

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>11 - 022 REVISED #2</b>	2. STATE <b>OHIO</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 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 1902 (a)(13)(A) of the Social Security Act  
Section 1902 (a)(30)(A) of the Social Security Act  
42 CFR 447.40  
42 CFR 483.12 (b)

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 (\$29,664,000)  
b. FFY 2012 (\$91,462,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19D, Supplement 1:**

Section 001.1 1 page **NEW**  
Section 001.2 1 page **NEW**  
Section 001.3 1 page **NEW**  
Section 001.4 2 pages **NEW**  
Section 001.5 1 page **NEW**  
Section 001.6 1 page **NEW**  
Section 001.7 1 page **NEW**  
Section 001.8 1 page **NEW**  
Section 001.9 1 page **NEW**  
Section 001.10 1 page **NEW**  
Section 001.11 2 pages **NEW**  
Section 001.12 1 page **NEW**  
Section 001.13 1 page **NEW**  
Section 001.14 1 page **NEW**  
Section 001.15 1 page **NEW**  
Section 001.16 1 page **NEW**  
Section 001.17 1 page **NEW**  
Section 001.18 1 page **NEW**  
Section 001.19 1 page **NEW**  
Section 001.20 1 page **NEW**  
Section 001.21 1 page **NEW**  
Section 001.22 1 page **NEW**  
Section 001.23 1 page **NEW**  
Section 001.24 1 page **NEW**  
Section 001.245 1 page **NEW**

Appendix to Item 3 of Supplement 1 of Attachment 4.19-B Page 1 of 1

**Attachment 4.19-C NF:**  
Section 5111.33.001, page 1 of 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

**Attachment 4.19D, Supplement 1:**

NF Reimbursement Supp 1 of Attachment 4.19-D (TN 06-010) **DELETE**  
Section 309.30.20.000 (TN 07-010) **DELETE**  
Section 309.30.20.001 (TN 07-010) **DELETE**  
Section 309.30.30.000 (TN 08-016) **DELETE**  
Section 5111.02.000 (TN 06-010) **DELETE**  
Section 5111.02.001 (TN 08-019) **DELETE**  
Section 5111.20.000 (TN 06-010) **DELETE**  
Section 5111.20.001 (TN 06-010) **DELETE**  
Section 5111.21.000 (TN 06-010) **DELETE**  
Section 5111.22.000 (TN 06-010) **DELETE**  
Section 5111.221.000 (TN 06-010) **DELETE**  
Section 5111.222.000 (TN 08-016) **DELETE**  
Section 5111.222.001 (TN 06-010) **DELETE**  
Section 5111.231.000 (TN 06-010) **DELETE**  
Section 5111.24.000 (TN 06-010) **DELETE**  
Section 5111.242.000 (TN 06-010) **DELETE**  
Section 5111.242.001 (TN 06-010) **DELETE**  
Section 5111.243.000 (TN 06-010) **DELETE**  
Section 5111.244.000 (TN 06-010) **DELETE**  
Section 5111.244.001 (TN 06-001) **DELETE**  
Section 5111.25.000 (TN 06-010) **DELETE**  
Section 5111.25.001 (TN 06-010) **DELETE**  
Section 5111.254.000 (TN 06-010) **DELETE**  
Section 5111.254.001 (TN 06-010) **DELETE**  
Section 5111.257.000 (TN 06-010) **DELETE**  
Section 5111.258.000 (TN 06-010) **DELETE**  
Section 5111.258.001 (TN 06-010) **DELETE**  
Section 5111.26.004 (TN 06-010) **DELETE**  
Section 5111.26.005 (TN 06-010) **DELETE**  
Section 5111.264.000 (TN 06-010) **DELETE**  
Section 5111.265.000 (TN 06-010) **DELETE**  
Section 5111.266.000 (TN 06-010) **DELETE**  
Section 5111.29.000 (TN 06-010) **DELETE**  
Section 5111.29.001 (TN 06-010) **DELETE**  
Section 5111.676.000 (TN 06-010) **DELETE**  
Section 5111.676.001 (TN 06-015) **DELETE**

Appendix to Item 3 of Supplement 1 of Attachment 4.19-B Pages 1 and 2 of 2 (TN 05-022)

**Attachment 4.19-C NF:**  
Section 5111.33.001, pages 1 through 11 of 11 (TN 07-010)

10. SUBJECT OF AMENDMENT: Changes in nursing facility reimbursement for SFY 2012 and forward.

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED: <b>JUN 18 2012</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JUL - 1 2011</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Thompson</i>
21. TYPED NAME: <b>Penny Thompson</b>	22. TITLE: <b>Deputy Director, CMES</b>
23. REMARKS:	