PARTMENT OF HEALTH AND HUMAN SERVICES FALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-019
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	I. TRANSMITTAL NUMBER: 2011-003	2. STATE MS
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION SOCIAL SECURITY ACT (M.	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 1, 2011	
TYPE OF PLAN MATERIAL (Check One): ☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		or each amendment)
FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPAC	
Section 1902(a)(30)(A) of the Social Security Act	b. FFY 2012	\$ 0 \$ 0
B. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SE	
Attachment 4.19-B, Page 11	OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 11	
0. SUBJECT OF AMENDMENT: The attached State Plan Amendment	is being filed to ensure the financi	al/reimbursement page for the
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