

## **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #: 23-0007**

This file contains the following documents in the order listed:

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

---

October 10, 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 30334

Re: GA State Plan Amendment (SPA) 23-0007

Dear Executive Director Rhodes:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0007. This amendment proposes to include coverage for blood pressure monitors with an effective date of July 1, 2023.

We conducted our review of your submittal according to statutory requirements in CFR 42 440.230. This letter is to inform you that Georgia's Medicaid SPA 23-0007 was approved on October 10, 2023, with an effective date of July 1, 2023.

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,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

cc: Brian Dowd  
Melonie Wilson

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

1. TRANSMITTAL NUMBER <u>23-0007</u>	2. STATE <u>GA</u>
---	-----------------------

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

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

4. PROPOSED EFFECTIVE DATE  
**July 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 440.230**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 3,731,700  
b. FFY 2024 \$ 5,100,366

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 3.1-A, Page 3b-1**


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 3.1-A, Page 3b-1**

9. SUBJECT OF AMENDMENT  
**Revise state plan to include coverage for blood-pressure monitors.**

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, MAP

14. DATE SUBMITTED  
July 24, 2023

15. RETURN TO  
Lynnette R. Rhodes  
Executive Director, MAP  
Georgia Department of Community Health  
2 Martin Luther King Jr. Drive SE  
East Tower, 19th Floor  
Atlanta, Georgia 30334  
Email: lrhodes@dch.ga.gov


**FOR CMS USE ONLY**

16. DATE RECEIVED  
**July 24, 2023**

17. DATE APPROVED  
**October 10, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**July 1, 2023**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**Ruth A. Hughes**

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

22. REMARKS

physician or another licensed practitioner of the healing arts acting within the scope of practice authorized under State law, annually.

The DME program reimburses for the purchase or rental of certain medical equipment and appliances and the purchase of certain medical supplies for a patient's use in a non-institutional setting. The medical equipment, supplies, and appliances must be appropriate for any setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

Equipment and appliances are items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable. Coverage of equipment and appliances is not restricted to the items covered as durable medical equipment in the Medicare program. Supplies are health care related items that are consumable or disposable, or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury.

Durable Medical Equipment is covered for members in hospice for non-hospice related conditions.

d. All therapy services provided by a home health agency shall be provided by qualified therapists in accordance with the plan of treatment. Examples of physical, speech and occupational therapy are provided below:

---

Transmittal 23-0007  
Supersedes 09-003

Approved 10-10-23  
Effective 07-01-23