

# **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA)#: 24-0005**

This file contains the following documents in the order listed:

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

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

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August 8, 2024

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

Re: Georgia State Plan Amendment (SPA) 24-0005

Dear Executive Director Portman:

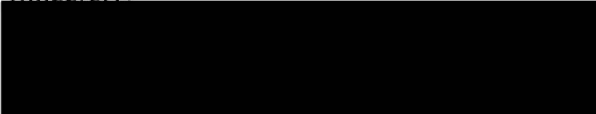
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (24-0005). This amendment proposes to expand the scope of covered dental services that are available to individuals over age 21. Individuals over age 21 will receive the following medically necessary dental services: diagnostic, preventive, restorative, periodontal, prosthodontic, orthodontic, endodontic, emergency dental services, and oral surgery (inpatient and outpatient).

We conducted our review of your submittal according to statutory requirements in 1905(a)(10) of the Act and 42 CFR 440.100. This letter informs you that Georgia's Medicaid SPA TN 24-0005 was approved on August 8, 2024, with an effective date of July 1, 2024.

Enclosed are copies of 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](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Lynette Rhodes  
Brian Dowd  
Melonie Wilson

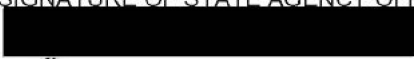
**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 5</u>	2. STATE <u>GA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <u>July 1, 2024</u>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>20,520,767</u>	
5. FEDERAL STATUTE/REGULATION CITATION <del>42 CFR 440.100, 42 CFR 440.230(d)</del> <u>905(a)(10) of the Act and 42 CFR 440.100</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-A, Page 4b</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-A, Page 4b</u>	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

9. SUBJECT OF AMENDMENT  
This State Plan Amendment will expand the scope of covered dental services that are available to individuals over age 21. Individuals over age 21 will receive the following medically necessary dental services: diagnostic, preventive, restorative, periodontal, prosthodontic, orthodontic, endodontic, emergency dental services, and oral surgery (inpatient and outpatient).

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  


12. TYPED NAME  
Lynnette R. Rhodes

13. TITLE  
Chief Health Policy Officer

14. DATE SUBMITTED  
7/10/2024

15. RETURN TO  
Stuart Portman  
Executive Director  
Medical Assistance Plans Division  
Georgia Department of Community Health  
2 Martin Luther King Jr. Dr., 19th Floor  
Atlanta, Georgia 30334  
Email: [stuart.portman@dch.ga.gov](mailto:stuart.portman@dch.ga.gov)

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>July 10, 2024</u>	17. DATE APPROVED <u>August 8, 2024</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

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

22. REMARKS  
August 7, 2024: State approved pen and ink changes to Box 5 to strikethrough the incorrect federal regulation and add 1905(a)(10) of the Act and 42 CFR 440.100.

10a. ADULT DENTAL SERVICES

Dental services are available to recipients age 21 and over. Covered services include diagnostic, preventive, restorative, periodontal, prosthodontic, orthodontic, endodontic, emergency dental services, and oral surgery (inpatient and outpatient). All medically necessary dental services will be provided to recipients age 21 and over when these services are provided at intervals that meet reasonable standards of dental practice. All services with the exception of emergency services require prior authorization.

Limitations and non-covered services:

1. Investigational items and experimental services and those services that are not medically necessary.