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State/Territory Name: Georgia

State Plan Amendment (SPA) #: 24-0003

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 22, 2024

Stuart Portman
Executive Director, Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 19th Floor
Atlanta, Georgia 30334

Re: Georgia State Plan Amendment (SPA) 24-0003

Dear Executive Director Portman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0003. This SPA proposes to allow licensed professional counselors, licensed marriage and family therapists, and certified peer specialists to deliver services and be reimbursed by Federally Qualified Health Centers according to the Practitioner's Practice Act.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(2)(C) of the Social Security Act; 42 CFR 440.365. This letter is to inform you that Georgia's Medicaid SPA 24-0003 was approved on August, 22, 2024, with an effective date of April 1, 2024.

Enclosed are copies of the Form CMS-179 and approved SPA pages to be incorporated into the Georgia State Plan.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Brian Dowd
Rebecca Dugger
Maxine Elliott
Melonie Wilson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 3</u>	2. STATE <u>GA</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(2)(C) of the Social Security Act; 42 CFR 440.365	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 1(e) and 1(e)(i)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 1(e) and 1(e)(i)	

9. SUBJECT OF AMENDMENT
The purpose of this State Plan Amendment is to allow for Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Certified Peer Specialists to deliver services and be reimbursed in FQHCs according to the practitioner's practice act.


10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL


OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Stuart Portman Executive Director, Medical Assistance Plans Division Georgia Department of Community Health 2 Martin Luther King Jr. Drive Atlanta, Georgia 30334
12. TYPED NAME Lynnette R. Rhodes	
13. TITLE Chief Health Policy Officer	
14. DATE SUBMITTED June 27, 2024	

FOR CMS USE ONLY

16. DATE RECEIVED June 27, 2024	17. DATE APPROVED August 22, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

2b. RURAL HEALTH CLINIC SERVICES AND OTHER AMBULATORY SERVICES

Rural Health Clinic (RHC) Services are defined in section 1905(a)(2)(B) of the Social Security Act (the Act). RHC services include services provided by physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers, licensed marriage and family therapists, mental health counselors, visiting nurses, and other ambulatory services included in the state plan. RHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner, nurse midwife, marriage and family therapists, mental health counselors, clinical social workers, clinical psychologists, visiting nurse care, and related medical supplies and other drugs and biologicals.

EPSDT limitations may be exceeded if medically necessary. Medical Necessity must be properly documented.

LIMITATIONS

Services are subject to retrospective reduction or denial if adequate medical justification is not provided in medical records. Limitations on other ambulatory services furnished in the RHC are those that are listed in the state plan for those services. For individuals 21 years of age and older, RHC visits are limited to one (1) preventive health visit annually in conjunction with preventive health screening services and ten (10) additional office visits per year per member. This limitation may be exceeded based upon medical necessity. Medical necessity must be properly documented. Preventive health visits for individuals under the age of 21 must align with the EPSDT program's requirements. Additional office visits must be based on medical necessity that is properly documented.

NON-COVERED SERVICES

1. Ancillary services unrelated to the establishment of a diagnosis or treatment of the patient.
2. Experimental services or procedures or those not recognized by the profession or the U.S. Public Health Service as universally accepted treatment.
3. Additional non-covered services are listed in the *Part II, Policies and Procedures for Federally Qualified Health Center Services and Rural Health Clinic Services* manual.

2c. FEDERALLY QUALIFIED HEALTH CENTER SERVICES

Federally Qualified Health Center (FQHC) Services are defined in section 1905(a)(2)(C) of the Social Security Act (the Act). FQHC services include services provided by physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified peer specialists, mental health counselors, visiting nurses and other ambulatory services included in

T.N. No.: 24-0003

Supersedes

T.N. No. 15-010

Approval Date: August 22, 2024 Effective Date: April 1, 2024

the state plan. FQHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner, nurse midwife, clinical psychologists, clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified peer specialists, mental health counselors, visiting nursing care, and related medical supplies and other drugs and biologicals.

EPSDT limitations may be exceeded if medically necessary. Medical Necessity must be properly documented.

LIMITATIONS

Services are subject to retrospective reduction or denial if adequate medical justification is not provided in medical records. Limitations on other ambulatory services furnished in the FQHC are those that are listed in the state plan for those services. For individuals 21 years of age and older, FQHC visits are limited to one (1) preventive health visit annually in conjunction with preventive health screening services and ten (10) additional office visits per year per member. This limitation may be exceeded based upon medical necessity. Medical necessity must be properly documented. Preventive health visits for individuals under the age of 21 must align with the EPSDT Program's requirements. Additional office visits must be based on medical necessity that is properly documented.

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