

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 30, 2025

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

Re: Georgia State Plan Amendment (SPA) 25-0013

Dear Director Portman:

The Centers for Medicare & Medicaid Services (CMS) completed the review of Georgia's State Plan Amendment (SPA) Transmittal Number 25-0013 submitted on October 1, 2025. The purpose of this SPA is to implement the Program of All-inclusive Care for the Elderly (PACE) in the state.

We conducted our review of your submittal in accordance with the statutory requirements of Title XIX of the Social Security Act and the implementing regulations at 42 CFR 447.201. This letter is to inform you that Georgia Medicaid 25-0013 is approved with an effective date of October 1, 2025.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Essence McKnight at essence.mcknight@cms.hhs.gov or (214) 210-1006.

Sincerely,

A black rectangular box redacting the signature of George P. Failla, Jr.

George P. Failla, Jr., Director
Division of HCBS Operations & Oversight

Enclosures

cc: Angela Cimino, CMS DHPC
Cindy Proper, CMS DHPC
Dominique Mathurin, DHCBSO
Shante Shaw, DHCBSO

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 3

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

October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a)(26), 42 CFR Part 460

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 26\$ 0b. FFY 27\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplemental 3 of Attachment 3.1-A, Page 1-10, Attachment 3.1-B
Page 118. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

N/A

9. SUBJECT OF AMENDMENT

This amendment will implement the Program of All-Inclusive Care for the Elderly (PACE) in Georgia

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:

CY OFFICIAL

12. TYPED NAME

Perri Nena Smith

13. TITLE

Medical Assistance Plans Attorney

14. DATE SUBMITTED

10/1/2025

15. RETURN TO

Stuart Portman

Executive Director, Division of Medical Assistance Plans

Georgia Department of Community Health

2 Martin Luther King Jr. Drive, 19th Floor

Atlanta, Georgia 30334

Email: stuart.portman@dch.ga.gov

FOR CMS USE ONLY

16. DATE RECEIVED

October 1, 2025

17. DATE APPROVED

10/30/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

George P. Failla, Jr.

21. TITLE OF APPROVING OFFICIAL

Director, Division of HCBS Operations and Oversight

22. REMARKS

PRA Disclosure Statement The purpose of the PRA package is to provide a mechanism for states who voluntarily elect to provide medical assistance under Section 1934(a)(1) with respect to PACE program services to PACE program eligible individuals who are eligible for medical assistance under the State plan and who are enrolled in a PACE program under a PACE program agreement. 42 CFR 460.2 implements sections 1895, 1905(a), and 1934 of the Act, which authorizes the establishment of PACE as a State option under Medicaid to provide for Medicaid payment to, and coverage of benefits under, PACE. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #83). The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State of Georgia

PACE State Plan Amendment Pre-Print

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(26) and 1934

 X Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

State of Georgia
PACE State Plan Amendment Pre-Print

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)
1905(a)(26) and 1934

 X Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

Attachment 3.1-A

State of Georgia

PACE State Plan Amendment Pre-Print

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the
Categorically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in
Supplement 3 to Attachment 3.1-A.

X Election of PACE: By virtue of this submittal, the State elects PACE as an
optional State Plan service.

 No election of PACE: By virtue of this submittal, the State elects to not add
PACE as an optional State Plan service.

Attachment 3.1-B

State of Georgia

PACE State Plan Amendment Pre-Print

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Medically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

X Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

 No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

Supplement 3 to Attachment 3.1-A

State of Georgia

PACE State Plan Amendment Pre-Print

Name and address of State Administering Agency, if different from the State Medicaid Agency.

N/A – address the same

I. Post Eligibility

A. Regular Post Eligibility

The state applies post-eligibility treatment of income rules to PACE participants who are eligible under section 1 (10)(A)(ii)(VI) of the Act (42 C.F.R. §435.217 of the regulations). Yes No X

Post-eligibility for states that have elected to apply the rules to PACE participants

Note: Section 2404 of the Affordable Care Act mandated that, for the five-year period beginning January 1, 2014, the definition of an “institutionalized spouse” in section 1924(h)(1) of the Social Security Act include all married individuals eligible for certain home and community-based services (HCBS), including HCBS delivered through 1915(c) waivers. As of this writing, the ACA provision has been extended through September 30, 2027. This means that married individuals eligible in the eligibility group described at 42 C.F.R. §435.217 must have their post-eligibility treatment-of-income rules determined under the rules described in section 1924(d). Because states that elect to apply post-eligibility treatment-of-income rules to PACE participants may only do so to the same extent the rules are applied to individuals eligibility under 42 C.F.R. §435.217, application of the post-eligibility treatment-of-income rules must

be applied to married individuals receiving PACE services consistent with the provisions described herein under “Spousal post-eligibility” so long as the amendment to section 1924 of the Act made by the ACA remains in effect.

