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AUGUST 1991

Transmittal #11-10
OMB No. 0938-

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

State/Territory: OREGON

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

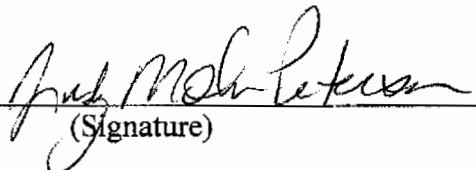
The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for 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: 8-8-11


(Signature)

Judy Mohr Peterson, Director
Division of Medical Assistance Program
Oregon Health Authority
(Title)

TN No. 11-10
Supersedes TN No. 11-01

Approval Date: 9/22/2011

Effective Date: 7/1/11