



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>11 - 023</b>	2. STATE <b>OHIO</b>
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	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"/> 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 1905 (a)(15) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2011            \$1,499 (in thousands) b. FFY 2012            \$4,529 (in thousands)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19D - ICF-MR Supplement 2:</b> Section 5101:3-3-17.5 page 1 of 1 Section 309.30.90 (New) pages 1 through 4 of 4 Section 309.33.10 (New) pages 1 through 4 of 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19D - ICF-MR Supplement 2:</b> Section 5101:3-3-17.5 (TN <del>09-014</del> ) (TM 10-001) Section 5101:3-3-84.5 (Delete) Section 5101:3-3-90 (Delete)	
10. SUBJECT OF AMENDMENT: ICF-MR reimbursement systems for SFYs 2012 and 2013, and modification of the per diem rate for SFY 2012 for the ICF-MR outlier provider Sunshine/King Road Family Care Home		
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 OHP/Bureau of Policy and Health Plan Services Ohio Department of Job and Family Services P.O. BOX 182709 Columbus, Ohio 43218	
14. TITLE:                      STATE MEDICAID DIRECTOR		
15. DATE SUBMITTED:            9.30.11		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
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: 	
21. TYPED NAME: <b>Penny Thompson</b>	22. TITLE: <b>Deputy Director, CMCS</b>	
23. REMARKS: <b>Pen &amp; ink charge made to block # 9</b>		

**Instructions on Back**