

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2011-004	2. STATE 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 July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1906 of the Act		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2010-11 \$3,477 FFY 2011-12 \$14,057	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.22 Page 70, Attachment 4.22-C		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NEW	
10. SUBJECT OF AMENDMENT: Health Insurance Premium Payment Program			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Ms. Roberta K. Bradford		Ms. Roberta K. Bradford Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308	
14. TITLE: Deputy Secretary for Medicaid		Attention: Robin Ingram	
15. DATE SUBMITTED: 7/27/11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 07/27/11		18. DATE APPROVED: 09/20/11	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/11		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Jacob Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: Approved with the following changes as authorized by State Agency on email dated 10/31/11 • Block #8: Changed to read: Section 4.22, page 70 Attachment 4.22C, pages 1-2 • Block #9: Changed to read: Section 4.22, page 70			