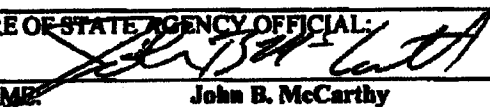
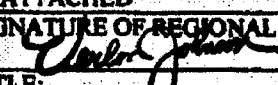


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12 -003 Revised	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2012	
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: Sections 1902(a)(47) and 1920 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 0 thousands b. FFY 2013 \$ 0 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 11 Page 21a Page 45 Attachment 2.2-A, Page 23 Attachment 2.6-A, Page 25 Attachment 3.1-A, Page 8a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 11 (TN 93-31) Page 21a (TN 04-007) Page 45 (TN 91-19) Attachment 2.1-A, Pages 1 and 2 of 2 (TN 87-8) [DELETE] Attachment 2.2-A, Page 23 (TN 91-26) Attachment 2.6-A, Page 25 (TN 91-27) Attachment 3.1-A, Page 8a (TN 97-14)	
10. SUBJECT OF AMENDMENT: Presumptive eligibility for pregnant women			
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 Bureau of Health Plan Policy Office of Medical Assistance P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: John B. McCarthy			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 12-20-2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 20, 2012		18. DATE APPROVED: March 1, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

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