

State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

The following ambulatory services are provided.

Outpatient Hospital
Rural Health Clinic
Laboratory and X-ray
EPSDT
Family Planning
Physician
Podiatry
Optometry
Other Practitioners
 a. Psychology for Under 21
Ambulatory Surgical Center Services
Home Health (including DME)
Clinic Services
 a. Family Planning
Dental
Prescribed Drugs
Dentures for Under 21
Prosthetics & Orthotics (including Hearing Aids)
Eyeglasses
Nurse-Midwife
Case Management
 a. Mental Health/Mental Retardation/Substance Abuse
Extended Services to Pregnant Women
Transportation
 a. Emergency Ambulance
 b. Non-Emergency

*Description provided on attachment.

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Supersedes
TN No: 89-31
Supersedes
TN No: 87-20

Approval Date OCT 15 2001 Effective Date 7/1/2001

State/Territory: GEORGIA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

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 covered under the plan.
- Provided: No limitations With limitations*
- 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 Medical Manual (HCFA-Pub. 45-4).
- Provided: No limitations With limitations*
3. Other laboratory and x-ray services.
- Provided: No limitations With limitations*
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 With limitations*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- Provided:
- c. Family planning services and supplies for individuals of childbearing age.
- Provided: No limitations With limitations*

* Description provided on attachment 3.1-A, limitations supplement.

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Supersedes

TN No. ~~92-05~~

01-06
dnw

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SEP 01 2004

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ATTACHMENT 3.1-B
Page 2a
OMB No.

State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY'NEEDY GROUP(S): ALL

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:

*Description provided on attachment.

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Supersedes
TN No: 93-003

State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY'NEEDY GROUP(S): ALL

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: No limitations With limitations*

b. Optometrists' Services

Provided: No limitations With limitations*

c. Chiropractors' Services

Provided: No limitations With limitations*

d. Other Practitioners' Services

Provided: No limitations With limitations*

e. Ambulatory Surgical Center Services With limitations*

7. Home Health Services

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

Provided: No limitation With limitations*

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

Provided: No limitation With limitations*

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

Provided: No limitations With limitations*

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

Provided: No limitations With limitations*

*Description provided on attachment.

TN No: 01-06

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State/Territory: GEORGIA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

8. Private Duty Nursing Services.

Provided: No limitations With limitations*

*Limitations are the same as described in Attachment 3.1-A, Page 3a.001.

9. Clinic Services.

Provided: No limitations With limitations*

10. Dental Services.

Provided: No limitations With limitations*

11. Physical Therapy and Related Services.

Provided: No limitations With limitations*

a. Dental Services.

Provided: No limitations With limitations*

b. Occupational Therapy.

Provided: No limitations With limitations*

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

Provided: No limitations With limitations*

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.

Provided: No limitations With limitations*

b. Dentures.

Provided: No limitations With limitations*

State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY'NEEDY GROUP(S): ALL

c. Prosthetic Devices.

Provided No limitation With limitation*

d. Eyeglasses

Provided No limitations With limitations*

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

a. Diagnostic services.

Provided No limitations With limitations*

b. Screening services.

Provided No limitations With limitations*

c. Preventive services.

Provided No limitations With limitations*

d. Rehabilitative services

Provided No limitations With limitations*

14. Services for individuals 65 or older in institutions for mental disease.

a. Inpatient hospital service.

Provided No limitations With limitations*

b. Nursing facility services.

Provided No limitations With limitations*

*Description provided on attachment.

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Approval Date OCT 15 2001 Effective Date 7/1/2001

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SEPTEMBER 1986

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QMB No. 0938-0193

State/Territory: Georgia

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY ' NEEDY GROUP (S): ALL**

-
- c. Intermediate care facility services.
 Provided No limitation With limitation
15. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902 (a) (31) (A) of the Act, to be in need of such care.
 Provided No limitation With limitation
16. Inpatient psychiatric facility services for individuals under 22 years of age.
 Provided No limitation With limitation
17. Nurse-midwife services.
 Provided No limitation With limitation
18. Hospice care (in accordance with section 1905 (o) of the Act).
 Provided No limitation With limitation

Description provided on attachment.

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Supersedes
TN No: 01-06

Approval Date OCT 04 2004

Effective Date SEP 01 2004

State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY'NEEDY GROUP(S): ALL

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).

Provided No limitations With limitations*

Not provided.

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

Provided No limitations With limitations*

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.

Provided: Additional coverage

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

Provided: Additional coverage++ Not provided.

21. Certified pediatric or family nurse practitioners' services.

Provided: No limitations With limitations*

Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ 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.

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March 1987

ATTACHMENT 3.1-B
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OMB No. 0938-0193

State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY'NEEDY GROUP(S): ALL

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

Provided No limitations With limitations*

Not provided.

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

a. Transportation.

Provided No limitations With limitations*

b. Service of Christian Science nurses.

Provided No limitations With limitations*

c. Care and services provided in Christian Science sanatoria.

Provided No limitations With limitations*

d. Skilled nursing facility services provided for patients under 21 years of age.

Provided No limitations With limitations*

e. Emergency hospital services.

Provided No limitations With limitations*

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

Provided No limitations With limitations*

*Description provided on attachment 3.1-A.

TN No: 01-06

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Supersedes
TN No: 87-6

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 MEDICALLY NEEDY

23. 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, 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);
- 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
- 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);

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Supersedes

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(4) The broker contract will provide transportation to the following medically needy populations under section 1905(a)(i) - (xiii):

- Under age 21, or under age 21, 19, or 18 as the State may choose
- Relatives specified in section 406(b)(1) with whom a child is living if child is a dependent child under part A of title IV
- Aged (65 years of age or older)
- Blind with respect to States eligible to participate, under title XVI
- Permanently or totally disabled individuals 18 or older, under title XVI
- Persons essential to recipients under title I, X, XIV, or XVI
- Blind or disabled as defined in section 1614 with respect to States not eligible to participate in the State plan program under title XVI
- Pregnant women
- Individuals provided extended benefits under section 1925
- Individuals described in section 1902(u)(1)
- Employed individuals with a medically improved disability (as defined in section V)
- Individuals described in section 1902(aa)
- Individuals screened for breast or cervical cancer by CDC program
- Individuals receiving COBRA continuation benefits.

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

- risk capitation
- non-risk capitation
- other (e.g., brokerage fee and direct payment to providers)

Implementation Date:

Georgia will implement this State plan amendment on 7/1/06.

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March 1987

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ATTACHMENT 3.1-B
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State/Territory: GEORGIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY'NEEDY GROUP(S): ALL

24. 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 Attachment 3.1-A.

Provided Not Provided

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