

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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June 20, 2014

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 14-003

Dear Dr. Dubberly:

We have reviewed the proposed Georgia State Plan Amendment 14-003, which was submitted to the Atlanta Regional Office on March 31, 2014. The SPA supports the early assessment of pregnant women by local public health agencies at the time of the presumptive eligibility determination.

Based on the information provided, the Medicaid State Plan Amendment 14-003 was approved on June 20, 2014. The effective date of this amendment is January 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,

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

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

1. TRANSMITTAL NUMBER: 14-003	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  
January 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS NEW PLAN                      X 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 3.1-A pg. 1-5 (Part B)  
Attachment 4.19-B pg 5.002  
Attachment 4.19-B pg 5a-5b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A pg. 1-5 (Part B)  
Attachment 4.19-B pg 5.002  
Attachment 4.19-B pg 5a-5b

10. SUBJECT OF AMENDMENT: Perinatal Case Management

11. 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:  
Single State Agency Comments Attached

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: 03-31-14

18. DATE APPROVED: 06-20-14

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-14

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 as authorized by state agency email dated 06/16/14.

**Block#6 changed to read:** 42 CFR 440.169.

**Block #7 changed to read:** FFY 2014 0 and FFY 2015 0.

**Block #8 changed to read:** Atch 3.1-A pages 1-5(Part B), Atch 3.1-A, pages 1-3 (Part M) and Atch 4.19-B pages 5.002 and 5a-5b.

**Block #9 changed to read:** Atch 3.1-A pages 1-5(Part B), Atch 3.1-A, pages 1-3 (Part M) and Atch 4.19-B pages 5.002 and 5a-5b.

**Block #15 changed to read:** March 31, 2014.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: GEORGIA

**PERINATAL CASE MANAGEMENT SERVICES**

- A. Target Group (42CFR 441.18(a) (8) (i) and 441.18(a) (9): All Medicaid eligible pregnant women within the state of Georgia at risk for an adverse birth outcome.
- B. Areas of the State in which services will be provided:  
 Entire State  
 Only in the following geographic areas:
- C. Comparability of Services (§1902(a)(10)(B) and 1915(g)(1)):  
 Services are provided in accordance with §1902 (a) (10) (B) of the Act.  
 Services are not comparable in amount, duration, and scope (§1915 (g) (1))
- D. Definition of services (42 CFR 440.169):

Perinatal Case Management services are defined as services furnished to assist women, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Perinatal Case Management includes the following assistance:

- One initial comprehensive face-to-face assessment per pregnancy of the woman's needs to determine her need for any medical, educational, social or other services. The assessment activities include:
  - Taking a client history;
  - Identifying the individual's needs and completing related documentation;
  - 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.
- Women identified as at risk for an adverse birth outcome will have periodic reassessment of their needs monthly as a component of their case management follow up. Additional or different needs identified will be added to their plan of care. Reassessments may be face-to-face (for women with complex needs or at the woman's request) or telephonic.

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- Development (and periodic revision) of a plan of care 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 woman;
  - Includes activities such as ensuring the active participation of the eligible woman, and working with the woman (or the woman'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 woman.
- Monitoring and follow up activities:
  - Activities and contacts with the woman (either face-to-face or telephonic) occur at least monthly during the pregnancy. They are necessary to ensure the plan of care is implemented and adequately addresses the eligible woman's needs. These activities and contacts may also be with family members, service providers, or other entities or individuals and conducted as frequently as necessary. The purpose of this monitoring is to determine whether the following conditions are met:
    - The services are being furnished in accordance with the woman's plan of care;
    - The services in the plan of care are adequate; and
  - Any changes in the needs or status of the woman are reflected in the plan of care.

Perinatal Case Management includes: contacts with non-eligible individuals that are directly related to identifying the eligible woman's needs and care for the purposes of helping the eligible woman access services; identifying needs and supports to assist the eligible woman in obtaining services; providing case managers with useful feedback; and alerting case managers to changes in the eligible woman's needs. (42 CFR 440.169 (e)).

