THE STATE OF A PROPERTY OF A PROPERTY OF	1. TRANSMITTAL NUMBER:	1 a consume
TRANSMITTAL AND NOTICE OF APPROVAL OF		2. STATE
STATE PLAN MATERIAL	10-007	OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FUR: CENTERS FUR MEDICARE AND MEDICALD SERVICES		
	4 22 22 22 22 22 22 22 22 22 22 22 22 22	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	SEPT. 23, 2010	
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:	
42 CFR part 447 – Subpart C	a. FFY 2010	\$10,236,978
42 Of K part 447 – Subpart C	b. FFY 2011	\$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	· · · · · · · · · · · · · · · · · · ·
	1	
Pages 13-21 of Attachment 4.19-A,	OR ATTACHMENT (If Applicable):	
Rule 5101:3-2-09	Pages 13-21 of Attachment 4.19-A,	
Rule 5101:3-2-07.5	Rule 5101:3-2-09	
	Rule 5101:3-2-07.5	
10. SUBJECT OF AMENDMENT:		
Disproportionate share and indigent care adjustments for general hospital	S.	
_ up		
11. GOVERNOR'S REVIEW (Check One):	_	
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	TETETA.
U GOVERNOR S OFFICE REPORTED NO COMMENT		
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has delegated	l signature authority
		l signature authority
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has delegated	l signature authority rector has delegated
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Governor has delegated to ODJFS Director. Di signature authority to	l signature authority rector has delegated
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has delegated to ODJFS Director. Di	l signature authority rector has delegated
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:	Governor has delegated to ODJFS Director. Di signature authority to	l signature authority rector has delegated
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:	Governor has delegated to ODJFS Director. Di signature authority to	l signature authority rector has delegated
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:	Governor has delegated to ODJFS Director. Di signature authority to 16. RETURN TO: Becky Jackson	l signature authority rector has delegated Medicaid Director
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 14. Vacy 15. TYPED NAME: TRACY J. PLOUCK	Governor has delegated to ODJFS Director. Di signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Pla	d signature authority rector has delegated Medicaid Director an Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:	Governor has delegated to ODJFS Director. Di signature authority to 16. RETURN TO: Becky Jackson	d signature authority rector has delegated Medicaid Director an Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR	Governor has delegated to ODJFS Director. Disignature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Planting Department of Job and Family P.O. BOX 182709	d signature authority rector has delegated Medicaid Director an Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR	Governor has delegated to ODJFS Director. Disignature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Planting Department of Job and Family	d signature authority rector has delegated Medicaid Director an Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: 9 23/10	Governor has delegated to ODJFS Director. Disignature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Planting Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218	d signature authority rector has delegated Medicaid Director an Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: 17. 23/12 POR REGIONALO	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Plohio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218	d signature authority rector has delegated Medicaid Director an Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: 9 23/10	Governor has delegated to ODJFS Director. Disignature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Planting Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218	d signature authority rector has delegated Medicaid Director an Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: O 123/10 FOR REGIONAL OFFICE ENCLOSED TO REGIONAL ENCLOSED TO REGI	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Plohio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218	d signature authority rector has delegated Medicaid Director an Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OFFICE ENCLOSED PLAN APPROVED - ON	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Plohio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218	d signature authority rector has delegated Medicaid Director an Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OFFICE ENCLOSED PLAN APPROVED - ON	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Plohio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: O 123/10 FOR REGIONAL OFFICE ENCLOSED TO REGIONAL ENCLOSED TO REGI	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 12. 17. 10 ECON ATTACHED TO OUT	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OFFICE ENCLOSED PLAN APPROVED - ON	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 FICE USE ONLY 12. 17. 10 ECON ATTACHED TO OUT	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED—ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP. 2-3 2010	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 TICE USE ONLY 12-17-10 ECOPY ATTACHED 20. SIGNATURE OF REGIONAL OF	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP. 2-8 2010 21. TYPED NAME:	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 TICE USE ONLY 12-17-10 ECOPY ATTACHED 20. SIGNATURE OF REGIONAL OF	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED—ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP. 2-3 2010	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 TICE USE ONLY 12-17-10 ECOPY ATTACHED 20. SIGNATURE OF REGIONAL OF	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP. 2-8 2010 21. TYPED NAME:	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 TICE USE ONLY 12-17-10 ECOPY ATTACHED 20. SIGNATURE OF REGIONAL OF	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP. 2-8 2010 21. TYPED NAME:	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 TICE USE ONLY 12-17-10 ECOPY ATTACHED 20. SIGNATURE OF REGIONAL OF	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP. 2-8 2010 21. TYPED NAME:	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 TICE USE ONLY 12-17-10 ECOPY ATTACHED 20. SIGNATURE OF REGIONAL OF	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP. 2-8 2010 21. TYPED NAME:	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 TICE USE ONLY 12-17-10 ECOPY ATTACHED 20. SIGNATURE OF REGIONAL OF	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP. 2-8 2010 21. TYPED NAME:	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 TICE USE ONLY 12-17-10 ECOPY ATTACHED 20. SIGNATURE OF REGIONAL OF	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP. 2-8 2010 21. TYPED NAME:	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 TICE USE ONLY 12-17-10 ECOPY ATTACHED 20. SIGNATURE OF REGIONAL OF	d signature authority rector has delegated Medicaid Director an Services Services
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: TRACY J. PLOUCK 14. TITLE: STATE MEDICAID DIRECTOR 15. DATE SUBMITTED: POR REGIONAL OF 17. DATE RECEIVED: PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP. 2-8 2010 21. TYPED NAME:	Governor has delegated to ODJFS Director. Disignature authority to signature authority to 16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Health Platonio Department of Job and Family P.O. BOX 182709 Columbus, Ohio 43218 TICE USE ONLY 12-17-10 ECOPY ATTACHED 20. SIGNATURE OF REGIONAL OF	d signature authority rector has delegated Medicaid Director an Services Services