TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: **12 - 007 REVISED #3**	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 July 1, 2012	

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:	7. FEDERAL BUDGET IMPACT:
1905(a)(19) of the Social Security Act; 1915(g)(2) of the Social Security Act; 42CFR430.12(c); 42CFR440.169; 42CFR440.225; 42CFR441.18	a. FFY 12 $ 0 b. FFY 13 $ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A, Item 13-d-2, Page 5 of 19	Attachment 3.1-A, Item 13-d-2, page 5 of 19 (TN 11-029)
Attachment 3.1-A, Item 13-d-2, Page 11 of 19	Attachment 3.1-A, Item 13-d-2, page 11 of 19 (TN 11-029)
Attachment 3.1-a, Item 13-d-2, Page 15 of 19	Attachment 3.1-a, Item 13-d-2, Page 15 of 19 (TN 11-029)
Supplement 1 to Attachment 3.1-A, Target Group F: ODADAS, Pages 1 through 9 of 9 (NEW)	
Attachment 4.19-B, Item 13-d-2, ~~Pages 1 of 2~~ pages 1 and 2 of 2 HBP	Attachment 4.19-B, Item 13-d-2, Pages 1 and 2 of 2 (TN 11-028)
Attachment 4.19-B, Item 19-a, Target Group F: ODADAS, Page 1 of 1 (NEW)	

10. SUBJECT OF AMENDMENT: Transition the Case Management service for certain Medicaid-eligible individuals receiving alcohol or substance abuse treatment services from Rehabilitative services (Item 13-d-2) to Targeted Case Management services (Item 19-a).

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ 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: 3-29-2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 29, 2012	18. DATE APPROVED: 6/27/12

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: Alan Freund
21. TYPED NAME: Alan Freund	22. TITLE: Acting Associate Regional Administrator

23. REMARKS:

Instructions on Back

FORM CMS-179 (07-92