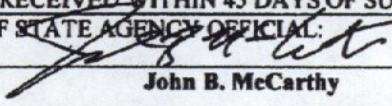
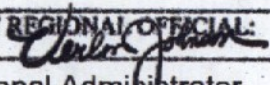


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12 -014 (Revised)	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 9/10/2012	
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: Section 1902(a) of the Social Security Act; 42 CFR § 431.10; 42 CFR § 431.11		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 0 thousands b. FFY 2013 \$ 0 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Table of Contents, i; Page 1; Page 2; Page 3; Page 5; Page 7; Page 8; Page 33a Page 89; Attachment 1.1-A, Attorney General's Certification; Attachment 1.2-A, Organization and Function of State Agency, Page 1; Attachment 1.2-A, Organization and Function of State Agency, Pages 2 through 10; Attachment 1.2-B, Organization and Function of Medical Assistance Unit, Page 1; Attachment 1.2-C, Professional Medical and Supporting Staff, Page 1; Attachment 1.2-D, Description of Staff Making Eligibility Determination (NEW) Attachment 2.2-A, Groups covered and agencies responsible for eligibility determinations, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Table of Contents (page not numbered) (TN 09-017); Page 1 (page not numbered) (TN 00-013); Page 2 (TN 00-013); Page 3 (TN 00-013); Page 5 (TN 76-54) Page 7 (TN 74-15); Page 8 (TN 74-15) Page 33a (TN 88-23) Page 89 (TN 91-19); Attachment 1.1-A, Attorney General's Certification (TN 81-9); Attachment 1.2-A, Organization and Functions of the Single State Agency (page not numbered) (TN 80-27); Attachment 1.2-A, Page 1 of 5 (78-4); DELETE Attachment 1.2-A, Pages 2 through 4 (80-27); DELETE Attachment 1.2-A, Page 5 (80-27); Attachment 1.2-B, Organization and Functions of the Unit Responsible for the Assistance Program Under Title XIX of the Social Security Act, Pages 1 (page not numbered) and 2 (TN 80-27); Attachment 1.2-C, Professional Medical Staff (page not numbered) (TN 81-4); Attachment 1.2-C, Division of Medical Assistance Functional Outline, Pages 1 (page not numbered), 2, and 3 (TN 81-4) DELETE ; Attachment 1.2-C, Untitled Table of Organization (6 pages not numbered) (TN 81-4) DELETE . Attachment 2.2-A, Groups covered and agencies responsible for eligibility determinations, page 1 (TN 91-25)	
10. SUBJECT OF AMENDMENT: Single State Agency Organization			
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 Office of Medical Assistance Bureau of Health Plan Policy P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: John B. McCarthy			
14. TITLE: STATE MEDICAID DIRECTOR			
15. DATE SUBMITTED: 11/8/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 11/8/12		18. DATE APPROVED: February 6, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 10, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Vernon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			