DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 2013-002	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, 2013	

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 447.405,447.410, 447.415	7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2012-2013 $ 524,119 FFY 2013-2014 $ 698,825
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B TBD Attachment 4.19-B page 28	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 4.19-B TBD Attachment 4.19-B page 28

10. SUBJECT OF AMENDMENT: Primary Care Rate Increase

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
- ☒ 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: Mr. Justin M. Senior Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attention: April Cook
13. TYPED NAME: Mr. Justin M. Senior	
14. TITLE: Deputy Secretary for Medicaid	
15. DATE SUBMITTED: 1-2-13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 01-02-13	18. DATE APPROVED: 04-01-13
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-13	20. SIGNATURE OF REGIONAL OFFICIAL: Gina Roberts for Jackie Glaze
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to item 7, 8 and 9 as authorized by State Agency e-mail dated 03/28/13:

Block # 7 Changed to read: 7a –FFY 2012-2013 $306,764 and 7b – FFY 2013-2014 $409,019.

Block # 8 Changed to read: Attachment 4.19-B, pages, 28b, 28c, and 28d, Attachment 4.19-B page 28.

Block # 9 Changed to read: Attachment 4.19-B pages 28b, 28c and 28d new, Attachment 4.19-B page 28.