State/Territory: GEORGIA

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

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations*

2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic WHICH ARE OTHERWISE INCLUDED IN THE STATE PLAN.

Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: ☐ No limitations ☒ With limitations*

~~d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.~~

3. Other laboratory and x-ray services.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

1. INPATIENT HOSPITAL SERVICES

The maximum reimbursable length of stay without prior approval for psychiatric services is thirty (30) days. There is no other limitation on number of inpatient hospital days for eligible recipients if services are medically justified. Claims are subject to review for medical necessity.

Limitations

1. Reimbursement for private rooms will be made at the most common semi-private room rate. Special care units are covered if medically justified by the attending physician.

2. Admission for diagnostic purposes is covered only when the diagnostic procedures cannot be performed on an outpatient basis.

3. Chest x-rays and other diagnostic procedures performed as part of the admitting procedure will be covered only when:

   The test is specifically ordered by a physician responsible for the patient's care.

   The test is medically necessary for the diagnosis or treatment of the individual patient's condition.

   The test does not unnecessarily duplicate the same test done on an outpatient basis before admission or one done in connection with a recent admission.

4. Surgical procedures deemed to be appropriately performed on an outpatient basis are not covered as inpatient services unless medical necessity for inpatient admission is documented.

5. Hysterectomies, sterilizations and abortions are covered only when applicable Federal requirements are met.

6. Hospital services in connection with the acquisition of an organ from a living donor for transplant in an eligible recipient are considered as services for the treatment of the recipient and are covered as such, although the donor may or may not be Medicaid eligible.

7. Kidney transplants are covered for recipients with documented end stage renal disease. Prior approval is not required unless the procedure is performed out-of-state.

8. In applying standards to cover organ transplants, similarly situated individuals are treated alike. Any restriction on the facilities or practitioners which may provide such procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under the State Plan.

Inpatient Hospital Services (cont'd)

9. The maximum reimbursable length of stay without prior approval for psychiatric services is thirty (30) days.
10. Inpatient dialysis services are covered for maintenance dialysis of a patient with end stage renal disease only if the admitting hospital does not have a Hospital-Based Dialysis Facility.
11. Medically necessary magnetic resonance imagings (MRI) are covered, in accordance with accepted medical standards, for the brain, spine, knee, lower extremity, orbit or myocardium, when CT scans or SPECT procedures are not definitive or appropriate. Only one MRI per day will be paid without submission of documentation for medical necessity.

PRECERTIFICATION

Precertification for inpatient admissions must be obtained by the attending physician prior to the rendering of services. Precertification pertains to medical necessity and appropriateness of setting. Normal deliveries and recipients who have Medicare Part A are excluded from this requirement.

Approval for liver transplantation may be requested for eligible recipients with the disorders listed below. Records for all candidates for coverage will be reviewed for determination of disorder, prognosis and factors of contraindication.

End state cirrhosis with liver failure due to:

Primary biliary cirrhosis;
Perimary sclerosing cholangitis;
Post necrotic cirrhosis, hepatitis B surface antigen negative;
Alcoholic cirrhosis;
Alpha-1 antitrypsin deficiency;
Wilson's disease; or
Primary hemochromatosis

Organ transplant center criteria is specified in Attachment 3.1-E.

For All EPSDT Eligible Recipients:

All medically necessary diagnostic and treatment services will be provided to correct and ameliorate defects and physical and mental illnesses whether or not such services are covered or exceed the benefit limitations in the hospital program if medical necessity is properly documented and prior approval is obtained.

Non Covered Services and Procedures

1. Services and supplies which are inappropriate or medically unnecessary as determined by the Department, the Georgia Medical Care Foundation, or other authorized agent.

2. Private duty nurses or sitters/companions.

3. Take home drugs, medical supplies, durable medical equipment, artificial limbs or appliances.

4. Non-therapeutic sterilizations performed on persons under age 21 or persons who are not legally competent to give informed consent.

5. Services not medically necessary; i.e., television, telephone, guest meals, cots, etc.

6. Services or items furnished for which the hospital does not normally charge.

7. Experimental or investigational services, drugs or procedures which are not generally recognized by the Food and Drug Administration, the U. S. Public Health Service, Medicare and the Department's contracted Peer Review Organization as acceptable treatment.

   The following list is representative of non-covered procedures that are considered to be experimental or investigational and is not meant to be exhaustive:

   - Carotid body resection/carotid body denervation
   - Fetal surgery
   - Implantation of infusion pumps
   - Intestinal bypass surgery
   - Wrapping of abdominal aneurysm
   - Transvenous (catheter) pulmonary embolectomy
   - Transsexual surgery

8. Cosmetic surgery and all related services

POLICIES AND PROCEDURES APPLICABLE TO HOSPITAL SWING-BED SERVICES

A. The Department provides reimbursement for nursing facility services rendered in hospitals which have swing-bed agreements with Medicare under Section 1883 of the Act. Swing-beds are defined as hospital beds that may be used for either nursing facility or hospital acute levels of care on an as needed basis. All services are subject to reimbursement limitations without regard to diagnosis, type of illness or condition.

1. Covered Services

The Department covers swing-bed services only for nursing facility services. The term "nursing facility services" means services which are or were required to be given an individual who needs or needed on a daily basis nursing care (provided directly by or requiring the supervision of nursing personnel) or other rehabilitation services which as a practical matter can only be provided in a nursing facility on an inpatient basis.

A physician must certify that nursing facility care is needed for continued treatment of a medical condition which cannot be managed in the home setting. The certification for nursing facility care must be obtained at the time of admission to the swing-bed, or the next working day if admitted on a weekend or holiday.

Coverage of swing-bed services involves only services in those hospitals which have Georgia Medicaid swing-bed agreements. The reimbursement rate established by the department is an all inclusive rate based on the statewide average Medicaid per diem rate paid to skilled nursing facilities and intermediate care facilities for routine services furnished during the previous calendar year. The payment rate established by the State Agency is in accordance with the requirements of Sections 1902(a)(13)(A) and 1913(a) of the Act. The rate covers the cost of the following:

(a) Patient's room and board (including special diets and special dietary supplements used for tube or oral feedings, specifically prescribed by a physician);
(b) Laundry (including personal laundry); and
(c) Nursing and routine services: Routine services, physical therapy, speech therapy, restorative nursing care, tray service, durable medical equipment (such as, but not limited to beds, bed rails, walkers, wheelchairs), incontinency care and incontinency pads, hand feedings, special mattresses and pads, massages, syringes, personal comfort or cosmetic items, extra linens, assistance in personal care and grooming, laboratory procedures not requiring laboratory personnel, non-prescription drugs (such as, but not limited to antacids, aspirin, suppositories, mild of magnesia, mineral oil, rubbing alcohol), prophylactic medications (such as, but

not limited to influenza vaccine) and other items not on the Medical Assistance Drug List but which are distributed or used individually as ordered by the attending physician. In addition, supplies (such as, but not limited to oxygen, catheters, catheter sets, drainage apparatus, intravenous solutions, administration sets and water for injections) are to be covered under the approved reimbursement rate.

Diagnostic or therapeutic x-ray services, laboratory procedures requiring laboratory personnel, physician services, and pharmacy services (except as described above) may be billed separately to the Department by the enrolled providers of service.

2. Non-Covered Services

The services listed below are non-covered by the Department in the swing-bed program. Adverse action will be taken against those providers who willfully continue to bill the Department for non-covered services identified in this manual.

a) Services which do not meet nursing facility level of care criteria;

b) Services provided by hospitals out of state which do not have a swing-bed provider agreement; and,

c) Services not provided in compliance with the provisions of the Policies and Procedures for Swing-Bed Services manual.

3. Medicaid/Medicare Services

When a Medicaid recipient also has Medicare Part A coverage, payment for swing-bed services for up to one hundred days may be allowed by Medicare. In this instance, the swing-bed services must be billed to Medicare prior to billing the Department. The Medicare intermediary reimburses for the first through the twentieth day of coverage at 100% of the Medicare per diem rate. For the twenty-first through the one hundredth day, the Medicare intermediary pays a reduced amount and Medicaid pays the applicable coinsurance amount. When Medicare Part A swing-bed benefits, i.e., skilled nursing facility care, are exhausted for these recipients, charges for days in excess of Medicare covered days may be submitted to the Department for reimbursement at the Medicaid per diem rate.

TRANSMITTAL 90-04
APPROVED 9.4.91
EFFECTIVE 1.1.90
SUPERSEDES (NEW)

2.a. OUTPATIENT HOSPITAL SERVICES

Hospital outpatient coverage is provided for preventive, diagnostic, therapeutic, rehabilitative or palliative items or services furnished under the direction of a physician or dentist.

Limitations

1. More than one non-emergency visit by the same recipient in one day is subject to review and possible denial, depending on medical necessity.
2. Sterilizations and abortions are covered only when applicable Federal requirements are met.
3. Outpatient dialysis services are covered in the Dialysis Services program.
4. One series of birthing and parenting classes is provided per twelve-month period for pregnant women.
5. Medically necessary magnetic resonance imagings (MRI) are covered, in accordance with accepted medical standards, for the brain, spine, knee, lower extremity, orbit or myocardium, when CT scans or SPECT procedures are not definitive or appropriate. Only one MRI per day will be paid without submission of documentation for medical necessity.

Precertification

Precertification must be obtained by the attending physician for certain outpatient procedures prior to the rendering of services. Precertification pertains to medical necessity and appropriateness of setting. Emergency outpatient services and recipients who have Medicare Part B are excluded from this requirement.

Non-Covered Services

1. Items and services which are not medically necessary for, or related to, the prevention, rehabilitation, palliative services, diagnosis or treatment of illness or injury.
2. Take-home drugs, medical supplies and appliances. (The hospital receives reimbursement for these services by enrolling as a provider of the specific service.)
3. Routine physical examinations are a non-covered service because 10% or less of the hospitals in Georgia offer routine physical examinations as a service.
4. Cosmetic surgery or mammoplasties for aesthetic purposes.
5. Services or items furnished for which the hospital does not normally charge.
6. Experimental services or procedures or those which are not recognized by the profession or the U. S. Public Health Service as universally accepted treatment.

2.b. RURAL HEALTH CLINIC SERVICES

Limitations

Services are subject to retrospective reduction or denial if adequate medical justification is not provided in medical records. Other ambulatory services such as dental, pharmacy, EPSDT, etc., are subject to limitations specific to the individual program.

Non-Covered Services

1. Ancillary services unrelated to the establishment of a diagnosis or treatment of the patient.

2. Routine physical examination or immunization unless in conjunction with the EPSDT Program.

3. Experimental services or procedures or those not recognized by the profession or the U.S. Public Health Service as universally accepted treatment.

2.c. FEDERALLY QUALIFIED HEALTH CENTERS (COMMUNITY HEALTH CENTER SERVICES (CHCS))

Limitations

Services are subject to retrospective reduction or denial if adequate medical justification is not provided in medical records. Other ambulatory services such as dental, pharmacy, EPSDT, etc., are subject to limitations specific to the individual program.

Non-Covered Services

1. Ancillary services unrelated to the establishment of a diagnosis or treatment of the patient.

2. Routine physical examination or immunization unless in conjunction with the EPSDT Program.

3. Experimental services or procedures or those not recognized by the profession or the U.S. Public Health Service as universally accepted treatment.

3. OTHER LABORATORY AND X-RAY SERVICES as prescribed in 42 CFR 440.30.

Non-Covered Services

1. X-ray services furnished by a portable x-ray service.

2. Services provided in laboratories or x-ray facilities which do not meet the definition of an independent laboratory or x-ray facility.

3. Services or procedures referred to another testing facility.

4. Services furnished by a state or public laboratory.

TRANSMITTAL 90-20
APPROVED 7-11-90
EFFECTIVE 4-1-90
SUPERSEDES 89-30

5. Services or procedures performed by a facility not certified to perform them.

6. Experimental services or procedures or those which are not recognized by the profession or the U.S. Public Health Service as universally accepted treatment.

10-1-89 7. Laboratory services that are routinely furnished and included in the reimbursement for hemodialysis services.

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SUPERSEDES (NEW)
Received: 6/13/90

4.a. Nursing facilities provide nursing or rehabilitative care on a daily basis. Covered services include room and board (including special diets and special dietary supplements used for tube or oral feedings, when specifically prescribed by a physician), laundry (including personal laundry), nursing services (except private duty nurses), medical social services, physical therapy, speech therapy, restorative nursing care, tray services, durable medical equipment, incontinency care and incontinency pads, hand feedings, special mattresses and pads, massages, syringes, enemas, dressings, laboratory procedures not requiring laboratory personnel, non-prescription drugs such as, antacids, aspirin, suppositories, magnesium hydroxide liquid, mineral oil, rubbing alcohol, prophylactic medications, oxygen, catheters, catheter sets, drainage apparatus, intravenous solutions, administration sets and water for injections. Personal comfort or cosmetic items not covered.

Adjunctive services (those not included in the established reimbursement rate) are covered only on written authorization in the plan of care by the attending physician. Drugs included on the Medical Assistance Drug List or those specially approved by the Department are available through the Pharmacy Services Program.

Pre-admission approval of a nursing facility level of care must be obtained from a physician authorizing nursing facility placement by completing and signing a DMA-6 form for those applying to Medicaid for payment of facility services.

Voluntary supplementation may be paid directly to providers by relatives or other persons for the additional cost of a private room and/or sitter for Title XIX recipients in nursing homes (Ga. Act. 1323). These supplemental payments are not considered as income when determining the amount of patient liability toward vendor payments. Provision of a private room and/or sitter through supplemental payment will not constitute discrimination against other recipients. No recipient who is admitted/transferred to a private room due to a shortage of beds in semi-private rooms may be discharged due to lack of voluntary supplementation. Charges for private rooms may not exceed rates charged to private patients.

