

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-011 REVISED	2. STATE OHIO
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FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2012
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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: Section 1905(a)(19) of the Social Security Act; 1915(g)(2) of the Social Security Act; 42CFR430.12(c); 42CFR440.169; 42CFR440.225; 42CFR441.18	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 1,519 thousands b. FFY 2013 \$ 6,077 thousands
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A, Pages 1-E through 6-E [Target Group E: HMG-HV] [Pages 1 through 6] (NEW) Attachment 4.19-B, Item 19-a, Target Group E: HMG-HV, Page 1 of 1 (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NEW NEW
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10. SUBJECT OF AMENDMENT: Targeted Case Management services provided to Medicaid-eligible expectant first time parents, first time parents, infants, and toddlers under the age of three years who are enrolled and participating in Ohio's Help Me Grow Home Visiting Program

11. GOVERNOR'S REVIEW (Check One):


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director
 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. PEACOCK <i>John B. M. Carthy</i>	
14. TITLE: STATE MEDICAID DIRECTOR	
15. DATE SUBMITTED: 11.16.11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-16-11	18. DATE APPROVED: MAR - 9 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-12	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: VERLON JOHNSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
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23. REMARKS:

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