TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	11 - 001 REVISED	оню
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TI SOCIAL SECURITY ACT (MEDIC	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	January 1, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	ONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMER		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	The second secon
Section 1927(k)(2) of the Social Security Act	a FFY FFY 2011 \$ 0	•
	6. FFY FFY 2012 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Attachment 3.1-A, Item 12, Page 2a of 12 (NEW)	NEW	
10. SUBJECT OF AMENDMENT: Coverage of selected active pharmac	curical ingredients (APIs) and excipients	281211-19-18-18-18-18-18-18-18-18-18-18-18-18-18-
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11. GOVERNOR'S REVIEW (Check One);		
	FT LINE ALIEUT LINE ALIEUT.	
GOVERNOR'S OFFICE REPORTED NO COMMENT	🔯 other, as spec	TFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has delegate	d signature authority
	Governor has delegate to ODJFS Director. D	d signature authority irector bas delegated
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor has delegate to ODJFS Director. D	d signature authority
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Governor has delegate to ODJFS Director. D signature authority to	d signature authority irector bas delegated
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