

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10 - 001	2. STATE OHIO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2010	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. 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:	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 345,676 b. FFY 2011 \$1,004,988
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 309.30.25, NF Attachment 4.19D Section 5101:3-3-17.5, ICF-MR Attachment 4.19D Table of Contents, Medicaid State Plan - Nursing Facilities Table of Contents, Medicaid State Plan - ICFs-MR	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 309.30.25, NF Attachment 4.19D Section 5101:3-3-17.5, ICF-MR Attachment 4.19D Table of Contents, Medicaid State Plan - Nursing Facilities Table of Contents, Medicaid State Plan - ICFs-MR

10. SUBJECT OF AMENDMENT: State plan amendment TN 10-001 modifies rate growth for nursing facilities. It also includes a new provision that provides an additional amount for real estate taxes for those facilities that had a credit reducing their real estate taxes reflected on the base year cost report to zero. This amendment also modifies the state fiscal year 2011 Medicaid per diem rate for the state's ICF-MR outlier facility.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Tracy J. Plouck/mc</i>	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
13. TYPED NAME: TRACY J. PLOUCK	
14. TITLE: STATE MEDICAID DIRECTOR	
15. DATE SUBMITTED: 9.30.10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: JAN 26 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2010	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, CMCS
23. REMARKS: <i>Pen & ink change made to block # 8 and 9</i>	