4.b. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

In administering the EPSDT Program, the Department has established procedures to (1) inform all eligible individuals of the availability of EPSDT services; (2) provide or arrange for requested screening services; and (3) arrange for corrective treatment of health problems found as a result of screening.

EPSDT services are available through state health departments, rural health clinics, and a variety of individual practitioners both in single and group practice.

Appropriate immunizations are provided at the time of screening and as needed.

Lead screening services are provided at the time of screening or as indicated.

Screening services are available based on Georgia's periodicity schedule that was designed with recognized medical organizations involved in child health care.

Medically necessary interperiodic screens are available are necessary.

All medically necessary diagnostic and treatment services will be provided to correct and ameliorate defects and physical and mental illnesses and conditions discovered during an EPSDT screen, periodic or interperiodic, whether or not such services are covered or exceed the benefit limitations in the State Plan.

Periodic and interperiodic screenings and immunizations are covered under the EPSDT program. All other services are covered under the individual programs as described in Attachments 3.1-A, B, and E of this plan. Any limitations imposed under these individual programs do not apply to EPSDT recipients if medical necessity for the service is documented. Services which are medically necessary but which are not currently provided under the plan must be prior approved and will be reimbursed according to the reimbursement methodologies described on Supplement 1 to Attachment 4.19-B, Page 1.

90-36

TRANSMITTAL 90-36
APPROVED 3-31-92
EFFECTIVE 7-1-90
SUPERSEDES 90-13

4.b. EPSDT-Related Services – Community Based

The covered services for the Children's Intervention Services program are audiology, nursing, occupational therapy, physical therapy, nutrition, counseling and speech-language pathology which include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, and are provided by a licensed practitioner of the healing arts to EPSDT eligible recipients (ages 0-20) to promote the maximum reduction of physical disability or developmental delay and/or restoration of a recipient to his/her best possible functional level. These services may be provided in practitioners offices, community centers, and in the recipient's home.

The services are defined as follows:

- Audiology Services
  Audiological testing; fitting and evaluation of hearing aids. Providers' qualifications are in accordance with 42 CFR 440.110.

- Nursing Services
  Skilled intermittent nursing care to administer medications or treatments. The care provided is necessary for the maximum reduction of the beneficiaries' physical and/or mental disability and restoration to the best possible functional level. Skilled intermittent nursing care is provided by licensed nurses (registered or licensed practical nurses under the supervision of a registered nurse, licensed to practice in the state of Georgia). Providers' qualifications are in accordance with the requirements of federal regulation 42 CFR 440.60(a).

- Occupational Therapy Services
  Occupational therapy evaluation of gross and fine motor development and clinical services related to activities of daily living and adaptive equipment needs. Providers' qualifications are in accordance with 42 CFR 440.110.

- Physical Therapy Services
  Physical therapy evaluation of neuromotor development and clinical services related to improvement of gait, balance and coordination skills. Providers' qualifications are in accordance with 42 CFR 440.110.

- Counseling Services
  Evaluation to determine the nature of barriers (social, mental, cognitive, emotional, behavioral problems, etc.) to effective treatment, that impacts the child's medical condition, physical disability and/or developmental delay and the child's family. The provision of counseling and intervention services to resolve those barriers relating to effective treatment of the child's medical condition and which threaten the health status of the child. Services are provided by Licensed Clinical Social Workers in accordance with standards of applicable state licensure and certification requirements, must hold a current license, and adhere to the scope of practice as defined by the applicable licensure board in accordance with the federal requirements in 42 CFR 440.60(a).

4.b. EPSDT Related Services – Community Based (continued)

- Speech-Language Pathology Services
  Speech-language evaluation of auditory processing, expressive and receptive language and language therapy. Providers' qualifications are in accordance with 42 CFR 440.110, and adhere to the scope of practice as defined by the applicable state licensure board.

- Nutrition Services
  Nutritional assessment, management and counseling to children on special diets due to genetic metabolic or deficiency disorders or other complicated medical problems. Nutritional evaluation and monitoring of their nutritional and dietary status, history and any teaching related to the child's dietary regimen (including the child's feeding behavior, food habits and in meal preparation), biomedical and clinical variables and anthropometric measurements). Development of a written plan to address the feeding deficiencies of the child that is incorporated into the child's treatment program. Providers' qualifications must meet the applicable State licensure and certification requirements, hold a current state license, and adhere to the scope of practice as defined by the applicable licensure board in accordance with the federal requirements in 42 CFR 440.60(a).

Limitations

The covered services are available only to the EPSDT eligible recipients (ages 0-20) with a written service plan (an IEP/IFSP) which contains medically neeessary services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law.

Provider enrollment is open only to individual practitioners, who are licensed in Georgia under their respective licensing board such as a licensed audiologist, registered nurse, occupational therapist, physical therapist, licensed clinical social worker, licensed counselor, licensed dietician or speech language pathologist. For annual re-enrollment beginning July 1, 1996, all providers must obtain a minimum of one (1) continuing education credit annually in pediatrics in their area of professional practice. Where applicable, providers will be in compliance with federal requirements defined in 42 CFR 440.110 or 42 CFR 440.60(a).

Prior Approval

Services which exceed the limitations as listed in the policies and procedures manual must be approved prior to service delivery.

4.b. **EPSDT Related Services – Community-Based** (continued)

The following services are not provided through the EPSDT-Related Services – Community Based program:

1. Habilitative services that assist in acquiring, retaining and improving the self-help, socialization, and adaptive skills of the child.
2. Services provided to children who do not have a written service plan.
3. Services provided in excess of those indicated in the written service plan.
4. Services provided to a child who has been admitted to a hospital or other institutional setting as an inpatient.
5. Service of an experimental or research nature.
6. Services in excess of those deemed medically necessary by the Department, its agents or the federal government, or for services not directly related to the child's diagnosis, symptoms or medical history.
7. Failed appointments or attempts to provide a home visit when the child is not at home.
8. Services normally provided free of charge to all patients.
9. Services provided by individuals other than the enrolled licensed practitioner of the healing arts.
10. Services provided for temporary disabilities that would reasonably be expected to improve spontaneously as the patient gradually resumes normal activities.
11. Audiology services that are a part of the HealthCheck (formerly EPSDT) Services.

4.b. EPSDT Related Services (continued).

EPSDT Related Services – School Based Health Services

The Children's Intervention School Services (CISS) program includes covered services provided by or through Georgia State Department of Education (DOE) or a Local Education Agency (LEA) to children with or suspected of having disabilities, who attend public school in Georgia, recommended by a physician or other licensed practitioners of the healing arts to EPSDT eligible special education students (from ages 0-20) to promote the maximum reduction of physical disability or developmental delay and/or restoration of a recipient to his/her best possible functional level. These services are provided pursuant to an Individual Education Program (IEP) or Individual Family Service Plan (IFSP).

The services are defined as follows:

- Audiology Services

  Audiological testing; fitting and evaluation for hearing aids. Providers' qualifications must meet the requirements of federal regulations 42 CFR 440.110.

- Nursing Services

  Skilled intermittent nursing care to administer medications or treatments. The care provided is necessary for the maximum reduction of the beneficiaries' physical and/or mental disability and restoration to the best possible functional level. Skilled intermittent nursing care is provided by licensed nurses (registered or licensed practical nurses under the supervision of a registered nurse, licensed in the state of Georgia). Providers' qualifications are in accordance with the requirements of federal regulation 42 CFR 440.60(a).

4.b. EPSDT Related Services

EPSDT Related Services – School Based Health Services (continued)

- Occupational Therapy Services

  Occupational therapy evaluation of gross and fine motor development and clinical services related to activities of daily living and adaptive equipment needs. Providers' qualifications must meet the federal requirements in 42 CFR 440.110.

- Physical Therapy Services

  Physical therapy evaluation of neuromotor development and clinical services related to improvement of gait, balance and coordination skills. Providers' qualifications must meet the federal requirements in 42 CFR 440.110.

- Counseling Services

  Evaluation to determine the nature of barriers (social, mental, cognitive, emotional, behavioral problems, etc.) to effective treatment that impacts the child's medical condition, physical disability and/or developmental delay and the child's family. The provision of counseling and intervention services to resolve those barriers relating to effective treatment of the child's medical condition and which threaten the health status of the child. Services are provided by Licensed Clinical Social Workers in accordance with the standards of applicable state licensure requirements, must hold a current license, and adhere to the scope of practice as defined by the applicable licensure board in accordance with the federal requirements in 42 CFR 440.60(a).

- Speech-Language Pathology Services

  Speech language evaluation of auditory processing, expressive and receptive language and language therapy. Providers' qualifications must meet the federal requirements in 42 CFR 440.110 and adhere to the scope of practice as defined by the applicable board.

- Nutrition Services

  Nutritional assessment, management and counseling to children on special diets due to genetic, metabolic or deficiency disorders or other complicated medical problems. Nutritional evaluation and monitoring of their nutritional and dietary status, history and any teaching related to the child's dietary regimen (including the child's feeding behavior, food habits and in meal preparation), biochemical and clinical variables and anthropometrics measurements). Development of a written plan to address the feeding deficiencies of the child. Providers' qualifications must meet the applicable state licensure requirements, hold a current state license, and adhere to the scope of practice as defined by the applicable licensure board in accordance with the federal requirements in 42 CFR 440.60(a).

4.b. EPSDT Related Services

EPSDT Related Services – School Based Health Services (cont'd.)

Requirements

The medically necessary services must be documented in the Individual Education Program (IEP) or Individualized Family Service Plan (IFSP).

Limitations

The covered services are available only to the EPSDT eligible recipients (ages 0-20) with a written service plan (an IEP/IFSP) which contains medically necessary services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law.

Provider enrollment is open only to individual practitioners who are licensed in Georgia under their respective licensing board as a licensed audiologist, registered nurse, occupational therapist, physical therapist, licensed clinical social worker, licensed counselor, licensed dietician or speech-language pathologist. For annual re-enrollment beginning July 1, 1996, all providers must obtain a minimum of one (1) continuing education credit annually in pediatrics in their area of professional practice. Where applicable providers' will be in compliance with federal requirements defined in 42 CFR 440.110 or 42 CFR 440.60(a).

4.b. EPSDT Related Services

EPSDT-Related Services – School Based Health Services (continued)

Limitations (continued)

The following services are not provided through the EPSDT-Related Services-School Based program:

1. Habilitative services that assist in acquiring, retaining and improving the self-help, socialization, and adaptive skills.

2. Services provided to children who do not have a written service plan.

3. Services provided in excess of those indicated in the written service plan.

4. Services provided to a child who has been admitted to a hospital or other institutional setting as an inpatient.

5. Services of an experimental or research nature (investigational) which are not generally recognized by the professions, the Food and Drug Administration, the U.S. Public Health Service, Medicare and the Department's contracted Peer Review Organization, as universally accepted treatment.

6. Services in excess of those deemed medically necessary by the Department, its agents or the federal government, or for services not directly related to the child's diagnosis, symptoms or medical history.

7. Failed appointments or attempts to provide a home visit when the child is not at home.

8. Services normally provided free of charge to all patients.

9. Services provided by individuals other than the enrolled licensed practitioner of the healing arts.

4.b. EPSDT Related Services

EPSDT Related Services – School Based Health Services (continued)

Limitations (continued)

The following services are also not provided through the EPSDT-Related Services-School Based program:

10. Services provided for temporary disabilities, which would reasonably be expected to improve spontaneously as the patient gradually resumes normal activities.

11. Audiology services that are a part of the Health Check (formerly EPSDT) Services.

12. Billing for more than one travel fee per location when more than one patient is treated.

State/Territory: Georgia

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

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ___ No limitations X With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: ___ No limitations X With limitations*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ___ No limitations X With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided: X X With limitations

* Description provided on attachment.

4.c.FAMILY PLANNING SERVICES

Limitations

Family planning clinics must meet standards set forth in the Memorandum of Agreement between the Division of Physical Health, Georgia Department of Human Resources, and Medicaid administration.

Initial and annual family planning examinations are provided to include complete patient history and pelvic examination with the following evaluative services:

Breast examination.

Hemoglobin or hematocrit.

Blood pressure.

Urinalysis for sugar and protein.

Pap smear when appropriate.

Culture for N. gonorrhea when appropriate.

Serologic test for syphilis when appropriate.

Pregnancy test if indicated.

Discussion and distribution of a contraceptive method is included.

Intrauterine device monitoring, if IUD is present.

Physician Office Visits

The Medicaid Program covers two office visits and 12 laboratory tests per recipient per fiscal year to a physician for pure family planning purposes. Examples of "pure" family planning procedures are IUD insertion/removal, diaphragm fitting, vasectomy, tubal ligation, birth control pills, artificial insemination and laparascopic procedures. Additional visits may be prior authorized when medically necessary.

Non-Covered Services

Abortions or abortion-related services performed for family planning purposes.

Sterilization of recipients institutionalized in correction facilities, mental hospitals, or other rehabilitative facilities.

Hysterectomies performed for family planning purposes.

Indirect services to recipients such as telephone contact records and case management.

TRANSMITTAL 89-52
APPROVED 3-9-90
EFFECTIVE 11-1-89
SUPERSEDES 87-12

4d. EPSDT Nursing Services

EPSDT Private Duty (Continuous) Nursing Services

(1) Skilled continuous nursing care provided by licensed nurses (registered or licensed practical nurses under the supervision of a registered nurse, licensed to practice in the state of Georgia).

(2) Nursing services are provided to recipients who require more individual and continuous care than intermittent nursing care services.

(3) Private duty nursing is provided in settings prescribed by level of care. Private duty nursing is based on the need of the recipients for these services.

(4) Private duty nursing is dependent upon the intensity of the required care and does not encompass routine medical procedures that a layperson or a nursing assistant can be trained to do.

5a. PHYSICIAN SERVICES

All medically necessary, recognized, non-experimental physician's services are covered when provided for EPSDT recipients under age 21.

