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State/Territory Name: Georgia

State Plan Amendment (SPA) #: GA-17-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

The complete final approved title XXI state plan for Georgia consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

JAN 04 2018

Ms. Sheila Alexander
Program Director, Peach Care for Kids
State of Georgia, Department of Community Health
2 Peachtree Street, NW, 37th Floor
Atlanta, GA 30303

Dear Ms. Alexander:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number GA-17-0024 submitted on November 7, 2017 has been approved. Through this SPA, Georgia adds non-emergency medical transportation, case management services, and enabling services as covered benefits under the CHIP state plan. This SPA has a retroactive effective date of July 1, 2017.

Your title XXI project officer is Ms. Cassie Lagorio. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Lagorio's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-4554
E-mail: Cassandra.Lagorio@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Lagorio and to Mr. Charles Friedrich, Acting Associate Regional Administrator (ARA) in our Atlanta Regional Office. Mr. Friedrich's address is:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
61 Forsyth Street, SW, Suite 4T20
Atlanta, GA 30303-8909

If you have additional questions, please contact Ms. Amy Lutzky, Director, Division of State Coverage Programs at (410) 786-0721.

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We look forward to continuing to work with you and your staff.

Sincerely,

/ Anne Marie Costello /

Anne Marie Costello
Director

cc: Charles Friedrich, Acting ARA, CMS Region IV

Transmittal Number	Date Submitted	Effective Date	Date Approved	Description	Amended Plan Section(s)
GA-16-0022	07/20/2016	01/01/2016	10/27/2016	FQHC/RHC Methodologies	Section 3.1 was amended to include: Payment Methodologies of FQHC/RHC Unit PPS Rate Method Alternative Payment Method Section 6.2.5 was amended to include: Services provided by RHC/FQHC meet all requirements of EPSDT
GA-17-0023	08/15/2017	07/01/2017	09/14/2017	Applicant and Enrollee Protections: Health Services Matters	Section 12.2
GA-17-0024	11/06/2017	07/01/2017		Updated coverages	Section 6.2 was amended to include: Case management services Non-emergency transportation Enabling services Section 6.1.4 was amended to update coverage to include 6.1.4.1 and not 6.1.4.4

Sections of SPA to be replaced:

- 6.2. The state elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)**

These services are the same as the services in the Georgia Medicaid Plan with the exceptions of ~~non-emergency transportation, targeted case management,~~ services solely for persons over age 19, and some services that to be needed require a level of disability that would qualify the child for Medicaid. All these services are subject to the same limitations and prior approvals as they are in the Georgia Medicaid Plan.

6.2.20. **Case management services (Section 2110(a) (20))**

6.2.26. **Medical transportation (Section 2110(a) (26))**

~~Emergency ambulance services are covered for an enrollee whose life and/or health are in danger. Non-emergency transportation is not covered.~~

6.2.27. **Enabling services (such as transportation, translation, and outreach services (See instructions) (Section 2110(a) (27))**

Sections of SPA that have been updated:

- 6.2. The state elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)**

These services are the same as the services in the Georgia Medicaid Plan with the exceptions of services solely for persons over age 19, and some services that to be received require a level of disability that would qualify the child for Medicaid. These services are subject to the same limitations and prior approvals as they are in the Georgia Medicaid Plan.

6.2.20. **Case management services (Section 2110(a) (20))**

6.2.26. **Medical transportation (Section 2110(a) (26))**

6.2.27. **Enabling services (such as transportation, translation, and outreach services (See instructions) (Section 2110(a) (27))**

6.1.4. Secretary-Approved Coverage. (Section 2103(a)(4)) (42 CFR 457.450)

- 6.1.4.1. Coverage the same as Medicaid State plan**
- 6.1.4.2. Comprehensive coverage for children under a Medicaid Section 1115 demonstration project
- 6.1.4.3. Coverage that either includes the full EPSDT benefit or that the state has extended to the entire Medicaid population
- 6.1.4.4. Coverage that includes benchmark coverage plus additional coverage**
- 6.1.4.5. Coverage that is the same as defined by “existing comprehensive state-based coverage”
- 6.1.4.6. Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit by benefit comparison (Please provide a sample of how the comparison will be done)
- 6.1.4.7. Other (Describe)