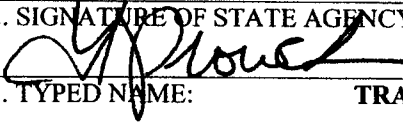


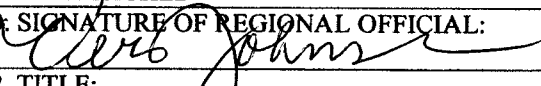
<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>10 - 009</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>December 31, 2010</b>	
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"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902(a)(42)(B) of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2010                      \$ 0	
		b. FFY 2011                      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Ohio Medicaid State Plan, Section 4.5 "Medicaid Recovery Audit Contractor Program," Pages 36b and 36c (NEW)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>NEW</b>	
10. SUBJECT OF AMENDMENT: <b>Recovery Audit Contractors (RACs) for Medicaid</b>			

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: 	16. RETURN TO:
13. TYPED NAME: <b>TRACY J. PLOUCK</b>	<b>Becky Jackson</b>
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>	<b>OHP/Bureau of Policy and Health Plan Services</b>
15. DATE SUBMITTED: <b>12-22-10</b>	<b>Ohio Department of Job and Family Services</b>
	<b>P.O. BOX 182709</b>
	<b>Columbus, Ohio 43218</b>

<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: <b>12-22-10</b>	18. DATE APPROVED: <b>MAR 22 2011</b>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>12-31-10</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Verlon Johnson</b>	22. TITLE: <b>Associate Regional Administrator</b>
23. REMARKS:	

Instructions on Back