TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL 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): NEW STATE PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Georate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.250 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19D, Part Ia, page 2 10. SUBJECT OF AMENDMENT: Extension of Medical Assistance Day One Incentive payments and funding levels for fiscal year 2013-2014. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT GOMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: FOR REGIONAL OFFICE USE ONLY 14. TITLE: FOR REGIONAL OFFICE USE ONLY 15. DATE SUBMITTED: PLAN APPROVED—ONE COPY ATTACHMED 13. TYPED NAME: PLAN APPROVED—ONE COPY ATTACHMED 13. TYPED REGIONAL OFFICE ALS: PLAN APPROVED—ONE COPY ATTACHMED 13. TYPED NAME: 14. TITLE: PLAN APPROVED—ONE COPY ATTACHMED 13. TYPED NAME: 14. TITLE: PLAN APPROVED—ONE COPY ATTACHMED 14. THE STATE 15. DATE SUBMITTED: PLAN APPROVED—ONE COPY ATTACHMED 15. SIGNATURE OF APPROVED ONE COPY ATTACHMED 20. SIGNATURE OF TAPPROVED ONE COPY ATTACHMED 21. TAPPROVED 20. SIGNATURE OF TAPPROVED 20. SIGNATURE OF TA	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
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