

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>1 0 - 3 1</b>	2. STATE <b>Oklahoma</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>April 1, 2010</b>
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS A NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.10</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> b. FFY <u>2011</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B Page 18</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Delete</b>
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10. SUBJECT OF AMENDMENT


**Delete obsolete page**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State Plan material.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO  <b>Oklahoma Health Care Authority Attn: Cindy Roberts 4545 N. Lincoln Blvd., Suite 124 Oklahoma City, OK 73105</b>
13. TYPED NAME <b>Mike Fogarty</b>	
14. TITLE <b>Chief Executive Officer</b>	
15. DATE SUBMITTED <b>June 29, 2010</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED <b>30 June, 2010</b>	18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>1 April, 2010</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>Bill Brooks</b>	22. TITLE <b>Associate Regional Administrator</b> <b>Division of Medicaid &amp; Children's Health</b>

23. REMARKS

c: Mike Fogarty  
Cindy Roberts  
Tywanda Cox  
Traylor Rains  
Rodney Ikard