DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-018	GEORGIA
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X☐ AMENDMENT		
6. FEDERAL STATUTE/REGULATION CITATION:	OMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) ATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT:	
Omnibus Reconciliation Act 1993	FY2011 0.00	
Olimibus Reconcination Act 1993	112011 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 53a-1	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
10. SUBJECT OF AMENDMENT: Limitations on Estate Recovery- Medicare Cost Sharing		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
1 The labor V	Department of Community Health	
13. TYPED NAME Jerry Dubberly	Medicaid Division	
	2 Peachtree Street, N.W.	
14. TITLE: CHIEF, Medicaid Division	Atlanta, Georgia 30303-31559	
	_	
15. DATE SUBMITTED:		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 12/28/10	18. DATE APPROVED: 03/16/	1.1
17. DATE RECEIVED: 12/28/10	16. DATE ALEROVED.	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
5.10/01//10	Machine Star	
21. TYPED NAME:	22. TITLE: Associate Regional Administ	
Jackie Glaze	Division of Medicaid & Child	fren's Health Opns
23. REMARKS: Approved with the following changes as authorized by State Agency on emails dated 03/08/11:		
DI 1 // 4 Cl and 4 and Cother 1 2010. Blad: #C. Changed to mail: 1017/6/(1) of the Astr Blad: #7. Changed to read: CCV 2012		
Block # 4: Changed to read: October 1, 2010; Block #6 Changed to read: 1917(b)(1) of the Act; Block #7: Changed to read: FFY 2012 = \$0; Block #8 Changed to read: 53a and 53a-1; Block #9 Changed to read: 53a; Block#10 Changed to read: Limitations on Estate		
Recovery – Protection of Medicare Cost Sharing benefits for MSP dual eligibles age 55 and over, for approved services provided on or after		
1/1/10. (MIPPA S-115); Block#15 Changed to read December 13, 2010.		