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OFFICE OF GOVERNOR RONNIE MUSGROVE  
INTEROFFICE MEMORANDUM

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**TO:** GOVERNOR  
**FROM:** SMITH  
**SUBJECT:** MEDICAID STATE PLAN AMENDMENTS  
**DATE** 9/28/01  
**CC:** FILE

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The Division of Medicaid has requested your signature on the attached State Plan Amendment.

State Plan Amendment #2001-23 is being filed to reflect federal and state law as well as current practices for nurse-midwife services.

Rica has reviewed this change and is requesting your approval of this amendment.  
**Please check approved, date and sign the attached amendment.**