TRANSMITTAL AND NOTICE OF APPROVAL OF STATE MANDERS AND APPROVAL OF STATE PLAN MATERIAL. FOR: HEALTH CARE FINANCING ADMINISTRATION 1. TRANSMITTAL NUMBER: 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (NEEDICAL) 4. PROPOSED EFFECTIVE DATE BEARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): ONE STATE PLAN MATERIAL (Check One): ONE STATE BLOCKS of THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 440 7. FEDERAL BUDGET IMPACT: 5. FFY 2013 \$ 0. 5. FFY 2014 \$ 0. 5. FFY 2015	EALTH CARE FINANCING ADMINISTRATION	OMB NO. 0938-0193
FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2. STATE
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FORM HCFA-179 (07-92)

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