

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**

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December 16, 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 13-014


Dear Dr. Dubberly:

We have reviewed the proposed Georgia State Plan Amendment 13-014, which was submitted to the Atlanta Regional Office on November 5, 2013. The SPA removes extended pregnancy related and postpartum services (PRS) from the state plan.

Based on the information provided, the Medicaid State Plan Amendment GA 13-014 was approved on December 16, 2013. The effective date of this amendment is October 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

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,

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

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER: <b>13-014</b>	2. STATE <b>GEORGIA</b>
3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	

TO: REGIONAL ADMINISTRATOR  
**CENTERS FOR MEDICARE AND MEDICAID SERVICES**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4. PROPOSED EFFECTIVE DATE  
**October 1, 2014**

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS NEW PLAN                       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 \$0.00  
 FFY 2014 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1A, Page 8F**


9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

**Attachment 3.1A, Page 8F**

10. SUBJECT OF AMENDMENT: **This State Plan Amendment will remove the Pregnancy Related and Postpartum Services (PRS) from the State Plan.**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      **Single State Agency Comments Attached**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  



13. TYPED NAME: **JERRY DUBBERLY**

14. TITLE: **CHIEF, DIVISION OF MEDICAID**

15. DATE SUBMITTED:

16. RETURN TO:

**Department of Community Health  
 Division of Medicaid  
 2 Peachtree Street, NW, 36<sup>th</sup> Floor  
 Atlanta, Georgia 30303-3159**

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <b>11/05/13</b>	18. DATE APPROVED: <b>12/16/13</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>10/01/13</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Jackie Glaze</b>	22. TITLE: <b>Associate Regional Administrator                  Division of Medicaid &amp; Children Health Opms</b>
23. REMARKS: <b>Approved with the following changes to plan: Block # changed in mail: 3.1-A page 8F and 4.19-B page 20; Block # changed in mail: 3.1-A page 8F and 4.19-B page 20.</b>	

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

T. Extended Services to Pregnant Women

Postpartum Services

Extended Pregnancy Related and Postpartum Services have been removed from the State Plan.

Childbirth Education Program

Reimbursement for childbirth education classes is based on an average of the fee charged for childbirth education classes provided by local area hospitals.

Instructors will be reimbursed the instructor's usual and customary charge or the maximum allowable, whichever is lower.

20. Extended Services to Pregnant Women

Extended Pregnancy Related and Postpartum Services have been removed from the State Plan.

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TN No.: 13-014

Supersedes

TN No.: 94-03

Approval Date: \_\_\_\_\_

Effective Date: October 1, 2013