TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: **13-011**	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 **January 1, 2014**	

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

☐ NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN **X** AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION: **42 C.F.R. §§ 438.6(c), 438.50, 438.52, 438.56, 431.51, 435.145, 435.118**	7. FEDERAL BUDGET IMPACT: **FFY 2013 $ 0.00** **FFY 2014 $ 16,300,000.00**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Attachment 3.1-F, Pages 1-24**	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: **Attachment 3.1-F(i), Pages 1-15**

10. SUBJECT OF AMENDMENT: **This State Plan Amendment will implement the transition of youth in foster care, juvenile justice, and adoption assistance into Georgia's Care Management Organization (Georgia Families)**

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: **Single State Agency Comments Attached**

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: **JERRY DUBBERLY**	**Department of Community Health** **Division of Medicaid** **2 Peachtree Street, NW, 36th Floor** **Atlanta, Georgia 30303-3159**
14. TITLE: **CHIEF, DIVISION OF MEDICAID**	
15. DATE SUBMITTED: 8/2/2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 08-02-13	18. DATE APPROVED: 10-24-13
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-14	20. SIGNATURE OF REGIONAL OFFICIAL: Jackie Glaze
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

FORM HCFA-179 (07-92)