DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2011-002	Florida
FOR: HEALTH CARE FINANCING ADMINISTRATION	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 April 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):	Managara da	
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (in	
Section 1902(a) of the Act as amended by Section 6505	No Fiscal Impact	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
Section 4.44	OR ATTACHMENT (If Applicable): NEW	
10. SUBJECT OF AMENDMENT: Prohibition of Payments to Instituti	ons or Entities Located Outside of the Un	ted States
the control of the state of the		
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☐ OTHER, AS SPEC Reviewed by the Deputy who is the Governor's d	Secretary for Medicaid
10 STONE THE OF STREET & CONTROL OF STREET	16. RETURN TO: Ms. Roberta K. Bradford	
13. TYPED NAME:	Deputy Secretary for Medicaid	
Ms. Roberta K. Bradford	Agency for Health Care Administra	ition
14. TITLE:	2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308	
Deputy Secretary for Medicaid	Tananassee, FL 32308	
15. DATE SUBMITTED: 4 /21/11	Attention: Robin Ingram	
FOR REGIONAL OF	PRICE USE ONLY	
17. DATE RECEIVED:04/26/11	18. DATE APPROVED:	05/04/11
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20 SIGNATURE OF REGIONAL OF	FICIAL.
21. TYPED NAME jackie Glaze	22. TITLE Associate Regional Admini Division of Medicaid & Chi	
23. REMARKS:		
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