FORM HCFA-179 (07-92)

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2009-021	Florida
	7.5-Mary 4650	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT	LE XIX OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	October 1, 2009	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (in	thousands)
1902(q)(1) and (2) of the Act	No Fiscal Impact	,
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
Attachment 2.6-A Supplement 15 Page 1	OR ATTACHMENT (If Applicable):	
DEPARTAGENT OF REALTH AND RUMAN SERVICES	Attachment 2.6-A Supplement 15 Page	1 PCTAY AFRACTER
BEALTE CAFF (IF) NO ING A PAGE EXPLATION		(別のおから) 1.3 m 101 m.
TRANSMICT AL AND NOTICE OF APPROVAL OF	E TRANSMITTAL NUMBER:	1. 57.43
STATE PLAN MATERIAL	2009-021	Reada
10. SUBJECT OF AMENDMENT:	3 PROCEAM INFINITE ATTIME 10	
Variations from the Personal Needs Allowance.	SOCIAL SECURITY ACT (MEDIC)	1.4
TO: RECIEVAL ADMINISTRATOR	EPROPOSED BYSEC IVEDATE	
FIGURE PER AN ARE PERSONAL AND ADDRESS A TRANSPORT A TRANSPORT	Castolina de Sufference Vistoria	
11. GOVERNOR'S REVIEW (Check One):	0,0000 4,5000	
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	IFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Reviewed by the Deputy	Secretary for Medicaid
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	who is the Governor's de	signee.
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