

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

11-013 (REVISED)

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
January 1, 2012

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:

1905(a)(4)(D) of the Social Security Act
1905(bb)(2) of the Social Security Act
Section 4107 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$ 2.3 (in thousands)
b. FFY 2013 \$ 2.3 (in thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 2
Attachment 3.1-A, Item 4-d, Page 1 of 1 (NEW)
Attachment 3.1-A, Item 12, Page 2 of 12

Attachment 3.1-A, Item 12, Page 2a of 12
Attachment 4.19-B, Item 4-d, Page 1 of 1 (NEW)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, page 2 (TN 10-013)
(NEW)
Attachment 3.1-A, Pre-Print Page 5, Item 12, Page 2 of 12 (TN
07-001)
Attachment 3.1-A, Item 12, Page 2a of 12 (TN 09-018
(NEW)

10. SUBJECT OF AMENDMENT:

Coverage of comprehensive tobacco cessation services for pregnant women

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 Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: JOHN B. MCCARTHY

14. TITLE: STATE MEDICAID DIRECTOR

15. DATE SUBMITTED: 9.22.11

16. RETURN TO:

Becky Jackson
Bureau of Health Plan Policy
Office of Medical Assistance
P.O. BOX 182709
Columbus, Ohio 43218

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 22, 2011

18. DATE APPROVED:
June 14, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:
Alan Freund

22. TITLE:
Acting Associate Regional Administrator

23. REMARKS:

Instructions on Back