1. 1634 and SSI States

The State applies the post-eligibility rules to individuals who are receiving PACE services and are eligible under 42 C.F.R. §435.217 consistent with the rules of 42 C.F.R. §435.726, and, where applicable, section 1924 of the Act. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee’s income.

1. Allowances for the maintenance needs of the individual (check one):

1. The amount deducted is equal to:

- (a) _____ The SSI federal benefit rate
- (b) _____ Medically Needy Income Level (MNIL)
- (c) _____ The special income level standard for the institutionalized individuals eligible under section 1902(a)(10)(A)(ii)(V) of the Act
- (d) _____ Percentage of the Federal Poverty Level:
_____ %

(e) _____ Other (specify): _____

2. _____ The following dollar amount: \$ _____

Note: If this amount changes, this item will be revised.

3. _____ The following formula is used to determine the needs allowance:

Note: If the amount protected for a PACE enrollee in item 1 is equal to, or greater than, the PACE enrollee’s income, enter N/A in items 2 and 3.

2. Allowance for the maintenance needs of the spouse:

The amount deducted for the PACE enrollee’s spouse is equal to:

- 1. _____ The SSI federal benefit rate
- 2. _____ Optional State Supplement Standard
- 3. _____ Medically Needy Income Level Standard
- 4. _____ The following dollar amount (provided it does not exceed the amount(s) described in 1-3): \$ _____
- 5. _____ The following percentage of the following standard that is not greater than the standards above: _____ % of _____ standard.

TN No.: _____
Supersedes

TN NO.: _____

Approval Date 10/30/2025
Effective Date 10/1/2025
PACE State Plan Amendment - Page 5

6. ____ Not applicable (N/A)

3. Allowance of the maintenance needs of the family (check one):

1. ____ AFDC need standard

2. ____ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. ____ The following dollar amount: \$ ____

Note: If this amount changes, this item will be revised.

4. ____ The following percentage of the following standard that is not greater than the standards above: ____ % of ____ standard.

5. ____ The amount is determined using the following formula:

6. ____ Other

7. ____ Not applicable (N/A)

4. Allowance for medical and remedial care expenses, as described in 42 CFR 435.726(c)(4).

2. 209(b) States

The State applies the post-eligibility rules to individuals who are receiving PACE services and are eligible under 42 C.F.R. §435.217 consistent with the rules of 42 C.F.R. §435.735, and, where applicable, section 1924 of the Act. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

1. Allowances for the maintenance needs of the individual (check one):

1. The amount deducted is equal to:

(a) ____ The SSI federal benefit rate

(b) ____ Medically Needy Income Level (MNIL)

(c) ____ The special income level standard for the institutionalized individuals eligible under section 1902(a)(10)(A)(ii)(V) of the Act

TN No.: ____
Supersedes

TN NO.: ____

Approval Date 10/30/2025
Effective Date 10/1/2025
PACE State Plan Amendment - Page 6

(d) _____ Percentage of the Federal Poverty Level:
_____ %

(e) _____ Other (specify): _____

2. _____ The following dollar amount: \$ _____

Note: If this amount changes, this item will be revised.

3. _____ The following formula is used to determine the needs allowance:

Note: If the amount protected for a PACE enrollee in item 1 is equal to, or greater than, the PACE enrollee's income, enter N/A in items 2 and 3.

2. Allowance for the maintenance needs of the spouse:

The amount deducted for the PACE enrollee's spouse is equal to:

1. _____ The more restrictive income standard established under 42 C.F.R. §435.121

2. _____ Optional State Supplement Standard

3. _____ Medically Needy Income Level Standard

4. _____ The following dollar amount (provided it does not exceed the amount(s) described in 1-3): \$ _____

5. _____ The following percentage of the following standard that is not greater than the standards above: _____ % of _____ standard.

6. _____ Not applicable (N/A)

3. Allowance of the maintenance needs of the family (check one):

1. _____ AFDC need standard

2. _____ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3. _____ The following dollar amount: \$ _____

Note: If this amount changes, this item will be revised.

