

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

July 3, 2013

Dr. Jerry Dubberly, Chief  
Medical Assistance Plans  
Georgia Department of Community Health  
2 Peachtree Street, NW, 40<sup>th</sup> Floor  
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 13-008

Dear Dr. Dubberly:

We have reviewed the proposed Georgia State Plan Amendment 13-008, which was submitted to the Atlanta Regional Office on May 24, 2013. The SPA provides for coverage of curative and hospice care in accordance with Section 2302 of the Affordable Care Act.

Based on the information provided, the Medicaid State Plan Amendment GA 13-008 was approved on July 3, 2013. The effective date of this amendment is April 1, 2013. We are enclosing the approved HCFA-179 and the plan pages.

A companion letter is also being issued with this approval to address the reimbursement concerns that developed during the corresponding financial review of this SPA.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze". The signature is written in a cursive, flowing style.

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

Revision: HCFA-PHI-86-28 (BERC)  
SEPTEMBER 1986

ATTACHMENT 3.1-A  
Page 7

State/Territory Georgia

**AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY**

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided       No limitations

With limitations\*       Not Provided:

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided       No limitations

With limitations\*       Not Provided:

16. Inpatient psychiatric facility services for individuals under 21 years of age.

Provided       No limitations

With limitations\*       Not Provided:

17. Nurse-midwife services

Provided       No limitations

With limitations\*       Not Provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided       No limitations       Provided in accordance with section  
2302 of the Affordable Care Act

With limitations\*       Not Provided:

\*Description provided on attachment

TN No. 13-008  
Supercedes      Approval Date      7-3-13 Effective Date 4/1/13  
TN No. 06-015

Revision: HCFA-PM-86-20 (BERC)  
SEPTEMBER 1986

ATTACHMENT 3.1-B  
Page 6

State/Territory: Georgia

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE MEDICALLY NEEDY

- c. Intermediate care facility services.  
// Provided // No limitation // With limitations\*
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.  
/X/ Provided // No limitation /X/ With limitations\*
- b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.  
// Provided // No limitation // With limitations\*
16. Inpatient psychiatric facility services for individuals under 21 years of age.  
/X/ Provided /X/ No limitation // With limitations\*
17. Nurse-midwife services.  
/X/ Provided // No limitation /X/ With limitations\*
18. Hospice care (in accordance with section 1905(e) of the Act).  
// Provided // No limitation /X/ Provided in accordance with section 2382 of the Affordable Care Act  
/X/ With limitations\*

\*Description provided on attachment-

TN No. 13-008  
Superseded  
TN No. 06-015 Approval Date 7-3-13 Effective Date 4/1/13



May 20, 2013

Ms. Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid and State Operations  
Region IV, Centers for Medicare and Medicaid Services  
Atlanta Federal Center  
61 Forsyth Street, SW - Suite 4T20  
Atlanta, Georgia 30303-8909

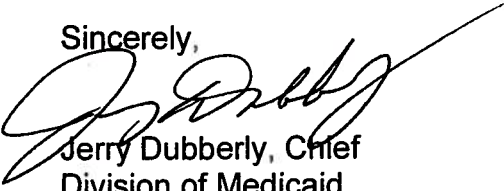
RE: State Plan Amendment T.N. 13-008

Dear Ms. Glaze:

Please find enclosed, State Plan Amendment Transmittal Number 13-008. The attached State Plan Amendment (SPA) from Georgia will result in the provision of concurrent hospice care in accordance with section 1905(o) of the Medicaid Act.

Thank you for your consideration in this matter. Marcey Alter, Program Director for Facility Programs and Behavioral Health Services, will serve as the Department's subject matter expert for all questions related to this SPA. She may be reached at (404) 657-5463 or by email at [malter@dch.ga.gov](mailto:malter@dch.ga.gov). Please copy Lynnette Rhodes at [lrhodes@dch.ga.gov](mailto:lrhodes@dch.ga.gov) and Therese Brisco at [tbrisco@dch.ga.gov](mailto:tbrisco@dch.ga.gov) on all email correspondence.


Sincerely,

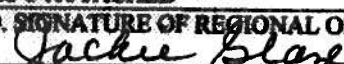


Jerry Dubberly, Chief  
Division of Medicaid

JD/lrr

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 13-008	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: FFY 2013 \$ FFY 2014 \$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Page 7		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, Page 7	
10. SUBJECT OF AMENDMENT: The Department of Community Health will provide both curative and hospice services in accordance with the Affordable Care Act.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single State Agency Comments Attached	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: JERRY DUBBERLY		Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 <sup>th</sup> Floor Atlanta, Georgia 30303-3159	
14. TITLE: CHIEF, DIVISION OF MEDICAID			
15. DATE SUBMITTED:			

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 05-24-13	18. DATE APPROVED: 07-03-13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04-01-13	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS:  Approved with the following changes to item 6, 7a, 7b, 8 and 9 as authorized by State Agency e-mails dated 07/01/13 Block # 6 Changed to read: 42 USCS 1396d (D)(1)(C) as amended by Section 2302 of the Affordable Care Act. Block # 7 Changed to read: FFY 13 0 and FFY 14 0. Block # 8 Changed to read: Attachment 3.1-A page 7 and Attachment 3.1-B page 6; Block # 9 Changed to read: Attachment 3.1-A page 7 and Attachment 3.1-B page 6	