Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



August 22, 2017

Barbara R. Sears, Director Ohio Department of Medicaid P.O. Box 182709 50 West Town Street, Suite 400 Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 17-030

Dear Ms. Sears:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #17-030 - Removal of obsolete pages: Enhanced Care Management,

Attachment 3.1-G

Effective Date: July 1, 2017Approval Date: August 22, 2017

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes Associate Regional Administrator Division of Medicaid and Children's Health Operations

## Enclosure

cc: Sarah Curtin, ODM
Carolyn Humphrey, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

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TRANSMITTAL AND NOTICE OF APPROVAL OF	1	2. STATE
STATE PLAN MATERIAL	17-030	OHIO
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FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
	SOCIAL SECURITY ACT (MEDICA	AID)
TO: REGIONAL ADMINISTRATOR	4 DDODOGED EFFECTIVE DATE	
	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	7/1/2017	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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:	
Section 1932 (a)(1)(A) of the Social Security Act	a. FFY 17 \$0	
the contract of the contract o	b. FFY 18 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED DI AN SECTION
6. FAGE NUMBER OF THE FLAN SECTION OR ATTACHMENT;	l .	
	OR ATTACHMENT (If Applicable):	
	Attachment 3.1-G, Page 1 to 10 (TN 05	-019)
10. SUBJECT OF AMENDMENT: Removal of the obsolete Enhanced (	Zana Managana	10100
10. SOBJECT OF AMENDMENT. Removal of the obsolete emianced (	Lare Management	
11. GOVERNOR'S REVIEW (Check One):	· · · · · · · · · · · · · · · · · · ·	
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