

## **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #: 23-0004**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



---

June 28, 2023

Lynnette R. Rhodes, Esq.  
Executive Director  
Medical Assistance Plans  
Georgia Department of Community Health  
2 Martin Luther King Jr. Drive SE  
East Tower, 19<sup>th</sup> Floor  
Atlanta, Georgia 303334

Re: Georgia State Plan Amendment (SPA) 23-0004

Dear Executive Director Rhodes:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) and accompanying section 1135 waiver to add section 7.7 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid State Plan, as submitted on April 3, 2023 under transmittal number (TN) GA-23-0004. This amendment proposes to implement temporary policies, in accordance with the American Rescue Plan Act, which are different from those policies and procedures otherwise applied under your Medicaid State Plan.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Georgia also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

CMS conducted our review of your submittal according to the statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Georgia's Medicaid SPA Transmittal Number 23-0004 is approved effective March 11, 2021.

Page 2 - Lynnette R. Rhodes, Esq.

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

Sincerely,

**Alissa M.  
Deboy -S**

Digitally signed by Alissa  
M. Deboy -S  
Date: 2023.06.28  
08:10:16 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>0</u> <u>4</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 <b>March 11, 2021</b>
--	---

5. FEDERAL STATUTE/REGULATION CITATION 1905 (a)(4)(F) of the Social Security Act Section 1135(g)(1)(B) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> <u>2021</u> \$ <u>0</u> b. FFY <u>2024</u> <u>2022</u> \$ <u>0</u>
---	---

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 7.7-B, pages 1 -3</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 7.7-B, pages 1-3</b>
---	---

9. SUBJECT OF AMENDMENT  
**Provides assurance that the Georgia Department of Community Health's will cover COVID-19 Testing. This State Plan also provides assurance that the state will comply with the provisions of the HHS COVID-19 Prep Act.**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. TYPED NAME OF APPROVING OFFICIAL [REDACTED]	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
12. TYPED NAME Lynnette R. Rhodes	
13. TITLE Executive Director, Medical Assistance Plans Division	
14. DATE SUBMITTED April 3, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>April 3, 2023</b>	17. DATE APPROVED <b>June 28, 2023</b>
---	---

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>March 11, 2021</b>	19. SIGNATURE OF APPROVING OFFICIAL
--	-------------------------------------

20. TYPED NAME OF APPROVING OFFICIAL <b>Alissa Mooney DeBoy on Behalf of Anne Marie Costello</b>	21. TITLE OF APPROVING OFFICIAL <b>Alissa M. DeBoy -S Deputy Director, Center for Medicaid and CHIP Services</b>
---	---

Digitally signed by Alissa M. DeBoy -S  
Date: 2023.06.28  
08:10:39 -04'00'

22. REMARKS  
**06/21/23: State authorized Pen and Ink change to box 6 to correct FFY years and box 8 to strike-through Attachment 7.7-B, pages 1-3.**

**COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act**

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

4 tests per month; with a maximum of 2 tests every 7 days. Quantity limit may be exceeded based on medical necessity.

Applies to the state’s approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

**Reimbursement**

\_\_\_ The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

  x   The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

\_\_\_ The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

- \_\_\_ Medicare national average, OR
- \_\_\_ Associated geographically adjusted rate.

  x   The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

\$12.00/test; \$24.00/kit  
This information is posted in the Medicaid-Peachcare for Kids Banner Notification dated 3/21/22.  
Reference: CMS Frequently Asked Questions How to get your At-Home Over-The-Counter COVID-19 Test for free Document dated January 10, 2022

\_\_\_ The state's fee schedule is the same for all governmental and private providers.

\_\_\_\_ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

*Additional Information (Optional):*

\_\_\_\_ The payment methodologies for COVID-19 testing for providers listed above are described below:

***PRA Disclosure Statement*** Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.