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| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> | 1. TRANSMITTAL NUMBER<br><b>1 1 - 0 7</b>                                  | 2. STATE<br><b>Oklahoma</b> |
|  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |                             |

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| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE<br><b>January 1, 2012</b> |
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS A NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

|   |  |
|---|--|
| 6. FEDERAL STATUTE/REGULATION CITATION<br><b>42 CFR 440.120</b> | 7. FEDERAL BUDGET IMPACT<br>a. FFY 2012 <b>(\$1,537,282) savings</b><br>b. FFY 2013 <b>(\$2,069,760) savings</b> |
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| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><b>Attachment 3.1-A, Page 5a-1</b> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><b>Same Page, Revised 01-01-10, TN # 10-01</b> |
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10. SUBJECT OF AMENDMENT

**Remove sunset language related to prescription brand limits.**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Plan material.

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL         | 16. RETURN TO<br><br>Oklahoma Health Care Authority<br>Attn: Cindy Roberts<br>2401 N.W. 23rd., Ste 124<br>Oklahoma City, OK 73107 |
| 13. TYPED NAME<br><b>Mike Fogarty</b>          |   |
| 14. TITLE<br><b>Chief Executive Officer</b>    |   |
| 15. DATE SUBMITTED<br><b>November 28, 2011</b> |   |

**FOR REGIONAL OFFICE USE ONLY**

|   |  |
|---|--|
| 17. DATE RECEIVED<br><b>23 November, 2011</b> | 18. DATE APPROVED<br><b>7 June, 2012</b> |
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**PLAN APPROVED - ONE COPY ATTACHED**

|   |   |
|---|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL<br><b>1 January, 2012</b> | 20. SIGNATURE OF REGIONAL OFFICIAL<br><b>Bill Brooks for</b>  |
| 21. TYPED NAME<br><b>BILL BROOKS</b>                              | 22. TITLE<br><b>Associate Regional Administrator</b><br><b>Division of Medicaid &amp; Children's Health</b> |

23. REMARKS

c: Mike Fogarty  
Cindy Roberts  
Tywanda Cox  
Garth Splinter