

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 07-004	2. STATE GEORGIA
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2007	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42CFR 440.180		7. FEDERAL BUDGET IMPACT:	
		a. FFY      2007                      \$0	
		FFY      2008                      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, pages 6c – 6c-15 Attachment 4-19-B, pages 1a – 1a-6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, pages 6c – 6c-11 Attachment 4-19-B, pages 1a – 1a-6	
10. SUBJECT OF AMENDMENT: COMMUNITY MENTAL HEALTH REHABILITATIVE SERVICES			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:			
<input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <i>Mark Trail</i>		16. RETURN TO:  Department of Community Health Medical Assistance Plans 2 Peachtree Street, N.W. Atlanta, Georgia 30303-3159	
13. TYPED NAME: MARK TRAIL			
14. TITLE: CHIEF, MEDICAL ASSISTANCE PLANS			
15. DATE SUBMITTED:			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 06/06/07		18. DATE APPROVED: 09/24/09	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/09		20. SIGNATURE OF REGIONAL OFFICIAL: ,	
21. TYPED NAME: Mary Kaye Justis, RN, MBA		22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Opns	
23. REMARKS:  Approved with following changes as authorized by State Agency on email dated 07/01/09  <b>Block # 8</b> Attachment 3.1-A pages 6c thru 6c-15 changed to read Attachment 3.1-A pages 6c thru 6c-25; Attachment 4.19B pages 1a thru 1a-6 changed to read Attachment 4.19-B pages 1a thru 1a-19; <b>Block #9</b> Amendment 3.1-A pages 6c thru 6c-11 changed to read Attachment 3.1-A pages 6c thru 6c-11 and pages 6c-12 thru 6c-25 NEW; Attachment 4.19B pages 1a thru 1a-6 changed to read Attachment 4.19-B pages 1a thru 1a-1 and 1a-2 thru 1a-19 NEW  <b>Block #4:</b> July 1, 2007 changed to read July 1, 2009			