

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>11 - 009 REVISED #2</b>	2. STATE <b>OHIO</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	4. PROPOSED EFFECTIVE DATE December 2, 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**

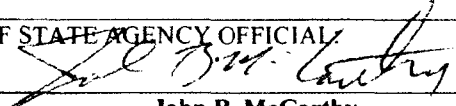
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(e) of the Social Security Act 42 CFR 441.30	7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$ 0 b. FFY 2013      \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 27 Attachment 3.1-A, Page 3 Attachment 3.1-A, Item 5-a, Page 3 of 3  Attachment 3.1-A, Item 6-b, Page 1 of 1 Attachment 4.19-B, Item 5-a, Page 7 of 7 Attachment 4.19-B, Item 6, Page 3 of 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 27 (TN 87-18) Attachment 3.1-A, Page 3 (TN 91-20) Attachment 3.1-A, Pre-Print Page 2, Item 5, Page 3 of 3 (TN 90-38) Attachment 3.1-A, Pre-Print Page 2, Item 6, Page 2 of 4 (05-028) Attachment 4.19-B, Item 5, Page 7 of 7 (TN 09-035) Attachment 4.19-B, Item 6, Page 3 of 6 (TN 09-035)


10. SUBJECT OF AMENDMENT: Reclassification of Optometrists' Services as Physicians' Services

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Becky Jackson Office of Medical Assistance Bureau of Policy and Health Plan Services Ohio Department of Job and Family Services PO BOX 182709 Columbus, Ohio
13. TYPED NAME: John B. McCarthy	
14. TITLE: STATE MEDICAID DIRECTOR	
15. DATE SUBMITTED: 9/14/12	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 9/14/12	18. DATE APPROVED: November 21, 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: December 2, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Regional Administrator
23. REMARKS:	

Instructions on Back