
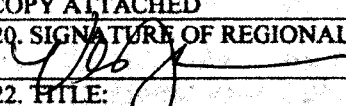


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 09-033 Revised	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE NOVEMBER 30, 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		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440; 42 CFR 441; 42 CFR 447	7. FEDERAL BUDGET IMPACT:	
	a. FFY 2010	\$ 20.9 MILLION
	b. FFY 2011	\$ 19.5 MILLION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-B, Item 2-a.1, page 2 and 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Supplemental outpatient hospital upper limit payments for private, public non state-owned and public state-owned hospitals.		
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:	
13. TYPED NAME: TRACY J. PLOUCK	Becky Jackson	
14. TITLE: STATE MEDICAID DIRECTOR	OHP/Bureau of Policy and Benefit Management	
15. DATE SUBMITTED: 12.31.09	Ohio Department of Job and Family Services	
	P.O. BOX 182709	
	Columbus, Ohio 43218	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 12-31-09	18. DATE APPROVED: 08-31-10	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11-30-09	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator	
23. REMARKS:		

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