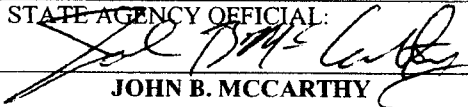
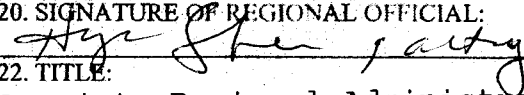


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>11 - 008</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 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"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(10)(A)(ii), 1902(a)(10)(A)(i)(III), 1902(a)(10)(A)(ii)(VIII), 1905(a)(i), 2105(a)(3), and 2105(a)(4) of the Act of the Act; 42 CFR 435.222; 42 CFR 435.227		7. FEDERAL BUDGET IMPACT: a. FFY 2011      \$1,437 b. FFY 2012      \$2,780	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.2-A, Page 14 Supplement 8B to Attachment 2.6A, Page 2 (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 2.2-A, Page 14 (TN 91-26) New	
<i>resource</i>			
10. SUBJECT OF AMENDMENT: Documentation of elimination of <del>asset</del> tests for qualified children, foster/adoption children, and Ribicoff children under Title XIX of the Social Security Act and qualification for the 2011 CHIPRA performance bonus under Title XXI of the Social Security Act.			
11. GOVERNOR'S REVIEW (Check One):			
<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		<input checked="" type="checkbox"/> <b>OTHER, AS SPECIFIED:</b> <b>Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to Medicaid Director</b>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: <b>JOHN B. MCCARTHY</b>		Becky Jackson OHP/Bureau of Policy & Health Plan Services Ohio Department of Job and Family Services P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>			
15. DATE SUBMITTED: <b>6.30.11</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: v      6-30-11		18. DATE APPROVED: August 8, 2011	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04-01-11		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Verlon Johnson</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:			