
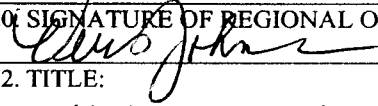


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-005 <i>Revised</i>	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 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: CHIPRA § 104: 2105(a)(4)(A), 1902(e)(12) CHIPRA § 104: 2105(a)(4)(F), 1920A		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 5,641 b. FFY 2011 \$57,211	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, page 23c Attachment 2.2-A, page 23c1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2-A, page 23c (TN 00-002) N/A	
10. SUBJECT OF AMENDMENT: This amendment serves to implement Section 1902(a)(10)(A) of the Social Security Act (the Act), including continuous eligibility under Section 1902(e)(12) and presumptive eligibility for children under Section 1920A of the Act . Ohio is a Medicaid expansion state under Title XXI; this is a companion state plan submission to our Title XXI state plan amendment, SCHIP #5.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to State Medicaid Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Plan Services 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: 03/30/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03-30-10		18. DATE APPROVED: JUN 28 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04-01-10		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Instructions on Back