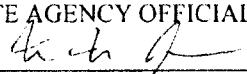
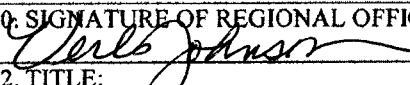


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-019	2. STATE OHIO
FOR: CENTERS FOR MEDICAID AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE 7/01/09	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <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 <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1928 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2008 \$ 0 b. FFY 2009 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16-K Interagency Agreement between ODJFS and ODH, Vaccine for Children Program-Project 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.16-K ODH and ODHS Interagency Agreement for the Free Vaccine Program	
10. SUBJECT OF AMENDMENT: Interagency Agreement between ODJFS and ODH, Vaccine for Children Program			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor has delegated signature authority <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL to ODJFS Director. Director has delegated signature authority to State Medicaid Director			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Becky Jackson OHP/Bureau of Policy and Benefit Management Ohio Department of Job and Family Services 50 West Town Street 4 th floor A4030 Columbus, Ohio 43215	
13. TYPED NAME: MAUREEN M. CORCORAN			
14. TITLE: INTERIM STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 7/29/09			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 29, 2009		18. DATE APPROVED: DEC 23 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

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