

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

1. TRANSMITTAL NUMBER: **11-10**  
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, 2011**

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 430.12(b)**

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

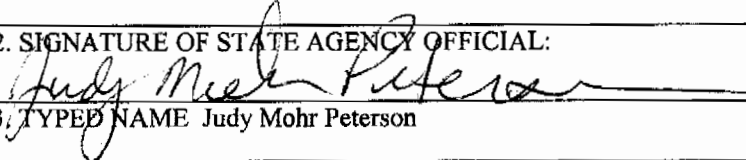
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
**Section 7.4, Page 89**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
  
**Section 7.4, Page 89**

10. SUBJECT OF AMENDMENT: This transmittal is being revised to designate the Medical Assistance Director as the authorized state plan submitter.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
  
13. TYPED NAME: **Judy Mohr Peterson**

16. RETURN TO:  
**Division of Medical Assistance Programs  
Oregon Health Authority  
500 Summer Street NE E-35  
Salem, OR 97301**  
  
ATTN: Jesse Anderson, State Plan Manager

14. TITLE: **Director, Division of Medical Assistance Programs**  
  
15. DATE SUBMITTED: **8-17-11**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **AUGUST 17 2011**

18. DATE APPROVED: **September 22, 2011**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**July 1, 2011**

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME: **Carol J.C. Peverly**

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

23. REMARKS: