TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13 – 002 (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 July 1, 2013

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: 1932(a)(1)(A)(i) 1932(a)(2)(A)(i) 42CFR 438.50	7. FEDERAL BUDGET IMPACT: a. FFY 2013 $ 48,807 thousands b. FFY 2014 $ 195,228 thousands

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, Page 4 Attachment 3.1-F, Page 5 Attachment 3.1-F, Page 6 Attachment 3.1-F, Page 8	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-F, Page 4 (TN 09-023) Attachment 3.1-F, Page 5 (TN 09-023) Attachment 3.1-F, Page 6 (TN 09-023) Attachment 3.1-F, Page 8 (TN 09-023)

10. SUBJECT OF AMENDMENT:
Enrollment of SSI Children in Managed Care

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:
The State Medicaid Director is the Governor's designee

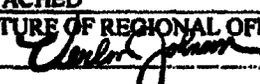| 12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Becky Jackson Office of Medical Assistance Bureau of Health Plan Policy P.O. BOX 182709 Columbus, Ohio 43218
13. TYPED NAME: JOHN B. MCCARTHY	
14. TITLE: STATE MEDICAID DIRECTOR	
15. DATE SUBMITTED: 5/8/13 3/20/13 CD	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 20, 2013	18. DATE APPROVED: May 17, 2013

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator

23. REMARKS: