

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 4, 2013

Dr. Jerry Dubberly, Chief
Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 40th Floor
Atlanta, Georgia 30303

RE: Georgia (GA) Title XIX State Plan Amendment (SPA), Transmittal # GA 13-001

Dear Dr. Dubberly:

We have reviewed the proposed Georgia State Plan Amendment 13-001, which was submitted to the Atlanta Regional Office on February 22, 2013. The SPA changes the State of Georgia Executive Order designation from the Commissioner to the head of the Medicaid Agency.

Based on the information provided, the Medicaid State Plan Amendment GA 13-001 was approved on March 4, 2013. The effective date of this amendment is January 1, 2013. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or Tandra.Hodges@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Jackie Glaze".

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB NO. 0938 -

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

- Citations(s) 7.4 State Governor's Review
- 42 C.F.R.
§430.12 (B)
- The Medicaid agency will provide opportunity for the office of the governor to re view Sate plan amendments, long range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments transmitted to the Centers for Medicare and Medicaid Services with such documents.
- Not applicable. The Governor - -
- Does not wish to review any plan material
- Wishes to review only the plan materials specified in the enclosed document
- Review is not required in accordance with 42 C.F.R. §430.12(b)(2)(i) (see attached)

TN No. 13-001
Supersedes
TN No. 91-35

Approval Date 3-4-13

Effective Date: January 1, 2013



February 21, 2013

Ms. Jackie Glaze
Associate Regional Administrator
Division of Medicaid and State Operations
Region IV, Centers for Medicare and Medicaid Services
Atlanta Federal Center
61 Forsyth Street, SW - Suite 4T20
Atlanta, Georgia 30303-8909

RE: State Plan Amendment T.N. 13-001

Dear Ms. Glaze:

The attached State Plan Amendment (SPA) from the State of Georgia by Executive Order of the Governor designates the Commissioner of the Georgia Department of Community Health to review and comment on the State Plan Amendments to the Georgia Medicaid Program in accordance with 42 C.F.R. §430.12(b)(2)(i).

Thank you for your consideration in this matter. John Upchurch, Reimbursement Director will serve as the Department's subject matter expert for all questions related to this SPA. He may be contacted at 404-651-0229 or jupchurch@dch.ga.gov. Please copy Therese Brisco at tbrisco@dch.ga.gov on all email correspondence.

Sincerely,

Jerry Dubberly, Chief
Division of Medicaid

JD/cb

Enclosure

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

1. TRANSMITTAL NUMBER:
13-001

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, 2013

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:
430.12(b)

7. FEDERAL BUDGET IMPACT:
FFY 2013 \$0
FFY 2014 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

89

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

89

10. SUBJECT OF AMENDMENT:
State Governor's Review

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:

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, 36th Floor
Atlanta, Georgia 30303-3159

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
02/22/13

18. DATE APPROVED: 03/04/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/13

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Opns

23. REMARKS:

STATE PLAN MATERIAL SHEET

TO: Scott Frederking

FROM: Jerry Dubberly
UNIT: Medicaid Division
PHONE:
DATE: 1/17/13
SPA TN: 13-001

Subject of the Amendment: State Governor's Review

Proposed Effective Date: January 1, 2013

FEDERAL BUDGET IMPACT

Budget Staff: [Signature]

Date: 2/1/13

FFY: 2013 \$ 0

FFY: 2014 \$ 0

STATE BUDGET IMPACT

Budget Staff: [Signature]

Date: 2/1/13

FFY: 2013 \$ 0

FFY: 2014 \$ 0

Federal Regulation Citation(s) or Reference(s):

Reviewed and Approved:

Coordinator or Manager

Date

[Signature]
Division or Office Director

2/21/13
Date

Contents: (check only those applicable)

Cover Letter to HCFA

Backup Material

Proposed Plan Pages

N/A Newspaper Tear Sheet
Of Public Notice

Other: _____

FOR STATE PLAN OFFICE USE



THE STATE OF GEORGIA

EXECUTIVE ORDER

BY THE GOVERNOR:

WHEREAS: Pursuant to 42 C.F.R. §430.12(b)(1)(i), Georgia Department of Community Health, the single state agency for administration of the Medicaid program, "...must submit the State plan and State plan amendments to the State Governor or his designee for review and comment before submitting them to CMS regional office."

WHEREAS: Pursuant to 42 C.F.R. §430.12(b)(2)(i), such "...submission is not required if the Governor's designee is the head of the Medicaid agency."

WHEREAS: As a result of the forgoing, as the Governor of the State of Georgia, I may designate the Commissioner of the Georgia Department of Community Health as the State's authority to review and comment on the submission of the State Plan and any State Plan Amendments.

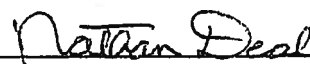
NOW, THEREFORE, BY THE VIRTUE OF THE POWER VESTED IN ME AS GOVERNOR OF THE STATE OF GEORGIA, IT IS HEREBY

ORDERED: That the Commissioner of the Georgia Department of Community Health is hereby designated to review and comment on State Plan Amendments to the Georgia Medicaid Program in accordance with 42 C.F.R. §430.12(b)(2)(i).

IT IS FURTHER

ORDERED: That the Department continue to provide advance notification of the State Plan and State Plan Amendments to the Office of Planning and Budget.

This 28TH day of November, 2012.



GOVERNOR