

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>13-02</b>	2. STATE <b>Oregon</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE <b>7/1/13</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: <b>42 CFR 440.130</b>	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ <b>0</b> b. FFY 2014 \$ <b>0</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A, Page 6-e, 6-d.10 thru 6-d.19 (P&amp;I) Attachment 4.19-B, page 1-b (P&amp;I)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Attachment 3.1-A, Page 6-e, Attachment 4.19-B, page 1-b(P&amp;I)</b>
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10. SUBJECT OF AMENDMENT: This transmittal is being submitted to include additional locations for detox treatment (outpatient, inpatient, residential).

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:  
*Judy Mohr Peterson*

13. TYPED NAME **Judy Mohr Peterson**

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

15. DATE SUBMITTED: **3/19/13**

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: <b>MAR 19 2013</b>	18. DATE APPROVED: <b>10-25-13</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>7-1-13</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Carol J.C. Peverly</i>
21. TYPED NAME: <b>Carol J.C. Peverly</b>	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

8.14.13 the state authorized a P&I change to box 8 and 9.  
9.9.13 state authorized P&I change to box 8