

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 11-015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>11 - 015</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 ( <i>Check One</i> ):		
<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 ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(11) 1902(a)(22) of the Social Security Act 42 CFR 431.615	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:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Attachment 4.16-B Interagency Agreement for the Certification of Outpatient Health Facilities (TN 85-23) [DELETE] Attachment 4.16-C, Interagency Agreement A-98-07-384 [DELETE] Attachment 4.16-C, Appendix A (TN 98-08) [DELETE] Attachment 4.16-C, Appendix A.1 (TN 98-08) [DELETE] Attachment 4.16-C, Interagency Agreement Amendment No. 1 (TN 98-08) [DELETE] Attachment 4.16-D, Interagency Agreement A-04-07-0074 (TN 03-016) [DELETE] Attachment 4.16-H, Memorandum of Understanding U-1011-07- 0202 (TN 09-022) [DELETE] Attachment 4.16-Z, Cooperative Agreement (TN 91-22) [DELETE]	
10. SUBJECT OF AMENDMENT: Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees (remove Attachments 4.16-B, C, D, H, Z)		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):		
<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: <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>	<b>Becky Jackson</b> <b>OHP/Bureau of Policy and Health Plan Services</b> <b>Ohio Department of Job and Family Services</b> <b>P.O. BOX 182709</b> <b>Columbus, Ohio 43218</b>	
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>		
15. DATE SUBMITTED: <b>9.23.11</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: <b>September 23, 2011</b>	18. DATE APPROVED: <b>September 13, 2017</b>	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2011</b>	20. SIGNATURE OF REGIONAL OFFICIAL:  <b>/s/</b>	
21. TYPED NAME: <b>Ruth A. Hughes</b>	22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:		