Limitations

1. For recipients 21 years of age and over, Medicaid will not provide reimbursement to any physician for office visits that exceed 12 per recipient per calendar year unless medically justified through prior authorization.

2. The Medicaid Program will not provide reimbursement to any physician for visits to a nursing home which exceed 12 per recipient per calendar year, unless medically justified through prior authorization.

3. The Medicaid Program will not provide reimbursement to a physician for any pre-operative hospital visits to a recipient hospitalized for elective surgery, unless sufficient medical documentation is provided to substantiate such visits. Only one pre-operative hospital visit to a recipient hospitalized for non-elective surgery is reimbursable unless sufficient medical documentation is provided to substantiate additional pre-operative visits.

4. The Medicaid Program will not provide reimbursement to a physician for more than one hospital visit per patient per day of hospitalization.

5. The Medicaid Program will not provide reimbursement to non-enrolled, out-of-state physicians for "term" obstetrical deliveries on recipients who travel to other states to bear their children for reasons other than medical.

6. Reimbursement for injectable drugs is restricted to those listed in the Physician Injectable Drug List.

7. Routine refractive services and optical/prosthetic devices are reimbursable according to policies governing the Vision Care Services Program.

8. The Department has no provision for direct enrollment of or payment to auxiliary personnel employed by the physician, such as nurses, non-physician anesthetists, unlicensed surgical assistants or other aides. Physician's Assistant services are reimbursable only under criteria set forth in subsection 601.9 of the Policies & Procedures for Physician Services manual. Certified Pediatric, OB/GYN, Family Nurse Practitioners, and CRNAs are eligible for enrollment. Licensed physical, occupational, and speech pathology therapists are eligible for enrollment to provide services to recipients less than twenty-one years of age. Services provided by practitioners eligible for enrollment can not be billed by the physician. Physicians cannot be reimbursed for services provided by physician extenders except for their enrolled physician's assistants.

   When the physician employs auxiliary personnel to assist in rendering services to patients and bills the charges as part of the physician's charge for the service, the Department may reimburse the physician for such services if the following criteria are met:

   a) the services are rendered in a manner consistent with the requirement of Section 901.1 of the Policies & Procedures for Physician Services manual;

PHYSICIAN SERVICES Continued

b) the services furnished are "incident to" services performed under the direct supervision of the physician as an adjunct to the physician's personal service;

c) the services are of kinds that are "commonly furnished" in the particular medical setting; and

d) the services are not traditionally reserved to physicians. Services traditionally reserved to physicians include but are not limited to hospital, office, home or nursing home visits; prescribing of medication; psychotherapy; and surgery.

9. Kidney transplants are covered for recipients with documented end stage renal disease. Prior approval is not required unless the procedure is performed out-of-state.

Prior Approval

The Department requires that the following services be approved prior to the delivery of such services, except in documented emergency, life threatening situations:

1. Tonsillectomies and/or adenoidectomies.

2. Removal of keloids.

3. Any surgery to correct morbid obesity and adjunctive surgery, i.e., lipectomies.

4. Plastic surgeries that are associated with functional disorders. (Cosmetic surgeries for aesthetic purposes are not covered.)

5. Hyperbaric oxygen pressurization.

6. Ligation and stripping of varicose veins of the lower limb(s).

7. Mammoplasties that are associated with functional disorders or post cancer surgery. (Mammoplasties for aesthetic purposes are not covered.)

8. More than six prescriptions per month for life-sustaining drugs for any one recipient.

9. More than twelve medically necessary office or nursing home visits per year (July 1 through June 30) for any one recipient.

10. Prior approval for liver transplantation may be requested for eligible recipients with the following disorders. Records for all candidates for coverage will be reviewed for determination of disorders, prognosis and factors of contraindication. In applying standards to provide liver transplants, similarly situated individuals will be treated alike.

TRANSMITTAL 93-037
APPROVED 11-19-93
EFFECTIVE 7-01-93
SUPERSEDES 91-44 9/-01

Physician Services Continued

End stage cirrhosis with liver failure due to:

Primary biliary cirrhosis;

Chronic active hepatitis (except as below);

Secondary biliary cirrhosis;

Other disorders not likely to recur in the graft and which are not associated with serious coexisting systemic disease;

Cause unknown.

Metabolic disorders involving the liver, including:

Alpha-anatitrypsin deficiency;

Protoporphyria;

Crigler-Najjar syndrome type I;

Other metabolic disorders involving the liver for which no effective therapy exists and which are not associated with serious extrahepatic diseases.

Miscellaneous disorders including:

Extra-hepatic biliary atresia (excluding persistent viremia)

Hepatic vein thrombosis

Sclerosing cholangitis

Other disorders not listed above which are not associated with serious and irreversible extrahepatic disease, which produce life-threatening illness, for which no other effective therapy exists, and for which transplantation would be beneficial.

TRANSMITTAL 87-14
APPROVED 12-1-87
EFFECTIVE 7-1-87

5a. PHYSICIAN SERVICES (continued)

Non-Covered Services

1. Cosmetic surgery.

2. Services provided by a portable x-ray service.

3. Laboratory services furnished by the state or a public laboratory.

4. Experimental services, drugs, or those procedures that are not generally recognized by the medical profession or the U. S. Public Health Service as acceptable treatment.

5. Non-essential foot care for recipients twenty-one years of age or older, including, but not limited to, elective procedures such as, hammertoe repair, bunionectomies and related services, and treatment of ingrown nails.

6.a. **PODIATRY SERVICES**

Limitations

1. The Medicaid program will not provide reimbursement to any podiatrist for office visits that exceed 12 per recipient per calendar year except in the case of EPSDT recipients for whom additional medical necessity services must be documented and provided to the Department.

2. The Medicaid program will not provide reimbursement to a podiatrist for nail debridement on patients who are not diabetic or do not have peripheral vascular disease.

3. The Medicaid program will not provide reimbursement to a podiatrist for more than one inpatient hospital visit per recipient per day of hospitalization.

4. The Medicaid program will not provide reimbursement to a podiatrist for services rendered in a nursing home unless referral is made by the patient's attending physician.

5. Reimbursement for injectable drugs is restricted to those listed in the Physicians' Injectable Drug List.

Prior Approval

All surgery performed in a nursing home by a podiatrist must be approved by the Dep0artment prior to the surgery except the following:

1. Routine debridement of mycotic nails

2. Incision and drainage of abscess with documented cellulites.

Podiatry Services (Continued)

Prior Approval (Continued)

3. Surgical debridement of statis, performing, or decubitis ulcer.

4. Emergency relief of pain and infection except that all procedures involving soft tissue or bone surgery must be prior approved by the Department.

   Prior approval is required for the surgical correction of flat feet.

Non-Covered Services

1. Ancillary services unrelated to the diagnosis or treatment of the patient.

2. Services provided by a portable x-ray service.

3. Services performed outside the scope of the practice of Podiatry as outlined in the applicable State law.

4. Experimental services or procedures or those which are not recognized by the profession or the U.S. Public Health Service as universally accepted treatment.

5. Charges for the following services:

   a. Flatfoot - The evaluation or non-surgical treatment of a flatfoot condition regardless of the underlying pathology.

   b. Subluxation - The evaluation of subluxation of the foot and non-surgical measures to correct the condition or to alleviate symptoms.

   c. Routine Foot Care - Routine foot care for ambulatory or bedridden patients: includes cutting or removal of corns, warts, or callouses; the trimming of nails and other hygienic and preventive maintenance care in the realm of self-care such as cleansing, soaking, and the use of skin creams.

   d. Supportive Devices - Orthopedic shoes rather than shoes that are an integral part of a brace and arch support. An orthopedic shoe that is built into a leg brace is reimbursable. Biomechanical orthotics are not reimbursable.

   e. Vitamin B-12 Injection - To strengthen tendons, ligaments, etc., of the foot.

6. Non-essential foot care for recipients twenty-one years of age or older including elective procedures such as, but not limited to, hammertoe repair, bunionectomies and related services, and treatment of ingrown nails.

TRANSMITTAL 91-41
APPROVED 1-9-92
EFFECTIVE 11-1-91
SUPERSEDES 89-32

6.b. OPTOMETRIC SERVICES

Limitations:

1. Routine refractive services and optical devices are available annually, without prior approval to individuals eligible for EPSDT.

2. Medical diagnostic services which aid in the evaluation and/or diagnosis of ocular diseases are covered regardless of the recipient's age. Practitioners must have the training and license required by State law.

3. Routine refractive services or optical devices provided in a nursing home must be specifically requested by a recipient's attending physician.

4. Optical devices, with the exception of contact lenses, devices for retinitis pigmentosa and customized prosthetic eyes are provided through contract with a single source supplier.

5. Post-cataract surgery follow-up care provided by an optometrist is covered if the recipient is referred in writing by the surgeon. The optometrist will not be reimbursed for follow-up care until the referring surgeon's fees has been paid.

6. Covered optometric services will include any medical or remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of their practice as defined under State law.

Prior Approval is required for the following:

1. Eyeglasses with both lenses of less than $\pm$ 1.00 diopter, in any meridian.

2. Lenses with less than a $\pm$ 1.25 "Add."

3. Contact lenses, regardless of diopter.

4. Replacing or dispensing optical devices within the same calendar year.

5. Refractive examination within the same calendar year that the recipient last had a refractive exam.

6. Customized prosthesis (stock eyes are covered without prior approval).

TRANSMITTAL 92-33
APPROVED 10-22-92
EFFECTIVE 10-01-92
SUPERSEDES 92-20

6b. **OPTOMETRIC SERVICES** (continued)

Prior Approval is required on the following: (continued)

7. Ultraviolet tint for prosthetic lenses and/or goggles for retinitis pigmentosa, albinism, and aphakia.

8. Change of eyeglass prescription when the power of the axis is less than 5 degrees or a diopter change in sphere or cylinder power. New lenses must also improve visual acuity by at least one line on a standard acuity chart.

9. Oversized Frames (Flatter Fit)

10. Trifocal Lenses

11. Slab off lens(es)

12. Hi-index plastic lenses (for prescription of less than ± 6 diopters_

13. polycarbonate lenses

Non-Covered Services

1. Tinting lenses (except for albinism and retinitis pigmentosa)

2. Experimental services or procedures or those that are not recognized by the profession or the U. S. Public Health Services as universally accepted treatment.

3. Routine refractive services and optical devices provided for recipients twenty-one years of age or older.

State/Territory: GEORGIA

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

b. Optometrists' services.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

c. Chiropractors' services.

[ ] Provided: [ ] No limitations [ ] With limitations*

[X] Not provided.

d. Other practitioners' services.

[X] Provided: Identified on attached sheet with description of limitations, if any. Psychologists' Services

[ ] Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: [ ] No limitations [X] With limitations*

b. Home health aide services provided by a home health agency.

Provided: [ ] No limitations [X] With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: [ ] No limitations [X] With limitations*

*Description provided on attachment.

6.d OTHER PRACTITIONER'S SERVICES

A. PSYCHOLOGIST SERVICES

Limitations:

1. Medically necessary psychological services are provided only to EPSDT eligible individuals.

2. Psychological services are limited to 24 hours (48 units) per calendar year per recipient. Exceptions to this limitation are considered only upon written appeal.

Coverage of psychological services is limited to those providers fully and permanently licensed by the State Board of Examiners of Psychologists as required by Title 43, Chapter 39, of the Official Code of Georgia Annotated and Chapter 510 of the Rules and Regulations of the State of Georgia.

State/Territory: GEORGIA

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

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

[x] Provided: [ ] No limitations [x] With limitations*

[ ] Not provided:

8. Private duty nursing services.

[x] Provided: [ ] No limitations [x] With limitations*

[ ] Not provided:

*Services are limited to individuals ages 0-20 years.

6.d. OTHER PRACTITIONER'S SERVICES

B. NURSE PRACTITIONER SERVICES

Limitations:

1. The scope of service for certified Pediatric Nurse Practitioners is the management and care of children up to 18 years of age for primary and preventive health care. The scope of service for certified Family Nurse Practitioners is the management and care of children and adults for primary and preventive health care.

   The scope of service for certified OB/GYN Nurse Practitioners is the care of children and adults for OB/GYN services. The scope of service for Certified Registered Nurse Anesthetists (CRNA) is the management and care of children and adults for anesthesia services.

   The scope of service for certified Adult Nurse Practitioners is the management and care of adults for primary and preventive health care.

   The scope of service for certified Gerontological nurse practitioners is the management and care for geriatric adults for primary and preventive Health care.

   Providers must be currently licensed as registered professional nurses, be currently certified as Pediatric Nurse Practitioners, Family Nurse Practitioners, OB/GYN Nurse Practitioners, Adult Nurse Practitioners, Gerontological Nurse Practitioners or certified Registered Nurse Anesthetists, by the appropriate certifying body and be registered with the Georgia Board of Nursing for the specialty.

2. The Medicaid program will not provide reimbursement to a nurse practitioner for the following:

   a. Office visits which exceed 12 per recipient per calendar year unless medically justified.
   b. Nursing home visits that exceed 12 per recipient per calendar year unless medically justified.
   c. more than one hospital visit per patient per day of hospitalization, except when additional visits can be medically justified and approved.

3. Reimbursement for injectable drugs is restricted to those listed in the Physician's Injectable Drug List.

Prior Approval

More than twelve medically necessary office or nursing home visits per year (January 1 through December 31) for any one recipient.

Non-Covered Services

1. Services provided by a portable x-ray service.
2. Laboratory services furnished by the State or a public laboratory.
3. Experimental services, drugs or procedures which are not generally recognized by the advanced nursing profession, the medical profession or the U. S. Public Health Service as acceptable treatment.
4. Any procedure outside the legal scope of Pediatric, Family Health, Adult, Gerontological, OB/GYN or CRNA practitioner services.
5. Services not covered under the physicians' program.

