

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No. 0938-

State/Territory: OHIO

Citation 7.4  
42 CFR 430.12  
(b)

State Governor's Review

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

Not applicable. The Governor --

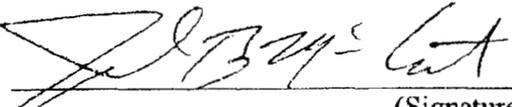
Does not wish to review any plan material.

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of the

Office of Medical Assistance  
(Designated Single State Agency)

Date: 7-26-12

  
\_\_\_\_\_  
(Signature)

Medicaid Director  
(Title)

TN: 12-014  
Supersedes:  
TN: 91-19

Approval Date: 2/6/13

Effective Date: 09/10/2012