

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

1. TRANSMITTAL NUMBER:  
**13-01**

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  
**1/1/13**

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:  
**1927(d)(2) and 1935(d)(2) of the Act**

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013 \$ (725,401)  
b. FFY 2014 \$ (1,069,591)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A.1, Pages ~~1-2~~ 3 (P&I)**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

**Attachment 3.1-A.1, Pages 1-3**

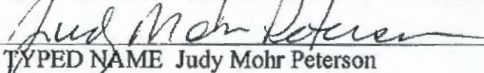
10. SUBJECT OF AMENDMENT: This transmittal is being submitted to make revision to coverage under Part D  
Medicare sec 175 of MIPPA.

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 SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME **Judy Mohr Peterson**

14. TITLE: **Director, Division of Medical Assistance Programs**

15. DATE SUBMITTED:

**1-16-13**

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**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **January 16, 2013**

18. DATE APPROVED: **March 29, 2013**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**January 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:

**1/22/2013 - Pen and Ink (P&I) changes authorized by State in block #8.  
3/27/2013 - Pen and Ink change authorized by the State in block 8**