
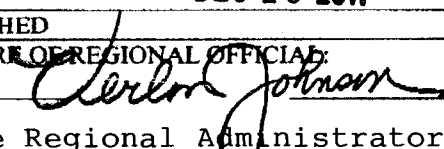


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>11 - 012</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 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: Section 1940 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2011    \$ 0 (in thousands) b. FFY 2012    \$ 0 (in thousands)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 16 to Attachment 2.6-A, pages 1 through 3 of 3 (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  (NEW)	
10. SUBJECT OF AMENDMENT: Asset Verification System (AVS)			
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"/> 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: 		16. RETURN TO:	
13. TYPED NAME:                    John B. McCarthy		Becky Jackson	
14. TITLE:                            STATE MEDICAID DIRECTOR		OHP/Bureau of Policy and Health Plan Services	
15. DATE SUBMITTED:            9.20.11		Ohio Department of Job and Family Services	
		P.O. BOX 182709	
		Columbus, Ohio 43218	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 09-20-11		18. DATE APPROVED: DEC 16 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