

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>08-006 Revised</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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 August 1, 2008	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 (a)(13)(A) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 08 \$0 b. FFY 09 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1A – Supplement 2, Page 19a: Letter J: Provision of Outlier Services  <del>Index – Medicaid State Plan – NFs</del> RF  <del>Index – Medicaid State Plan – ICFs-MR</del> RF		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Attachment 4.19D – NF Supplement 1: Section 5111.258.002 Section 5111.258.003 Section 5111.21.001  Attachment 4.19D – ICF-MR Supplement 2: Section 5101:3-3-17.4 Attachment 3.1A – Sections 5101:3-3-54.1 and 5101:3-3-54.5	
10. SUBJECT OF AMENDMENT: Enclosed is Ohio's state plan amendment TN08-006 that contains new outlier services language proposed for adoption under Attachment 3.1A of Ohio's state plan. This amendment also requests removal of existing sections contained under Attachment 4.19D, and removal of obsolete sections 5101:3-3-54.1 and 5101:3-3-54.5 from Attachment 3.1A.  Index – Medicaid State Plan – ICFs-MR			

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:

Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director

*John R. Corlett / me*

12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: JOHN R. CORLETT		Becky Jackson OHP/Bureau of Health Plan Policy Ohio Department of Job and Family Services P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: MEDICAID DIRECTOR			
15. DATE SUBMITTED: 7/31/08			

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:		18. DATE APPROVED: 5-5-10	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: AUG - 1 2008		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Bill Brown</i>	
21. TYPED NAME: William Lasowski		22. TITLE: Deputy Director, CMSO	

23. REMARKS:  
BOX 8 - PEN AND INK CHANGE - PER MAY 5, 2010 EMAIL REQUEST FROM THE STATE.

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