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State/Territory Name: Georgia

State Plan Amendment (SPA) #:13-014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 16, 2013

Dr. Jerry Dubberly, Chief
Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 40th Floor
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 13-014

Dear Dr. Dubberly:

We have reviewed the proposed Georgia State Plan Amendment 13-014, which was submitted to the Atlanta Regional Office on November 5, 2013. The SPA removes extended pregnancy related and postpartum services (PRS) from the state plan.

Based on the information provided, the Medicaid State Plan Amendment GA 13-014 was approved on December 16, 2013. The effective date of this amendment is October 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or Tandra.Hodges@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-014	2. STATE GEORGIA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2014	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: FFY 2013 \$0.00 FFY 2014 \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, Page 8F	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A, Page 8F

10. SUBJECT OF AMENDMENT: **This State Plan Amendment will remove the Pregnancy Related and Postpartum Services (PRS) from the State Plan.**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Single State Agency Comments Attached**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Jerry Dubberly

14. TITLE: Chief, Division of Medicaid

15. DATE SUBMITTED: 11/05/13

16. RETURN TO:

**Department of Community Health
Division of Medicaid
2 Peachtree Street, NW, 36th Floor
Atlanta, Georgia 30303-3159**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 11/05/13	18. DATE APPROVED: 12/16/13
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/14	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS: Approved with the following changes to item 8 and 9 as authorized by State Agency e-mails dated 12/10/13

Block #8 Changed to read: 3.1-A page 8F and 4.19-B page 10; Block #9 Changed to read: 3.1-A page 8F and 4.19-B page 10.

**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES
FOR OTHER TYPES OF CARE OR SERVICES**

T. Extended Services to Pregnant Women

Postpartum Services

Extended Pregnancy Related and Postpartum Services have been removed from the State Plan.

Childbirth Education Program

Reimbursement for childbirth education classes is based on an average of the fee charged for childbirth education classes provided by local area hospitals.

Instructors will be reimbursed the instructor's usual and customary charge or the maximum allowable, whichever is lower.

20. Extended Services to Pregnant Women

Extended Pregnancy Related and Postpartum Services have been removed from the State Plan.

TN No.: 13-014

Supersedes

TN No.: 94-03

Approval Date: _____

Effective Date: October 1, 2013