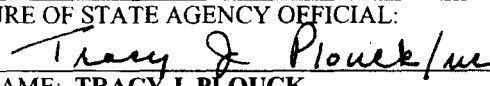
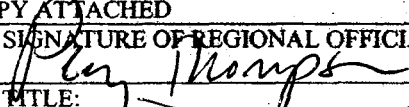


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-002	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE October 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: Section 1902 (a)(13)(A) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 b. FFY 2012 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Table of Contents, Medicaid State Plan, Nursing Facilities Table of Contents, Medicaid State Plan, Nursing Facilities, Attachment 4.19D, NF Supplement 1 Section 5111.20.001 Section 5111.231.001 Section 5111.232.001 and Appendices A-E Section 5111.232.002 and Appendices A-E Section 5111.27.002 Table of Contents, Medicaid State Plan, ICFs-MR Table of Contents, Medicaid State Plan, ICFs-MR, Attachment 4.19D, ICF-MR Supplement 2 Section 5101:3-3-01		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Table of Contents, Medicaid State Plan, Nursing Facilities Table of Contents, Medicaid State Plan, Nursing Facilities, Attachment 4.19D, NF Supplement 1 Section 5111.20.001 Section 5111.231.001 Section 5111.232.001 and Appendix 5101:3-3-43.1 Section 5111.232.002 and Appendix 5101:3-3-43.2 Section 5111.27.002 Table of Contents, Medicaid State Plan, ICFs-MR Table of Contents, Medicaid State Plan, ICFs-MR, Attachment 4.19D, ICF-MR Supplement 2 Section 5101:3-3-01	
10. SUBJECT OF AMENDMENT: This state plan amendment accommodates the October 1, 2010 implementation of the Minimum Data Set Version 3.0 (MDS 3.0) resident assessment instrument (RAI) by the Centers for Medicare and Medicaid Services (CMS). The RAI is the assessment tool used in Ohio to measure resident acuity, is the foundation for planning and delivering care to nursing facility (NF) residents, and is used in the calculation of NF reimbursement rates.			
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: 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: 12/22/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: AUG 18 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT - 1 2010		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: PENNY THOMPSON		22. TITLE: DEPUTY DIRECTOR, CMCS	
23. REMARKS:			

Instructions on Back