

Table of Contents

State/Territory Name: GEORGIA

State Plan Amendment (SPA) #: GA-20-0005

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

December 4, 2025

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

RE: TN 20-0005

Dear Executive Director Portman,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Georgia state plan amendment (SPA) to Attachment 4.19-B GA-20-0005 which was submitted to CMS on June 30, 2020. This plan amendment updates the reimbursement rate for Initial Lead Investigations services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at maria.gavino@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 0 5

2. STATE

GA3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

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

4. PROPOSED EFFECTIVE DATE

April 1, 2020

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(4)(B), 42 CFR § 440.345

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2020 \$ 24,106b. FFY 2021 \$ 24,8057. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 12a8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
N/A (New)

9. SUBJECT OF AMENDMENT

Increase the reimbursement rate for Initial Lead Investigations from \$229.60 to \$964.00.

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. RHODES13. TITLE
EXECUTIVE DIRECTOR, MEDICAL ASSISTANCE PLANS14. DATE SUBMITTED
06/30/2020

15. RETURN TO

Department of Community Health
Division of Medicaid
2 Peachtree Street, NW, 36th Floor
Atlanta, Georgia 30303-3159**FOR CMS USE ONLY**16. DATE RECEIVED
June 30, 202017. DATE APPROVED
December 4, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2020

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion21. TITLE OF APPROVING OFFICIAL
Director, FMG Division of Reimbursement Review

22. REMARKS

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

Environmental Lead Investigations

A. **Initial Lead Investigations (T1028)**

Effective for services provided on and after January 1, 2020, the reimbursement amount for Initial Lead Investigations will increase from \$229.60 to \$964.00. The Lead Screening Program is administered through the Georgia Department of Public Health.

T.N. No.: 20-0005

Supersedes

T.N. No.: NEW

Approval Date: December 4, 2025

Effective Date: April 1, 2020