
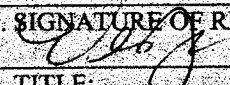


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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 11 - 003 <i>Revised</i> | 2. STATE OHIO |
| FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE February 1, 2011 | |
| 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 USC Section 1396d(o)(1)(C) Section 2302 (a)(1) of the Affordable Care Act Section 1905(o)(1)(C) of the Social Security Act | | 7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 79 (in thousands) b. FFY 2012 \$ 113 (in thousands) | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 18, Pages 1,2,and 3 of 3 Attachment 4.19-B, Item 18, pages 1 and 2 of 2 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 18 (TNs 90-038; 92-004) Attachment 4.19-B, Item 18 (TN 90-038) | |
| 10. SUBJECT OF AMENDMENT: Concurrent Curative Treatment for Children | | | |

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| 11. GOVERNOR'S REVIEW (Check One): | | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director |
| <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 | | |

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| 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: JOHN B. MCCARTHY | | |
| 14. TITLE: STATE MEDICAID DIRECTOR | | |
| 15. DATE SUBMITTED: <i>3/30/2011</i> | | |

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| FOR REGIONAL OFFICE USE ONLY | |
| 17. DATE RECEIVED: <i>03-30-11</i> | 18. DATE APPROVED: JUN 07 2011 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>02-01-11</i> | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Verlon Johnson | 22. TITLE: Associate Regional Administrator |
| 23. REMARKS: | |

Instructions on Back