

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL.

1. TRANSMITTAL NUMBER:
09-013 Revised 2

2. STATE
OHIO

OR: 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
July 1, 2009

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 2009 \$26,693
b. FFY 2010 \$81,331

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Table of Contents, Medicaid State Plan – Nursing Facilities
Table of Contents, Attachment 4.19D - NF Supplement 1
Section 309.30.20.000
Section 309.30.25.000 (new)
Section 5111.02.001
Section 5111.20.000
Section 5111.20.002 (new)
Section 5111.231.000
Section 5111.24.000
Section 5111.25.000
Section 5111.254.000

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Section 309.30.20.000
Section 309.30.20.001 (delete)
Section 309.30.30.000 (delete)
Section 5111.02.001
Section 5111.20.000
Section 5111.231.000
Section 5111.24.000
Section 5111.25.000
Section 5111.254.000
Section 5111.263.000 (delete)
Section 5111.263.001 (delete)

10. SUBJECT OF AMENDMENT:

This amendment sets forth the provisions of Ohio's Substitute House Bill 1 regarding SFYs 2010 and 2011 nursing facility (NF) reimbursement.

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:


13. TYPED NAME: **MAUREEN CORCORAN**

14. TITLE: **INTERIM STATE MEDICAID DIRECTOR**

15. DATE SUBMITTED: **9.10.09**

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

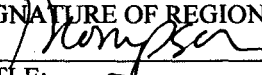
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: **SEP 23 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JUL - 1 2009**

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME: **Penny Thompson**

22. TITLE: **Deputy Director, CMCS**

23. REMARKS: