TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	11 - 006	OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
<b>CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	July 1, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1905(a)(19) of the Social Security Act; 1915(g)(2) of the Social	a. FFY 2011	<b>\$</b> 0
Security Act; 42CFR430.12(c); 42CFR440.169;	b. FFY 2012	\$ 0
42CFR440.225; 42CFR441.18		• •
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Attachment 2.1. A. Itam 12. d.2	OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, Item 13-d-2, page 4 of 16 Attachment 3.1-A, Item 13-d-2, page 9 of 16	Attachment 3.1-A Item 13-d-2, page 4 of 16 (TN 08-011)	
Autominent 5.1-A, Hell 15-4-2, page 9 01 10	Attachment 3.1-A Item 13-d-2, page 9 of 16 (TN 08-011)	
10. SUBJECT OF AMENDMENT: Revision of the sunset date of coverage of case management within the rehabilitation section of Ohio's		
Medicaid state plan from July 1, 2011 to July 1, 2012.		
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 Medicaid Director	
	signature authority to	Medicaid Director
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO:	······
XX174-Witt		
13. TYPED NAME: JOHN B. McCARTHY	Becky Jackson	
	OHP/Bureau of Policy and Health Plan Services	
14. TITLE: STATE MEDICAID DIRECTOR	Ohio Department of Job and Family	Services
	P.O. BOX 182709	
15. DATE SUBMITTED: 6.23.11	Columbus, Ohio 43218	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 06-23-11	18. DATE APPROVED: Septem	ber 21, 2011
PLAN APPROVED ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	
July 1, 2011	Han treund, acting ARA	
21. TYPED NAME:	22. TITLE:	/ inictrator
23. REMARKS:	Associate Regional Administrator	

Instructions on Back FORM CMS-179 (07-92