6.e. AMBULATORY SURGICAL CENTER SERVICES

10-1-87 Ambulatory surgical center (ASC) services are covered under Section 1905(a)(18) as any other medical care, and any other type of remedial care recognized under state law, specified by the Secretary.

Limitations

For ambulatory surgical centers, services are limited to those procedures that can be safely done outside of the inpatient hospital setting as determined by Medicare and the state agency policy.

Services are provided by distinct entities that operate exclusively for the purpose of providing surgical services to eligible recipients not requiring hospitalization.

Services are provided to outpatients.

Services are provided by facilities that meet requirements of 42 CFR 416.25 through 416.49.

Ambulatory surgical centers are recognized by state law under OCGA Section 31-7-1(1)(D).

7. HOME HEALTH SERVICES

Limitations

a. Services are provided by Medicare certified home health agencies which have met all conditions of participation.

b. Nursing visits (as defined in the State Nurse Practice Act), home health aide, physical, occupational and speech therapies are provided up to 50 visits per recipient per calendar year. Visits in excess of 50 may be provided for eligible recipients if medically necessary and prior approval is obtained. Certain skilled nursing services may be provided by an LPN, under the direction and supervision of the registered nurse. An LPN, when appropriately trained, may participate in the assessment, planning, implementation and evaluation of the delivery of health care services. Home Health Aides must also be closely supervised by a registered nurse. Written instructions for patient care shall be prepared by a registered nurse or therapist as appropriate. The duties of the aide shall be limited to the performance of simple procedures such as an extension of therapy services, personal care, ambulation and exercise, household services essential to health care at home, assistance with medications that are ordinarily self-administered, reporting changes in the patient's condition and needs, and completing appropriate records. A registered nurse shall make a supervisory visit to the patient's residence at least every two weeks, to observe, assist and assess the relationships and determine whether goals are being met. Aides shall be closely supervised to assure their competence in providing care. (Rules and Regulations for Home Health Agencies; Rule 290-5-38-.07(6)(a) – (g). Authority Ga. L. 1980, pp. 1790 - 1793.

Home health provides the medical supplies and equipment for use in the home referred to under the Scope of Services in Part II Policies and Procedures for Home Health Services. (https://www.ghp.georgia.gov/wps/portal/.cmd/ActionDispatcher/.pagr/104/.pa.104/112/.st/X/.piid/927/.ciid/1134/.reqid/-1/PC_927_WPSLINKTYPE/internal#1134) Select Home Health Manual

c. Any appliance needs are provided by the Durable Medical Equipment Program (DME) or through the Pharmacy program. Examples of supplies and equipment are provided below:

- Syringes, enemas, dressings, rubbing alcohol, tape, gloves,
- Catheters, catheter sets, drainage apparatus, saline solutions, venipuncture supplies
- Laboratory procedures not requiring laboratory personnel,
- Phototherapy service (bilirubin level), lancets and strips for glucose monitoring

d. All therapy services provided by a home health agency shall be provided by a qualified therapist in accordance with the plan of treatment. Examples of physical, speech, and occupational therapy are provided below:

Physical Therapy Services include: Therapeutic exercise programs including muscle strengthening, neuromuscular facilitation, sitting and standing balance and endurance and range of motion, gait evaluation and training and transfer training and instructions in care and use of wheelchair, braces, prostheses, etc.

Speech Therapy Services include: Evaluating and recommending appropriate Speech and hearing services, providing necessary rehabilitative services for patients with speech, hearing or language disabilities; and providing instructions for the patient and family to develop and follow a speech pathology program

7. HOME HEALTH SERVICES

Limitations (continued)

Occupational Therapy Services include: Teaching skills that will assist the patient in the management of personal care, including bathing, dressing and cooking/meal preparation, assisting in improving the individual's functional abilities, teaching adaptive techniques for activities of daily living and working with upper extremity exercises.

e. Patient admission to the Home Health Program shall be based on the Department's expectation that the care and services are medically reasonable and necessary for the treatment of an illness or injury as indicated by the physician's orders.

f. Georgia Medicaid recipients that meet the requirement for a nursing facility level of care will receive the first 50 home health visits through the home health state plan benefit. The 51st visit will be covered under the skilled home health provisions for the waiver.

Non-Covered Services

Social Services (medical social consultation).

Chore services (Homemakers).

Meals on Wheels.

Audiology Services.

Visits in excess of 50 per recipient per calendar year. Visits in excess of 50 may be provided for EPSDT eligible recipients if medically necessary and prior approval is obtained.

8. Private Duty Nursing (PDN) is provided to EPSDT individuals only. See Section 4 of the State Plan.

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9. Clinic services.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

10. Dental services.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

11. Physical therapy and related services.

a. Physical therapy.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

b. Occupational therapy.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

*Description provided on attachment.

9. CLINIC SERVICES

MENTAL HEALTH CLINICS

Limitations

Outpatient mental health clinics meet the standards prescribed in the Division of Mental Health Policy Memorandum 40-01. Services are provided to eligible recipients who are emotionally or mentally disturbed, drug or alcohol abusers, mentally retarded or developmentally disabled. Available services are:

Partial hospitalization. Limited to extensive outpatient care and shall not include stays of twenty-four (24) hours or more.

Day Treatment.

Methodone Maintenance.

Individual therapy--includes diagnostic assessment, family therapy and crisis management.

Group therapy--includes ambulatory detoxification.

Psychiatric/medical assessment.

Special services--includes physical, speech, hearing and occupational therapies.

Non-Covered Services

Mental health services provided by outpatient community mental health centers to patients at their residences or in institutions such as skilled nursing or intermediate care facilities and residential care facilities.

FAMILY PLANNING CLINICS

See Attachment 3.1-A, page 2a for a description of Family Planning Services and Limitations.

(Clinic Services continued on page 4a-1)

TRANSMITTAL 89-34
APPROVED 4-19-90
EFFECTIVE 10-1-89
SUPERSEDES 86-4

DIALYSIS CLINICS

Dialysis services include those services and procedures designed to promote and maintain the functioning of the kidney and related organs.

Limitations

Hemodialysis or peritoneal dialysis services are limited to recipients wh0 have a diagnosis of chronic renal failure [End Stage Renal Disease (ESRD)]. Reimbursement will be made to any Medicare Certified Dialysis Facility (Hospital or Freestanding) enrolled in the Medicaid Dialysis Program. Providers will be reimbursed for the physician or facility services rendered in an inpatient or outpatient hospital or in a freestanding dialysis clinic setting. Coverage of ESRD recipients is limited to:

1. Services rendered by providers enrolled in the dialysis program:
2. Recipients enrolled in the program:
3. Recipients not eligible for Medicare, and
4. Services provided during the ninety-day (90) waiting period required for Medicare eligibility determination.

Non-Covered Services

Non-covered services in the program include:

1. Services provided for acute renal failure:
2. Services not listed as separately billable in the policy manual:
3. Experimental services or procedures, or those that are not recognized by the profession, the Department or the United States Public Health Service as universally accepted treatment, and
4. Services provided to recipients not enrolled in the program.

9. CLINIC SERVICES CONTINUED

AMBULATORY SURGICAL CENTER SERVICES (ASC) and **Birthing Center Services**

ASC Limitations

Services are limited to those surgical procedures which are covered by Medicare and which have been identified by HHS pursuant to 42 CFR 416.60-75, and to those surgical procedures deemed cost effective by the Department.

Services are provided by distinct entities that operate exclusively for the purpose of providing surgical services to eligible recipients not requiring hospitalization.

Services are furnished to outpatients.

Services are furnished by facilities that meet requirements in 42 CFR 416.25 through 416.49.

Ambulatory surgical centers are recognized by state law under OCGA Section 31-7-1(1)(D).

Birthing Center Limitations

The birthing center delivery services are limited to women for whom it is medically appropriate, i.e. women who meet the definition contained in the Rules of the Georgia Department of Human Resources --- Physical Health, under chapter 290-5-41-07.

TRANSMITTAL 90-37
APPROVED 4/24/91
EFFECTIVE 10/1/90
supersedes (new)

10a. ADULT DENTAL SERVICES

Limitations

Dental services are available to recipients age 21 and over. Covered procedures include only those described below:

Diagnostic radiographs: Panoramic and individual periapicals.

Emergency examinations during office hours and after hours emergency examinations.

Oral and maxillofacial surgery services.

Anesthesia including nitrous oxide, intravenous sedation and general anesthesia.

Hospital admissions, inpatient and outpatient, when approved.

10b. EPSDT DENTAL

All medically necessary dental services will be provided to all recipients under age 21 when these services are provided at intervals that meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved with child health care, and at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition.

Prior Approval is required for the following dental services:

Emergency services are exempt from prior approval but must be submitted for post-treatment review.

Hospital admissions, inpatient and outpatient.

Root canal therapy.

Anesthesia including nitrous oxide, intravenous sedation and general anesthesia.

Chemotherapy, therapeutic.

Other drugs and medicants.

More than two denture adjustments, one laboratory relining, or two tissue conditionings per recipient, per calendar year.

Catastrophic procedures, except emergency treatment.

Orthodontic treatment.

Dentures.

Management of difficult children.

Hospital time/consultation.

Periodontal Services.

Alveoloplasty with extractions.

Alveoloplasty without extractions.

Ambulatory Surgical Center Outpatient Admissions.

10c. Dental Services for Pregnant Women

Expanded dental services for eligible pregnant women shall begin on the date of service following verification of pregnancy and extend to the date of delivery.

Pursuant to FY2006 Legislative Session and FY06 Budget document, only the following Current Dental Terminology (CDT) codes are approved for eligible pregnant women:

D1110	D2160	D2392	D4910
D0120	D2161	D2393	D7286
D0150	D2330	D2394	D9110
D0180	D2331	D4240	D9215
D1204	D2332	D4241	
D2140	D2335	D4341	
D2150	D2391	D4342	

All covered dental services and procedures are subject to the terms and conditions outlined Part I Policy and Procedure manual for Medicaid/PeachCare for Kids and Part II Policy and Procedure manual for Dental Services.

11. a.b.c. THERAPY SERVICES (Physical, Occupational and Speech Pathology)

Limitations:

1. Physical Therapy, Occupational Therapy and Speech Pathology services are limited to:

   - Recipients under the age of 21 years.
   - Services included in a written treatment plan established by a Georgia licensed physician.
   - Medically necessary services.

2. Providers must meet the qualifications specified in 42 CFR 440.110 applicable to each type of therapy provided.

   Providers must also be currently licensed by their respective Boards as follows:

   a. Occupational Therapists licensed by the Georgia State Board of Occupational Therapy.

   b. Physical Therapists licensed by the Georgia State Board of Physical Therapy.

   c. Speech Pathology Therapists licensed by the Georgia State Board of Examiners for Speech-Language Pathology and Audiology.

3. For enrollment or re-enrollment beginning July 1, 1994 providers stated above must receive four (4) contact hours of pediatric training or experience.

   All medically necessary occupational therapy, speech pathology therapy and physical therapy services will be provided to all EPSDT eligible recipients whether or not such services are covered or exceed the benefit limitations in the program if medical necessity is properly documented and prior approval is obtained.

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APPROVED 3-11-94
EFFECTIVE 7-1-93
SUPERSEDES NEW

11. a.b.c. THERAPY SERVICES (Continued)

Prior Approval

a. Physical Therapy: More than ten hours per month.

b. Occupational Therapy: More than ten sessions per month.

c. Speech Pathology Therapy: More than ten sessions per month.

Non-Covered Services

- services associated for vocational or employment purposes
- services that do not require a licensed therapist
- services provided for temporary disabilities which would reasonably be expected to improve spontaneously as the patient gradually resumes normal activities
- preventive health care
- biofeedback
- physical therapy, occupational therapy or speech pathology therapy services provided in an in-patient hospital, outpatient hospital or nursing facility
- physical therapy, occupational therapy or speech pathology therapy services in the home if the services are available and provided through Home Health or Waivered Home Care Services programs
- services provided in a state-owned facility, and experimental services, investigational procedures or those procedures which are not recognized by the profession or the United States Public Health Service as universally accepted treatments.

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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

b. Dentures.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

c. Prosthetic devices.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

d. Eyeglasses.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

*Description provided on attachment.

12a. PRESCRIBED DRUGS

Limitations
Pharmacy services will be provided to recipients under age 21 for medically accepted indications when these services are provided within the laws and regulations governing the practice of pharmacy by the State.

The Department will pay for no more than six (6) prescriptions, new or refills, per recipient under twenty-one (21) years of age and no more than five (5) prescriptions, new or refills, per recipient over 21 years of age per calendar month unless an exception has been obtained to exceed the limit, or the physician documents that tbe prescription was for an emergency.

Covered Services
Drugs, for which Medical Assistance reimbursement is available, are limited to the following:

Covered outpatient drugs of any manufacturer that has entered into and complied with an agreement under Section 1927(a) of the Act, which are prescribed for a medically accepted indication.

As provided by Section 1927(d)(2) of the Act, certain outpatient drugs may be excluded from coverage. Those excluded are:

A. Agents used for anorexia or weight gain.
B. Agents used to promote fertility.
C. Agents used for cosmetic purposes or hair growth.
D. Agents used to promote smoking cessation.
E. Drugs identified by the Health Care Financing Administration (HCFA) as less than effective (DESI), as provided under Section 1927(k)(2).
F. Barbiturates, except Seconal, Phenobarbital and Mebaral.
G. Prescription vitamins and mineral products except prenatal vitamins and fluoride preparations that are not in combination witb other vitamins and Carnitor. Vitamin E and Coenzyme Q are covered under medical necessity for <21. Children's multiple vitamins in combination with fluoride will be covered for members 21 years of age or less when documented as medically necessary. Folic Acid 1mg is covered.
H. Legend prenatal vitamins are covered for women.
I. Nonprescription drugs with the following exceptions:

12a. PRESCRIBED DRUGS (cont'd)

NOTE: all covered OTC drugs require a prescription.

- Multi-vitamins and multiple vitamins with iron for members less than 21 years of age (chewable or liquid drops)
- enteric coated aspirin (covered under per diem for nursing home members)
- PEN-X
- ibuprofen suspension for members <21
- diphenhydramine
- insulin
- iron
- KLOUT
- Meclizine
- insulin syringes
- urine test strips
- generic over-the-counter (OTC) non-sedating antihistamines, H-2 Receptor antagonists, topical antifungals and proton pump inhibitors
- the following medications are covered **ONLY FOR ESRD PATIENTS** when the physician has certified them for a medically accepted indication through the Prior Approval process. These drugs are exempt from the monthly prescription limit. All strengths and dosage forms of each drug entity are covered with some exceptions. Covered drugs include: Calcium Carbonate, Aluminum Hydroxide, Calcium Acetate, Calcium Carbonate with Glycine, Calcium Lactate, Dioctyl Sodium/Calcium Sulfosuccinate, Niacin, Pyridoxine Hydrochloride, Thiamine Hydrochloride, Vitamin B Complex.

J. Effective January 1, 1992, Benzodiazepines for members 21 years of age and over. The generic benzodiazepines classified as anxiolytics; chlordiazepoxide (Librium), diazepam (Valium), alprazolam (Xanax), lorazepam (Ativan), oxazepam (Serax), and chlorazepate dipotassium (Tranxene) are covered for adult members for three (3) prescriptions per calendar year. Prior approval with appropriate documentation is required to extend therapy beyond three (3) prescriptions per calendar year.
K. Agents when used for the symptomatic relief of cough and colds for members 21 years of age and over.
L. Topical Vitamin A derivatives for members $\geq$ 21 years old.
M. Agents prescribed for any indication that is not medically accepted.
N. Drugs from Non-participating rebate manufacturers.
O. Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

12a. PRESCRIBED DRUGS (continued)

No payment will be made for innovator multiple source drugs for which federal upper limits have been established, unless the physician has certified that the brand is medically necessary in his own handwriting on the prescription.

Prior Approval is required for recipients to obtain certain types of drugs with therapy limitations and for certain drugs prior to dispensing.

- Effective July 1, 1991, prior authorization is provided through a vendor contractual agreement Pursuant to 42 U.S.C. section 1396-r, the state is establishing a preferred drug list. The process for prior authorization of drugs not included on the preferred drug list will be determined. Prior authorization will be provided with a 24-hour turn-around from receipt of request and a 72-hour supply of drugs will be provided in emergency situations.

- Prior authorization will be established for certain drug classes or particular drugs in accordance with Federal law.

- The state will utilize the drug utilization review board to assure that in addition to pricing consideration, preferred drugs are clinically appropriate.

Effective July 1, 1998, the pharmacist may enter an appropriate override at the point of sale to exceed the monthly prescription limit for the drugs deemed medically necessary by the prescriber.

Drug Rebate Agreement including Supplemental Rebates

Based on the requirements the state is in compliance with Section 1927 of the SocialSecurity Act. The state will cover drugs of federal rebate participating manufacturers. The state is in compliance with reporting requirements for utilization and restrictions to coverage population.

A rebate agreement between the state and a drug manufacturer for drugs provided to the Georgia Medicaid population, submitted to CMS on June 13, 2003, and entitled, "State of Georgia Supplemental RebateAgreement," has been authorized by CMS.

A. Rebate agreements between the state and drug manufacturers are separate from the drug rebate agreements of Section 1927, and must be approved by the Centers for Medicare and Medicaid Services.
B. The state will negotiate and collect supplemental rebates, in addition to the rebates provided for in Title XIX.
C. The state will remit the federal portion of any cash state supplemental rebates collected on the same percentage basis as applied under the national rebate agreement
D. The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification, in accordance with Section 1927 (b)(3)(D);
E. The State will allow manufacturers to audit utilization data.
F. Acceptance of supplemental rebates for products covered in the MEDICAID program does not exclude them from prior authorization or other utilization management requirements.
G. Rebates paid under CMS-approved, separate/supplemental Medicaid drug rebate agreements for the Georgia Medicaid population does not affect AMP or best price under the Medicaid program.

12.c. PROSTHETIC SERVICES

Prosthetic devices, including hearing aids, that are prescribed by a physician and are medically necessary for recipients under the age of 21 years are covered. For recipients 21 and over, prosthetic devices must be ordered or prescribed by a physician. Measurement and fitting must be performed by a practitioner who is certified in prosthetics.

Hearing aids for recipients under the age of 21 years are provided once every three years unless medically necessary and prior approved.

Non-Covered Services

Items which are not within the scope of definition of prosthetic devices.

Orthopedic shoes and supportive devices for the feet which are not an integral part of a leg brace are not covered for recipients 21 years of age and over.

Hearing aids and Accessories are not covered for recipients over 21 years of age.

TRANSMITTAL 91-46
APPROVED 1-28-92
EFFECTIVE 11-1-91
SUPERSEDES (NEW)

d. EYEGLASSES

Eyeglasses and other optical devices are available to EPSDT eligible recipients. The amount, duration and scope of services are described in Optometric Services, Section 6.b. of this Attachment.

TRANSMITTAL 92-20
APPROVED 7-1-92
EFFECTIVE 4-1-92
SUPERSEDES 87-16

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

13.

b. Screening services

X Provided ___ No limitations X With limitations*

___ Not provided

c. Preventive services

X Provided ___ No limitations X With limitations*

___ Not provided

d. Rehabilitative services

X Provided ___ No limitations X With limitations*

___ Not provided

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services

___ Provided ___ No limitations ___ With limitations*

X Not provided

b. Nursing facility services

___ Provided ___ No limitations ___ With limitations*

X Not provided

* Description provided on attachment.

13. a) **DIAGNOSTIC, b) SCREENING, c) PREVENTIVE** SERVICES

Diagnostic, screening and preventive services provided by a physician or other licensed practitioner of the healing arts, within the scope of their practice under State law, are provided by qualified providers to all eligible recipients to promote physical and mental health and efficiency.

1.) **Diagnostic** services include medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts within the scope of his/her practice that enables him/her to identify the existence , nature or extent of illness, injury or other health deviation.

2.) **Screening** services include standardized tests performed under medical direction of qualified healthcare professionals to a designated population to detect the existence of one or more particular diseases.

3.) **Preventive** services include services provided by a physician or other licensed practitioner of the healing arts within the scope of practice under State law to:

a) prevent disease, disability and other health conditions or their progression;
b) prolong life; and
c) promote physical and mental health and efficiency.

Qualified providers must meet the standards approved by the Department and contained in Sections 106 and Chapter 600 of the Diagnostic, Screening and Preventive Services program policy manual.

Non-Covered Services

Adjunctive services provided in a nursing facility or institutional setting

Experimental services or procedures or those that are not recognized by the professions or the U. S. Public Health Services as universally accepted treatment

Nursing Home visits

Day Care Center visits

Hospital visits

13. a) **DIAGNOSTIC, b) SCREENING, c) PREVENTIVE** SERVICES **(continued)**

Non-Covered Services (continued)

Family Planning services

Radiological procedures performed by a portable x-ray service

Drugs used or dispensed in the clinic except those injectables authorized by the Department

Health Check screening services

Laboratory services

Experimental services

Educational supplies, medical testimony, special reports, travel by the nurse, no-show or canceled appointments, additional allowances for services provided after clinic hours or between 10:00 p.m. and 8:00 a.m. or on weekends or holidays

Services or procedures performed without regard to the policies contained in the manual

Services performed outside protocol or licensure of the specific practitioner

The first two nutrition education contracts for WIC-eligible recipients

Speech, language and hearing services for recipients 21 years of age and older

The initial basic audiometer screening (Initial screening must be done under Health Check)

Investigation items and experimental services; drugs or procedures or those not recognized by the Federal Drug Administration, the United States Public Health Service; Medicare and the Department's contracted peer review organization as universally accepted treatment, including but not limited to, position emission topography, dual photon, absorptiometry, etc.

Lead investigations done at sites other than a child's primary place of residence

Services not covered in the physician program except where determined medically necessary for EPSDT eligible children

13d. EPSDT-Related Rehabilitative Services – Community Based

The covered rehabilitative services for the Children's Intervention Services program are audiology, nursing, occupational therapy, physical therapy, nutrition, counseling and speech-language pathology which include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, and are provided by a licensed practitioner of the healing arts to EPSDT eligible recipients (ages 0-20) to promote the maximum reduction of physical disability or developmental delay and/or restoration of a recipient to his/her best possible functional level. These services may be provided in practitioners offices, community centers, and in the recipient's home.

The services are defined as follows:

- Audiology Services
  Audiological testing; fitting and evaluation of hearing aids. Providers' qualifications are in accordance with 42 CFR 440.110.

- Nursing Services
  Skilled intermittent nursing care to administer medications or treatments. The care provided is necessary for the maximum reduction of the beneficiaries' physical and/or mental disability and restoration to the best possible functional level. Skilled intermittent nursing care is provided by licensed nurses (registered or licensed practical nurses under the supervision of a registered nurse, licensed to practice in the state of Georgia).

- Occupational Therapy Services
  Occupational therapy evaluation of gross and fine motor development and clinical services related to activities of daily living and adaptive equipment needs. Providers' qualifications are in accordance with 42 CFR 440.110.

- Physical Therapy Services
  Physical therapy evaluation of neuromotor development and clinical services related to improvement of gait, balance and coordination skills. Providers' qualifications are in accordance with 42 CFR 440.110.

- Counseling Services
  Evaluation to determine the nature of barriers (social, mental, cognitive, emotional, behavioral problems, etc.) to effective treatment, that impacts the child's medical condition, physical disability and/or developmental delay and the child's family. The provision of counseling and intervention services to resolve those barriers relating to effective treatment of the child's medical condition and which threaten the health status of the child. Services are provided by Licensed Clinical Social Workers in accordance with standards of applicable state licensure and certification requirements, must hold a current license, and adhere to the scope of practice as defined by the applicable licensure board.

13d. EPSDT Related Rehabilitative Services – Community Based (continued)

- Speech-Language Pathology Services
  Speech-language evaluation of auditory processing, expressive and receptive language and language therapy. Providers' qualifications are in accordance with 42 CFR 440.110, and adhere to the scope of practice as defined by the applicable state licensure board.

- Nutrition Services
  Nutritional assessment, management and counseling to children on special diets due to genetic metabolic or deficiency disorders or other complicated medical problems. Nutritional evaluation and monitoring of their nutritional and dietary status, history and any teaching related to the child's dietary regimen (including the child's feeding behavior, food habits and in meal preparation), biomedical and clinical variables and anthropometric measurements). Development of a written plan to address the feeding deficiencies of the child that is incorporated into the child's treatment program. Providers' qualifications must meet the applicable State licensure and certification requirements, hold a current state license, and adhere to the scope of practice as defined by the applicable licensure board.

Limitations

The covered services are available only to the EPSDT eligible recipients (ages 0-20) with a written service plan (an IEP/IFSP) which contains medically necessary services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law.

Provider enrollment is open only to individual practitioners, who are licensed in Georgia under their respective licensing board such as a licensed audiologist, registered nurse, occupational therapist, physical therapist, licensed clinical social worker, licensed counselor, licensed dietician or speech language pathologist. For annual re-enrollment beginning July 1, 1996, all providers must obtain a minimum of one (1) continuing education credit annually in pediatrics in their area of professional practice. Where applicable, providers will be in compliance with federal requirements defined in 42 CFR 440.110.

Prior Approval

Services which exceed the limitations as listed in the policies and procedures manual must be approved prior to service delivery.

13d. **EPSDT related Rehabilitative Services – Community-Based** (continued)

The following services are not provided through the EPSDT-Related Rehabilitative Services – Community Based program:

1. Habilitative services that assist in acquiring, retaining and improving the selfhelp, socialization, and adaptive skills of the child.
2. Services provided to children who do not have a written service plan.
3. Services provided in excess of those indicated in the written service plan.
4. Services provided to a child who has been admitted to a hospital or other institutional setting as an inpatient.
5. Service of an experimental or research nature.
6. Services in excess of those deemed medically necessary by the Department, its agents or the federal government, or for services not directly related to the child's diagnosis, symptoms or medical history.
7. Failed appointments or attempts to provide a home visit when the child is not at home.
8. Services normally provided free of charge to all patients.
9. Services provided by individuals other than the enrolled licensed practitioner of the healing arts.
10. Services provided for temporary disabilities that would reasonably be expected to improve spontaneously as the patient gradually resumes normal activities.
11. Audiology services that are a part of the HealthCheck (formerly EPSDT) Services.
12. Billing for more than one travel fee per location when more than one patient is treated.

13d Rehabilitative Services (continued).

EPSDT-Related Rehabilitative Services – School Based Health Services

The Children's Intervention School Services (CISS) program includes covered rehabilitative services provided by or through Georgia State Department of Education (DOE) or a Local Education Agency (LEA) to children with or suspected of having disabilities, who attend school in Georgia, recommended by a physician or other licensed practitioners of the healing arts to EPSDT eligible special education students (from ages 0-20) to promote the maximum reduction of physical disability or developmental delay and/or restoration of a recipient to his/her best possible functional level. These services are provided pursuant to an Individual Education Program (IEP) or Individual Family Service Plan (IFSP).

The services are defined as follows:

- Evaluation

Evaluations for children determined to have disabilities, requiring physical therapy, speech pathology, occupational therapy, psychological, audiological, medical and nutritional evaluations, performed by appropriately licensed individuals, and meet criteria in 42 CFR 440.110 when applicable, that result in an IEP or IFSP.

- Audiology Services

Audiological testing; fitting and evaluation for hearing aids. Providers' qualifications are in accordance with the requirements of federal regulations 42 CFR 440.110.

- Nursing Services

Skilled intermittent nursing care to administer medications or treatments. The care provided is necessary for the maximum reduction of the beneficiaries' physical and/or mental disability and restoration to the best possible functional level. Skilled intermittent nursing care is provided by licensed nurses (registered or licensed practical nurses under the supervision of a registered nurse, licensed in the state of Georgia).

13d. Rehabilitative Services

EPSDT-Related Rehabilitative Services – School Based Health Services (continued)

- Occupational Therapy Services

  Occupational therapy evaluation of gross and fine motor development and clinical services related to activities of daily living and adaptive equipment needs. Providers' qualifications are in accordance with the federal requirements in 42 CFR 440.110.

- Physical Therapy Services

  Physical therapy evaluation of neuromotor development and clinical services related to improvement of gait, balance and coordination skills. Providers' qualifications are in accordance with the federal requirements in 42 CFR 440.110.

- Counseling Services

  Evaluation to determine the nature of barriers (social, mental, cognitive, emotional, behavioral problems, etc.) to effective treatment that impacts the child's medical condition, physical disability and/or developmental delay and the child's family. The provision of counseling and intervention services to resolve those barriers relating to effective treatment of the child's medical condition and which threaten the health status of the child. Services are provided by licensed professionals practicing within the scope of their applicable state licensure requirements.

- Speech-Language Pathology Services

  Speech language evaluation of auditory processing, expressive and receptive language and language therapy. Providers' qualifications are in accordance with the federal requirements in 42 CFR 440.110 and adhere to the scope of practice as defined by the applicable board.

- Nutrition Services

  Nutritional assessment, management and counseling to children on special diets due to genetic, metabolic or deficiency disorders or other complicated medical problems. Nutritional evaluation and monitoring of their nutritional and dietary status, history and any teaching related to the child's dietary regimen (including the child's feeding behavior, food habits and in meal preparation), biochemical and clinical variables and anthropometrics measurements).

13d. Rehabilitative Services

EPSDT-Related Rehabilitative Services – School Based Health Services (cont'd.)

- Nutrition Services (continued)

Development of a written plan to address the feeding deficiencies of the child. Providers' qualifications must meet the applicable state licensure requirements, hold a current state license, and adhere to the scope of practice as defined by the applicable licensure board.

Requirements

The medically necessary rehabilitative services must be documented in the Individual Education Program (IEP) or Individualized Family Service Plan (IFSP).

Schools will still need to obtain prior approval for medical necessity if the service limits are exceeded and additional services are necessary by either the schools or community providers. Services that exceed the limitations listed in the policies and procedures manual must be approved prior to service delivery.

Limitations

The covered services are available only to the EPSDT eligible recipients (ages 0-20) only at the school setting with a written service plan (an IEP/IFSP) which contains medically necessary services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law.

Provider enrollment is open only to individual practitioners who are licensed in Georgia under their respective licensing board as a licensed audiologist, registered nurse, occupational therapist, physical therapist, licensed clinical social worker, licensed counselor, licensed dietician or speech-language pathologist. For annual re-enrollment beginning July 1, 1996, all providers must obtain a minimum of one (1) continuing education credit annually in pediatrics in their area of professional practice. Where applicable, providers will be in compliance with federal requirements defined in 42 CFR 440.110.

13d. Rehabilitative Services

EPSDT-Related Rehabilitative Services – School Based Health Services (continued)

Limitations (continued)

The following services are not provided through the EPSDT-Related Rehabilitative Services-School Based program:

1. Habilitative services that assist in acquiring, retaining and improving the selfhelp, socialization, and adaptive skills.

2. Services provided to children who do not have a written service plan.

3. Services provided in excess of those indicated in the written service plan.

4. Services provided to a child who has been admitted to a hospital or other institutional setting as an inpatient.

5. Services of an experimental or research nature (investigational) which are not generally recognized by the professions, the Food and Drug Administration, the U.S. Public Health Service, Medicare and the Department's contracted Peer Review Organization, as universally accepted treatment.

6. Services in excess of those deemed medically necessary by the Department, its agents or the federal government, or for services not directly related to the child's diagnosis, symptoms or medical history.

7. Failed appointments or attempts to provide a home visit when the child is not at home.

8. Services normally provided free of charge to all patients.

9. Services provided by individuals other than the enrolled licensed practitioner of the healing arts.

13d. Rehabilitative Services

EPSDT-Related Rehabilitative Services – School Based Health Services (continued)

Limitations (continued)

The following services are also not provided through the EPSDT-Related Rehabilitative Services School Based program:

10. Services provided for temporary disabilities, which would reasonably be expected to improve spontaneously as the patient gradually resumes normal activities.

11. Audiology services that are a part of the Health Check (formerly EPSDT) Services.

12. Billing for more than one travel fee per location when more than one patient is treated.

13.d.1 – Community Mental Health Rehabilitative Services

"The covered Community Mental Health Rehabilitative Services will be available to all Medicaid eligibles with mental illness and substance abuse disorders and who are medically determined to need rehabilitative services. These services must be recommended by a physician or other practitioner of the healing arts within the scope of his/her practice under state law and furnished by or under the direction of a physician, or other practitioners operating within the scope of applicable state law, to promote the maximum reduction of symptoms and/or restoration of a recipient to his/her best possible functional level."

The services are defined as follows:

Diagnostic/Functional Assessment. Individuals access this service when it has been determined through an initial screening that the person has mental health or substance abuse needs. The Diagnostic/Functional Assessment is required within the initial 45 days of service with ongoing assessments/services provided as needed. This process includes an initial face-to-face screening, additional face-to-face contacts with the consumer and collateral contacts with family members and other treatment providers to determine the consumer's problems and strengths, to develop a differential diagnosis, to identify the disability (ies), to determine the functional level, to determine natural supports and to develop or review an individualized service plan. This service includes developing outcomes, developing social and medical histories, identifying a consumer's symptoms, strengths and needs, conducting a comprehensive clinical evaluation and developing an individualized services plan. Information gathered during the Diagnostic/Functional Assessment is used by the physician or the licensed practitioner within the scope of his/her practice to authorize or recommend rehabilitative services. The Diagnostic/Functional Assessment is used to provide and direct rehabilitative services for individuals in need of mental health and/or substance abuse services. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Clinic-Based Crisis Management: This service provides a face-to-face assessment and intervention to individuals in an active state of crisis. Services must be provided in a clinical setting. An immediate response is initiated and a thorough assessment of risk, mental status, and medical stability is conducted. Interventions are initiated to de-escalate the crisis. Intervention consists of rapid response to evaluate and screen the presenting situation, assistance in immediate crisis resolution and ultimately ensuring the

Consumer's transition to alternate services at the appropriate level. Crisis management services are available 24 hours a day, 7 days a week. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Out-of-Clinic Crisis Management. This service provides assessment to individuals in an active state of crisis and can occur in a variety of settings including the consumer's home, local emergency departments, or other community settings. Immediate response is provided to conduct a thorough assessment of risk, mental status, and medical stability, and immediate crisis resolution and de-escalation if necessary. The presenting crisis situation is such that it is medically necessary to deliver the services in the consumer's home or natural environment setting in that the consumer does not have the resources, or state of mind to present at the clinic for crisis services. Each out-of-clinic crisis provider is required to offer face-to-face crisis management services 24 hours a day, 7 days a week. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Crisis Residential Services. This is a structured residential alternative to or diversions from psychiatric inpatient hospitalization or inpatient detoxification. Crisis Residential Services are for individuals who are experiencing a period of acute stress that significantly impairs the capacity to cope with normal life circumstances and for whom clinic or out-of-clinic services are not effective. The program provides psychiatric and/or substance abuse stabilization services that address the psychiatric, psychological, and behavioral health needs of the individuals. Specific services are: psychiatric evaluation, crisis stabilization and intervention, substance abuse detoxification, medication management and monitoring, individual, group and/or family training and counseling. A physician or a person under the supervision of physician, practicing within the scope of state law, provides crisis residential services. Services must be provided in a facility licensed as an emergency receiving and evaluating facility; however, not in an inpatient hospital or freestanding institute for mental disease (IMD). Services are provided in a facility that is less than 16 beds. This intervention is short-term, with the a length of stay not to exceed 72 hours except in individual circumstances where symptoms continue to

require this services. The need for additional services will be determined on an individual basis. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Individual Outpatient Services. Individual outpatient services provide face-to-face counseling services for symptom/behavior management of mental health problems and substance abuse treatment. Services are directed toward developing, restoring or enhancing interpersonal and adaptive behaviors and daily living skills. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. This service may be offered in a clinic setting or in the community. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Family Outpatient Services. Family Outpatient services provide face-to-face counseling services to the eligible individual and their families for symptom/behavior management of mental health problems and substance abuse treatment. Services are directed toward the restoration and enhancement of the interpersonal skills of the individual within the family unit Services are directed towards the identified individual. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service may be offered in a clinic setting or in the community. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Group Outpatient Services. Group Outpatient services provide for symptom/behavior management; counseling; development, restoration or enhancement of adaptive behaviors and skills; and enhancement or maintenance of daily living skills. Services are provided to individuals in a group setting. Services may include assisting individuals in the group with enhancing or developing symptom/behavior management skills, may provide knowledge regarding mental health and substance abuse disorders and prescribed

medication (including adherence to medication regimen); may provide specific problem solving skills and coping mechanisms; may provide knowledge of adaptive behaviors and skills; and may provide assistance with interpersonal skills, or community resources and support system access. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service may be offered in a clinic setting or in the community. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Medication Administration. Medication Administration is the giving or administration of an oral or injectable medication. Medication administration includes the assessment of the consumer's physical and behavioral status and a determination to continue the medication or refer the consumer to the physician. A physician or licensed nurse (working within the scope of his/her practice) can administer medication. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service may be offered in a clinic setting or in the community. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Ambulatory Detoxification. This service is the medical management of the physical process of withdrawal from alcohol or other drugs in an outpatient setting. The services focus on the rapid physical stabilization of the consumer and entry into the appropriate level of care of treatment based upon the ASAM (American Society of Addiction Medication) guidelines placement criteria. The severity of the individual's symptoms, level of supports needed, and the physician's authorization for the service will determine the outpatient setting, as well as the amount of nursing and physician supervision necessary during the withdrawal process. The individual may or may not require medication; 24-hour nursing services are not required. However, there is a contingency plan for "after hours" concerns/emergencies. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Physician Assessment. A physician's assessment is the provision of specialized medical and/or psychiatric services that will result in improved levels of functioning or maintaining existing levels of functioning. The Physician Assessment provides a more comprehensive assessment of the medical psychiatric treatment needs of the individual. The information provided by the Diagnostic/Functional Assessment is used by the physician as an integral part of the assessment process, which supports diagnostic and treatment decisions. A Physician Assessment will be completed by a medical doctor. The Physician Assessment is performed by providers qualified to perform this function as determined through national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Nursing Assessment and Care. Nursing Assessment and Care is the face-to-face contact with a consumer to monitor, evaluate, assess, and/or carry out physicians' orders regarding the physical and/or psychological problems of a consumer. It includes providing special nursing assessments to observe, monitor and care for physical, nutritional and psychological problems or crises manifested in the course of the consumers treatment; to assess consumers on medication to determine the need to continue medication and/or for a physician referral; to consult with the consumer's family and/or significant other about medical and nutritional issues; medication education of the consumer and family and training for self administration of medication. The nurse's observations are reported to the physician and assist in overall medication management. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service may be offered in a clinic setting or in the community. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Psychiatric Intensive Day Treatment. Intensive Day Treatment provides for the stabilization of psychiatric impairments with time limited, intensive, clinical service by a multi-disciplinary team in a clinic or facility-based setting. This service includes medication administration. Candidates for these services have adequate natural/community support systems and do have behavioral health issues, which are imminently dangerous. This level of care for each consumer should include services available at least 20 hours per week and must be ordered by the physician. The maximum allowed to bill in one day is 5 hours and does not include any residential, room or board

supports. Weekend services may be necessary to meet the needs of consumers requiring crisis stabilization or other services. Services include physician and nursing services available on a daily basis. Mandatory services include medical services, family contact, group counseling, nursing services, medical management and continuing care planning. Available services include family counseling, individual counseling, and education/training as it pertains to the alleviation of identified behavioral health problems. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Psychosocial Rehabilitation. A therapeutic rehabilitative social skill building service for individuals to gain the necessary social and communication skills necessary to allow them to remain in or return to naturally occurring community programs. Services include: skill building activities that focus on the development of problem-solving techniques, social skills and medication management, and recreational activities that improve self-esteem. These services are offered in group settings. This service is provided as a step-down from intensive day treatment. Services must be provided in a clinic or other facility-based setting. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Psychosocial Day Support. This service focuses on training designed to assist the consumer in the acquisition, retention or improvement of self-help, socialization and adaptive skills, which takes place in a facility-based environment with adequate staff support. These services provide less costly step-down service as an alternative to psychosocial rehabilitation. Individuals appropriate for these services do not meet the admission criteria for intensive day treatment or psychosocial rehabilitation. Providing a lower level of intensity this structured program assists consumers to attain his/her maximum functional level and is coordinated with other services on the Individualized Service Plan (ISP). Day Supports may be used to reinforce skills or knowledge in more intensive level services. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Council on

Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Substance Abuse Intensive Outpatient Services. This service is a time limited treatment service for persons who require structure and support to achieve and sustain recovery. The following types of services are included in the intensive outpatient program: didactic presentations on addiction and recovery, individual and group counseling; family counseling (as it relates to the consumer's substance abuse treatment issue), regular urine drug screening; and community and social support system strategies. Services must be provided in a clinical setting. Family counseling as provided within these services must be consistent with requirements outlined in Family Outpatient services. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Residential Rehabilitative Supports. Residential Rehabilitative Supports are rehabilitative services for the treatment of mental health or substance abuse problem specifically provided to individuals in a 24 hour supervised residential setting. The specific treatment services that are covered include: daily living skills training (personal hygiene skills, performance of household tasks, utilization of public transportation), behavior management training and intervention, counseling or therapy.
Services are delivered to individuals according to their specific needs. Individual and group activities and programming shall consist of services to restore and develop skills in functional areas which interfere with consumer's ability to live in the community, to live independently, or regain or maintain competitive employment, to develop or maintain social relationships or to independently participate in social, interpersonal or community activities. Rehabilitative services will be provided in a certified or licensed residential setting. This service does not include inpatient hospital care or care in an Institute for Mental Diseases. Services are provided in a facility that is less than 16 beds. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification.

Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Assertive Community Treatment (ACT). ACT is an intensive mental health service for consumers discharged from a hospital after multiple or extended stays, or who are difficult to engage in treatment. Intensive, integrated rehabilitative, crisis, treatment and community support services provided by an interdisciplinary staff team and available 24-hours/ seven days a week and must be ordered by the physician. Services offered by the ACT team must be documented in an Individual Service Plan (ISP) and must include (in addition to those provided by other systems): medication administration and monitoring; self medication; crisis assessment and intervention; symptom assessment, management and individual supportive therapy; substance abuse training and counseling; psychosocial rehabilitation and skill development; personal, social and interpersonal skill training; consultation, and psycho-educational support for individuals and their families. This service is community-based. The team must include a psychiatrist and/or registered nurse, a Mental Health Professional (MHP) or Substance Abuse Professional (SAP), and/or a Peer/Family Support Specialists. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Community Support Services. Community support services consist of mental health and substance abuse rehabilitative, services and supports necessary to assist the person in achieving rehabilitative and recovery goals. This service is often a step-down from Assertive Community Treatment, Intensive Family Intervention and Residential Rehabilitative Supports. The service activities of Community Support consist of a variety of interventions: identification and intervention to address barriers that impede the development of skills necessary for independent functioning in the community; participation in the development of the consumer's Individualized Service Plan (ISP), and one-on-one interventions with the consumer to develop interpersonal and community coping skills, including adaptation to home, school and work environments; symptom monitoring and self management of symptoms. The focus of the interventions include, minimizing the negative effects of psychiatric symptoms which interfere with the consumer's daily living, financial management, and personal development; developing strategies and supportive interventions for avoiding out-of-home placements for adults and children; assisting consumers to increase social support skills that ameliorate life stresses resulting from the consumer's disability and coordinating rehabilitative services in the ISP. An individual or a team can provide community Support Services. Provider qualifications to provide these services are ensured by provider compliance with

requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehahilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Peer Support. This service provides structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, under the direct supervision of a mental health professional. Consumers actively participate in decision-making and program operation. Services are directed toward achievement of the specific goals defined by the individual and specified in the Individual Service Plan (ISP), and provided under the direct supervision of a Mental Health Professional. The interpersonal interactions and activities within the program are directed, supervised, guided and facilitated by the Mental Health Professional (MHP) in such a way to create the therapeutic community or milieu effect required to achieve individual treatment goals within a controlled environment. This concept is similar to the manner in which the staff leader in group therapy sessions or therapeutic community setting utilizes the interactions of the group members to achieve the desired individual therapy goals. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service may be offered in a clinic setting or in the community. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure hoards.

EPSDT Services

The following services will be available, in addition to those noted above, to EPSDT eligible children.

Occupational Therapy. Occupational Therapy is a therapeutic activity to provide training in the development or use of physical and mental capacities, and the development or maintenance of skills for self-care and daily living skills. Occupational therapy is available to EPSDT eligible consumers who will derive on added coordination and continuity of care benefit from the opportunity to receive all eligible therapies at one site. . This service may be offered in a clinic setting or in the community. Provider qualification coincides with 42 CFR 440.110.

Physical Therapy. Physical Therapy is the application of specialized treatments such as natural forces, heat, exercise and certain mechanical devices necessary to further develop or maintain essential basic skills. Physical Therapy is available to EPSDT eligible consumers who will derive on added coordination and continuity of care benefit from the opportunity to receive all eligible therapies at one site. . This service may be offered in a clinic setting or in the community. Provider qualification coincides with 42 CFR 440.110.

Speech and Hearing Therapy. Speech and hearing therapy is the provision of treatments designed to improve speech and hearing defects that interfere with the customer's overall ability to function. Speech and Hearing Therapy is available to EPSDT eligible consumers who will derive on added coordination and continuity of care benefit from the opportunity to receive all eligible therapies at one site. . This service may be offered in a clinic setting or in the community. Provider qualification coincides with 42 CFR 440.110.

Activity Therapy. Activity Therapy are interventions that are goal-oriented and specifically designed to restore or maintain the functional abilities of children in need of mental health and substance abuse/alcohol abuse services who have cognitive, emotional, social or physical impairments. Modalities may include therapeutic recreation, which are determined to be medically necessary by the physician and matched with the individual's consumer's needs, strengths and preferences. The benefits of children and adolescents in need of mental health and substance abuse/alcohol abuse services might receive from this service include: improvement in interpersonal relationships and social skills, heightened attention and concentration, improved ability to identify and articulate feelings, reduction of anxiety and tension, distraction from negative symptoms of behavioral health problems, decreased aggressive behaviors, and strengthening consumers' social/natural supports. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service may be offered in a clinic setting or in the community. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Day Treatment for Children and Adolescents with Severe Emotional Disturbances. An organized program to develop skills, provide support and foster rehabilitation and recovery through a range of social, educational, behavioral and psychosocial rehabilitative interventions; the services are based on recovery and self-sufficiency; they rely on cognitive-behavioral interventions. Services may be provided after-school, weekend or summer. Services may include counseling and training (individual, group, and family), skill and socialization training, which focus on the amelioration of functional

and behavioral deficits. Parent education and training is intended to assist and support the EPSDT eligible consumer's Individual Service Plan (ISP) goals. Parent education and training may include instruction on how to appropriately manage and respond to the consumer's behavioral health symptoms or how to monitor and report the consumer's response to medication(s) and understand the possible side effects. Child and Adolescent Day Treatment Services are available to EPSDT eligible recipients. Medical necessity criteria for these services reflect special treatment approaches designed for EPSDT eligible consumers requiring mental health treatment. Family counseling focuses on the needs and problems of the consumer and how to assist the consumer in the resolution of the consumer's identified problems. Goals of the services are directed toward the amelioration of functional and behavioral deficits (i.e. stabilization of psychiatric concerns) which the child or adolescent may be experiencing as a result of mental health or substance abuse/alcohol abuse problem. Skill building may involve teaching a child with aggressive behavior how to behave more appropriately. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service is offered in a clinic setting. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Substance Abuse Adolescent Day Treatment. This service involves a structured day or evening treatment program providing essential education and treatment components while allowing the consumers to apply their newly acquired skills within "real world" environments. Services are offered by a multi-disciplinary team, which is able to interpret the needs of adolescents, who are knowledgeable about adolescent growth and development, and who understand the biopsychosocial dimensions and family dynamics of alcohol and other drug dependence. Substance Abuse Adolescent Day Treatment Service is available to EPSDT eligible recipients. Medical necessity criteria for these services reflect special treatment approaches designed for EPSDT eligible consumers requiring substance abuse/alcohol abuse treatment. Skill building, consumer education and socialization training may be considered as treatment measures. Treatment is time-limited, intensive and provided by a multi-disciplinary team. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service may be offered in a clinic setting or in the community. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Intensive Family Intervention. This is a time limited intensive mental health interventions delivered to children and youth and intended to stabilize the living arrangement, promote reunification or prevent the utilization of out of home therapeutic resources (i.e. psychiatric hospital, therapeutic foster care, residential treatment facility) for the identified individual. These services are delivered primarily to children in their family's home with a family focus to: evaluate and stabilize the child and family who need intense mental health treatment and supports and improve the consumer's ability to care for self, as well as the parent's or legal guardian's capacity to care for their children. Services may include individual and/or family therapy, behavior management, adaptive skills training, and other rehabilitative services to prevent the need for an out of home, more restrictive services. Services are directed towards the identified individual. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of the national accreditation Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA), Council on Quality Leadership (CQL), and/or State certification. . This service is community-based. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

Limitations

The covered services are available only to Medicaid eligible recipients with a written service plan, which contains medically necessary services recommended by a physician or other practitioners operating within the scope of state law. Prior approval is required for service beyond the Initial Authorization limits.

Prior Approval

Each service has an initial authorization for level of benefit. Services, which exceed the limitation of the initial authorization listed below, must be approved for re-authorization prior to service delivery. A unit of service is defined as 15 minutes unless otherwise specified.

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.

/X/ Provided: / / No limitations /X/ 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.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

/ / Provided: / / No limitations / / With limitations*

/X/ Not provided.

17. Nurse-midwife services.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

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

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

*Description provided on attachment.

15. a. NURSING FACILITY SERVICES

Prior to admission to a Nursing Facility, evaluation is provided for each patient. A physician's review is performed periodically to determine:

- the need for continued placement at this level of care.
- the adequacy, appropriateness and quality of services received.
- the feasibility of meeting the recipient' s health and rehabilitative needs through alternative arrangements.

15. b. INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED (ICFMR)

Prior to admission to an ICFMR, evaluation is provided for each patient. Independent professional review is performed periodically to determine:

- the need for continued placement at this level of care.
- the adequacy, appropriateness and quality of services received.
- the feasibility of meeting the recipient' s health and rehabilitative needs through alternative arrangements.
- whether the recipient is receiving active treatment for mental retardation or related mental conditions.

LIMITATIONS:

17. **Nurse-Midwife Services**

Nurse-midwife services are provided as specified in the Policies and Procedures Manual for Nurse-Midwife Services.

The scope of service is the management and care of pregnant women and newborns throughout the maternity cycle to include uncomplicated pregnancy, labor, birth, and the sixty day postpartum period as well as services that midwives are authorized to perform under State Law that are outside the maternity cycle.

Providers must be currently licensed as registered professional nurses and be currently certified as nurse-midwives by the America College of Nurse-Midwives.

Non-covered services include:

Any procedure outside the legal scope of nurse-midwife services.

Obstetrical care rendered to recipients who arbitrarily travel to other states to bear children for non-medical reasons.

Assisting physicians during delivery.

Services identified as rural health clinic services are subject to policies and procedures governing the Rural Health Clinic Program.

18. **Hospice Care**

Hospice care services are furnished by Medicare certified hospices enrolled in the Medicaid program. Services are available to eligible individuals who are certified as being terminally ill and having a medical prognosis that his or her life expectancy is six months or less.

An eligible individual must voluntarily elect this service and file an election statement with a Medicaid participating hospice provider.

Hospice coverage is available for an unspecified number of days, subdivided into four election periods as follows: Two periods of 90 days each, a subsequent period of 30 days, and a subsequent extension period of an unspecified number of days.

A recipient may revoke the election of hospice care at any time during the election period. Medicaid coverage of benefits waived during the election period is resumed.

TRANSMITTAL 94-004
APPROVED 4-12-94
EFFECTIVE 1-1-94
SUPERSEDES 92-17

State/Territory: Georgia

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

19. Case management services and Tuberculosis related services

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A, (in accordance with Section 1905(a)(19) or Section 1915(g) of the Act).

X Provided: X With limitations*

___ Not provided.

b. Special tuberculosis (TB) related services under Section 1902(z)(2) of the Act.

___ Provided: ___ With limitations*

X Not provided.

20. Extended services for pregnant women.

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

X Additional coverage++

b. Services for any other medical conditions that may complicate pregnancy.

___ Additional coverage++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

State/Territory: GEORGIA

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

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

23. Certified Pediatric or family nurse practitioners' services.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

19. CASE MANAGEMENT SERVICES

Limitations

Case management providers must meet the conditions established by the Department of Human Resources (DHR) and contained in the DHR Grants-to-Counties Manual and the Division of Mental Health, Mental Retardation and Substance Abuse (MH/MR/SA) Policy Memorandum 40-01 and Standards Manual. Services are provided to eligible recipients who are emotionally or mentally disturbed, drug or alcohol abusers, and mentally retarded or developmentally disabled. Available service:

Demonstrated medically necessary case management services which are an integral part of aiding the eligible recipients to overcome their health related disabilities and to attain their highest level of independence or self-care.

Medically necessary is a term used to describe a service which is reasonably calculated to prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the recipient receiving the service.

The following criteria must be met prior to admission to service:

1. Physician order as evidenced in the Individualized Service Plan, and,

2. The client meets the Division of Mental Health, Mental Retardation and Substance Abuse criteria for Most-In-Need status, and,

3. One or more of the following:

   a. the client has been discharged from "inpatient" service two or more times in the previous 12 months, or

   b. the client is currently residing in a living arrangement financially supported by the Department of Human Resources, or

7/1/88

   c. the client has a history of severe and disabling mental illness or substance abuse and is "homeless." Homeless is defined as: determination by area mental health, mental retardation and substance abuse service programs, by whatever means, that an individual is undomiciled,

i.e., one who lives with neither family nor in a board and care home, a single room occupancy hotel, a nursing home or in his/her home or apartment; has a history of persistent, continuous or intermittent use of shelter services; and is unable to secure permanent or stable housing, or

d. the client is on an outpatient court ordered commitment status, or

e. the client would be eligible for services under the provisions of Title XIX (Medicaid) 2176 Waivers, or

f. the client is receiving Clozaril as a part of a treatment plan formulated by the Area Mental Health, Mental Retardation and Substance Abuse Program, and,

4. The client exhibits one or more of the following:

a. Repeated, long term use of restrictive intensive care settings.

b. Noncompliance with treatment or failure to access needed services.

c. Frequent crisis episodes.

d. Multiple programs (dual diagnoses, medical fragility).

e. Need for multiple services and their coordination.

f. Lack or inadequacy of natural supports.

Prior Approval for case management service will be given by the Department of Human Resources to any enrolled provider on Form DMA-80, Prior Authorization Request.

