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OFFICE OF GOVERNOR RONNIE MUSGROVE  
INTEROFFICE MEMORANDUM

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**TO:** GOVERNOR  
**FROM:** SMITH  
**SUBJECT:** MEDICAID STATE PLAN AMENDMENT 2003-08  
**DATE** 7/29/03  
**CC:** FILE

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

State Plan Amendment #2003-08 is being filed to provide the Division of Medicaid flexibility in establishing a provider review schedule commensurate with prudent monitoring activities as well as agency resources.

If you have questions, please do not hesitate to let me know.

Please **check approved, date, and sign the attached.**