

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-002	2. STATE GEORGIA
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 July 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.300		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$0 FFY 2011 \$0	
"8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, pg 3.0 Attachment 4.19-B, pg. 13.1 Attachment 3.1-A, pg 1g		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <i>chm 3.1</i> Attachment 4.19-B, pp.3.0-3.1 3.1 Attachment 4.19-B, pp. 13.1 13.3 13.2 13.3	
10. SUBJECT OF AMENDMENT: REIMBURSEMENT FOR HEALTH CHECK (EPSDT) SERVICES			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Jerry Dubberly</i>		16. RETURN TO: Department of Community Health Medicaid Division 2 Peachtree Street, N.W. Atlanta, Georgia 30303-3159	
13. TYPED NAME: JERRY DUBBERLY			
14. TITLE: CHIEF, Medicaid Division			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 04/07/10		18. DATE APPROVED: 07/06/10	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/10		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 06/29/10: <i>3.0 & b</i> Block # 8: Attachment 4.19-B, Pages 3.0 and 13.1 Changed to read: Attachment 4.19-B pages 3.0 and 13.1; 3.1-A page 1g; Block #9 Attachment 4.19-B, pages 3.0 thru 3.1; Attachment 4.19-B pages 13.1 and 13.3: Changed to read Attachment 4.19-B, pages 3.0 thru 3.1; Attachment 4.19-B pages 13.1 and 13.3 and 3.1-A page 1g *- requested deleted pages			