

STATE PLAN UNDER TITLE XIX
OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

HCFA-AT-80-38 (BPP)
MAY 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory GEORGIA

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Appr. 8/6/87

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LIST OF ATTACHMENTS

<u>No.</u>	<u>Title of Attachment</u>
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
2.1-A	Definition of an HMO that Is Not Federally Qualified
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
	* Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
	* Supplement 2 - Definitions of Blindness and Disability (<u>Territories only</u>)
	* Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements (<u>States only</u>)
	* Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
	* Supplement 2 - Resource Levels - Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups
	* Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
	* Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

*Forms Provided

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<u>No.</u>	<u>Title of Attachment</u>
* Supplement 5 -	Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
* Supplement 5a-	Methodologies for Treatment of Resources for Individuals With Incomes Up to a Percentage of the Federal Poverty Level
* Supplement 6 -	Standards for Optional State Supplementary Payments
* Supplement 7 -	Income Levels for 1902(f) States - Categorically Needy Who Are Covered under Requirements More Restrictive than SSI
* Supplement 8 -	Resource Standards for 1902(f) States - Categorically Needy
* Supplement 8a-	More Liberal Methods of Treating Income Under Section 1902(r)(2) of the Act
* Supplement 8b-	More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act
* Supplement 9 -	Transfer of Resources
* Supplement 10-	Consideration of Medicaid Qualifying Trusts--Undue Hardship
*2.6-A	<u>Eligibility Conditions and Requirements (Territories only)</u>
* Supplement 1 -	Income Eligibility Levels - Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries
* Supplement 2 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
* Supplement 3 -	Resource Levels for Optional Groups with Incomes Up to a Percentage of the Federal Poverty Level and Medically Needy
* Supplement 4 -	Consideration of Medicaid Qualifying Trusts--Undue Hardship
* Supplement 5 -	More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
* Supplement 6 -	More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act

*Forms Provided

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<u>No.</u>	<u>Title of Attachment</u>
*3.1-A	Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy
	* Supplement 1 - Case Management Services
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*3.1-B	Amount, Duration, and Scope of Services Provided Medically Needy Groups
3.1-C	Standards and Methods of Assuring High Quality Care
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4.19-A	Methods and Standards for Establishing Payment Rates - Inpatient Hospital Care

*Forms Provided

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<u>No.</u>	<u>Title of Attachment</u>
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4.19-C	Payments for Reserved Beds
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*4.22-B	Requirements for Third Party Liability--Payment of Claims
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*4.33-A	Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
4.35-A	Criteria for the Application of Specified Remedies for Nursing Facilities
4.35-B	Alternative Remedies to Specified Remedies for Nursing Facilities
7.2-A	Methods of Administration - Civil Rights (Title VI)

*Forms Provided

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CERTIFICATION

The Attorney General hereby certifies that the agency, Georgia Department of Community Health, has been established as the single State agency with authority to administer the State of Georgia Plan for Medical Assistance under Title XIX of the Social Security Act. It is further certified that the Georgia Department of Community Health administers the Plan on a statewide basis and has authority to make rules and regulations governing the administration of the Plan. The legal source of this authority to administer the Plan and to make such rules and regulations is Act 268 of the General Assembly of Georgia known as the Department of Community Health, Board of Community Health, and Commissioner of Community Health, approved on July 1, 1999 (Ga. Laws 1999 Vol. 1 Pgs. 296-317). The Georgia Department of Community Health succeeds the Georgia Department of Medical Assistance as the single State agency authorized to administer the Plan.


THURBERT E. BAKER DATE
Attorney General

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: GEORGIA

Citation

42 CFR
430.10

As a condition for receipt of Federal funds under
title XIX of the Social Security Act, the

GEORGIA COMMUNITY HEALTH

(Single State Agency)

submits the following State plan for the medical
assistance program, and hereby agrees to administer
the program in accordance with the provisions of this
State plan, the requirements of titles XI and XIX of
the Act, and all applicable Federal regulations and
other official issuances of the Department.

TN No. 99-017
Supersedes
TN No. 91-31

Approval Date

NOV 16 1999

Effective Date

JUL 01, 1999

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a)

GEORGIA COMMUNITY HEALTH

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN # 99-017
Supersedes
TN # 78-5

Approval Date NOV 16, 1999

Effective Date JULY 1, 1999

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
Sec. 1902(a)
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN # 78-5
Supersedes
TN # _____

Approval Date 8/28/78 Effective Date 7/1/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
Intergovernmental
Cooperation Act
of 1968

1.1(c) Waivers of the single State agency
requirement which are currently
operative have been granted under
authority of the Intergovernmental
Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

TN # 78-5
Supersedes
TN # _____

Approval Date 8/28/78

Effective Date 7/1/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation

42 CFR 431.10
AT-79-29

- 1.1(d) The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
- Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

IN # 78-5
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Approval Date 8/28/78 Effective Date 7/1/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 431.10
AT-79-29

1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10 are met.

TN # 78-5
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TN # _____

Approval Date 8/28/78 Effective Date 7/1/77

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May 22, 1980

State Georgia

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Georgia Department of Medical Assistance has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN # 87-10
Supersedes
TN # 78-5

Approval Date 7-21-87 Effective Date 7-1-87

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR
431.50 (b)
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

IN # 78-5
Supersedes
IN # _____

Approval Date 8/28/78 Effective Date 7/1/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

TN # 75-7
Supersedes
TN # _____

Approval Date 12/30/75 Effective Date 9/29/75

Revision: HCFA-PM-94-3 MB
 APRIL 1994
 State/Territory: Georgia

Citation

1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
 - a. The State will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
 - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
 - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
 - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
 - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
 - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.

TN No. 94-039
 Supersedes
 TN No. New

Approval Date 2/21/95 Effective Date 10/1/94

Revision: HCFA-PM-94-3 MB
APRIL 1994
State/Territory: Georgia

Citation

- 1928 of the Act
2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
 3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
 4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

State Medicaid Agency

State Public Health Agency

TN No. 94-039
Supersedes
TN No. New

Approval Date 2/21/95 Effective Date 10/1/94

Citation

1.6 State Option for Managed Care

1932 of the Act
(BBA 1997)

Georgia Better Health Care (GBHC) is the Primary Care Case Management (PCCM) program for the State of Georgia. This program matches Medicaid recipients to a primary care provider (PCP) who, through an on-going provider/patient relationship, will provide and coordinate all health care services, including referrals for necessary specialty services, and maintain 24-hour availability to members. Enrollment with a PCP in GBHC is mandatory for all Medicaid recipients with the exception of those recipients listed in I.B. below. The objectives of this program are to improve access to medical care - particularly primary care services, enhance continuity of care through creation of a "medical home", and decrease cost through reduction of unnecessary medical services. Georgia Better Health Care operates as a statewide program. This proposed SPA will replace the current 1915(b) waiver program.

I. Assurances

A. The State of Georgia assures that all requirements under 1932 and 1905(t), and 42 CFR part 438, as applicable, will be met for the Primary Care Case Management (PCCM) program, Georgia Better Health Care (GBHC).

B. The State assures that the following populations will be exempt from enrollment in Georgia Better Health Care:

- (1) Individuals who meet the eligibility requirements for receipt of both Medicare and Medicaid ("dual eligibles")
- (2) American Indians who are members of a Federally-recognized tribe, and
- (3) Children under 19 years of age who:
 - (a) are eligible for SSI under Title XVI
 - (b) are described in section 1902(e)(3) of Title XIX of the Social Security Act;
 - (c) are in foster care or other out-of-home placement;
 - (d) are receiving foster care or adoption assistance under part E of Title IV; or
 - (e) have, or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children
 - (f) are receiving services through a family-centered, community-based, coordinated care system receiving grant funds under section 501(a)(1)(D) of Title V (**Children's Medical Services**).

Children's Medical Services, administered by the Georgia Division of Public Health, provides comprehensive, coordinated, Community-based, Title V services for children birth to 21 with chronic medical conditions. Medical eligibility includes, but is not limited to:

- burns
- cardiac conditions
- cystic fibrosis
- hearing disorders
- spina bifida
- cerebral palsy
- diabetes mellitus
- vision disorders

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Supersedes
TN NO. New

Approval Date: 2/11/03 Effective Date: 12/1/02

- craniofacial anomalies (including cleft lip/palate)
- gastrointestinal disorders
- neurological and neurosurgical conditions including epilepsy and hydrocephalus
- orthopedic and/or neuromuscular disorders (scoliosis)
- congenital or traumatic amputations of limbs

Identification for purposes of exemption will be accomplished by encounter and pharmacy claims analysis (high cost, high utilization, chronic disease diagnosis), recipient self-referral to Member Services or via referral by any provider or state agency on behalf of the recipient, new recipient questionnaire, and eligibility category. Upon confirmation of the child's exemption status, exclusion will be noted so the child will not be enrolled in Georgia Better Health Care. Upon notification that a GBHC enrolled child is in one of the excluded groups outlined above, that child will be disenrolled from GBHC with the appropriate exclusion code. Services for these children will not require prior authorization and emergency authorizations (EAs) will be provided for services rendered prior to the disenrollment date.

- (4) In addition to those listed in B. (1), (2), (3) above, the State of Georgia will exempt the following populations from enrollment in GBHC
- (a) Residents of nursing homes, personal care homes or mental health hospitals or other domiciliary facilities;
 - (b) Right from the Start Medicaid mothers;
 - (c) Other recipients with short-term Medicaid enrollment; or
 - (d) Recipients who have other Third Party Liability (TPL) coverage

C. Enrollment in Georgia Better Health Care is mandatory for the following Medicaid recipients:

- (1) Low income Medicaid adults
- (2) Low income Medicaid-related adults
- (3) SOBRA children
- (4) SSI recipients age nineteen (19) and above

D. Georgia Better Health Care is operational statewide. Individuals in every county have a choice of two (2) Georgia Better Health Care providers offering primary care case management services within their county of residence or adjacent counties. Potential enrollees and members will be required to select a PCP from a list of providers meeting this criterion. In rural areas, if only one PCCM group exists within the member service area, members will be given a choice between two providers within the PCCM group. If a selection is not made by the 15th of the month, the member will be assigned a primary care provider using the process outlined in section G below.

E. Georgia Better Health Care members are permitted to disenroll with a PCP at any time with cause. (Cause may be, but is not limited to: members who need covered Medicaid services that are not provided by the PCP on moral or religious grounds, poor quality care, lack of access to covered services, lack of access to experienced providers, the enrollee moves out of the PCPs service area.) Members will be allowed to request a change in PCP during the first 90 days of enrollment and at least every 12 months thereafter without cause.

F. Any GBHC member who is disenrolled from a PCP for any reason other than ineligibility for Medicaid will be immediately assigned to a different PCP using the process outlined in G below.

- G. Georgia Better Health Care uses a default enrollment in the event the member does not choose a provider. The State assures that default enrollment will be based on maintaining existing as well as historical provider/member relationships to the extent possible. Members are given the opportunity to choose a primary care provider. If a selection is not made, a provider is auto-assigned to the member using an algorithm that ensures historical usage, family history, sex, age and geographic proximity. Historical usage is defined as one paid claim within the last 18 months from a provider. If the claims history shows the member has prior history with a PCP, the member is assigned to that provider. If no history with a PCP exists, a search is done for a family member's history with a PCP for assignment. Lacking any historical or family history, members are assigned to PCPs using an algorithm based on age, sex, geographic proximity, and in a manner that equitably distributes members among qualified PCCMs available. Members are notified of the auto-assignment and provided with a list of providers within the member's service area. If unhappy with an auto-assigned provider, a member may contact Member Services within the first 90-day period to request a change.
- H. Potential enrollees and members are provided information for their service area, in an easily understood, comparative, chart-like format, that explains eligibility requirements and exclusions, provider and member rights and responsibilities, grievance, fair hearing and appeal procedures and timeframes, covered items and services and benefits that are not covered by Georgia Better Health Care, Primary Care Case Managers available, benefits, cost sharing (if applicable), non-English languages of service area providers, how to obtain services not provided by the PCP (including referrals to specialists) and, to the extent available, quality and performance indicators and member satisfaction information. This information will be available on enrollment, annually and on request. Member written materials will be available in English and Spanish and other prevalent languages identified within a service area. Primary language will be asked of members at the time of enrollment. Primary language and other languages spoken will be requested at the time of provider enrollment. Oral interpretive services for information in all languages can be obtained by calling the Customer Interaction Center. Providers will likewise be required to make written information available in the prevalent non-English language in its service area. Notification of how to access this information (regardless of format) will be available at enrollment locations, PCP offices, the State web site and other contacts as they are identified.
- I. Access to medically necessary emergency services shall not be restricted. Emergency care means covered inpatient and outpatient services furnished by a qualified provider that are necessary to evaluate or stabilize an emergency medical condition that is found to exist using the prudent layperson standard. Treatment in emergency situations does not require prior authorization from the PCP or Georgia Better Health Care.
- J. Georgia Better Health Care began on a limited basis in 1993. Prior to expansion to a statewide program in 1998, and through subsequent changes, public comment, from both providers and recipients, has been considered in the program design and implementation. Because this SPA will not constitute a change in the program, public notice to members did not occur. This conversion to Managed Care under the Georgia State Plan will be seamless to our members. Comments and feedback were solicited from the GBHC Advisory Committee members whose representation includes practicing providers from throughout the state. We also on an ongoing basis collect member feedback from the GBHC member services unit. Public notice of fee changes are done pursuant to policy as mandated by O.C.G.A. 350-2-.08. In the future, GBHC will continue to utilize providers from the various physician advisory committees, recipients currently involved in NET advisory committees, staff liaisons to advocacy groups that include both providers and recipients, and member satisfaction surveys in the ongoing development of the GBHC program.

II. Methodology and Process

Georgia Better Health Care operates a statewide network of providers with sufficient capacity available to ensure convenient geographic access, choice, and minimum travel times. Once eligibility is determined, beneficiaries are mailed informational materials regarding Georgia Better Health Care. Included is a list of 2 or more primary care providers located geographically convenient to the recipient. Recipients have until the 15th of a month to make a PCP selection. If no choice is made by the 15th, PCP assignment is completed through the auto-assignment process described in I.G. above. Members have the opportunity to change their PCP within the first 90 days of enrollment or reenrollment and at least annually thereafter. Members may change PCP at any time with cause. Members have access to a toll-free number for Member Services to assist with PCP selection, PCP changes and access issues that may occur. Periodic surveys are done to assess member satisfaction including travel time to the primary care provider office and wait times for scheduled appointments.

III. Contracts With Primary Care Providers

The State assures that contracts with Primary Care Providers are in compliance with the terms required under section 1905(t)(3) and 42 CFR part 438. These are non-risk contracts. Georgia Better Health Care PCCM providers are reimbursed on a fee-for-service basis, according to the regular Medicaid fee schedule when they render care to a member. In addition, they are paid a monthly case management fee for each assigned Georgia Better Health Care member for the purposes of coordinating members' health care services.

A. The following provider types may contract with the Georgia Better Health Care PCCM Program:

1. Physicians (doctors of medicine or osteopathy) practicing the following specialties: Family Practice, General Practice, Pediatrics, Internal Medicine and Gynecology
2. Licensed and Certified Advance Nurse Practitioners (ARNPs) specializing in Family Practice, Pediatrics or Gynecology. Nurse Practitioners in independent practice must also have a current collaborative agreement with a licensed physician who has hospital admitting privileges.
3. Other entities including Rural Health Centers, Community Health Centers, Primary Care Public Health Department Clinics and Primary Care Hospital Outpatient Clinics.
4. Physician specialists, public health departments, clinics and hospital outpatient clinics may enroll if they agree to meet the obligations of the PCP role, including the following conditions:
 1. Practice must routinely provide primary care services to a majority of its patients. Any exceptions to this requirement will be considered on a case-by-case basis for business need
 2. Any referrals for specialty care to other members of the same practice may be reviewed for appropriateness
 3. It is preferable that any specialist provider acting in a PCP capacity is willing to accept a minimum of fifty members to case manage.

In addition to the standard Medicaid provider agreement, all participating PCPs are required to complete an Application, Statement of Participation and an After-Hours Telephone Coverage & Provider Accessibility Agreement and successfully complete an on-site visit.

