

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

November 23, 2015

Dr. Linda Wiant, Chief
Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 40th Floor
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal # GA 15-0010

Dear Dr. Wiant:

We have reviewed the proposed Georgia State Plan Amendment 15-0010, which was submitted to the Atlanta Regional Office on October 20, 2015. The SPA proposes to amend FQHC and RHC preventive health services for adults.

Based on the information provided, the Medicaid State Plan Amendment 15-0010 was approved on November 23, 2015. The effective date of this amendment is October 1, 2015. We are enclosing the approved HCFA-179 and the plan pages.

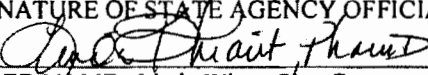
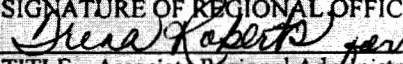
If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or Tandra.Hodges@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze" with a small flourish at the end.

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 15-010	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: FQHC/RHC Provision of Preventive Services for Medicaid Eligible Adults	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act Section 1902 (bb)		7. FEDERAL BUDGET IMPACT: FFY 2015 \$ 0 FFY 2016 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A Pages 1e and 1e (i)	
10. SUBJECT OF AMENDMENT: FQHC and RHC Preventive Health Services for Adults			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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: Governor's Office review is not required.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159	
13. TYPED NAME: Linda Wiant, Phar.D.			
14. TITLE: Chief, Division of Medical Assistance Plans			
15. DATE SUBMITTED:			
17. DATE RECEIVED: 10-20-15			
FOR REGIONAL OFFICE USE ONLY			
18. DATE APPROVED: 11-23-15		PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-15		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 on email dated 11/23/15. Block # 8 changed to read: Attachment 3.1-A, Pages 1e and 1e(i). Block # 15 changed to read: October 20, 2015.			

2b. RURAL HEALTH CLINIC SERVICES AND OTHER AMBULATORY SERVICES

Rural Health Clinic (RHC) Services are defined in section 1905(a)(2)(B) of the Social Security Act (the Act). RHC services include services provided by physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers and visiting nurses and other ambulatory services included in the state plan. RHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner, or nurse midwife, and, for visiting nurse care, related medical supplies and other than drugs and biologicals.

EPSDT limitations may be exceeded if medically necessary. Medical Necessity must be properly documented.

LIMITATIONS

Services are subject to retrospective reduction or denial if adequate medical justification is not provided in medical records. Limitations on other ambulatory services furnished in the RHC are those that are listed in the state plan for those services. For individuals 21 years of age and older, RHC visits are limited to one (1) preventive health visit annually in conjunction with preventive health screening services and ten (10) additional office visits per year per member. This limitation may be exceeded based upon medical necessity. Medical necessity must be properly documented. Preventive health visits for individuals under the age of 21 must align with the EPSDT Program's requirements. Additional office visits must be based on medical necessity that is properly documented.

NON-COVERED SERVICES

1. Ancillary services unrelated to the establishment of a diagnosis or treatment of the patient.
2. Experimental services or procedures or those not recognized by the profession or the U.S. Public Health Service as universally accepted treatment.
3. Additional non-covered services are listed in the *Part II Policies and Procedures for Rural Health Clinic Services* manual.

2c. FEDERALLY QUALIFIED HEALTH CENTER SERVICES

Federally Qualified Health Center (FQHC) Services are defined in section 1905(a)(2)(C) of the Social Security Act (the Act). FQHC services include services provided by physicians, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers and visiting nurses and other ambulatory services included in the state plan. FQHC services also include services and supplies that are furnished as an incident to professional services furnished by a physician, physician assistant, nurse practitioner, or nurse midwife, and, for visiting nurse care, related medical supplies and other than drugs and biologicals.

EPSDT limitations may be exceeded if medically necessary. Medical Necessity must be properly documented.

LIMITATIONS

Services are subject to retrospective reduction or denial if adequate medical justification is not provided in medical records. Limitations on other ambulatory services furnished in the FQHC are those that are listed in the state plan for those services. For individuals 21 years of age and older, FQHC visits are limited to one (1) preventive health visit annually in conjunction with preventive health screening services and ten (10) additional office visits per year per member. This limitation may be exceeded based upon medical necessity. Medical necessity must be properly documented. Preventive health visits for individuals under the age of 21 must align with the EPSDT Program's requirements. Additional office visits must be based on medical necessity that is properly documented.

NON-COVERED SERVICES

1. Ancillary services unrelated to the establishment of a diagnosis or treatment of the patient.
2. Experimental services or procedures or those not recognized by the profession or the U.S. Public Health Service as universally accepted treatment.
3. Additional non-covered services are listed in the *Part II, Policies and Procedures for Rural Health Clinic Services* manual.