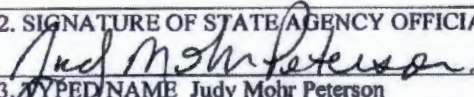


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>12-14</b>	2. STATE Oregon
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 7/1/12-13 (p&i)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1915 (K) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ <del>6,630,000</del> 6,875,000 (P&I) b. FFY 2013 \$ <del>27,123,000</del> 67,500,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <del>Attachment 3.1 - K, pages 1-21-4-20 (P&amp;I) 1-24 (P&amp;I)</del> <del>Attachment 4.19-B, Pages 20 and 24-20-26 (P&amp;I)</del> Attachment 3.1-K, Pages 1-443-944 (P&I) Attachment 4.19-B, Pages 20-25 26		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to use the state plan option under 1915K to provide home and community-based attendant services and supports under their State plan instead of under a waiver.


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: 	16. RETURN TO: Division of Medical Assistance Programs Oregon Health Authority 500 Summer Street NE E-35 Salem, OR 97301
13. TYPED NAME: Judy Mohr Peterson	
14. TITLE: Director, Division of Medical Assistance Programs	
15. DATE SUBMITTED: 9/26/12	ATTN: Jesse Anderson, State Plan Manager

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 26, 2012	18. DATE APPROVED: June 27, 2013
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	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:  
 10/11/2012 - Pen and Ink (P&I) changes authorized by State to Block 8.  
 12/19/2012 - Pen and Ink (P&I) changes authorized by State to Block 8.  
 12/20/2012 - Pen and Ink (P&I) changes authorized by State to Block 8.  
 06/12/13 P&I change authorized by state to block 4 and 7  
 06/13/13 P&I change authorized by the state to block 8  
 06/24/13 P&I change authorized by the state to block 8