

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-021 revised	2. STATE OHIO
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 January 1, 2010	
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			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: MIPPA § 112: 1902(a)(10)(E), 1860D-14(a)(3), 1905(p), 1905(s) MIPPA § 115: 1092(a)(10)(E), 1917(b)(1)(B)		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$101 Please see Attachment A for explanation. b. FFY 2011 \$135	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 53a-2 Page 53c Att. 2.2-A, Page 9b Att. 2.2-A, Page 9b1 Att. 2.6-A, Page 22 Att. 2.6-A, Page 22a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 53a-2 (TN 07-007) Page 53c (TN 07-007) Att. 2.2-A, Page 9b (TN 91-30) Att. 2.2-A, Page 9b1 (TN 93-04) Att. 2.6-A, Page 22 (TN 91-27) Att. 2.6-A, Page 22a (TN 91-27)	
10. SUBJECT OF AMENDMENT: The proposed amendment updates five State Plan Amendment pages to reflect the new resource limit for Medicare Savings Plans, as amended by MIPPA section 112. The proposed amendment addresses MIPPA section 115 by exempting Medicare cost sharing from Medicaid estate recovery for six categories of dual eligibles with dates of service on or after January 1, 2010.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to State Medicaid Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Tracy J. Plouck</i>		16. RETURN TO: Becky Jackson OHP/Bureau of Health Plan Policy Ohio Department of Job and Family Services P.O BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: TRACY J. PLOUCK			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 11/4/2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 4, 2009		18. DATE APPROVED: June 1, 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Verlon Johnson</i>	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

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