B. By contractual agreement the PCP agrees to the following PCCM Scope of Services:

1. The PCP is ultimately responsible for managing the total care provided to GBHC members, serving as the linkage between members and the various services along the health care continuum.
2. The PCP must provide or arrange PCP coverage for services – including treatment for emergency medical conditions, consultation or approval of referrals 24 hours a day, 7 days a week through access by telephone to a live voice.
3. The PCP must be available in the office to provide primary care services a minimum number of hours each week as specified in the current Part II, Policies and Procedures for Georgia Better Health Care Services.
4. The PCP may not refuse an assignment or disenroll a member or otherwise discriminate against a member on the basis of age, sex, race, color, national origin or an adverse change in the enrollee's health status or due to an enrollee's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs except when his or her continued enrollment seriously impairs the PCPs ability to furnish services to either that enrollee or other enrollees or when that illness or condition can be better treated by another provider type. The PCP may not use any policy or practice that has the effect of discriminating on the basis of age, sex, race, color, national origin or an adverse change in the enrollee's health status or due to an enrollee's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs except when his or her continued enrollment seriously impairs the PCPs ability to furnish services to either that enrollee or other enrollees or when that illness or condition can be better treated by another provider type.
5. The PCP must be able to manage elective hospitalizations for members in a manner that combines access to care with continuity. Therefore, a PCP must have hospital admitting privileges, or must have a formal arrangement with a physician who does have hospital admitting privileges and who agrees to abide by the established Georgia Better Health Care hospital authorization requirements.
6. Each PCP is required to specify the number of recipients the provider is will to serve as primary care provider. Unless circumstances exist that require authorization of a greater number to ensure adequate coverage in an underserved area, the upper limit for a physician, NP or PA, will be as designated in Part II, Policies and Procedures for Georgia Better Health Care Services. There is no minimum requirement except as listed in III.A.4.3. above.
7. PCPs must restrict enrollment to recipients who reside sufficiently near one of the PCPs delivery site to reach that site within a reasonable time using available and affordable modes of transportation.
8. The PCP must provide for arrangements with, or referrals to, sufficient numbers of physicians and other practitioners to ensure that services under the contract can be furnished to members promptly and without compromise to quality of care.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: GEORGIA

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

42 CFR
435.930
1902(e)(4)

Before a child loses eligibility as a newborn, an ex parte determination is made to determine continued eligibility under another Medicaid coverage. A new application is not required.

TN No.	<u>91-31</u>	Approval Date	<u>12-18-91</u>	Effective Date	<u>10-1-91</u>
Supersedes					
TN No.	<u>89-23</u>				

HCFA ID: 7982E

Revision: HCFA-PM-93-2 (MB)
MARCH, 1993

State: GEORGIA

Citation

- 42 CFR 435.914
1902(a)(34)
of the Act
- 2.1(b) (1) Except as provided in items 2.1(b) (2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.
- 1902(e)(8) and
1905(a) of the Act
- (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under Section 1902(a)(a)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
- 1902(a)(47) and
1920 of the Act
- X (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with Section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
- 42 CFR 434.20
- (c) The Medicaid agency elects to enter into a risk contract with an HMO that is --
- X Qualified under Title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to Section 1903(m)(3) of the Social Security Act.
- X Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.
- Not applicable.

TN No. 94-627 Approval Date 8-24-94 Effective Date 7-01-94
Supersedes
TN No. 92-89

93-10

Revision: HCFA-PM-91- 6 (MB)
September 1991

OMB Nq.

State/Territory: GEORGIA

Citation

1902(a)(55) of the Act 2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

Georgia has implemented Section 1902(a)(55) of the Act by outstationing workers or developing procedures to assure that applications are taken and clients assisted in completion of same at sites other than the county locations:

- o In low usage areas, hospital staff have been trained to take applications and assist clients in completion of same. Additionally, posters have been placed in prominent places in these facilities and pamphlets have been placed in waiting areas. Local county eligibility workers are available on request by the facility;
- o For areas in which health centers or hospitals and county welfare departments are located in adjacent buildings (or other close proximity), eligibility workers are on call on a daily basis. Additionally, facility staff have been trained in application procedures and will assist clients in the application process when county staff are not available (at night or weekends);
- o Facility and local county department, by joint agreement, have scheduled county staff on-site at facility according to facility's identification of need and allocation of space.

TN No. 91-30 **OCT 22 1992**
Supersedes Approval Date _____
TN No. NEW

JUL 1 1991
Effective Date _____

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: Georgia

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

*All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

* Cite should include 1902(a)(10)(A)(i)(VII).

Georgia does not cover individuals described at 1902(a)(10)(A)(ii)(XI) and 1902(m).

TN No. 93-042
Supersedes
TN No. 91-31

Approval Date

MAR 10 1994

Effective Date

JUL 1 1993

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Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: Georgia

Citation

435.10 and
435.403, and
1902(b) of the
Act, P.L. 99-272
(Section 9529)
and P.L. 99-509
(Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

TN No. 87-6
Supersedes
TN No. 86-27

Approval Date AUG 06 1987

Effective Date APR 1 1987

HCFA ID: 1006P/0010P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: Georgia

Citation

42 CFR 435.530(b)
42 CFR 435.531
AT-78-90
AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

TM No. 87-6
Supersedes
TM No. 75-8

Approval Date AUG 9 6 1987

Effective Date APR 1 1987

HCFA ID: 1006P/0010P

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No. 0938-

State: Georgia

Citation

42 CFR
435.121,
435.540(b)
435.541

2.5 Disability

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of Attachment 2.2-A of this plan.

The determination of disability completed by the Social Security Administration for Supplemental Security Income (SSI) individuals is accepted as establishing disability for Medicaid purposes for twelve (12) months following the month of termination from the SSI program when the termination is for other than disability reasons.

TN No. 92-17
Supersedes
TN No. 92-02

Approval Date 7-1-92

Effective Date 4-1-92

HCFA ID: 7982E

Revision: HCFA-PM-92-1 (MB)
FEBRUARY 1992

State: Georgia

Citation(s)

2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(i)
(III), (IV), (V),
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(l)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

- (a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

Georgia covers individuals and utilizes financial eligibility criteria described at 42 CFR 435 Subparts G and I; 1902(a)(10)(E); 1924 and 1925.

TN No. 92-12 Approval Date 5/20/92 Effective Date 4/1/92
Supersedes _____
TN No. 91-31

Revision: HCFA-PM-86-20 (BERC)
 SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: Georgia

Citation

2.7

Medicaid Furnished Out of State

431.52 and
 1902(b) of the
 Act, P.L. 99-272
 (Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. 86-27
 Supersedes
 TN NO. 82-9

Approval Date 12-24-86

Effective Date 10-1-86

HCFA ID:0053C/00618

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation 3.1 Amount, Duration, and Scope of Services

42 CFR
Part 440,
Subpart B
1902(a), 1902(e),
1905(a), 1905(p),
1915, 1920, and
1925 of the Act

(a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include:

1902(a)(10)(A) and
1905(a) of the Act

(i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.

(ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, as defined in 42 CFR 440.165 are provided to the extent that nurse-midwives are authorized to practice under State law or regulation. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

Not applicable. Nurse-midwives are not authorized to practice in this State.

TN No. 91-31
Supersedes Approval Date 12-18-91 Effective Date 10-1-91
TN No. 90-20

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AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

1902(e)(5) of
the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

(iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10),
clause (VII)
of the matter
following ~~(F)~~ (vii)
of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

TN No. 92-34

Supersedes

Approval Date 10.29.92

Effective Date 10.1.92

TN No. 91-31

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation 3.1(a)(1) Amount, Duration, and Scope of Services:
Categorically Needy (Continued)

1902(a)(10)(D) of
the Act

(vi) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan.

1902(e)(7) of
the Act

(vii) Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished.

1902(e)(9) of the
Act

(viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1902(a)(52)
and 1925 of the
Act

(ix) Services are provided to families eligible under section 1925 of the Act as indicated in item 3.7 of this plan.

3.5

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

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Supersedes

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TN No. 91-31

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OMB No.: 0938-

State/Territory: GEORGIA

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, (a)(2) Medically needy.
Subpart B



This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv)
of the Act
42 CFR 440.220

- (i) If services in an institution for mental diseases, ^(42 CFR 440.170 and 440.180) or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.



Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of
the Act

- (ii) Prenatal care and delivery services for pregnant women.

