

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>09-022</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICAID AND MEDICAID SERVICES</b>		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 <b>7/01/09</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> <b>AMENDMENT</b></span> </div> <div style="text-align: center; font-size: small;">             COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)           </div>			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.61 (C)		7. FEDERAL BUDGET IMPACT: a. FFY 2008                      \$ 0 b. FFY 2009                      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16-H Memorandum of Understanding between ODJFS and the Ohio Head Start Association, Inc. (OHSOI)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.16-H ODHS/Ohio Head Start Program interagency agreement	
10. SUBJECT OF AMENDMENT: Memorandum of Understanding agreement between ODJFS and OHSOI			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <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           </div> <div> <input checked="" type="checkbox"/> <b>OTHER, AS SPECIFIED:</b>              Governor has delegated signature authority              to ODJFS Director. Director has delegated              signature authority to State Medicaid Director           </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Becky Jackson</b> <b>OHP/Bureau of Policy and Benefit Management</b> <b>Ohio Department of Job and Family Services</b> <b>50 West Town Street 4<sup>th</sup> floor A4030</b> <b>Columbus, Ohio 43215</b>	
13. TYPED NAME: <b>MAUREEN M. CORCORAN</b>		14. TITLE: <b>INTERIM STATE MEDICAID DIRECTOR</b>	
15. DATE SUBMITTED: <b>10/9/09</b>		17. DATE RECEIVED: <b>OCT 29 2009</b>	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JUL - 1 2009</b>		18. DATE APPROVED: <b>OCT 27 2009</b>	
21. TYPED NAME: <b>Verlon Johnson</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
23. REMARKS:		22. TITLE: <b>Associate Regional Administrator</b>	

Instructions on Back