

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, GA 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

August 14, 2012

Mr. Justin Senior
Deputy Secretary for Medicaid
Florida Agency for Health Care Administration
227 Mahan Drive
Mail Stop 8
Tallahassee, Florida 32308

RE: Florida Title XIX State Plan Amendment, Transmittal # FL 11-007

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida State Plan Amendment (SPA) FL 11-007. The Request for Additional Information (RAI) response was received in the Regional Office on June 27, 2012. This SPA was initially submitted on September 23, 2011 with a stated purpose of amending the Florida County Health Department Reimbursement Plan payment methodology, effective July 1, 2011. Based on the HCFA 179 submitted by the State, federal budget impact would be \$6,955,000 in FFY 2010-11 and \$20,864,000 in FFY 2011-12.

Based on the information provided, we are now ready to approve Medicaid State Plan Amendment FL 11-007. This SPA was approved on August 13, 2012. The effective date of this amendment is July 1, 2011. We are enclosing the approved form HCFA-179 and the approved plan pages.

If you have any questions or need further assistance, please contact Darlene Noonan at 404-562-2707.

Sincerely,

/s/

Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures