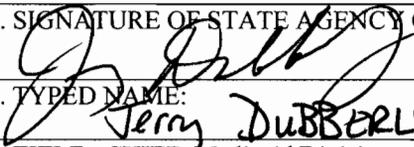
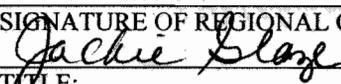


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-019	2. STATE Georgia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) XIX	
TO: REGIONAL ADMINISTRATOR		4. PROPOSED EFFECTIVE DATE July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN 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: 1902 (a)(42)(B)(i)		7. FEDERAL BUDGET IMPACT: a) FFY 2011 \$ 0 b) FFY 2012 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.5, pp. 1-3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None, This is NEW	
10. SUBJECT OF AMENDMENT: Recovery Audit Contractors (RACs) for Medicaid			
11. GOVERNOR'S REVIEW (Check One):			
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: 		16. RETURN TO:	
13. TYPED NAME: Jerry DUBBERLY		Department of Community Health Medicaid Division 2 Peachtree Street, N.W. Atlanta, Georgia 30303-3159	
14. TITLE: CHIEF, Medicaid Division			
15. DATE SUBMITTED: 5/28/11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/28/10		18. DATE APPROVED: 03/24/11	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/12		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 03/23/11 and 02/18/11:

Block # 4: Changed to read: January 1, 2012; **Block #8** Changed to read: preprint pages 36b, 36c and 36d.