HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-09	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 7/1/12	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ich amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447 Subpart D	a. FFY 2012 \$ 275,231	
	b. FFY 2013 \$ 1,100,925	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1 A, page 3 b.1; 3 c.3 c.1; 4 c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): attachment 3.1 A pages 3 b.1: 3 e, 4 e Attachment 4.19-B, Page 1a, 1a.1	
Attachment 4.19-B, Page 1a, 1a.1, 1a.2		
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 SPE	BCIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Land Mohn Leten	Division of Medical Assistance Programs Oregon Health Authority 500 Summer Street NE E-35	
3. DYPED NAME Judy Mohr Peterson		
14. TITLE: Director, Division of Medical Assistance Programs		
	Salem ()R 973()1	-35
	Salem, OR 97301	-35
	ATTN: Jesse Anderson, S	
5. DATE SUBMITTED: 6-29-12 FOR REGIONAL OF	ATTN: Jesse Anderson, S	State Plan Manager
5. DATE SUBMITTED: 6-29-12 FOR REGIONAL OF	ATTN: Jesse Anderson, S	
15. DATE SUBMITTED: 6-29-12 FOR REGIONAL OF PLAN APPROVED - ON	ATTN: Jesse Anderson, S FFICE USE ONLY 18. DATE APPROVED: SEP WE COPY ATTACHED	State Plan Manager 2 5 2012
15. DATE SUBMITTED: FOR REGIONAL OF THE PLAN APPROVED - ON THE PROPERTY OF APPROVED MATERIAL: 0 1 2012	ATTN: Jesse Anderson, S FFICE USE ONLY 18. DATE APPROVED: SEP VE COPY ATTACHED 20. SIGNATURE OF REGIONAL OF COMMENTS OF REGIONAL OF COMMENTS OF CO	State Plan Manager 2 5 2012
FOR REGIONAL OF STREET OF APPROVED MATERIAL OF STREET OF	ATTN: Jesse Anderson, S FFICE USE ONLY 18. DATE APPROVED: SEP VE COPY ATTACHED 20. SIGNATURE OF REGIONAL OF COPY ATTACHED 22. TITLE:	State Plan Manager 2 5 2012 AFICIAL:
FOR REGIONAL OF FOR REGIONAL OF APPROVED MATERIAL: 0 1 2012 17. DATE RECEIVED: PLAN APPROVED — ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: 0 1 2012	ATTN: Jesse Anderson, S FFICE USE ONLY 18. DATE APPROVED: SEP VE COPY ATTACHED 20. SIGNATURE OF REGIONAL OF COMMENTS OF REGIONAL OF COMMENTS OF CO	State Plan Manager 2 5 2012 PFICIAL:
FOR REGIONAL OF FOR REGIONAL OF STREET OF APPROVED MATERIAL: 0 1 2012 17. DATE RECEIVED: PLAN APPROVED — ON THE PROPERTY OF APPROVED MATERIAL: 0 1 2012	ATTN: Jesse Anderson, S FFICE USE ONLY 18. DATE APPROVED: SEP VE COPY ATTACHED 20. SIGNATURE OF REGIONAL OF REGION OF REGIONAL OF REGI	State Plan Manager 2 5 2012 FICIAL: Al Administrator Vedicaid &
FOR REGIONAL OF STREET OF APPROVED MATERIAL OF APPR	ATTN: Jesse Anderson, S FFICE USE ONLY 18. DATE APPROVED: SEP VE COPY ATTACHED 20. SIGNATURE OF REGIONAL OF COPY ATTACHED 22. TITLE: Associate Region Division of Children'	State Plan Manager 2 5 2012 FICIAL: Al Administrator Vedicaid &
FOR REGIONAL OF FOR REGIONAL OF APPROVED HAN APPROVED HAN APPROVED HAN APPROVED HATE OF APPROVED MATERIAL: 0 1 2012 21. TYPED NAME: 23. REMARKS: 9:7:12 - Pen and link (P&I) changes authorized by the State to blocks:	ATTN: Jesse Anderson, S FFICE USE ONLY 18. DATE APPROVED: SEP VE COPY ATTACHED 20. SIGNATURE OF REGIONAL OF COPY ATTACHED 22. TITLE: Associate Region Division of Children'	State Plan Manager 2 5 2012 FICIAL: Al Administrator Vedicaid &
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