

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: 12-004	2. STATE GEORGIA
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  
September 1, 2012

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)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:  
FFY 2012 \$ 253,503.00  
FFY 2013 \$ 979,048.00

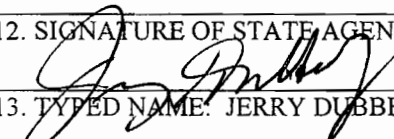
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.46 Pages 1,2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:  
Provider Screening and Enrollment


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

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
  
13. TYPED NAME: JERRY DUBBERLY  
14. TITLE: CHIEF, DIVISION OF MEDICAID  
15. DATE SUBMITTED:

16. RETURN TO:  
Department of Community Health  
Division of Medicaid  
2 Peachtree Street, NW, 36<sup>th</sup> Floor  
Atlanta, Georgia 30303-3159

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 03/30/12	18. DATE APPROVED: 06/21/12
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 09/01/12	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 on email dated 06/11/12:  
**Block # 6 Changed to read:** 42 CFR 455 **Block #7 changed to read:** FFY2012 \$5,818.00 and FFY2013 \$69,768.00 **Block #15 changed to read:** 03/30/12