

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 2 - 0 2

2. STATE

Oklahoma

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2012

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

42 CFR 440.60

7. FEDERAL BUDGET IMPACT

a. FFY 2012 \$17,939

b. FFY 2013 \$27,146

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

See Attachment

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

See Attachment

10. SUBJECT OF AMENDMENT

Certified Alcohol and Drug Counselors therapies disallowance.

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

The Governor does not review State
Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Mike Fogarty

14. TITLE

Chief Executive Officer

15. DATE SUBMITTED

February 28, 2012

16. RETURN TO

Oklahoma Health Care Authority
Attn: Cindy Roberts
2401 NW 23rd St., Suite 1A
Oklahoma City, OK 73107

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

28 February, 2012

18. DATE APPROVED

5/24/2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

1 July, 2012

20. SIGNATURE

21. TYPED NAME

Bill Brooks

22. TITLE Associate Regional Administrator

Division of Medicaid & Children's Health

23. REMARKS

c: Mike Fogarty
Cindy Roberts
Tywanda Cox