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**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #:15-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form

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**

January 14, 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 14, 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,

//s//

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 ( <i>Check One</i> ):	
<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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(e) (13) of the Act		7. FEDERAL BUDGET IMPACT: FFY 2013    \$ 0.00 FFY 2014    \$ 0.00	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( 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	
10. SUBJECT OF AMENDMENT: Express Lane Eligibility Option			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		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			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 12/01/15		18. DATE APPROVED: 01/21/16	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/16		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
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: This program ends March 31, 2016.			