

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**

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January 21, 2016

Dr. Linda Wiant, Chief  
Medical Assistance Plans  
Georgia Department of Community Health  
2 Peachtree Street, NW, 40<sup>th</sup> Floor  
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 15-0009

Dear Dr. Wiant:

We have reviewed the proposed Georgia State Plan Amendment 15-0009, which was submitted to the Atlanta Regional Office on December 1, 2015. The SPA removes the Express Lane Eligibility Option from the state plan due to the program ending March 31, 2016.

Based on the information provided, the Medicaid State Plan Amendment 15-0009 was approved on January 21, 2016. The effective date of this amendment is January 1, 2016. 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](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze". The signature is written in a cursive, flowing style.

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 15-009	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, 2016	

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*)

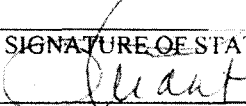
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(e) (13) of the Act	7. FEDERAL BUDGET IMPACT: FFY 2013 \$ 0.00 FFY 2014 \$ 0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.2A Pages 11b-11d	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Remove attachment 2.2A pages 11b-11d Reason: The program ends 12/31/2015
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10. SUBJECT OF AMENDMENT: Express Lane Eligibility Option

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 <sup>th</sup> Floor Atlanta, Georgia 30303-3159
13. TYPED NAME: LINDA WIANT	
14. TITLE: CHIEF, DIVISION OF MEDICAID	
15. DATE SUBMITTED: 11/20/15	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 12-01-15	18. DATE APPROVED: 01-21-16
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-16	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS: Approved with the following changes to block number 9 as authorized by the state on email dated 01-11-16:

Block # 9 changed to read: Remove attachment 2.2-A pages 11b-11d. Reason: The program ends March 31, 2016.