

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-007	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 SEPT. 23, 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: 42 CFR part 447 – Subpart C		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$10,236,978 b. FFY 2011 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 13-21 of Attachment 4.19-A, Rule 5101:3-2-09 Rule 5101:3-2-07.5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Pages 13-21 of Attachment 4.19-A, Rule 5101:3-2-09 Rule 5101:3-2-07.5	
10. SUBJECT OF AMENDMENT: Disproportionate share and indigent care adjustments for general hospitals.			
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: <i>Tracy J. Plouck / me</i>		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: 9/23/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 12-17-10	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP 23 2010		20. SIGNATURE OF REGIONAL OFFICIAL: <i>William Lasonski</i>	
21. TYPED NAME: William Lasonski		22. TITLE: Deputy Director, CMCS	
23. REMARKS:			

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