DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 2009-026

2. STATE: Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2010

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:
42 CFR 447

7. FEDERAL BUDGET IMPACT: (in thousands)
No Fiscal Impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 29a, Attachment 2.6A Page 22, Supplement 8b to Attachment 2.6A Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Page 29a, Attachment 2.6A Page 22, Supplement 8b to Attachment 2.6A Page 1

10. SUBJECT OF AMENDMENT:
Changes to asset limits for QMB, SLMB, and QI1.

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:
Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Mr. Phil E. Williams

14. TITLE:
Interim Deputy Secretary for Medicaid

15. DATE SUBMITTED:
12/14/09

16. RETURN TO:
Mr. Phil E. Williams
Interim Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308

Attention: Robin Ingram

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/15/09

18. DATE APPROVED: 03/15/10

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Jackie Glaze

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 03/08/10:

Block # 6: Federal Statute/Regulation Citation: 42 CFR 447 **changed to read:** Federal Statute/Regulation Citation: 1905(p)
Block #8: Pre-Print page 29a, Attachment 2.6-A page, Supplement 8b to Attachment 2.6-A page 1 **changed to read** **Block # 8**: Pre-Print page 29a, Attachment 2.6-A page 22, Supplement 8b to Attachment 2.6-A page 1 and Attachment 2.2-A Pages 9b and 9b1; **Block #9**: Pre-Print page 29a, Attachment 2.6-A page, Supplement 8b to Attachment 2.6-A page 1 **changed to read** **Block # 9**: Pre-Print page 29a, Attachment 2.6-A page 22, Supplement 8b to Attachment 2.6-A page 1 and Attachment 2.2-A Pages 9b and 9b1;