

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

1. TRANSMITTAL NUMBER:
13-08

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
4/1/13

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:
1905(a)(4)(D)

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$ **0**
b. FFY 2014 \$ **0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 2, 2-a.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Page 2

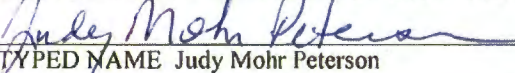
10. SUBJECT OF AMENDMENT: **This transmittal is being submitted to describe Oregon current Tobacco Cessation program that comply with section 4107 of the ACA.**

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:

6/19/13

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

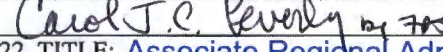
17. DATE RECEIVED: **June 19, 2013**

18. DATE APPROVED:
August 14, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
April 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: