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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 11-002 | 2. STATE GEORGIA |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES | 4. PROPOSED EFFECTIVE DATE January 1, 2011 | |
| TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | |

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

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| 5. FEDERAL STATUTE/REGULATION CITATION: Section 1902(e)(13) of the Act | 7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 FFY 2012 \$0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2A, pages 11b - 11d | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): |

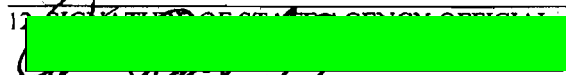
SUBJECT OF AMENDMENT:
EXPRESS LANE ELIGIBILITY

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

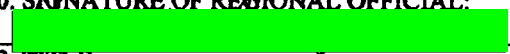
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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| 12. SIGNATURE OF STATE PLAN OFFICIAL:  | 16. RETURN TO: Department of Community Health Medicaid Division 2 Peachtree Street, NW Atlanta, Georgia 30303-3159 |
| 13. TYPED NAME: JERRY DUBBERLY | |
| 14. TITLE: CHIEF, MEDICAID DIVISION | |
| 15. DATE SUBMITTED: | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: 02/25/11 | 18. DATE APPROVED: 04/13/11 |
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PLAN APPROVED - ONE COPY ATTACHED

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/11 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Jackie Glaze | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns |

23. REMARKS: