
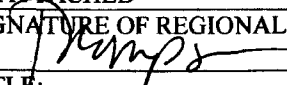


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>09-010 Revised 3</b>	2. STATE: <b>OHIO</b>
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: 1 August 2009	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
<b>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)</b>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. § 1396d(a)(28), 42 C.F.R. 440.170(a), 42 C.F.R. 431.53		7. FEDERAL BUDGET IMPACT: a. FFY 2009 (\$2,386) b. FFY 2010 (\$14,539)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A: Page 9 Attachment 3.1-A: Item 24-a, Page 1 of 2, through Item 24-g, Page 1 of 1 Attachment 3.1-A: Page 12 Attachment 3.1-D: Page 1 of 1 Attachment 4.19-B: Item 24-a, Page 1 of 1, through Item 24-g, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A: Page 9 (TN 91-20) Attachment 3.1-A: From Pre-Print Page 9, Item 23 [sic], Page 1 of 1 (TN 90-45) Attachment 3.1-D: Page 1 (TN 93-38) Attachment 4.19-B: Reference Pre-Print Page 9 of Attachment 3.1-A, Item 23 [sic], Page 1 of 1 (TN 90-45)	
10. SUBJECT OF AMENDMENT: Change in the State Plan to reflect provisions of Amended Substitute House Bill 1 (128th Ohio General Assembly) requiring nursing facilities (NFs) to arrange for transportation services for their residents in return for an additional amount per diem; general update of Plan language			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> 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: Becky Jackson Off. of Bureau of Policy and Benefit Management Ohio Department of Job and Family Services P.O. Box 182709 Columbus, OH 43218	
13. TYPED NAME: MAUREEN M. CORCORAN			
14. TITLE: INTERIM STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 11 September 2009			

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: <b>SEP 23 2011</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>AUG - 1 2009</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Penny Thompson</b>	22. TITLE: <b>Deputy Director, CMCS</b>
23. REMARKS:	