TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: **12 – 012**	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:
42CFR430.12(c); 42CFR440.225, 42CFR440.130(d) ; 1905 (a)(13) of the Social Security Act	a. FFY 2012 $2369 ~~$8968~~ thousands b. FFY 2013 $9477 ~~$8968~~ thousands HPP
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 13-d-2, Page 14 of 19 Attachment 3.1-A, Item 13-d-2, Page 14a of 19 (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 3.1-A, Item 13-d-2, page 14 of 19 (TN 11-029)

10. SUBJECT OF AMENDMENT: Rehabilitative services provided by alcohol and other drug treatment programs: Inclusion of Medication Assisted Treatment as a component of the Medical/Somatic service

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: 6/26/12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/26/12	18. DATE APPROVED: 9/21/12
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2012	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)