| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 11-007 | 2. STATE Georgia |
|---|---|-----------------------------------|
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE October 1, 2011 | |
| 5. TYPE OF PLAN MATERIAL (Check One): | . , | 1 |
| ☐ NEW STATE PLAN AMENDMENT TO BE CO | ONSIDERED AS NEW PLAN | ✓ AMENDMENT |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM | ENDMENT (Separate Transmittal for | each amendment) |
| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: | |
| 42 CFR 440.130(d) | a. FFY 2012 \$1,147,837 | |
| | b. <u>FFY 2013 \$2,033,346</u> | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): | |
| 1) Attachment 3.1A Page 6c thru 6c-26 2) Attachment 4.19B Page 1a thru 1a-17 | 1) Attachment 3.1A Page 6c thru 6c-25 2) Attachment 4.19B Page 1a thru 1a-19 | |
| 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 SUBMITTA | ☐ OTHER, AS S | PECIFIED: |
| 12. SIGNATURE OF STATE GENCY OFFICIAL: | 16. RETURN TO: Georgia Department of Community Health Division of Medicaid 2 Peachtree Street, NW Atlanta, GA 30303-3159 | |
| 13. TYPED AME: Jerry Dubberry | | |
| 14. TITLE: Chief, Division of Medicaid | | |
| 15. DATE SUBMITTED: | | |
| FOR REGIONAL (| OFFICE USE ONLY | |
| 17. DATE RECEIVED: 08/17/11 | 18. DATE APPROVED: 06/04/12 | |
| PLAN APPROVED - C | ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/11 | 20. SIGNATURE OF REGIONAL OFFICIAL: | |
| 21, TYPED NAME: Jackie Glaze | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns | |
| 23. REMARKS: | | |
| Approved with the following changes to items 8 and 9 as authorized by State Agency of | n email dated 05/03/12 and 5/24/12: | |
| Block #8 changed to read: Attachment 3.1-A pages 6c thru 6c-29 and Attachment 4.1 thru 1a-19 | 9-B pages 1a-1 thru 1a-20; Block #9 changed to | read; Attachment 4.19-B pages 1a- |