

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 12, 2026

Stuart Portman, Executive Director
Medical Assistance Plans
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 19th Floor
Atlanta, Georgia 30334

Re: Georgia State Plan Amendment (SPA) - 25-0001

Dear Executive Director Portman:

Enclosed please find a corrected approval package for Georgia's State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001. This amendment seeks to establish the mandatory inclusion of services for eligible juveniles who are inmates of public institutions following adjudication, as well as the addition of targeted case management services for these juveniles, was originally approved on March 6, 2026. The approval package sent to Georgia included the following errors:

- Incorrect version of Attachment 3.1M, pages 1 and 2 were included, and
- Attachment 3.1M, page 3 was inadvertently included in the package and entered in box 7 of the CMS-179

The enclosed corrected package contains the corrected Form CMS-179, companion letter and the corrected SPA pages.

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

Sincerely,

WENDY E. HILL
PETRAS -S

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E. HILL PETRAS -S
Date: 2026.03.12 14:43:19
-07'00'

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

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Medicaid and CHIP Operations Group

March 6, 2026

Stuart Portman, Executive Director
Medical Assistance Plans
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 19th Floor
Atlanta, Georgia 30334

Re: Georgia State Plan Amendment (SPA) – 25-0001

Dear Executive Director Portman:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to GA-25-0001, approved on March 6, 2026. This State Plan Amendment (SPA) amends the Medicaid State Plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles who are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and State Plan, this SPA is effective January 1, 2025, and will sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the State Plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

- In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.
- In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress that has been made, as well as the complexities associated with full implementation. However, during the review of GA-25-0001, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026, to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed the state should submit a SPA to remove the sunset date from the state plan.

1. **Stakeholder Meetings:** Georgia will organize quarterly stakeholder meetings to collaboratively identify and address operational gaps in Medicaid eligibility processes for incarcerated youth. Leveraging its strong partnerships with key stakeholders and a dedicated team of experts in health care policy, data management, and system integration, the agency is well-positioned to enhance and expand access to these critical services. Stakeholders will include representatives from the Department of Juvenile Justice (DJJ), Georgia Department of Corrections (GDC), Department of Community Supervision (DCS), Division of Family and Children Services (DFCS), and Department of Behavioral Health and Developmental Disabilities (DBHDD), along with other relevant agencies working closely with incarcerated youth. These meetings will serve as a platform for sharing insights, refining strategies, and fostering coordinated efforts to improve health care accessibility and outcomes.
2. **Carceral Facility Evaluation:** Georgia will conduct a thorough evaluation of the existing procedures utilized by each criminal justice agency to determine Medicaid eligibility for incarcerated individuals. The state will analyze how these agencies facilitate access to health care services, identifying strengths, inefficiencies, and opportunities for improvement in service delivery. This evaluation will provide a foundation for enhancing coordination, streamlining enrollment processes, and ensuring comprehensive health care coverage for justice-involved populations.
3. **Eligibility Tools:** Georgia will develop a standardized assessment tool to evaluate Medicaid eligibility for youth entering and exiting carceral settings. This tool will assess eligibility both prior to incarceration and upon reentry into the community, ensuring continuous access to health care services. It will integrate eligibility information, cross-reference with Gateway—the state's Medicaid enrollment site—and assess individual health care needs. By identifying youth who require enrollment or reinstatement of benefits, the tool will facilitate connections to appropriate services and promote uninterrupted health care access throughout their involvement in the justice system.
4. **Electronic Medical Record (EMR) System:** Georgia will procure and implement an EMR system to streamline health care management for justice-involved youth. This system will integrate the standardized assessment tool and established protocols, enabling all relevant agencies to efficiently track health care needs and determine Medicaid eligibility. By facilitating a seamless transition from assessment to treatment and targeted case management upon release, the EMR system will ensure continuity of care. Additionally, Georgia will develop a cross-referencing data system to verify eligibility, strengthening coordination among agencies, and promoting sustained access to essential health services.

5. **Cross Agency Agreements:** Georgia will develop contractual and budgetary agreements with court systems, which will be essential to implementing health-related assessments and treatment plans across the state. These agreements will outline financial responsibilities, operational procedures, and collaboration frameworks to ensure consistency in health care services for justice-involved youth. By formalizing partnerships with the courts, agencies can integrate standardized assessment tools and treatment protocols within judicial processes, promoting early intervention and continuity of care. This initiative will strengthen interagency cooperation, streamline funding allocations, and enhance access to essential health services for vulnerable populations.
6. **EMR System Pilot:** Georgia will implement a pilot phase of the EMR system and assessment tool across a number of juvenile justice courts and rural health care providers. The pilot initiatives will incorporate a process evaluation and monitoring framework to document the implementation process, capture key lessons, and identify any unforeseen outcomes. The results will inform adjustments to the statewide implementation plan, budget, communication strategies, training requirements, and long-term evaluation processes to ensure ongoing compliance.
7. **System Integration:** Georgia will implement integration architecture to establish seamless connectivity between the state’s Georgia Health Information Network (GaHIN) and Certified EMR Systems. This framework will enable secure and efficient data exchange, allowing agencies to access and share critical health care information in real time. By linking these systems, providers can ensure continuity of care, improve coordination, and enhance decision-making for justice-involved youth. The streamlined integration will support more effective health care delivery, reduce administrative burdens, and strengthen interagency collaboration across the state.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

