TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICAID AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 09 - 017 Revised	2. STATE OHIO
	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 07/01/2009	

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 1928 of the Social Security Act	a. FFY 2009 $250,994.58 b. FFY 2010 $1,063,195.87
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: State Plan Table of Contents, SECTION 1 OMB No.: 0938-0193 State Plan page 9a State Plan page 66(b)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: State Plan Table of Contents, SECTION 1 OMB No.: 0938-0193 (TN # 87-16) State Plan pages 9a, 9b, 9c (TN # 94-21) State Plan pages 66(b) and 66 (c) (TN # 94-29)

10. SUBJECT OF AMENDMENT: **Pediatric Immunization Program**

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 State Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: **MAUREEN M. CORCORAN**	**Becky Jackson** **OHP/Bureau of Health Plan Policy** **Ohio Department of Job and Family Services** **50 West Town Street 4th floor A4030** **Columbus, Ohio 43215**
14. TITLE: **INTERIM STATE MEDICAID DIRECTOR**	
15. DATE SUBMITTED: 9.29.09	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
September 29, 2009	DEC 28 2009
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
July 1, 2009	
21. TYPED NAME:	22. TITLE:
Verlon Johnson	Associate Regional Administrator

23. REMARKS:

Instructions on Back

FORM CMS-179 (07-92)