Case Management Services Include:

1. Assessment of prescribed recommended services in the physician plan of care and identification of those services which have not been adequately assessed over time, resulting in client deterioration and the use of unexplained intensive care services such as emergency crisis intervention or hospitalization.

2. Development of specific 24 hour service plan for each client to assure adequate medical, pharmacy and other needed services.

3. Establishment of relationships between patient and medically necessary services.

4. Assisting the patient in attaining or retaining capability for independence or self care. Assistance will be limited

to management and/or coordination efforts and will not include the direct provision of services by the case manager.

5. Monitoring service delivery to continually evaluate patient status and quality of services provided.

6. Discharge planning coordination to hospital inpatients. This is the only service provided hospital inpatients.

Non-Covered Services

No services provided in nursing homes or prisons will be covered.

No counseling services will be provided by case managers.

No services to enrolled clients in an Institution for Mental Diseases (IMD) Units will be covered, however, clients may remain enrolled in the case management program and services resumed upon discharge from an IMD Unit.

Medicaid will not pay for Case Management services that duplicate case management services provided to eligible recipients through the Early Intervention Case Management Program.

TRANSM. 91-17
APPROVED 6/7/91
EFFECTIVE 4/1/91
Supersedes 88-25

20. Extended Services to Pregnant Women

POSTPARTUM SERVICES

a.+1 Pregnancy-related and postpartum services are provided through the end of the month in which the 60-day period (beginning on the last day of her pregnancy) ends.

Definition of Service:

Postpartum visits consist of a maximum of two visits to be provided within 28 days following the mother's discharge from the hospital or birthing center. Components of these visits may include but are not limited to:

1. review of the history of the pregnancy and the delivery.

2. medical assessment of the woman's postpartum recovery.

3. evaluation of the infant's status to assess medical problems which may have occurred during or after delivery, feeding habits and general health problems.

4. evaluation of the social and environmental conditions of the home.

5. drawing blood from the infant for a metabolic screen, if needed.

6. health education on infant care, postpartum recovery and family planning.

7. Providers must make referrals for the provisions of EPSDT, WIC, family planning and prenatal and postpartum services, as may be indicated.

Limitations:

Providers of this service are limited to qualified medical professionals; physicians, nurse midwives, physician's assistants, nurse practitioners and registered nurses. Reimbursement is limited to two (2) postpartum home visits per recipient every 280 calendar days.

Provider Qualifications:

Enrollment is open to all providers who can meet the following requirements:

1. Staff performing the service must be physicians, nurse midwives, physician's assistants, nurse practitioners or registered nurses experienced in the provision of maternal and child health care and be fully licensed by the State of Georgia.

2. Staff must possess the clinical skills to complete a medical assessment of the postpartum woman and evaluate the medical status of the infant.

3. Providers must have the capability to perform these services in the recipient's home.

TRANSMITTAL 94-03
APPROVED 2-15-95
EFFECTIVE 1-1-94
SUPERSEDES 91-19

CHILDBIRTH EDUCATION PROGRAM

a.+2 Definition of Services:

The Childbirth Education Program is made up of two components. The first component is a series of six (6) childbirth preparation classes. These classes are designed to provide information concerning pregnancy, proper prenatal care, what to expect during labor and delivery and breastfeeding. The second component is comprised of two (2) classes. One class is designed to provide information on newborn feeding, e.g., bottle feeding, breastfeeding and general infant nutrition. The second class provides information on basic newborn care.

Limitations:

Recipients may take individual classes or the entire series. However, the same class may only be taken once every twelve (12) months. Recipients receiving services under the Childbirth Preparation component (six class series) must be pregnant women. Recipients receiving services under the Newborn Care or Newborn Feeding classes must be pregnant women or postpartum women. The postpartum period is defined as thirty days after maternal discharge.

Provider Qualifications:

Enrollment is open to all providers who meet the following requirements:

1. Instructors must be licensed practitioners of the healing arts.

2. Instructors must be certified as a childbirth educator by a national or state recognized certifying association.

b.+ Services for any other medical conditions that may complicate pregnancy are provided, as described in Attachments 3.1-A & B of this plan, to the same extent as for other recipients.

TRANSMITTAL 94-03
APPROVED 2-15-95
EFFECTIVE 1-1-94
SUPERSEDES 91-19

State/Territory: GEORGIA

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

b. Services of Christian Science nurses.

[ ] Provided: [ ] No limitations [ ] With limitations*

[X] Not provided.

c. Care and services provided in Christian Science sanitoria.

[ ] Provided: [ ] No limitations [ ] With limitations*

[X] Not provided.

d. Nursing facility services for patients under 21 years of age.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

e. Emergency hospital services.

[ ] Provided: [ ] No limitations [ ] With limitations*

[X] Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

[ ] Provided: [ ] No limitations [ ] With limitations*

[X] Not provided.

*Description provided on attachment.

23. a. TRANSPORTATION

EMERGENCY AMBULANCE

Limitations

Emergency ambulance services are provided only when medically necessary. The recipient's physical condition must prohibit use of any method of transportation except emergency ambulance for a trip to be covered.

Prior approval is required for:

Emergency ambulance transportation of more than 150 miles one way from institution to institution.

Emergency transportation services certified by a physician as medically necessary, but not included as a covered service, may be covered for recipients under twenty-one (21) years of age when such services are prior approved by the Department.

All ambulance transportation of more than 50 miles beyond the boundaries of the Georgia state line (out-of-state).

Transportation that is not of an emergency nature, but the recipient requires the services of an EMT and the life sustaining equipment provided in the emergency ambulance.

All ambulance transportation by air ambulance except for recipients 0 to twelve (12) months of age who meet certain criteria listed in the policies and procedures manual.

Non-Covered Services

Ambulance services are not covered in the following circumstances without medical justification:

The recipient is ambulatory.

The recipient's condition would not ordinarily require movement by stretcher.

The ambulance was used solely because other means of transportation were unavailable.

The recipient was transferred to another facility at his/her request.

Transportation of a recipient pronounced dead at the scene by a licensed physician before the ambulance was called. If the recipient was pronounced dead after the ambulance was called but before pickup, service to the pickup point is covered.

TRANSMITTAL 92-38
APPROVED 12/18/92
EFFECTIVE 10/01/92
SUPERSEDES 89-51

23. a. **TRANSPORTATION (continued)**

Non-Covered Services (continued)

Transportation for routine obstetrical delivery.

The member requested transportation to a more distant hospital or health care facility to receive the services of a specific physician of the member's choice.

Ambulance service to the physician's office of physician-directed clinic. A stop to a physician's office en route to the hospital necessitated by the patient's need for emergency professional care at a physician's office will be covered if the ambulance immediately continues to the hospital.

Transportation of a member 21 years of age and older by helicopter.

NON-EMERGENCY TRANSPORTATION EXCEPTIONAL TRAVEL

The Department assures provision of necessary transportation to and from a heath care provider when the member has no other transportation resources. The Department or an authorized representative will make determination of transportation necessity.

Exceptional Transportation Services (ETS) are defined as non-emergent transport necessary under extraordinary medical circumstances, that require traveling out-of-state for health care treatment not normally provided through Georgia's health care providers.

This transportation is limited to out-of-state travel including air and ground travel.

ETS is limited to out of state travel and must be arranged through the county Department of Family and Children Services (DFCS).

Transportation outside of the area customarily used by the member's community can be reimbursed only when the required medical resources are not available within the area or the member's primary care physician is not located in the member's area.

23. a. **TRANSPORTATION (continued)**

Limitations (continued)

Enrolled ETS providers must bill the Department only for medically necessary transportation to the nearest out-of-state provider who can provide the needed service.

A maximum of one (1) passenger round trip ticket may be reimbursed per date of services per member for the ETS.

Reimbursement for escorts is limited to one (1) member, when the same escort escorts two (2) or more members to the same medical facility, on the same date of service.

Reimbursement for meals and lodging is covered for a member and one escort when required in conjunction with in-state or out-of-state travel.

Prior Approval

As a condition of reimbursement, the Department requires that ETS rendered through DFCS be approved prior to the time they are rendered. Prior approval pertains to medical necessity only and does not guarantee reimbursement. In order to be reimbursed for prior approved services, the member must be Medicaid eligible at the time the services are rendered.

Prior approval must be obtained before ETS are rendered, and at least forty-eight (48) hours in advance, if possible. When the member receives health care services from more than one (1) out-of-state provider and requires approved transportation to each health care provider, prior approval may be given for the duration of planned treatment as indicated on the medical certification form, but not for more than (1) year.

A county DFCS office must obtain prior approval before authorizing the services listed below.

A. Out-of-state travel in an automobile, commercial bus or train;

B. Any local taxi service for members who require this transportation to access commercial bus, train or airplane for transport out-of-state.

C. Out-of-local service area taxi used in conjunction with out-of-state commercial bus, train or airplane;

D. Any meals or lodging out-of-state;

E. Any meals or lodging in-state;

F. Any out-of-state transportation by commercial airplane; and

G. Any parking and toll fees.

23. a. **TRANSPORTATION (continued)**

Non-Covered Services

A. Transportation provided by relatives or individuals living in the same household with the Medicaid member;

B. Transportation provided in the Medicaid member's vehicle, driven by the member or another person;

C. Any travel when the Medicaid member is not an occupant of the vehicle, except for travel via an automobile driven by volunteer driver up to a total of twenty (20) miles between the driver's home and the member's home and return;

D. Meals and lodging for volunteer drivers;

E. Transportation for educational purposes, vocational training, social services or for any other services not covered by Medicaid and transportation services to attend amusement parks, sporting events, and other social functions;

F. Services for which prior approval is required but was not obtained;

G. Services which are not medically necessary or which are not provided in compliance with the provisions;

H. In-state transportation services, including meals and lodging, when not coordinated by the NET broker, or out-of-state travel, including meals and lodging, when not coordinated by DFCS.

23. b. SPECIALIZED TRANSPORTATION SERVICES

Transportation to and from a Medicaid eligible EPSDT student's place of residence or school location to receive Medicaid approved school health services listed under the Children's Intervention School Services (CISS) program. This service is limited to transportation of an eligible child to health related services as listed in a student's Individual Education Program (IEP).

The specialized transportation is Medicaid reimbursable if:

1. it is provided to a Medicaid eligible EPSDT child who is a student in a public school in Georgia;
2. it is being provided to and from a Medicaid covered service on a day when the child receives an IEP-related Medicaid covered service;
3. the Medicaid covered service is included in the child's IEP; and
4. the student's need for specialized transportation service is documented in the child's IEP.

Specialized transportation services are defined as transportation that requires a specially equipped vehicle, or the use of specialized equipment to ensure a child is taken to and from the child's residence to school or the community.

Specialized transportation services include coverage of transportation in the following instances:

(i) Transportation provided by or under contract with the school, to and from the student's place of residence, to the school where the student receives one of the health related services covered by Title XIX;
(ii) Transportation provided by or under contract with the school, to and from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by Title XIX; or
(iii) Transportation provided by or under contract with the school from the student's place of residence to the office of a medical provider who has a contract with the school to provide one of the health related services covered by Title XIX and returns to school.

Specialized transportation services will not be Medicaid reimbursable if the child does not receive a Medicaid covered service on the same day. No payment will be made to, or for parents providing transportation.

23.d. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

Skilled nursing facility services are provided to eligible recipients under age 21 to the same extent as for those age 21 and older (see 4.a. of this Attachment).

TRANSMITTAL 87-12
APPROVED 8-24-87
EFFECTIVE 7-1-87

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

NON-EMERGENCY TRANSPORTATION BROKER SYSTEM

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

24. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

a 1. Transportation

☐ No limitations

☐ With limitations

a 2. Brokered Transportation

☒ Provided under section 1902(a)(70)

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(f).

(1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

☐ (1) statewideness (indicate areas of State that are covered)

☒ (10)(B) comparability (indicate participating beneficiary groups)

☒ (23) freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include:

☒ wheelchair van
☒ taxi
☒ stretcher car
☒ bus passes
☒ tickets (tokens)
☒ secured transportation
☒ such other transportation as the Secretary determines appropriate (please describe). Other appropriate modes are volunteer drivers, minibus, and federally funded transportation services.

(3) The State assures that transportation services will be provided under a contract with a broker who:

(i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;

(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;

(iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;

(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate)

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

☒ Low-income families with children (section 1931)
☒ Low-income pregnant women
☒ Low-income infants
☒ Low-income children 1 through 5
☒ Low-income children 6 through 19
☒ Qualified pregnant women
☒ Qualified children
☒ IV-E Federal foster care and adoption assistance children
☒ TMA recipients (due to employment)
☒ TMA recipients (due to child support)
☒ SSI recipients

(5) The broker contract will provide transportation to the following categorically needy optional populations:

☒ Optional low-income pregnant women
☒ Optional low-income infants
☒ Optional targeted low-income children
☒ Individuals under 21 who are under State adoption assistance agreements
☒ Individuals under age 21 who were in foster care on their 18th birthday
☒ Individuals who meet income and resource requirements of AFDC or SSI

- ☒ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- ☒ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- ☒ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- ☒ Individuals infected with TB (Transportation for inpatient hospital services for persons in institutions for special disorders such as tuberculosis is not cover).
- ☒ Individuals screened for breast or cervical cancer by CDC program
- ☒ Individuals receiving COBRA continuation benefits
- ☒ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300 percent of SSI income standard
- ☒ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution
- ☒ Individuals terminally ill if in a medical institution and will receive hospice care
- ☒ Individuals aged or disable with income not above 100 percent FPL
- ☐ Individuals receiving only an optional State supplement in a 209(b) State
- ☐ Individuals working disabled who buy into Medicaid (BBA working Disabled group)
- ☐ Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
- ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)

(5) The State will pay the contracted broker by the following method:

- ☒ (i) risk capitation
- ☐ (ii) non-risk capitation
- ☐ (iii) other

State: Georgia

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

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____ provided __X__ not provided