TN No. 92-02

Supersedes

TN No. 91-31

Approval Date 2-18-92

Effective Date 1-1-92

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation 3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (Continued)

1902(a)(10)(c) of
the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

(iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140,
440.150, 440.160
Subpart B,
442.441,
Subpart C
1902(a)(20)
and (21) of the Act

(vii) Services in an institution for mental diseases for individuals over age 65..

(viii) Services in an intermediate care facility for the mentally retarded.

(ix) Inpatient psychiatric services for individuals under age 21.

TN No. 92-34

Supersedes Approval Date 10-29-92

Effective Date 10-1-92

TN No. 91-31

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State/Territory: GEORGIA

Citation 3.1(a)(2) Amount, Duration, and Scope of Services:
Medically Needy (Continued)

1902(e)(9) of the Act (ix) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

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Revision: **HCFA-FM-87-3 (C880)**
December 1987

State: Georgia

Citation

3.1 Amount, Duration, and Scope of Services (continued)

- | | | |
|---|---|---|
| <p>1902(a)(10)(E)(i)
and clause (VIII)
of the matter
following (F),
and 1905(p)(3)
of the Act</p> | <p>(a)(3) <u>Other Required Special Groups: Qualified Medicare Beneficiaries</u></p> | <p>Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.</p> |
| <p>1902(a)(10)
(E)(ii) and
1905(m) of the
Act</p> | <p>(a)(4)(1) <u>Other Required Special Groups: Qualified Disabled and Working Individuals</u></p> | <p>Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.</p> |
| <p>1902(a)(10)
(E)(iii) and
1905(p)(3)(A)(ii)
of the Act</p> | <p>(ii) <u>Other Required Special Groups: Specified Low-Income Medicare Beneficiaries</u></p> | <p>Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.</p> |
| <p>1902(a)(10)
(E)(iv)(I) 1905(p)(3)
(A)(ii), and 1933 of
the Act</p> | <p>(iii) <u>Other Required Special Groups: Qualifying Individuals - 1</u></p> | <p>Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.</p> |

TN No. 98-002

Supersedes

TN No. 93-010

Approval Date 6/16/98

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Revisions: HCFA-FR-97-3 (MSO)
December 1997

State: Georgia

1902(A)(10)
(B)(iv)(II), 1908(p)(3)
(A)(iv)(II), 1908(p)(3)
the Act

(iv) Other Required Special Groups Qualifying
Individuals - 2

The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A)(10)(B)(iv)(II) and subject to 1933 of the Act are provided as indicated in item 3.7 of this plan.

1928 of the
Act

(a)(5)

Other Required Special Groups: Families
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1928 of the Act are provided as indicated in item 3.5 of this plan.

TN No. 98-002

Supersedes

TN No. 97-31

Approval Date

6/16/98

Effective Date

01-01-98

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AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation 3.1 Amount, Duration, and Scope of Services (Continued)

Sec. 245A(h)
of the
Immigration and
Nationality Act

(a)(6) Limited Coverage for Certain Aliens

- (i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
- (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
 - (B) Are children under 18 years of age; or
 - (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
- (ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

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Supersedes

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AUGUST 1991

OMB No.: 0938-

State/Territory: Georgia

Citation 3.1(a)(6) Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued)

1902(a) and 1903(v) of the Act (iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the Act (a)(7) Homeless Individuals.

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.

1902(a)(47) and 1920 of the Act LX (a)(8) Presumptively Eligible Pregnant Women
Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55
50 FR 43654 (a)(9) EPSDT Services.

1902(a)(43),
1905(a)(4)(B),
and 1905(r) of the Act
The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

TN No. 93-010

Supersedes

TN No. 92-02

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(BPD)

OMB No.: 0938-

State/Territory: GEORGIA

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60 The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

42 CFR 440.240 and 440.250 (a)(10) Comparability of Services

1902(a) and 1902(a)(10), 1902(a)(52), 1903(v), 1915(g), and 1925(b)(4) of the Act

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

TN No. 91-31

Supersedes

Approval Date 12-18-91

Effective Date 10-1-91

TN No. 90-36

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT-80-34

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

Yes

Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

Yes, to all

Yes, to individuals age 21 or over; SNF services are provided

Yes, to individuals under age 21; SNF services are provided

No; SNF services are not provided

Not applicable; the medically needy are not included under this plan

TN # 85-10
Supersedes
TN # 79-13

Approval Date 3-29-85 Effective Date 1-1-85

Revision: HCFA-PM-93-8 (BPD)
December 1993

State/Territory: GEORGIA

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN No. 93-051
Supersedes
TN No. 41-031 Approval Date 1-28-94 Effective Date 10-1-93

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 440.260
AT-78-90

3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the
methods used to assure high quality
care are described in ATTACHMENT 3.1-C.

TN # 76-14
Supersedes
TN #

Approval Date 6/10/77 Effective Date 11/1/76

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 441.20
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # 76-14
Supersedes
TN #

Approval Date 6/10/77

Effective Date 11/1/76

Revision: HCFA-PM-87-5 (BERC)
APRIL 1987

OMB No.: 0938-0193

State/Territory: Georgia

Citation
42 CFR 441.30
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

Yes.

No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

Not applicable. The conditions in the first sentence do not apply.

1903(i)(1)
of the Act,
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

No.

Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. 87-L
Supersedes
TN No. 76-14

Approval Date AUG 06 1987

Effective Date APR 1 1987

HCFA ID: 1008P/0011P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Georgia

Citation
42 CFR 431.110(b)
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of
the Act,
P.L. 99-509
(Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

- (1) Are medically dependent on a ventilator for life support at least six hours per day;
- (2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--
 - 30 consecutive days;
 - ___ days (the maximum number of inpatient days allowed under the State plan);
- (3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.

Yes. The requirements of section 1902(e)(9) of the Act are met.

Not applicable. These services are not included in the plan.

TN No. 87-6
Supersedes
TN No. 78-2

Approval Date AUG 0 6 1987

Effective Date APR 1 1987

HCFA ID: 1008P/0011P

Revision: HCFA-PM-93-2 (MB)
MARCH 1993

State: Georgia

Citation 3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, by the following method:

Group premium payment arrangement for Part A

Buy-In agreement for

Part A Part B

The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

TN No. 93-010

Supersedes

TN No. 91-31

Approval Date MAY 7 1993

Effective Date JAN 1 1993

Enclosure B continued

29a

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: Georgia

Citation

1902(a)(10)(E)(ii)
and 1905(a) of the Act

(ii) Qualified Disabled and Working Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-R, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act

(iii) Specified Low-Income Medicare Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iv)(I),
1905(p)(3)(A)(ii), and
1933 of the Act

(iv) Qualifying Individual-1 (QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

1902(a)(10)(E)(iv)(II),
1905(p)(3)(A)(ii), and
1933 of the Act

(v) Qualifying Individual-2 (QI-2)

The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902(a)(10)(E)(iv)(II) and subject to 1933 of the Act.

TR No. <u>98-002</u>	Approval Date <u>6/16/98</u>	Effective Date <u>01-01-98</u>
Supersedes		
TR No. <u>93-010</u>		

State: Georgia**Citation**

1843(b) and 1905(a)
of the Act and
42 CFR 431.625

(vi) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

- All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AAHD or SSI); b) receiving state supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).
- Individuals receiving title II or Railroad Retirement benefits.
- Medically needy individuals (MFP is not available for this group).

1902(a)(30) and
1905(a) of the Act

(2) Other Health Insurance

The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

TN No. 98-002

Supersedes

TN No. 93-010

Approval Date

6/16/98

Effective Date

01-01-98

Revision: HCFA-PM-93-2 (MB)
MARCH 1993

State: Georgia

Citation

(b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n),
1905(a), and 1916 of the Act

Supplement 1 to ATTACHMENT 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

Sections 1902
(a)(10)(E)(i) and
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries (QMBs)

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

1902(a)(10), 1902(a)(30),
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid services also covered under Medicare and furnished to recipients entitled to Medicare (subject to any nominal Medicaid copayment). For services furnished to individuals who are described in section 3.2(a)(1)(iv), payment is made as follows:

42 CFR 431.625

For the entire range of services available under Medicare Part B.

Only for the amount, duration, and scope of services otherwise available under this plan.

1902(a)(10), 1902(a)(30),
1905(a), and 1905(p)
of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for all services available under Medicare and pays for all Medicaid services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment).

