TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2. STATE:
STATE PLAN MATERIAL	(09-010 Revised 3 OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE: 1 August 2009
CENTERS FOR MEDICARE & MEDICAID SERVICES	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	
5. TYPE OF PLAN MATERIAL (Check One):	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU IS IF THIS IS AN AME	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
42 U.S.C. § 1396d(a)(28), 42 C.F.R. 440.170(a), 42 C.F.R. 431.53	a. FFY 2009 (\$2,386)
	b. FFY 2010 (\$14,539)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attachment 3.1-A; Page 9	OR ATTACHMENT (If Applicable):
Attachment 3.1-A: Item 24-a, Page 1 of 2, through Item 24-g, Page 1 of	Attachment 3.1-A: Page 9 (TN 91-20)
1	Attachment 3.1-A: From Pre-Print Page 9, Item 23 [sic], Page 1 of
Attachment 3.1-A: Page 12	1 (TN 90-45)
Attachment 3.1-D: Page 1 of 1	Attachment 3.1-D: Page 1 (TN 93-38)
Attachment 4.19-B: Item 24-a, Page 1 of 1, through Item 24-g, Page 1 of 1	Attachment 4.19-B: Reference Pre-Print Page 9 of Attachment
	3.1-A, Item 23 [sic], Page 1 of 1 (TN 90-45)
 SUBJECT OF AMENDMENT: Change in the State Plan to reflect provisions of Amended Substitute Hot 	res Bill 1 (128th Ohio General Assembly) manining marine 6-111-
(NFs) to arrange for transportation services for their residents in return for	
	A MA COMPANYING CHAPANI IN MENT FENCIAL HARRE IN FINI (SECTIONS)
	or occurrence on committee ment Resignal micrate of Lists issuantale.
11. GOVERNOR'S REVIEW (Check One):	
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