TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL 1. TRANSMITTAL NUMBER: 2. STATE Plotida 2. STATE Plotida 3. PROGRAM IDENTIFICATION: TITLE XIX OF TS SOCIAL SECURITY ACT (MEDICAID) TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN	AMENDMENT AMENDMENT AMENDMENT AMENDMENT	TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL 1. TRANSMITTAL NUMBER: 2. STATE Florida POR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH HAD HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT: (in thousands) No Fiscal Impact. 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 53a-1 10. SUBJECT OF AMENDMENT: Limitations on Estate Recovery - Medicare Cost Sharing 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 12. SIGNATURE OF STATE AGENCY OFFICIAL MS. Roberta K. Bradford Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Aftention: Robin Ingram FOR REGIONAL OFFICIAL: 18. DATE SUBMITTED: DEPUT DATE OF APPROVED MATERIAL: 10. SIGNATURE OF REGIONAL OFFICIAL: 10. SIGNATURE OF REGIONAL OFFICIAL: 10. DATE SUBMITTED: DEPUT DATE OF APPROVED MATERIAL: 10. SIGNATURE OF REGIONAL OFFICIAL: 10. SIGNATU	TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION October 1. To 2011 3. P. S.	RANSMITTAL NUMBER: 2. STATE 0-0014 Florida ROGRAM IDENTIFICATION: TITLE XIX OF THE DCIAL SECURITY ACT (MEDICAID)
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