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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 09-032 | 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 NOVEMBER 30, 2009 | |
| 5. TYPE OF PLAN MATERIAL (Check One): | | | |
| <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 (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440; 42 CFR 441; 42 CFR 447 | | 7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$11.9 million b. FFY 2011 \$ 8.6 million | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-A, pages 28, 29 and 30 Ohio Administrative Code Rule 5101:3-2-53 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 4.19-A, pages 28, 29 and 30 Ohio Administrative Code Rule 5101:3-2-53 | |
| 10. SUBJECT OF AMENDMENT: Supplemental inpatient hospital payments for children's hospitals. | | | |
| 11. GOVERNOR'S REVIEW (Check One): | | | |
| <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 | | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has delegated signature authority to ODJFS Director. Director has delegated signature authority to 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 P.O. BOX 182709 Columbus, Ohio 43218 | |
| 13. TYPED NAME: TRACY J. PLOUCK | | 17. DATE RECEIVED: | |
| 14. TITLE: STATE MEDICAID DIRECTOR | | 18. DATE APPROVED: | |
| 15. DATE SUBMITTED: 12.31.09 | | 19. EFFECTIVE DATE OF APPROVED: | |
| 20. TYPED NAME: William Lawson | | 21. TYPED NAME: Becky Jackson | |
| 22. REMARKS: | | | |

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