

## **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #: 16-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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**

---

August 10, 2016

Dr. Linda Wiant, Chief  
Medical Assistance Plans  
Georgia Department of Community Health  
2 Peachtree Street, NW, 40<sup>th</sup> Floor  
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 16-0002

Dear Dr. Wiant:

We have reviewed the proposed Georgia State Plan Amendment 16-0002, which was submitted to the Atlanta Regional Office on July 13, 2016. This amendment will increase certain occupational and physical therapy service codes to 80% of the Calendar Year 2014 Medicare fee schedule. The rate increase is for providers participating in the Children's Intervention Services (CIS) Program and is effective for dates of service on or after July 1, 2016.

Based on the information provided, the Medicaid State Plan Amendment 16-0002 was approved on August 10, 2016. The effective date of this amendment is July 1, 2016. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Amr Ali at (404) 840-1748 or [Amr.Ali@CMS.HHS.GOV](mailto:Amr.Ali@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:  
16-002

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  
  
July 1, 2016

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS NEW PLAN                      X AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:  
42 C.F.R. § 447.205

7. FEDERAL BUDGET IMPACT:  
FFY 2016 \$1,442,936.56  
FFY 2017 \$5,800,797.25

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Attachment 4.19B page 13.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):  
  
Attachment 4.19B page 13.1

10. SUBJECT OF AMENDMENT:  
Effective July 1, 2016, DCH proposes to increase certain Children's Intervention Services therapy rates for occupational and physical therapists to 80% of the Calendar Year 2014 Medicare physician fee schedule.

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:  
//s//

13. TYPED NAME: Linda Wiant

14. TITLE: Chief, Division of Medicaid

15. DATE SUBMITTED: 07/01/16

16. RETURN TO:  
Department of Community Health  
Division of Medicaid  
2 Peachtree Street, NW, 36<sup>th</sup> Floor  
Atlanta, Georgia 30303-3159

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 07/13/16

18. DATE APPROVED: 08/10/16

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
07/01/16

20. SIGNATURE OF REGIONAL OFFICIAL:  
//s//

21. TYPED NAME:  
Jackie Glaze

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children Health Opns

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR  
OTHER TYPES OF CARE OR SERVICE

- V. Therapy Services (Includes Physical, Occupational and Speech Pathology Therapists), Nursing Services, Counseling Services, Nutrition Services and Audiology Services.
1. Reimbursement to Therapy Service providers under the Children's Intervention Services program is based on the lower of submitted charges or the state's maximum allowable rate as listed in the Policies and Procedures for Children's Intervention Services. The state's maximum allowable rate is 84.645% of Medicare's Resource Based Relative Value Scale (RBRVS) for 2000 for Region IV (Atlanta). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of therapy services and the fee schedule is published in the Georgia Department of Community Health Policies and Procedures Manual for Children's Intervention Services available at:  
<https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Children%20Intervention%20Services%2006-07-2016%20005219.pdf>.
  2. Effective for dates of service on or after July 1, 2016, the state's maximum allowable rate for codes 97001 – 97004, 97110, 97112, 97116, 97140, 97530 and 97535 is 80% of Medicare's Resource Based Relative Value Scale (RBRVS) for 2014 for Region I (Atlanta).