TN No. 93-010

Supersedes

TN No. 92-34

Approval Date

MAY 7 1993

Effective Date

JAN 1 1993

Revision: HCFA-PM-91-8
October 1991

(MB)

OMB No.:

State/Territory: GEORGIA

Citation	Condition or Requirement
----------	--------------------------

1906 of the Act

(c) Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

1902(a) (10) (F)

(d) — The Medicaid agency pays premiums of the Act for individuals described in item 19 of Attachment 2.2-A.

TN No. <u>94-09</u>	Approval Date <u>10/6/94</u>	Effective Date <u>7-1-94</u>
Supersedes TN No. <u>New</u>		

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 441.101,
42 CFR 431.620(c)
and (d)
AT-79-29

3.3 Medicaid for Individuals Age 65 or Over in
Institutions for Mental Diseases

Medicaid is provided for individuals 65 years
of age or older who are patients in
institutions for mental diseases.

Yes. The requirements of 42 CFR Part 441,
Subpart C, and 42 CFR 431.620(c) and (d)
are met.

Not applicable. Medicaid is not provided
to aged individuals in such institutions
under this plan.

TN # 85-21
Supersedes
TN # 76-14

Approval Date 9-20-85 Effective Date 9-26-85

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 441.252
AT-78-99

3.4 Special Requirements Applicable to
Sterilization Procedures

All requirements of 42 CFR Part 441, Subpart F
are met.

TN # 79-1
Supersedes
TN # _____

Approval Date 5/1/79

Effective Date 3/8/79

Revision: HCFA-PM-91-4 (BFD)
AUGUST 1991

OMB No.: 0938-

State:

GEORGIACitation

1902(a)(52)
and 1925 of
the Act

3.5

Families Receiving Extended Medicaid Benefits

- (a) Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
- (b) Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are--

Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).

Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:

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

Medical or remedial care provided by licensed practitioners.

Home health services.

TN No. 91-31

Supersedes

Approval Date

12-18-91Effective Date 10-1-91TN No. 90-30

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: GEORGIA

Citation 3.5 Families Receiving Extended Medicaid Benefits
(Continued)

- Private duty nursing services.
- Physical therapy and related services.
- Other diagnostic, screening, preventive, and rehabilitation services.
- Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
- Intermediate care facility services for the mentally retarded.
- Inpatient psychiatric services for individuals under age 21.
- Hospice services.
- Respiratory care services.
- Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 91-31 Approval Date 12-18-91 Effective Date 10-1-91
Supersedes
TN No. 87-6

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: GEORGIA

Citation 3.5 Families Receiving Extended Medicaid Benefits
(Continued)

(c) The agency pays the family's premiums, enrollment fees, deductibles, coinsurance, and similar costs for health plans offered by the caretaker's employer as payments for medical assistance--

1st 6 months 2nd 6 months

The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.

1st 6 mos. 2nd 6 mos.

(d) (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:

Enrollment in the family option of an employer's health plan.

Enrollment in the family option of a State employee health plan.

Enrollment in the State health plan for the uninsured.

Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

TN No. 91-31
Supersedes 90-15 Approval Date 12-18-91 Effective Date 10-1-91

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: GEORGIA

Citation 3.5 Families Receiving Extended Medicaid Benefits
(Continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

(i) Pays all premiums and enrollment fees imposed on the family for such plan(s).

(ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 91-31
Supersedes 90-15 Approval Date 12-18-91 Effective Date 10-1-91
TN No. 90-15

HCFA ID: 7982E

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Georgia

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation
42 CFR 431.15
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

TH No. 87-6
Supersedes
TH No. 75-7

Approval Date AUG 06 1987

Effective Date APR 1 1987

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 431.202
AT-79-29
AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

TN # 75-7
Supersedes
TN # _____

Approval Date 12/30/75 Effective Date 1/1/74

Revision: HCFA-AT-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: Georgia

Citation
42 CFR 431.301
AT-79-29

4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

TN No. 87-18
Supersedes
TN No. 75-7

Approval Date 11/9/87

Effective Date 10/15/87

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Georgia

Citation

42 CFR 431.800(c)
50 FR 21839
1903(u)(1)(D) of
the Act,
P.L. 99-509
(Section 9407)

4.4 Medicaid Quality Control

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- (b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h), (j), and (k).

Yes.

Not applicable. The State has an approved Medicaid Management Information System (MMIS).

TN No. 87-23
Supersedes
TN No. 87-6

Approval Date 1/12/88

Effective Date 1/30/88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: Georgia

Citation

42 CFR 455.12
AT-78-90
48 FR 3742
52 FR 48817

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

TN No. 88-26

Supersedes

TN No. 88-6

Approval Date 12-1-88

Effective Date 10-1-88

HCFA ID: 1010P/0012P

New HCFA-PM-99-3 (CMSO)
JUNE 1999

State GA.

Citation
Section 1902(a)(64) of
the Social Security Act
P L 105-33

4 5a Medicaid Agency Fraud Detection and Investigation
Program

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

TN No. 99-016

Supersedes
TN No. New

Approval Date NOV 17 1999

Effective Date JUL 31 1999

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 431.16
AT-79-29

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

TN # 77-11
Supersedes
TN # _____

Approval Date 2/23/78 Effective Date 10/1/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 431.17
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

TN # 77-11
Supersedes
TN # _____

Approval Date 2/23/78 Effective Date 10/1/77

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State GeorgiaCitation

42 CFR 431.18 (b)

AT-79-29

4.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

TN # 75-7
 Supersedes
 TN # _____

Approval Date 12/30/75Effective Date 1/1/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 433.37
AT-78-90

4.9 Reporting Provider Payments to Internal Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

TN # 75-7
Supersedes
TN # _____

Approval Date 12/30/75 Effective Date 1/1/74

Revision: HCFA-PM-99-3 (CMSO)
JUNE 1999

State: Georgia

Citation
42 CFR 431.51
AT-78-90
46 FR 48524
48 FR 23212
1902 (a) (23)
of the Act
P.L. 100-93
(section 8(f))
P.L. 100-203
(Section 4113)

410 Free Choice of Providers

Section 1902(a)(23)
of the Social Security Act
P.L. 105-33

- (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.
- (b) Paragraph (a) does not apply to services furnished to an individual--
 - (1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
 - (2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
 - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act, or
 - (4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services.
- (c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1915(b)(1), a health maintenance organization, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

TN No. 99-016
Supersedes
TN No. 92-09

Approval Date Nov 17, 1999
Effective Date July 1, 1999

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 431.610
AT-78-90
AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

(a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is Georgia Department of

Human Resources

(b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): Georgia Department of

Human Resources

(c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

TN # 95-9
Supersedes
TN # _____

Approval Date 12/30/75 Effective Date 1/1/74

Revision: HCFA-AT-80-38(BPP)
May 22, 1980

State Georgia

<u>Citation</u>	4.11(d)	<u>The Standards and Licensure Unit</u>
42 CFR 431.610		<u>Office of Regulatory Services</u>
AT-78-90		<u>Division of Administrative Services</u>
AT-89-34		<u>Georgia Department of Human Resources (agency)</u>

which is the State agency responsible for licensing health institutions, determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e), (f) and (g) are met.

TN 88-3
 Supersedes TN 75-7
 Date of receipt 3/11/88

Date

TRANSMITTAL 88-3
 APPROVED 3.23.88
 EFFECTIVE 1.1.88

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 431.105 (b)
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105 (b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b).

Yes, as listed below:

Not applicable. Similar services are not provided to other types of medical facilities.

TN # 75-7
Supersedes
TN # _____

Approval Date 12/30/75 Effective Date 1/1/74

Revision: HCFA-PM-91-6 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- 42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
- 42 CFR Part 483 1919 of the Act (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
- 42 CFR Part 483, Subpart D (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.
- 1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.

Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

TN No. 91-31
 Supersedes 87-23 Approval Date 12-18-91 Effective Date 10-1-91
 TN No. 87-23

HCFA ID: 7982E

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: GEORGIA

Citation

1902(a)(58)

1902(w) 4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, health maintenance organizations and health insuring organizations are required to do the following:
- (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
 - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
 - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
 - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
 - (e) Ensure compliance with requirements of State Law (whether

TN No. 91-37
Supersedes Approval Date 12-4-91 Effective Date 12-1-91
TN No. (NEW)

HCFA ID: 7982E

45(b)

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: GEORGIA

statutory or recognized by the courts) concerning advance directives; and

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
- (a) Hospitals at the time an individual is admitted as an inpatient.
 - (b) Nursing facilities when the individual is admitted as a resident.
 - (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
 - (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
 - (e) Health maintenance organizations at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

____ Not applicable. No State law or court decision exist regarding advance directives.

TN No. 91-37
Supersedes _____ Approval Date 12-4-91 Effective Date 12-1-91
TN No. (NEW)

HCFA ID: 7982E

Revision: HCFA-PM- 91-10 (MB)
DECEMBER 1991

State/Territory: GEORGIA

Citation

42 CFR 431.60
42 CFR 456.2
50 FR 15312
1902(a)(30)(C) and
1902(d) of the
Act, P.L. 99-509
(Section 9431)

4.14 Utilization/Quality Control

- (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

Directly

By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

____ Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.

____ By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(section 9431)

TN No. 91-09
Supersedes
TN No. 88-26

Approval Date 4-7-92 Effective Date 1-1-92

Revision: HCFA-PM-85-3 (BERG)
MAY 1985

State: Georgia

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

All hospitals (other than mental hospitals).

Those specified in the waiver.

No waivers have been granted.

TN No. 85-20
Supersedes
TN No. 75-7

Approval Date 8-15-85 Effective Date 7-1-85

Revision: HCFA-PM-85-7 (BERG)
 JULY 1985

OMB NO.: 0938-0193

State/Territory: Georgia

Citation
 42 CFR 456.2
 50 FR 15312

- 4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.
- Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
 - Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:
 - All mental hospitals.
 - Those specified in the waiver.
 - No waivers have been granted.
 - Not applicable. Inpatient services in mental hospitals are not provided under this plan.

TN No. 85-21
 Supersedes
 TN No. 85-20

Approval Date 9-20-85

Effective Date 9-26-85

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

State: Georgia

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

All skilled nursing facilities.

Those specified in the waiver.

No waivers have been granted.

TN No. 85-20
Supersedes
TN No. 75-7

Approval Date 8-15-85

Effective Date 7-1-85

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

State: Georgia

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

Facility-based review.

Direct review by personnel of the medical assistance unit of the State agency.

Personnel under contract to the medical assistance unit of the State agency.

Utilization and Quality Control Peer Review Organizations.

Another method as described in ATTACHMENT 4.14-A.

Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

Not applicable. Intermediate care facility services are not provided under this plan.

TN No. 85-20
Supersedes
TN No. 75-7

Approval Date 8-15-85

Effective Date 7-1-85

HCFA ID: 0048P/0002

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

State/Territory: GEORGIA

Citation

1902(a)(30)
and 1902(d) of
the Act,
P.L. 99-509
(Section 9431)
P.L. 99-203
(section 4113)

4.14 Utilization/Quality Control (Continued)

(f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

- A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
- A private accreditation body.
- An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No. 92-09
Supersedes
TN No. 87-6

Approval Date 4-7-92 Effective Date 1-1-92

Revision: HCFA-PM-92-2 (HSQB)
MARCH 1992

State/Territory: Georgia

Citation 4.15 Inspection of Care in Intermediate Care Facilities for the Mentally Retarded, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals

42 CFR Part
456 Subpart
I, and
1902(a)(31)
and 1903(g)
of the Act

X The State has contracted with a Peer Review Organization (PRO) to perform inspection of care for:

X ICFs/MR;

 Inpatient psychiatric facilities for recipients under age 21; and

 Mental Hospitals.

42 CFR Part
456 Subpart
A and
1902(a)(30)
of the Act

X All applicable requirements of 42 CFR Part 436, Subpart I, are met with respect to periodic inspections of care and services.

 Not applicable with respect to intermediate care facilities for the mentally retarded services; such services are not provided under this plan.

X Not applicable with respect to services for individuals age 65 or over in institutions for mental disease; such services are not provided under this plan.

X Not applicable with respect to inpatient psychiatric services for individuals under age 21; such services are not provided under this plan.

TN No. 92-14
Supersedes
TN No. 87-12

Approval Date 6/2/92

Effective Date 4/1/92

HCFA ID: _____

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 431.615(c)
AT-78-90

4.16 Relations with State Health and Vocational
Rehabilitation Agencies and Title V
Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

TN # 76-7
Supersedes
TN # _____

Approval Date 11/4/76

Effective Date 7/29/76

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

Citation

42 CFR 433.36(c)
1902 (a) (18) and
1917 (a) and (b) of
the Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

_____ The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.

The State complies with the requirements of section 1917(a) of the Act and regulations at 42 CFR 433.36(c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

 X The State imposes liens on real property on account of benefits incorrectly paid.

 X The State imposes TEFRA liens 1917(a)(1)(B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (Note: If the State indicates in its State plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedure, and due process requirements.)

 X The State imposes liens on both real and personal property of an individual after the individual's death.

TN No.: 06-012
Supersedes
TN No.: 04-012

Approval Date: 11/08/06

Effective Date: 07/01/06

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42CFR 433.36(h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

 X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

- (2) X The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).

- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

 X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

- 1917(b)1(C) (4) X If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Supplement 8c Attachment 2.6-A, (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

Revision: HCFA-PM-95-3
May 1995

(MB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR §433.36(h)-(i).

- (1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind or disabled.
- (2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
 - (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
 - (b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who established to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

Revision: HCFA-PM-95-3
May 1995

(MB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

(d) Attachment 4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36(d).
- (2) Specifies the criteria by which a son or daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).
- (3) Defines the following terms:
 - Estate (at a minimum, estate as defined under State probate law). Except for the grandfathered States listed in section 4.17(b)(3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangement),
 - Individual's home,
 - Equity interest in the home,
 - Residing in the home for at least 1 or 2 years,
 - On a continuous basis,
 - Discharge from the medical institution and return home, and
 - Lawfully residing.

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

- (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost-effective. Defines cost-effective and included methodology or thresholds used to determine cost-effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a wavier, hearing and appeals procedure, and the time frames involved.

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation

42 CFR 447.51
through 447.58

1916(a) and (b)
of the Act

4.18 Recipient Cost Sharing and Similar Charges

- (a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.
- (b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

___ Age 19

___ Age 20

Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

TN No. 93-29
Supersedes
TN No. 91-31

Approval Date 3-10-94 Effective Date 7-1-93

State/Territory: GEORGIA

Citation

4.18(b)(2) (Continued)

42 CFR 447.51
through
447.58

- (iii) All services furnished to pregnant women.
- Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
- (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
- (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
- (vi) Family planning services and supplies furnished to individuals of childbearing age.
- (vii) Services furnished by a health maintenance organization in which the individual is enrolled.
- (viii) Services furnished to an P.L. 99-individual receiving hospice care, as defined in section 1905(c) of the Act.

1916 of the Act,
P.L. 99-272
(Section 9505)

TN No. <u>93-29</u>	Approval Date <u>3-10-94</u>	Effective Date <u>7-1-93</u>
Supersedes		
TN No. <u>91-31</u>		

State/Territory: GEORGIA

Citation

4.18(b) (Continued)

42 CFR 447.51
through
447.48

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

18 or older

19 or older

20 or older

21 or older

Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No. 93-29
Supersedes 91-31 Approval Date 3-10-94 Effective Date 7-1-93

State/Territory: GEORGIA

Citation

4.18(b) (3) (Continued)

42 CFR 447.51
through 447.58

(iii) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

Not applicable. There is no maximum.

TN No. 93-29
Supersedes 91-31 Approval Date 3-10-94 Effective Date 7-1-93

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation

- 1916(c) of the Act 4.18(b)(4) A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients.
- 1902(a)(52) and 1925(b) of the Act 4.18(b)(5) For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act.
- 1916(d) of the Act 4.18(b)(6) A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

TN No. <u>93-29</u>	Approval Date <u>3-10-94</u>	Effective Date <u>7-1-93</u>
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TN No. <u>91-31</u>		

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation

42 CFR 447.51
through 447.58

4.18(c) Individuals are covered as medically needy under the plan.

(1) An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

447.51 through
447.58

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

Age 19

Age 20

Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

TN No. <u>93-29</u>	Approval Date <u>3-10-94</u>	Effective Date <u>7-1-93</u>
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TN No. <u>91-31</u>		

State/Territory: GEORGIA

Citation

4.18(c)(2) (Continued)

42 CFR 447.51
through
447.58

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act,
P.L. 99-272
(Section 9505)

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

447.51 through
447.58

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

Not applicable. No such charges are imposed.

