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## State/Territory Name: Georgia

## State Plan Amendment (SPA) #: 23-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page



## Managed Care Group

July 12, 2023

Lynnette Rhodes, Esq. Executive Director, Medical Assistance Plans Georgia Department of Community Health 2 Martin Luther King Jr. Drive SE, East Tower Atlanta, GA 30334

Re: Georgia State Plan Amendment (SPA) GA-23-0006

Dear Ms. Rhodes:

The Centers for Medicare & Medicaid Services (CMS) completed review of Georgia's State Plan Amendment (SPA) Transmittal Number GA-23-0006 submitted on May 24, 2023. The purpose of this SPA is to add the Pathways beneficiaries as a mandatory population enrolled in managed care.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Georgia Medicaid SPA Transmittal Number GA-23-0006 is approved effective July 1, 2023.

If you have any questions regarding this amendment, please contact Tara Smith Porcher at 212-616-2418 or via email at tara.porcher@cms.hhs.gov.

Sincerely,

Bill Brooks Director Division of Managed Care Operations

cc: Melonie Watson, DCH Sabrina Tillman-Boyd, CMS Etta Hawkins, CMS

10. CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES       4. PROPOSED EF         5. FEDERAL STATUTE/REGULATION CITATION Section 1115(a)(1) of the Social Security Act       6. FEDERAL BUD a FFY_24 b FFY_25         7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-F(i), Page 6       8. PAGE NUMBER OR ATTACHME Attachment 3.1-F(i), Page 6         9. SUBJECT OF AMENDMENT Adding the Pathways to Coverage 1115 Waiver Participants as a population that is ma       0. GOVERNOR'S REVIEW (Check One) OR OTHER, ACT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL         11. SIGNATURE OF STATE AGENCY OFFICIAL       15. RETURN TO Lynnette R. Rhodes,		2. STATE GA
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11. SIGNATURE OF STATE AGENCY OFFICIAL 15. RETURN TO Lynnette R. Rhodes,	SPECIFIED:	
Executive Director, N		Dlane
12.dTYPED NAME     Georgia Department       Lynnette R. Rhodes     2 Martin Luther King	of Community Heal Jr. Drive SE	
13. TITLEEast Tower, 19th FloExecutive Director, Medical Assistance Plans DivisionAtlanta, Georgia 303		
14. DATE SUBMITTED 5/24/2023		
FOR CMS USE ONLY           16. DATE RECEIVED         17. DATE APPROVED	*	
May 24, 2023	July 12, 2023	
PLAN APPROVED - ONE COPY       18. EFFECTIVE DATE OF APPROVED MATERIAL     19. SIGN       July 1, 2023     19. SIGN		
20. TYPED NAME OF APPROVING OFFICIAL Bill Brooks 21. TITLE OF APPROV Director, Divis	ING OFFICIAL	e Operations
22. REMARKS		

Citation		Condition or Requirement
		income limit pursuant to Section 1925.
		<u>Pregnant Women (Right from the Start Medicaid – RSM)</u> - Pregnant women with family income at or below 200 percent of the federal poverty level who receive Medicaid through the RSM program. Pursuant to section 1902(a)(10)(A)(i)(iv) and 1902(1)(1)(A) and 1902(e)(5).
		<u>Children (Right from the Start Medicaid RSM)</u> - Children under age nineteen (19) whose family income is at or below the appropriate percentage of the federal poverty level for their age and family, pursuant to section $1902(1)(1)(B)$ and $1902(1)(1)(C)$ and $1902(1)(1)(D)$ .
		<u>Children (newborn)</u> - Pursuant to section $1902(e)(4)$ , a child born to a woman who is eligible Medicaid on the day the child is born.
		<b>Breast and Cervical Cancer</b> – Pursuant to section 1902(1)(10)(ii)(xviii) women under 65 who have been screened through Title XV CDC screening and have been diagnosed with breast or cervical cancer.
		<b><u>Refugees</u></b> - Those individuals who have the required INS documentation showing they meet a status in one of these groups: refugees, asylees, Cuban parolees/Haitian entrants, Amerasians or human trafficking victims.
		<i>Georgia Pathways- Pursuant to a section 1115 demonstration waiver, the population enrolled</i> <i>in Georgia Pathways.</i>
	2.	Mandatory exempt groups identified in 1932(a)(1)(A)(i) and 42 CFR 438.50.
		Use a check mark to affirm if there is voluntary enrollment any of the following mandatory exempt groups.
1932(a)(2)(B)		i Recipients who are also eligible for Medicare.
42 CFR 438(d)(1)		If enrollment is voluntary, describe the circumstances of enrollment. ( <i>Example: Recipients who become Medicare eligible during mid-</i> <i>enrollment remain eligible for managed care and are not</i> <i>disenrolled into fee-for- service.</i> )
1932(a)(2)(C) 42 CFR 438(d)(2)		ii Indians who are members of Federally recognized Tribes except when the MCO or PCCM is operated by the Indian Health Service or an Indian Health program operating under a contract, grant or cooperative agreement with the Indian Health Service pursuant to the Indian Self Determination Act; or an Urban Indian program operating under a contract or grant with