Sincerely,

WENDY E. HILL
PETRAS -S

Digitally signed by WENDY
E. HILL PETRAS -S
Date: 2026.03.06 11:48:25
-08'00'

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

cc: Lynette Rhodes
Brian Dowd
Rebecca Dugger
Maxine Elliott
Melonie Wilson
Perri Smith

**Mandatory Coverage for
Eligible Juveniles who are
Inmates of a Public Institution
Post Adjudication of Charges**

State/Territory: Georgia

General assurances. State must indicate compliance with all four items below with a check.

In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours 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.

TN: 25-0001
Supersedes TN: New

Approval Date: 3/6/2026
Effective : 1/1/2025

Additional information provided (optional):

No

Yes [provide below]

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

The state will maintain clear documentation in its internal operational plan indicating which carceral facility/facilities are furnishing required services during the pre-release period but not enrolling in or billing Medicaid. This information is available to CMS upon request.

A process for the mandatory services for eligible juveniles who are inmates of a public institution post adjudication of charges is established with Georgia's Department of Juvenile Justice. However, the Department requires additional time to implement this coverage statewide across county, city, and local court systems for all eligible individuals. To facilitate this implementation, the Department has sought grant funding from the Centers for Medicare & Medicaid Services (CMS) to support the establishment of services within these court systems.

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will cease on December 31, 2026.

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State Plan under Title XIX of the Social Security Act
State/Territory: Georgia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication**, and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:

State will provide TCM beyond the 30 day post release requirement. **[explain]:**

Areas of State in which services will be provided (§1915(g)(1) of the Act):

Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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State Plan under Title XIX of the Social Security Act
State/Territory: Georgia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

- 1 month
- 3 months
- 6 months
- 12 months
- Other frequency **[explain]:** As needed

- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities are:
activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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State/Territory: Georgia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:

Specify the type and frequency of monitoring (check all that apply)

Telephonic. Frequency: As determined by the Department

In-person. Frequency: As determined by the Department

Other **[explain]**: The method of monitoring and follow-up may vary based on the most effective way to reach the eligible individual, including but not limited to telehealth. Frequency is at least once during the 60-day TCM period or more frequently based on an individual's needs or medical necessity.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.

(42 CFR 440.169(e))

If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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State Plan under Title XIX of the Social Security Act
State/Territory: Georgia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

[Specify provider qualifications that are reasonably related to the population being served and the case management services furnished.]

Case managers must have a high school diploma or equivalent and demonstrate proven experience in effectively supporting and engaging juveniles within a correctional facility or justice system environment.

Case managers include:

1. Peer Support Specialists with current certification from the Georgia Certified Peer Support Project; or
2. Individuals that work with this population and meet appropriate certification and training as defined by the Georgia Department of Community Health; or
3. Individuals employed or contracted by:
 - a. Department of Juvenile Justice,
 - b. Georgia Department of Behavioral Health & Developmental Disabilities, or
 - c. Georgia Department of Community Health

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**State Plan under Title XIX of the Social Security Act
State/Territory: Georgia**

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

[Identify any limitations to be imposed on the providers and specify how these limitations enable providers to ensure that individuals within the target groups receive needed services below.]

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State Plan under Title XIX of the Social Security Act
State/Territory: Georgia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):

The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

The state assures providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. 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 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 15 hours 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.

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State/Territory: Georgia

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State has additional limitations **[Specify any additional limitations.]**

Click or tap here to enter text.

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POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES OF CARE
OR SERVICES

Targeted Case Management Services for Eligible Juveniles

Eligible juveniles (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) are considered eligible for services based on defined units of service, as outlined in Supplement 1 to Attachment 3.1-M. A unit of service is recognized under either of the following conditions:

- Pre-Release Support: Occurs within 30 days prior to the juvenile's scheduled release from a public institution following adjudication, and includes at least one meaningful contact with a program member.
- Post-Release Support: Occurs within 30 days after the juvenile's release following adjudication, and includes at least one meaningful contact with a program member.

The level of service billed will be based on the service recipient's individual service plan and the need for case management assistance. Targeted Case Management services for eligible juveniles will be reimbursed using existing Targeted Case Management Fee Schedule.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management services for eligible juveniles. The agency's fee schedule rate was set as of January 1, 2025, and is effective for services provided on or after that date. All rates are published in Part II, Policies and Procedures manual on the agency's website in the following link:

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>