TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 10 - 006	2. STATE OHIO
STATE PLAN MATERIAL		
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	July 1, 2010	
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:	з итепитет)
42 CFR part 441 – Subpart C; 42 CFR Part 441 – Subpart D; 42 CFR	a. FFY 2009	\$ 0
part 447 – Subpart C	b. FFY 2010	\$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
4.19-A Rule 5101:3-2-23 Cost Reports and Appendix	OR ATTACHMENT (If Applicable):	
	4.19-A Rule 5101:3-2-23 Cost Reports and Appendix	
10. SUBJECT OF AMENDMENT: Cost Reports		
** COVERNORS RETURNS (CE. L.O.)		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	vicien.
		IFILL).
I TOMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has delegated	d signature authority
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Governor has delegated to ODJFS Director. Di	d signature authority irector has delegated
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NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	to ODJFS Director. Di signature authority to	irector has delegated
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