4. _____ The following percentage of the following standard that is not greater than the standards above: _____ % of _____ standard.

5. _____ The amount is determined using the following formula:

TN No.: _____
Supersedes

TN NO.: _____

Approval Date 10/30/2025
Effective Date 10/1/2025
PACE State Plan Amendment - Page 7

6. _____ Other
7. _____ Not applicable (N/A)

4. Allowance for medical and remedial care expenses, as described in 42 CFR 435.735 (c)(4).

B. Spousal Post Eligibility

State uses the post-eligibility rules of Section 1924 of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of PACE services if it determines the individual's eligibility under section 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance consistent with the minimum monthly maintenance needs allowance described in section 1924(d), a family allowance, for each family member, calculated as directed by section 1924(d)(1)(C), and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

Yes _____ No ..X

Note: states must elect the use the post-eligibility treatment-of-income rules in section 1924 of the Act in the circumstances described in the preface to this section.

(a.) Allowances for the needs of the:

1. Individual (check one)

(A). _____ The following standard included under the State plan (check one):

1. _____ SSI
2. _____ Medically Needy
3. _____ The special income level for the institutionalized
4. _____ Percent of the Federal Poverty Level: _____ %

IN No.: _____
Supersedes

IN NO.: _____

Approval Date 10/30/2025
Effective Date 10/1/2025
PACE State Plan Amendment - Page 8

5. _____ Other (specify): _____

(B). _____ The following dollar amount: \$ _____
Note: If this amount changes, this item will be revised.

(C). _____ The following formula is used to determine the needs allowance:

If this amount is different than the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community:

II. Rates and Payments

A. The State assures CMS that the capitated rates will be less than the cost to the agency of providing State plan approved services to an equivalent non-enrolled population group based upon the following methodology. Please attach a description of the negotiated rate setting methodology and how the State will ensure that rates are less than the amount the state would have otherwise paid for a comparable population.

1. X Rates are set at a percent of the amount that would otherwise have been paid for a comparable population.
2. _____ Experience-based (contractors/State's cost experience or encounter data) (please describe)
3. _____ Adjusted Community Rate (please describe)
4. _____ Other (please describe)

The GA PACE amounts that would otherwise have been paid (AWOP) are developed annually for Medicaid Only and Dual Eligible populations. The state uses the most recent claims data and enrollment information for the state's comparable population. This includes both the nursing home and home and community-based services (HCBS) populations (institutional and non-institutional populations). Only claims that were actually paid are included in the data analysis.

The PACE comparable population is identified by limiting to nursing home certifiable members who are at least 55 years of age. Once the PACE comparable population is determined, the PACE AWOPs are developed based on the appropriate service regions and rating cohorts.

AWOP Development

Base data, including FFS data and any applicable care management organization (CMO) data, is

summarized by rating cohort and category of service and then adjustments are applied to ensure the data reflects the expected experience in the upcoming contract period. All appropriate adjustments are considered in the development of the rates.

The population mix of nursing home and HCBS members used to estimate the AWOP reflects the mix the state expects for a comparable population otherwise eligible to enroll in PACE. The most current population mix is projected to reflect the expected enrollment mix of the comparable population otherwise eligible for PACE in the rating period.

Rate Development

In setting the capitation rate, DCH will collect the PACE Organization financial and clinical information determined necessary to establish the Medicaid capitation rates at a percentage of the calculated AWOPs. The State plans to review other qualitative information, such as feedback from the PACE Organizations, benchmarking other state programs, and consideration of initial PACE Organization business needs (excluding non-allowable costs such as marketing), to determine a reasonable discount percentage. Each region will have a developed AWOP for dual members vs. Medicaid only. A standard discount percentage is then applied across all regions.

DCH assures that the capitation rates will be set below the AWOPs.

The State may implement incentive arrangements for the PACE program with an assurance that the sum of any incentive arrangement payments included plus the capitated rate will be less than the AWOP.

- B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner.
- C. The State will submit all capitated rates to CMS for prior approval, and will include the name, organizational affiliate of any actuary used, and attestation/description of the capitation rates.

III. Enrollment and Disenrollment

The State assures that there is a process in place to provide for dissemination of enrollment and disenrollment data between the State and the State Administering Agency. The State assures that it has developed and will implement procedures for the enrollment and disenrollment of participants in the State's management information system, including procedures for any adjustment to account for the difference between the estimated number of participants on which the prospective monthly payment was based and the actual number of participants in that month.