E. Qualifications of the Provider (42 CFR 441.18 (a) (8) (v) and 42 CFR 441.18 (b)):

A Medicaid enrolled perinatal case management provider may be an individual or group entity qualified to provide perinatal case management services and eligible to enroll as a Medicaid provider under this program. Every perinatal case management provider must be or utilize a Perinatal Case Manager to deliver the perinatal case management services.

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A signed copy of the applicable license(s) must be submitted with the provider's application for enrollment.

The Perinatal Case Management provider must be a Medicaid enrolled:

- GA licensed physician
- Physician's Assistant working under the direction of a licensed physician
- Nurse Practitioner
- Certified Nurse-Midwife
- Entity that employs or arranges for registered nurses to furnish the perinatal case management services, such as a local public health agency.

The Perinatal Case Manager must:

- Have the capacity to provide the full range of perinatal case management services;
- Have demonstrated, direct experience in the delivery of healthcare services to women such as providing primary care, prenatal care, family planning, or case management services; and
- Have demonstrated the ability to provide or coordinate pregnancy-related health and human services.

Independent licensed registered nurses are not eligible to enroll as Perinatal Case Management providers under this program. Only Perinatal Case Management providers are allowed to bill for case management services under this program.

The Perinatal Case Manager may be a:

- GA licensed physician
- Physician's assistant working under the direction of a licensed physician
- Nurse practitioner
- Certified nurse midwife
- Licensed registered nurse

F. Freedom of Choice (42 CFR 441.18 (a) (1):

The State assures that the provision of perinatal 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 women will have free choice of any qualified Medicaid providers within the State.

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2. Eligible women will have free choice of any qualified Medicaid providers of other medical care under the State Plan.

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

The State assures the following:

- Perinatal Case Management services will not be used to restrict an individual's access to other services under the State Plan.
- Women will not be compelled to receive perinatal case management services, condition receipt of perinatal case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on the receipt of perinatal case management services; and
- Providers of perinatal case management services do not exercise the state's authority to authorize or deny the provision of other services under the State Plan.

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

Perinatal Case Management providers maintain case records that document, for all women receiving perinatal case management services, the following:

1. The name of the woman
2. The dates of the perinatal case management services
3. The name of the perinatal case management provider and the perinatal case manager
4. The nature, content, units of perinatal case management service received and whether goals specified in the plan of care have been achieved
5. Whether the woman has declined services in the plan of care
6. The need for, and occurrence of, coordination with other case managers
7. A timeline for obtaining needed services
8. A timeline for re-evaluation of the plan.

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I. Limitations:

Perinatal 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)

Perinatal Case Management does not include, and FFP is not available in expenditures for services defined in §440.169 when the perinatal case management activities constitute the direct delivery of underlying medical, educational, social or other services to which an eligible woman 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 and interviewing potential foster care parents; serving legal papers, making home investigations, providing transportation, administering foster care subsidies, making placement arrangements (42 CFR 441.18 (c))

FFP is only available for perinatal 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)).

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STATE/TERRITORY: GEORGIA

POLICY AND METHOD FOR ESTABLISHING RATES FOR OTHER TYPES OR  
CARE OR SERVICES

N. PERINATAL CASE MANAGEMENT SERVICES

- (a) Except as otherwise noted in the plan, the state-developed fee schedule rates are the same for both governmental and private providers of perinatal case management services. The payment rates for these services can be found in the Perinatal Case Management Provider Manual which can be found at the state's website: <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx> . These rates were last updated on January 1, 2005, and are effective for services provided on or after that date.
- (b) Reimbursement for perinatal case management services is available for the initial comprehensive contact, follow up contacts, and a postpartum contact.

STATE/TERRITORY: GEORGIA

POLICY AND METHODS FOR ESTABLISHING RATES FOR OTHER TYPES OR  
CARE OR SERVICE

Reserved for later use.

TN No.: 14-003  
Supersedes  
TN No.: 89-14

Effective Date: January 1, 2014  
Approval Date: 06-20-14

STATE/TERRITORY: GEORGIA

POLICY AND METHODS FOR ESTABLISHING RATES FOR OTHER TYPES OR  
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TN No: 14-003  
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TN No: 93-020

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STATE/TERRITORY: GEORGIA

Reserved for later use.

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Supersedes  
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Effective Date: January 1, 2014  
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