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State/Territory Name: GA

State Plan Amendment (SPA) #: 22-0005

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

September 14, 2022

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

Re: GA State Plan Amendment (SPA) 22-0005

Dear Executive Director Rhodes:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0005. This amendment proposes to update the legal name of GA Medicaid's medical management and utilization review vendor, remove the list of specific items and services deemed experimental or investigational, and correctly reflect the non-covered services and procedures.

We conducted our review of your submittal according to statutory requirements in CFR 440.230. This letter is to inform you that Georgia Medicaid SPA 22-0005 was approved on September 14, 2022, with an effective date of July 1, 2022. Enclosed is a copy of the CMS-179 summary form and the approved page for incorporation 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,

[redacted]

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Brian Dowd

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 22 — 0005

2. STATE: GA

3. 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
7/1/2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.230

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $ 0
b. FFY 2023 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, page 1(c)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A, page 1(c)

9. SUBJECT OF AMENDMENT
Correctly reflect the non-covered services and procedures, remove the list of specific items and services deemed experimental or investigational and replace the specific list with a general statement indicating that experimental and investigational services are not covered, and reflect the legal name of our medical management and utilization review vendor as Alliant Health Solutions, Inc.

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
[redacted]

12. TYPED NAME
Lynnette R. Rhodes

13. TITLE
Executive Director, Medical Assistance Plans

14. DATE SUBMITTED
6/27/2022

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED
06/27/2022

17. DATE APPROVED
September 14, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

FORM CMS-179 (09/24)

Instructions on Back

Organ transplant center criteria is specified in Attachment 3.1-E.

For All EPSDT Eligible Recipients:

All medically necessary diagnostic and treatment services will be provided to correct and ameliorate defects and physical and mental illnesses whether or not such services are covered or exceed the benefit limitations in the hospital program if medical necessity is properly documented and prior approval is obtained.

Non-Covered Services and Procedures:

1. Services and supplies which are inappropriate or medically unnecessary as determined by the Department, Alliant Health Solutions, or other authorized agent.

2. Private duty nurses or sitters/companions.

3. Non-therapeutic sterilizations performed on persons under age 21 or persons who are not legally competent to give informed consent.

4. Services not medically necessary (i.e., television, telephone, guest meals, cots, etc.).

5. Services or items furnished for which the hospital does not normally charge.

6. Experimental or investigational services (except as required by section 1905(a)(30) of the Act), drugs or procedures which are not generally recognized by the Food and Drug Administration, the U.S. Public Health Service, Medicare, and the Department's contracted Peer Review Organization as acceptable treatment.

7. Cosmetic surgery and all related services