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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 09-034 Rouis	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICAT SOCIAL SECURITY ACT	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMP	
42 CFR 447, Subpart F	a. FFY 2010 b. FFY 2011	\$ 14,155,812 \$ 14,415,953
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, Item 2, pages 1 and 2 Attachment 3.1-A, Item 2, page 1	Attachment 4.19-B, Item 2, page 1 of 1 Attachment 3.1-A, Item 2, page 1	
10. SUBJECT OF AMENDMENT: To implement hospital outpatient ra outdated language.	te increases and to update the Sta	ate Plan with technical corrections to
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	Governor has to ODJFS Di signature au	AS SPECIFIED: s delegated signature authority irector. Director has delegated athority to Medicaid Director
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has to ODJFS Di signature au 16. RETURN TO:	s delegated signature authority irector. Director has delegated
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COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: 12.31.09	Governor has to ODJFS Di signature au 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and H Ohio Department of Job and P.O. BOX 182709 Columbus, Ohio 43218	s delegated signature authority irector. Director has delegated ithority to Medicaid Director Senefit Management
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