EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO, 0938-019
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	. 12-08	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 9/1/12	
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 AME		h amendment)
5. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1902(bb) of the Act	a. FFY 2012 \$ -0-	
te e constante de la constante	b. FFY 2013 \$ -0-	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, page 9, and 9a (added)		
Attachment 3.1-A, page 1-b	Attachment 4.19-B, page 9	
	Attachment 3.1A, page 1-b	
1. 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 SPEC	CIFIED:
2. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Division of Medical Assistance Programs	
3. TYPEDNAME Judy Mohr Peterson	Oregon Health Authority	
3. DYPEDINAME Judy Mont Pelerson	500 Summer Street NE E-35	
4. TITLE: Director, Division of Medical Assistance Programs	Salem, OR 97301	
4. TITLE. Director, Division of Medical Assistance Programs	ATTN: Jesse Anderson, State Plan Manager	
5. DATE SUBMITTED: 6-14-12		
5. DATE SUBMITTED: 6-14-12 FOR REGIONAL OF	FICE USE ONLY	
5. DATE SUBMITTED: 6-14-12 FOR REGIONAL OF	FICE USE ONLY	r 12, 2012
5. DATE SUBMITTED: 6-14-12 FOR REGIONAL OF 7. DATE RECEIVED: June 14, 2012 PLAN APPROVED - ON	FICE USE ONLY 18. DATE APPROVED: Septembe 3 COPY ATTACHED	
5. DATE SUBMITTED: 6-14-12 FOR REGIONAL OF 7. DATE RECEIVED: June 14, 2012 PLAN APPROVED – ON 9. EFFECTIVE DATE OF APPROVED MATERIAL:	FICE USE ONLY 18. DATE APPROVED: Septembe 3 COPY ATTACHED 20. SHONATURE OF REGIONAL OF	FICIAL:
5. DATE SUBMITTED: 6-14-12 FOR REGIONAL OF 7. DATE RECEIVED: June 14, 2012 PLAN APPROVED ON 9. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2012	FICE USE ONLY 18. DATE APPROVED: Septembe 3 COPY ATTACHED 20. SHONATURE OF REGIONAL OF	FIGIAL:
5. DATE SUBMITTED: 6-14-12 FOR REGIONAL OF June 14, 2012 PLAN APPROVED ON 9. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2012	FICE USE ONLY 18. DATE APPROVED: Septembe 3 COPY ATTACHED 20. SHONATURE OF REGIONAL OF	FIGIAL: dministrator
5. DATE SUBMITTED: 6-14-12 FOR REGIONAL OF 7. DATE RECEIVED: June 14, 2012 PLAN APPROVED – ON 9. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2012 1. TYPED NAME:	FICE USE ONLY 18. DATE APPROVED: Septembe 3 COPY ATTACHED 20. SIGNATURE OF REGIONAL OF 22. TITLE: Associate Regional A	FIGIAL: dministrator