TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: **08 - 011**	2. STATE **OHIO**
	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 OCTOBER 4, 2010	

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: 42 CFR 430.12 42 CFR 440.225	7. FEDERAL BUDGET IMPACT: a. FFY 11 $ 13496 K b. FFY 12 $ 13991 K
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIO OR ATTACHMENT *(If Applicable)*:
ATTACHMENT 4.19-B, ITEM 13-d-1, PAGES 1 AND 2	ATTACHMENT 4.19-B, REFERENCE PREPRINT, PAGES AND 6 OF ATTACHMENT 3.1-A, ITEM 13. PAGES 1 THROUGH 4
ATTACHMENT 4.19-B, ITEM 13-d-2, PAGES 1 AND 2	ATTACHMENT 4.19-B, REFERENCE PREPRINT, PAGES AND 6 OF ATTACHMENT 3.1-A, ITEM 13. PAGE 1 0F 1
ATTACHMENT 3.1-A, ITEM 13-d-1, PAGES 1 THROUGH 20	ATTACHMENT 3.1-A, PRE-PRINT PAGES 5 AND 6, ITEM 13. PAGES 1 THROUGH 8
ATTACHMENT 3.1-A. ITEM 13-d-2, PAGES 1 THROUGH 16	ATTACHMENT 3.1-A, PRE-PRINT PAGES 5 AND 6, ITEM 13. PAGES 1 AND 2

10. SUBJECT OF AMENDMENT:
13.d.1.REHABILITATIVE SERVICES PROVIDED BY COMMUNITY MENTAL HEALTH FACILITIES and 13.d.2.REHABILITATION SERVICES PROVIDED BY ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: **TRACY J. PLOUCK**	**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: 7-14-10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 04-22-08	18. DATE APPROVED: SEP 10 2010
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 4, 2010	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator