Act prohibits discrimination based on age in programs of activities. The Act and the implementing regulations contain certain exceptions to the broad provision against discrimination. A program is permitted to use age distinctions in programs which have been "established under any law" such as the programs authorized by the Older Americans Act.

A facility is also permitted to take action based on age distinctions, if the action reasonably takes into account ages as a factor necessary to the normal operation or the achievement of any statutory objective of a program or activity. An action reasonably takes into account age as a factor if all the four conditions are met. These factors are referred to as the "Four Part Test".

1. Age is used as a measure or approximation of one of more other characteristics; and
2. The other characteristic(s) must be measured or approximated in order for the normal operation of the program or activity to continue, or to achieve any statutory objective of the program or activity; and
3. the other characteristic(s) can be reasonably measure or approximated by the use of age; and
4. The other characteristic(s) are impractical to measure directly on an individual basis.

III. ASSIGNMENT OF RESPONSIBILITY FOR IMPLEMENTATION OF TITLE VI AND SECTION 504, AND THE AGE DISCRIMINATION ACT.

Director

The OHA Director, shall designate an Individual(s) responsible for overseeing Title VI and 504 and the Age Discrimination Act.

OHA Director, managers and supervisors all have responsibilities to carry out Title VI, 504 and Age Discrimination compliance activities.

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TN No. 11-01

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

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IV. TITLE VI AND SECTION 504 ORIENTATION AND/OR TRAINING

The OHA Director, managers and supervisors convey to all staff their responsibilities under Title VI, Section 504 and the Age Discrimination Act. This is accomplished by providing, as part of a new employee's orientation and periodic retaining of permanent employee, information regarding the obligation, intent, and meaning of Title VI, Section 504 and the Age Discrimination Act.

Staff who have contact with program beneficiaries are aware of the ethnic, cultural, and language differences that may have important impact on the delivery of services to minority persons; and the needs of the handicapped, including any barriers to their full participation in the agency's program; and actions that result in denying or limiting services or otherwise discrimination on the basis of age. This is accomplished in a variety of ways, including training sessions and distribution of written information.

V. TITLE VI, AND SECTION 504 AND AGE DISCRIMINATION ACT COMPLIANCE BY OTHER PARTICIPANTS

The OHA recognizes that its obligations for compliance extend to its service vendors, service contractors, and other providers of services, financial aid, and other covered benefits under the agency's DHHS-funded programs. The OHA assures that such participants in its DHHS-funded programs comply with Title VI, Section 504, the Age Discrimination Act and their respective Regulations.\*

VI. TITLE VI, AND SECTION 504 AND AGE DISCRIMINATION ACT COMPLIANCE POLICY AND PROCEDURE.

OHA has an established client complaint policy and procedure.\*

\*Details for individual policies can be found in the OHA office of Multicultural Health and Services.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: OREGON

VII. RECRUITMENT AND EMPLOYMENT PRACTICES (TITLE VI AND SECTION 504)

Regarding Title VI, where the primary objective of the federal financial assistance to an OHA Division is to provide employment, the responsible agency has developed policies and procedures to assure that all recruitment and employment practices for positions provided with such federal financial assistance do not discriminate on the basis of race, color, or national origin.

Even where the primary objective of the federal financial assistance is not to provide employment, the agency has policies and procedures to help assure that its employment practices do not have the effect of causing discrimination in the delivery of services and benefits under its programs. -

Regarding 504, the agency has policies and procedures to assure that no qualified "persons with disabilities" shall, on the basis of handicap, be subjected to discrimination in employment regardless of the primary objective of the federal financial assistance.

The agency has policies to assure that training and educational leave are provided to its employee in a non-discriminatory manner.\*

VIII. PLANNING, ADVISORY, AND POLICY BOARDS

OHA assures that the opportunity to participate as members of planning, advisory, and policy boards, appointed or recommended by agents of the agency, which are integral parts of its program, is available to all persons in non-discriminatory manner.

IX. CONTINUING COMPLIANCE

OHA has procedures for monitoring all aspects of its operation to assure that no policy or practice is, or has the effect of, discriminating against beneficiaries or other participants on the basis of race, color, national origin, or handicap, or age. Procedures have been established to review all new and existing policies to determine compliance of such policies with title VI, and Section 504, and the Age Discrimination Act.\*

\*Details for individual policies can be found in the OHA office of Multicultural Health and Services,

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X. PROGRAM ACCESSIBILITY

OHA assures that no qualified person with disabilities shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any of its programs or those of its vendors, because the facilities are inaccessible, or unusable by persons with disabilities.

The Authority shall set forth procedures for assuring that any facility or part of any facility which is constructed or altered by, on behalf of, or for their use, is made readily accessible to and usable by persons with disabilities.

OHA assures that no person, on the basis of age, be denied the benefits of, be excluded from participation in, or be subject to discrimination. Any Policies which omit programs or activities on the basis of age must describe how the policy or practice takes into account age as a factor necessary to the normal operation or the achievement of a statutory objective of the program or activity. The description should include all the factors in the "Four Part Test".

XI. CORRECTIVE REQUIREMENTS

The agency can take corrective action to overcome the effects of prior discrimination in instances where the agency, or its service vendors have previously discriminated against clients on the grounds of race, color, national origin, religion, sex, handicap, or age.

Even in the absence of such prior discrimination, a agency may take corrective action to overcome the effects of conditions which resulted in limiting service participation by persons of a particular race, color, national origin, or handicap, or age.

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XII. COMPLIANCE RECORDS

The agency is responsible for collection and maintenance of racial/ethnic data which will show the extent to which minority persons are participating in all aspects of the agency's DHHS-funded programs; i.e., day care, clinics, hospitals, sheltered workshops, etc. The agency requires such data and information from vendors (see section on compliance by other participants).

Each agency shall make available to the Office for Civil Rights all data and information necessary to determine that agencies compliance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act; and its implementing Regulation, as well as the compliance status of its vendors. This information shall be reviewed by the OHA Director, prior to submission to the Office for Civil Rights.

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