

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER: 09-007 <i>Revised</i>	2. STATE OHIO
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE 07/01/2009	

FOR: CENTERS FOR MEDICAID AND MEDICAID SERVICES

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

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:
Section 1905 (a)(4)(C) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2008	\$ 0
b. FFY 2009	\$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A page 2
Attachment 3.1-A pre-print page 2 Item 4c, page 1 of 1 NEW

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 3.1-A page 2 (TN #91-20)

10. SUBJECT OF AMENDMENT:
Family Planning Services and Supplies for Individuals of Child-bearing Age

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 State Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:
John R. Corlett

13. TYPED NAME: **JOHN R. CORLETT**

14. TITLE: **MEDICAID DIRECTOR**

15. DATE SUBMITTED: **JUNE 3, 2009**

16. RETURN TO:

Becky Jackson
 OHP/Bureau of Policy and Benefit Mangement
 Ohio Department of Job and Family Services
 50 West Town Street 4th floor A4030
 Columbus, Ohio 43215

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **June 3, 2009**

18. DATE APPROVED: **JAN 22 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **July 1, 2009**

20. SIGNATURE OF REGIONAL OFFICIAL:
Verlon Johnson

21. TYPED NAME: **Verlon Johnson**

22. TITLE: **Associate Regional Administrator**

23. REMARKS:

Instructions on Back