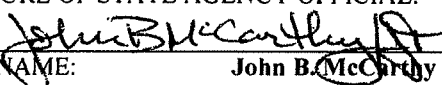
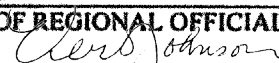


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13 -001(REVISED)	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2013	
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: 42 CFR § 431.10(c) 42 CFR § 431.11(d)		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 1,600 thousands b. FFY 2014 \$ 3,200 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 1.2-D, Description of Staff Making Eligibility Determinations Attachment 2.2-A, Groups covered and agencies responsible for eligibility determinations, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 1.2-D, Description of Staff Making Eligibility Determinations (TN 12-014) Attachment 2.2-A, Groups covered and agencies responsible for eligibility determinations, page 1 (TN 12-014)	
10. SUBJECT OF AMENDMENT: Single state agency determinations of Medicaid eligibility			
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: The State Medicaid Director is the Governor's designee	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: John B. McCarthy		Becky Jackson	
14. TITLE: STATE MEDICAID DIRECTOR		Bureau of Health Plan Policy	
15. DATE SUBMITTED: 2/21/13 CD		Office of Medical Assistance	
		P.O. BOX 182709	
		Columbus, Ohio 43218	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 02/21/13		18. DATE APPROVED: 05/22/13	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/13		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

Instructions on Back