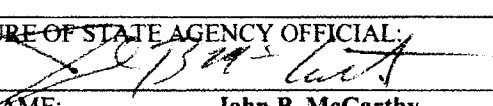
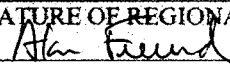


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>11 - 029</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE November 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: 1905(a)(13) of the Social Security Act 42CFR440.130(d)		7. FEDERAL BUDGET IMPACT: a. FFY 2012    \$ (406.7) thousands b. FFY 2013    \$ (443.6) thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 13-d-2, Pages 1 through 4 of 19  Attachment 3.1-A, Item 13-d-2, Page 5 of 19 Attachment 3.1-A, Item 13-d-2, Pages 6 through 10 of 19  Attachment 3.1-A, Item 13-d-2, Page 11 of 19 Attachment 3.1-A, Item 13-d-2, Pages 12 through 19 of 19		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Item 13-d-2, Pages 1 through 3 of 16 (TN 08-011) Attachment 3.1-A, Item 13-d-2, Page 4 of 16 (TN 11-006) Attachment 3.1-A, Item 13-d-2, Pages 5 through 8 of 16 (TN 08-011) Attachment 3.1-A, Item 13-d-2, Page 9 of 16 (TN 11-006) Attachment 3.1-A, Item 13-d-2, Pages 10 through 16 of 16 (TN 08-011)	
10. SUBJECT OF AMENDMENT: Weekly benefit limits for certain rehabilitative services provided by alcohol and other drug treatment programs			
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:  Becky Jackson OHP/Bureau of Policy and Health Plan Services Ohio Department of Job and Family Services P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME:                      John B. McCarthy			
14. TITLE:                                STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: November 23, 2011			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: November 23, 2011		18. DATE APPROVED: 6/8/12	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: November 1, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Alan Freund		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

Instructions on Back