

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>09-008</b>	2. STATE <b>OHIO</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2009	
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 1902 (a)(13)(A) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 09 <del>559,260</del> (\$1,556,338.37) b. FFY 10 <del>57,712,340</del> \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Table of Contents, Medicaid State Plan, ICFs-MR Table of Contents, Medicaid State Plan, ICFs-MR, Attachment 4.19D, ICFs-MR Supplement 2 Section 5101:3-3-90	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Table of Contents, Medicaid State Plan, ICFs-MR Table of Contents, Medicaid State Plan, ICFs-MR, Attachment 4.19D, ICFs-MR Supplement 2 Section 5101:3-3-90

10. SUBJECT OF AMENDMENT:  
This state plan amendment accommodates Ohio's interim budget for ICF-MR payment rates. For services provided after June 30, 2009, ICFs-MR shall continue to be paid the ICF-MR's rate for June 30, 2009. The department requests this amendment and the provisions contained therein be adopted under Ohio's state plan effective July 1, 2009.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>John R. Corlett / me</i>	16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Benefit Management Ohio Department of Job and Family Services P.O. BOX 182709 Columbus, Ohio 43218
13. TYPED NAME: JOHN R. CORLETT	
14. TITLE: MEDICAID DIRECTOR	
15. DATE SUBMITTED: 7.6.09	

<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED:	18. DATE APPROVED: 7-8-09
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2009	20. NAME OF EACH REGIONAL OFFICIAL: BECKY JACKSON P. E. M.
21. TYPED NAME: William Lasowski	22. TITLE: Deputy Director, CMSO

23. REMARKS:  
PEN AND INK CHANGE - BOX 7