



APR 20 2000

Mr. Russ Toal
Commissioner
State of **Georgia**
Community Health
2 Peachtree St., N.W.
Atlanta, Georgia 30303-3519

Dear **Mr. Toal**:

We **are** pleased to inform you that **the** amendment to your **State Children's Health Insurance Program (SCHIP)** plan, dated December **14**, 1999, as amended by the additional information you submitted on March 9, 2000, **has** been approved. This amendment, effective retroactively to October 1, 1999, reflects **a change** in the reinstatement process to facilitate resuming **coverage** to children **who were** canceled due to non-payment of premium. The amendment also includes **an** addendum which provides that any child who identifies himself **as an** American Indian or Native **Alaskan** will be notified that, upon receipt of documentation, the monthly premium will be **waived**. We **appreciate your efforts** and **the efforts of your staff**, and extend our congratulations to Georgia on **the approval of your SCHIP** plan amendment.

Your project **officer** is Mr. **Dan** McCarthy. Mr. McCarthy is available to answer any questions concerning **the SCHIP** Program and can be reached at (410) 786-2079. **His** address is:

Health Care Financing Administration
Center for Medicaid and State Operations, Mail Stop C3-18-26
5500 Security Boulevard
Baltimore, Maryland **21244-1850**

Official communications regarding program **matters** should be sent simultaneously to the project officer and to either Mr. Michael McDaniel or Ms. Andriette **Johnson** in the **HCFA** Atlanta Regional **Office**. The Regional Office address is as follows:

Health Care Financing Administration
Region IV
Sam Nunn Atlanta Federal Center
61 Forsyth St., **S.W.**- Suite 4T20
Atlanta, **GA** 30303-8909

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Again, we extend our congratulations and look forward to working with you during the course of the program.

Sincerely,

/s/

Nancy-Ann Min DeParle
Administrator