

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 2010-002	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 488	7. FEDERAL BUDGET IMPACT: (in thousands) FY 2009-10: \$2,663 FY 2010-11: \$3,597
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-E, Supplement I, Page 1 Attachment 4.19-B, Page 45	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-E, Supplement I, Page 1 Attachment 4.19-B, Page 45

10. SUBJECT OF AMENDMENT: Organ Transplant Requirements

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 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 designee.

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Ms. Roberta K. Bradford Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attention: Robin Ingram
13. TYPED NAME: Ms. Roberta K. Bradford	
14. TITLE: Deputy Secretary for Medicaid	
15. DATE SUBMITTED: 3/23/10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/23/10	18. DATE APPROVED: 06/15/10
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 05/15/10	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: JACKIE L. GLAZE	22. TITLE: Acting Associate Regional Administrator

23. REMARKS:
Approved with the following change authorized by the State on email dated 6/3/10: Block 4 changed to read MAY 15, 2010.