TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **11 – 007**

2. STATE **OHIO**

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
July 1, 2011

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:
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 2011 $ 0
b. FFY 2012 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 19-a, Page 1 of 1

Supplement 1 to Attachment 3.1-A, Pages 1-C through 8-C [Target Group C: DODD] [Pages 1 through 8]

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A, FROM PRE-PRINT PAGE 8, Item 19, Page 1 of 1 (TN# 90-38);
Supplement 1 to Attachment 3.1-A, From Pre-Print Page 8, Pages 1-C and 2-C (TN # 05-004);
Appendix A to Attachment 3.1-A, Preprint Page 8, page 1-C, pages 1 through 6 (TN # 05-004) **DELETE**

10. SUBJECT OF AMENDMENT:
Medicaid coverage of targeted case management services provided to individuals with mental retardation and developmental disabilities

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:

13. TYPED NAME: **John B. McCarthy**

14. TITLE: **STATE MEDICAID DIRECTOR**

15. DATE SUBMITTED: 6.30.11

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06-30-11

18. DATE APPROVED: SEP 28 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-11

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Verlon Johnson

22. TITLE: Associate Regional Administrator

23. REMARKS:

Instructions on Back

FORM CMS-179 (07-92)