

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



July 1, 2011

Dr. Jerry Dubberly, Chief
Medicaid Division
Georgia Department of Community Health
2 Peachtree Street
Atlanta, Georgia 30303

Re: Georgia State Plan Amendment, Transmittal #11-003

Dear Dr. Dubberly:

We have reviewed Georgia State Plan Amendment (SPA) 11-003, which was submitted to the Atlanta Regional Office on June 2, 2011. This amendment was submitted pursuant to SMD letter 10-026 confirming the State shall not provide payment for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

Based on the information provided, we are now ready to approve Georgia SPA 11-003 as of June 29, 2011. The effective date is June 1, 2011. The signed CMS-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Carolyn Brown at (404) 562-7421.

Sincerely,

A handwritten signature in black ink that reads "Donda Lumbly for".

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

Enclosures

RECEIVED

JUL 07 2011

Chief's Office
Medical Assistance Plans

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

1. TRANSMITTAL NUMBER: 11-003	2. STATE Georgia
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE June 1, 2011	

TO: REGIONAL ADMINISTRATOR

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 2010 \$ 0

FFY 2011 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.44

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
N/A New page

10. SUBJECT OF AMENDMENT:

Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States

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:
Jerry A. Dubler

13. TYPED NAME: JERRY A. DUBLER

14. TITLE: CHIEF, DIVISION OF MEDICAID

15. DATE SUBMITTED:

16. RETURN TO:
Department of Community Health
Division of Medicaid
2 Peachtree Street, NW
Atlanta, Georgia 30303-3159

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06/02/11

18. DATE APPROVED: 06/29/11

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 06/01/11

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 as authorized by State Agency on emails dated 06/13/11:

Block # 6: Changed to read: Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (section 6505).

State/Territory: Georgia

Section 4 – GEORGIA PROGRAM ADMINISTRATION

4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States

Citation

Section 1902(a)(80) of the Social Security Act, P.L. 111 – 148 (Section 6505)

 X The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

TN No. 2011-003

Supersedes

TN No: New

Approval Date: 06-29-11

Effective Date: 06-01-11