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Supersedes					
TN No.	<u>91-31</u>				

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation

4.18(c)(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

18 or older

19 or older

20 or older

21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable:

TN No.	<u>93-29</u>	Approval Date	<u>3-10-94</u>	Effective Date	<u>7-1-93</u>
Supersedes	<u>91-31</u>				
TN No.	<u>91-31</u>				

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation

4.18(c)(3) (Continued)

447.51 through
447.58

(iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the:

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

Not applicable. There is no maximum.

TN No. <u>93-29</u>	Approval Date <u>3-10-94</u>	Effective Date <u>7-1-93</u>
Supersedes TN No. <u>91-31</u>		

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of
1902(a)(13) 42 CFR Part 447, Subpart C, and sections
and 1923 of 1902(a)(13) and 1923 of the Act with respect to
the Act payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

Inappropriate level of care days are not covered.

TN No. 91-31
Supersedes 87-6 Approval Date 12-18-91 Effective Date 10-1-91
TN No. 87-6

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State/Territory: GEORGIA

- Citation 4.19(b) In addition to the services specified in paragraphs 4.19 (a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:
- 42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(13)(E)
1903(a)(1) and
(n), 1920, and
1926 of the Act
- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905 (a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.
- ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

TN No. 92-02
Supersedes
TN No. 91-31

Approval Date 2-18-92

Effective Date 1-1-92

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

TN # 77-13
Supersedes
TN # _____

Approval Date 3/28/78 Effective Date 9/16/77

Revision: HCFA-PM-87-9 (BERC)
MARCH, 1993

OMB No.: 0938-0193

State: GEORGIA

Citation 4.19(d)

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

- X (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

— At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

X At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

— Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

— At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

X At a rate established by the state, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

— Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State Plan.

TN 95-014
Supersedes
TN 87-18

Approval Date 7-11-95 Effective Date 4-1-95

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 447.45 (c)
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # 79-7
Supersedes
TN # _____

Approval Date 11/6/79 Effective Date 9/30/79

Revision: HCFA-PH-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Georgia

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing charge.

TN No. 87-6
Supersedes
TN No. ?

Approval Date AUG 06 1987

Effective Date APR 1 1987

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 447.201
42 CFR 447.202
AT-78-90

4.19 (g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

TN # 79-4
Supersedes
TN # _____

Approval Date 7/17/79 Effective Date 8/6/79

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State Georgia

Citation
42 CFR 447.201
42 CFR 447.203
AT-78-90

4.19(h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TN # 79-4
Supersedes
TN # _____

Approval Date 7/17/79

Effective Date 8/6/79

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation

42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19 (i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

TN # 79-4
Supersedes _____
TN # _____

Approval Date 7/17/79 Effective Date 8/6/79

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: GEORGIA

Citation

42 CFR 447.201 and 447.205 4.19(j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the Act (k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

TN No. 91-31
Supersedes Approval Date 12-18-91 Effective Date 10-1-91
TN No. 89-55

HCFA ID: 7982E

Revision: HCFA-PM-94-8 (MB)
 OCTOBER 1994
 State/Territory: Georgia

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c)(2)
 (C)(ii) of
 the Act

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows:

(ii) The State:

- sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
- is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
- sets a payment rate below the level of the regional maximum established by the DHHS Secretary.
- X is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine: \$10 multi-antigen and \$8 for single antigen vaccines with a cap of \$24 per visit.

1926 of the
 Act

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

Enrolling all Health Departments, Rural and Community Health Centers.

Requiring providers enrolled in the HEALTH CHECK (EPSDT) program to enroll in the Vaccines for Children (VFC) program and provide immunizations to Medicaid recipients.

Providing a reasonable administration fee to all providers who provide immunizations to Medicaid recipients.

TN No. 94-039
 Supersedes
 TN No. New

Approval Date 2/21/95 Effective Date 10/1/94

Revision: HCFA-AT-80-36 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 447.25 (b)
AT-78-90

4.20 Direct Payments to Certain Recipients for
Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

Yes, for physicians' services
 dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

Not applicable. No direct payments are made to recipients.

TN # 77-13
Supersedes
TN # _____

Approval Date 3/28/78 Effective Date 9/16/77

Revision: HCFA-AT-81-34 (BPP)

10-81

State Georgia

Citation 4.21 Prohibition Against Reassignment of
Provider Claims

42 CFR 447.10(c)
AT-78-90
46 FR 42699

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

TN # 81-15
Supersedes
TN # 78-9

Approval Date 12-01-81

Effective Date 7-1-81

Revision: HCFA-PM-94-1 (MB)
 FEBRUARY 1994
 State/Territory: Georgia

Citation

4.22 Third Party Liability

- 42 CFR 433.137 (a) The Medicaid agency meets all requirements of:
- (1) 42 CFR 433.138 and 433.139.
 - (2) 42 CFR 433.145 through 433.148.
 - (3) 42 CFR 433.151 through 433.154.
 - (4) Sections 1902(a)(25)(H) and I of the Act.
- 1902(a)(25)(H) and (I)
of the Act
- 42 CFR 433.138(f) (b) ATTACHMENT 4.22-A--
- (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;
 - (2) Describes the methods the agency uses for meeting the follow-up requirements contained in §433.138(g)(1)(i) and (g)(2)(i);
 - (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and
 - (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

TN No. 94-37
 Supersedes
 TN No. 90-24

Approval Date 3/9/95 Effective Date 10/1/94

Revision: HCFA-PM-94-1 (MB)
 FEBRUARY 1994
 State/Territory: Georgia

Citation

- 42 CFR 433.139(b)(3)(ii)(A) — (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- (d) ATTACHMENT 4.22-B specifies the following:
- 42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
- 42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
- 42 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
- 42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

TN No. 94-037
 Supersedes
 TN No. 90-24

Approval Date 3/9/95 Effective Date 10/1/94

Revision: HCFA-PM-94-1 (MB)
 FEBRUARY 1994
 State/Territory: Georgia

Citation

4.22 (continued)

42 CFR 433.151(a)

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate State agency(ies)--

Other appropriate agency (agencies) of another State--

Courts and law enforcement officials.

1902(a)(60) of the Act

(g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following:

The Secretary's method as provided in the State Medicaid Manual, Section 3910.

The State provides methods for determining cost effectiveness on Attachment 4.22-C.

TN No. 94-037

Supersedes

TN No. ~~86-09~~94-009Approval Date 3/9/95Effective Date 10/1/94

Revision: HCFA-AT-84-2 (BERC)
01-84

State Georgia

Citation
42 CFR Part 434.4
48 FR 54013

4.23 Use of Contracts

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

Not applicable. The State has no such contracts.

7/1/84 Fiscal Agent.

TN # 84-6
Supersedes
TN # 78-17

Approval Date 4-6-84 Effective Date 7-1-84

Revision: HCFA-PM-94-2 (BPD)
APRIL 1994

State/Territory: GEORGIA

<p><u>Citation</u> 42 CFR 442.10 and 442.100 AT-78-90 AT-79-18 AT-80-25 AT-80-34 52 FR 32544 P.L 100-203 (Sec. 4211) 54 FR 5316 56 FR 48826</p>	<p>4.24</p>	<p><u>Standards for Payments for Nursing Facility and Intermediate Care Facility for the Mentally Retarded Services</u></p> <p>With respect to nursing facilities and intermediate care facilities for the mentally retarded, all applicable requirements of 42 CFR Part 442, Subparts B and C are met.</p> <p>— Not applicable to intermediate care facilities for the mentally retarded; such services are not provided under this plan.</p>
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TN No. 94-014
Supersedes 87-023 Approval Date 5/27/94 Effective Date 4/1/94

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 431.702
AT-78-90

4.25 Program for Licensing Administrators of Nursing
Homes

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

TN # 75-7
Supersedes
TN # _____

Approval Date 12/30/75 Effective Date 1/1/74

Revision: HCFA-PM- (MB)

State/Territory: GEORGIACitation1927(g)
42 CFR 456.700

4.26 Drug Utilization Review Program

A.1. The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

1927(g)(1)(A)

2. The DUR program assures that prescriptions for outpatient drugs are:

- Appropriate
- Medically necessary
- Are not likely to result in adverse medical results

1927(g)(1)(a)
42 CFR 456.705(b) and
456.709(b)

B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs as well as:

- Potential and actual adverse drug reactions
- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug-drug interactions
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

1927(g)(1)(B)
42 CFR 456.703
(d)and(f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

- American Hospital Formulary Service Drug Information
- United States Pharmacopeia-Drug Information
- American Medical Association Drug Evaluations

TN No. 93-028

Supersedes

TN No. 93-002

Approval Date

AUG 2 1993

Effective Date

JUL 1 1993

Revision: HCFA-PM- (MB)

State/Territory: GEORGIACitation1927(g)(1)(D)
42 CFR 456.703(b)

- D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in:

Prospective DUR
 Retrospective DUR.

