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OFFICE OF GOVERNOR RONNIE MUSGROVE  
INTEROFFICE MEMORANDUM

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**TO:** GOVERNOR  
**FROM:** RILEY  
**SUBJECT:** MEDICAID STATE PLAN AMENDMENTS: TRANSPLANT SERVICES AND PHARMACY CLAIMS  
**DATE** 5/2/01  
**CC:** FILE

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The Division of Medicaid has requested your signature on the attached 2 state plan amendments.

State Plan Amendment #2001-10 removes invalid language and updates the standards for transplant services to be consistent with federal regulations.

State Plan Amendment #2001-15 changes the drug recovery from quarterly to monthly and changes the threshold used for pharmacy claims from \$100 to \$0.

Rica has reviewed these changes and is requesting your approval of these amendments. Please **check approved, date and sign both of the attached amendments.**