


GA - Submission Package - GA2024MS00020 - (GA-24-0013-core) - Administration

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	GA2024MS00020	Submission Type	Official
Program Name	N/A	State	GA
SPA ID	GA-24-0013-core	Region	Atlanta, GA
Version Number	2	Package Status	Approved
Submitted By	Lynnette Rhodes	Submission Date	12/30/2024
Package Disposition		Approval Date	1/8/2025 2:17 PM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | GA2024MS00020 | GA-24-0013-core

Package Header

Package ID GA2024MS00020
Submission Type Official
Approval Date 01/08/2025
Superseded SPA ID N/A

SPA ID GA-24-0013-core
Initial Submission Date 12/30/2024
Effective Date N/A

State Information

State/Territory Name: Georgia

Medicaid Agency Name: Georgia Department of Community Health

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

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Package Header

Package ID GA2024MS00020
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SPA ID GA-24-0013-core
Initial Submission Date 12/30/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID GA-24-0013-core

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/30/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

N/A

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | GA2024MS00020 | GA-24-0013-core

Package Header

Package ID	GA2024MS00020	SPA ID	GA-24-0013-core
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	01/08/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment is submitted in compliance with the Medicaid Program and CHIP; Mandatory Medicaid and Children's Health Insurance Program Core Set Reporting. Through this State Plan Amendment, the State of Georgia agrees to comply with the federal provisions regarding mandatory reporting of the Core Set of Children's Health Care Quality Measures for Medicaid and the Children's Health Insurance Program, and the behavioral health measures on the Core Set of Adult Health Care Quality Measures for Medicaid.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

Medicaid Program and CHIP; Mandatory Medicaid and Children's Health Insurance Program Core Set Reporting
42 CFR 433, 42 CFR 437, 42 CFR 457

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Governor's Office Review is not required.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | GA2024MS0002O | GA-24-0013-core

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Organization

General Administration

Reporting

Reviewable Unit Name	Included in Another Submission Package
Reporting	APPROVED

Eligibility

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | GA2024MS00020 | GA-24-0013-core

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | GA2024MS00020 | GA-24-0013-core

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Approval Date	01/08/2025	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Administration

General Administration

Reporting

Package Header

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Approval Date	01/08/2025	Effective Date	12/30/2024
Superseded SPA ID	NEW		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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