

Medicaid Policy Routing and Tracking Form

Date:	<input type="text" value="11/2/2016"/>
Assignment Title:	<input type="text" value="Cross-Sex Hormone Therapy GAPMS"/>
Assignment Type:	<input type="text" value="GAPMS"/>
Final Due Date:	<input type="text" value="11/20/2016"/>
Assignment Summary (brief):	<input type="text" value="Cross-Sex Hormone Therapy GAPMS"/>
Attachment(s):	GAPMS II (004) to SH.docx
Section:	<input type="text" value="Pharmacy Policy"/>
Prepared By:	<input type="text" value="Sara Craig"/>
Position:	<input type="text" value="Senior Pharmacist"/>
Preparer Phone:	<input type="text" value="4157"/>
Preparer Room Number:	<input type="text" value="4157"/>

Reviewed by and Routing Timeline(s):

Name	Title	Start Date	End Date	Date Received	Today's Date and Initial	Approval
Arlene Elliott	AHC Administrator	<input type="text"/>	<input type="text"/>	10/31/2016	11/2/2016 AE	<input checked="" type="checkbox"/>
Erica Floyd-Thomas	Interim Deputy Secretary fo	<input type="text"/>	<input type="text"/>	11/2/2016	2/1/2018	<input type="checkbox"/>
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