

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11 - 001 REVISED	2. STATE OHIO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2011	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES 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)

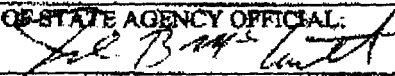
6. FEDERAL STATUTE/REGULATION CITATION: Section 1927(k)(2) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY FFY 2011 \$ 0 b. FFY FFY 2012 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 12, Page 2a of 12 (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NEW
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10. SUBJECT OF AMENDMENT: Coverage of selected active pharmaceutical ingredients (APIs) and excipients.

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
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL to ODJFS Director. Director has delegated
signature authority to State Medicaid Director.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Benefit Management Ohio Department of Job and Family Services P.O. BOX 182709 Columbus, Ohio 43218
13. TYPED NAME: JOHN B. MCCARTHY	
14. TITLE: STATE MEDICAID DIRECTOR	
15. DATE SUBMITTED: 3/30/11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: JUN 24 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-11	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: VERLON JOHNSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

Instructions on Back