

Center for Medicaid, CHIP, and Survey & Certification (CMCS)

John McCarthy, Medicaid Director
Office of Ohio Health Plans
Ohio Department of Job and Family Services (ODJFS)
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

AUG 18 2011

RE: Ohio State Plan Amendment (SPA) 10-002

Dear Mr. McCarthy:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-002. Effective for services on or after October 1, 2010, this amendment implements the Minimum Data Set (MDS) Version 3.0 resident assessment instrument, used by CMS, for purposes of calculating reimbursement for nursing facility (NF) services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 10-002 is approved effective October 1, 2010. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,



Cindy Mann,
Director (CMCS)

Enclosure