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State/Territory Name: Georgia

State Plan Amendment (SPA) #: 21-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

March 11, 2022

Lynnette R. Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree St., 36th Floor
Atlanta, Georgia 30303

Re: Georgia State Plan Amendment (SPA) 21-0015

Dear Executive Director Rhodes:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0015. This amendment proposes to provide attestation of transportation minimum requirements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations under the Consolidated Appropriations Act of 2021, Division CC, Title II, Section 209; Section 1902(a)(4) of the Social Security Act. This letter is to inform you that Georgia Medicaid SPA 21-0015 was approved on March 10, 2022 with an effective date of October 1, 2021.

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 box redacting the signature of James G. Scott.

Digitally signed by James G.
Scott-S
Date: 2022.03.11 08:58:48
-06'00'

James G. Scott, Director
Division of Program Operations

cc: Brian Dowd


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

1. TRANSMITTAL NUMBER <u>2 1 — 0 0 1 5</u>	2. STATE <u>GA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> Y1Y <input type="radio"/> Y1I	
4. PROPOSED EFFECTIVE DATE <u>October 1, 2021</u>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
5. FEDERAL STATUTE/REGULATION CITATION Consolidated Appropriations Act of 2021, Division CC, Title II, Section 209; Section 1902(a)(4) of the Social Security Act	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-A, Page 9d - Page 9d.2</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-A, Page 9d - Page 9d.5</u>	


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

9. SUBJECT OF AMENDMENT
Revise provisions related to Non-Emergency Transportation in accordance with CMS' July 12, 2021 State Medicaid Director's Letter.

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
Executive Director, Medical Assistance Plans Division
 14. DATE SUBMITTED
12/30/2021

15. RETURN TO
Lynnette R. Rhodes
Executive Director, Medical Assistance Plans Division
Georgia Department of Community Health
2 Peachtree St., 36th Floor
Atlanta, Georgia 30303
(404) 656-7513 Telephone

FOR CMS USE ONLY	
16. DATE RECEIVED 12/30/2021	17. DATE APPROVED 03/10/2022
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2021	19. SIGNING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.03.11 09:00:15 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Program Operations

22. REMARKS
State approved pen & ink changes by email 2-11-2022:
 1. Remove from Box 7 Attachment 3.1-A, Page 9d - Page 9d.5, and add 3.1D pg.2 instead

STATE: Georgia

METHODS TO ASSURE TRANSPORTATION**42 CFR 431.53**

The division of Medicaid attests all of the minimum requirements outlined in 1902(a)(87) of the Act are met, requiring providers, transportation network companies (TNCs), (such as, UBER and LYFT) and individual drivers of non-emergency medical transportation to medically necessary services receiving payments under such plan (but excluding any public transit authority), meets the following minimum specified requirements:

(A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;

(B) Each such individual driver has a valid driver's license;

(C) Each such provider has in place a process to address any violation of a state drug law; and

(D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

Capitation payments to brokers are sufficient to enlist enough providers so that care and services are available under this state plan at least to the extent that such care and services are available to the general population in the geographic area.

TN No.: 21-0015

Supersedes

TN No.: NEW Approval Date: 03/10/2022 Effective Date: 10/1/2021