1927(g)(2)(A)
42 CFR 456.705(b)

- E.1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)
42 CFR 456.705(b),
(1)-(7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:

- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Drug-interactions with non-prescription or over-the-counter drugs
- Incorrect drug dosage or duration of drug treatment
- Drug allergy interactions
- Clinical abuse/misuse

1927(g)(2)(A)(ii)
42 CFR 456.705 (c)
and (d)

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

1927(g)(2)(B)
42 CFR 456.709(a)

- F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:

- Patterns of fraud and abuse
- Gross overuse
- Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

TN No. 93-028

Supersedes

TN No. 93-002

Approval Date

AUG 2 1993

Effective Date

JUL 1 1993

State/Territory: GEORGIACitation927(g)(2)(C)
42 CFR 456.709(b)

F.2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:

- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/misuse

1927(g)(2)(D)
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1927(g)(3)(A)
42 CFR 456.716(a)

G.1. The DUR program has established a State DUR Board either:

- Directly, or
- Under contract with a private organization

1927(g)(3)(B)
42 CFR 456.716
(A) AND (B)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:

- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention.
- Medical quality assurance.

927(g)(3)(C)
42 CFR 456.716(d)

3. The activities of the DUR Board include:

- Retrospective DUR,
- Application of Standards as defined in section 1927(g)(2)(C), and
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

TN No. 93-028

Supersedes

TN No. 93-002

Approval Date AUG 2 1993Effective Date JUL 1 1993

Revision: HCFA-PM-

(MB)

OMB No.

State/Territory: GEORGIACitation

1927(g)(3)(C)
42 CFR 456.711
(a)-(d)

G.4 The interventions include in appropriate instances:

- Information dissemination
- Written, oral, and electronic reminders
- Face-to-Face discussions
- Intensified monitoring/review of prescribers/dispensers

1927(g)(3)(D)
42 CFR 456.712
(A) and (B)

H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.

1927(h)(1)
42 CFR 456.722

I.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:

- real time eligibility verification
- claims data capture
- adjudication of claims
- assistance to pharmacists, etc. applying for and receiving payment.

1927(g)(2)(A)(i)
42 CFR 456.705(b)

2. Prospective DUR is performed using an electronic point of sale drug claims processing system.

1927(j)(2)
42 CFR 456.703(c)

J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

* U.S. G.P.O.:1993-342-239:80043

TN No. <u>93-028</u>	Approval Date <u>AUG 2 1993</u>	Effective Date <u>JUL 1 1993</u>
Supersedes		
TN No. <u>New</u>		

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 431.115 (c)
AT-78-90
AT-79-74

4.27 Disclosure of Survey Information and Provider
or Contractor Evaluation

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

TN # 79-14
Supersedes
TN # _____

Approval Date 3/27/82

Effective Date 10/15/79

Revision: HCFA-PM-93-1
January 1993

(BPD)

State/Territory: GEORGIA

Citation

42 CFR 431.152;
AT-79-18
52 FR 22444;
Secs.
1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act; P.L.
100-203 (Sec. 4211(c)).

4.28 Appeals Process

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

TN No. 96-019

Supersedes
TN No. 88-26

Approval Date 11-4-96

Effective Date 7-1-96

Revision: HCFA-PM-99-3 (CMSO)
JUNE 1999

State: _____

Citation

1902(a)(4)(C) of the
Social Security Act
P.L. 105-33

4.29

Conflict of Interest Provisions

The Medicaid agency meets the requirements of section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that is prohibited by section 207 or 208 of title 18, United States Code.

1902(a)(4)(D) of the
Social Security Act
P.L. 105-33

The Medicaid agency meets the requirements of section 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

TN No. 99-016 Approval Date NOV 17 1999 Effective Date July 1, 1999
 Supersedes TN No. 87-013

Revision: HCFA-PH-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Georgia

Citation
42 CFR 1002.203
AT-79-54
48 FR 3742
51 FR 34772

4.30 Exclusion of Providers and Suspension of
Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002, Subpart B are met:

The agency, under the authority of State law, imposes broader sanctions.

TM No. 87-23
Supersedes
TM No. 80-14
87-6

Approval Date 1/12/88

Effective Date 1/30/88

HCFA ID: 1010P/0012P

State/Territory: Georgia

Citation

(b) The Medicaid agency meets the requirements of--

1902(p) of the Act
P.L. 100-93
(secs. 7)

(1) Section 1902(p) of the Act by excluding from participation--

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

(B) Any HMO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that--

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

TN No. 8723
Supersedes
TN No. n/a

Approval Date 1/12/88

Effective Date 1/30/88

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193
4.30 Continued

State/Territory: Georgia

Citation

1902(a)(39) of the Act (2) Section 1902(a)(39) of the Act by--
P.L. 100-93
(sec. 8(f))

(A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and

(B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of--

1902(a)(41)
of the Act
P.L. 96-272,
(sec. 308(c))

(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and

1902(a)(49) of the Act
P.L. 100-93
(sec. 5(a)(4))

(2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

TN No. 87-23
Supersedes
TN No. n/a

Approval Date 1/12/88

Effective Date 1/30/88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Georgia

Citation

455.103
44 FR 41644
1902(a)(38)
of the Act
P.L. 100-93
(sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940
through 435.960
52 FR 5967

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

TN No. 87-23
Supersedes
TN No. 87-18

Approval Date 1/12/88

Effective Date 1/30/88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Georgia

Citation

1902(a)(48)
of the Act,
P.L. 99-570
(Section 11005)
P.L. 100-93
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

TN No. 87-23
Supersedes
TN No. 87-6

Approval Date 1/12/88

Effective Date 1/20/88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: Georgia

Citation
1137 of
the Act

P.L. 99-603
(sec. 121)

4.34 Systematic Alien Verification for Entitlements

The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.

The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

Total waiver

Alternative system

Partial implementation

TN No. 88-24
Supersedes
TN No. AS6

Approval Date 12-1-88

Effective Date 10-1-88

HCFA ID: 1010P/0012P

Revision: HCFA-PM-90-2 (BPD)
JANUARY 1990

OMB No.: 0938-0193

State/Territory: Georgia

Citation

4.35 Remedies for Skilled Nursing and Intermediate Care Facilities that Do Not Meet Requirements of Participation

1919(h)(1)
and (2)
of the Act,
P.L. 100-203
(Sec. 4213(a))

(a) The Medicaid agency meets the requirements of section 1919(h)(2)(A) through (D) of the Act concerning remedies for skilled nursing and intermediate care facilities that do not meet one or more requirements of participation. ATTACHMENT 4.35-A describes the criteria for applying the remedies specified in section 1919(h)(2)(A)(i) through (iv) of the Act.

Not applicable to intermediate care facilities; these services are not furnished under this plan.

(b) The agency uses the following remedy(ies):

(1) Denial of payment for new admissions.

(2) Civil money penalty.

(3) Appointment of temporary management.

(4) In emergency cases, closure of the facility and/or transfer of residents.

1919(h)(2)(B)(ii)
of the Act

(c) The agency establishes alternative State remedies to the specified Federal remedies (except for termination of participation). ATTACHMENT 4.35-B describes these alternative remedies and specifies the basis for their use.

1919(h)(2)(F)
of the Act

(d) The agency uses one of the following incentive programs to reward skilled nursing or intermediate care facilities that furnish the highest quality care to Medicaid residents:

(1) Public recognition.

(2) Incentive payments.

TN No. 89-41
Supersedes
TN No. New

Approval Date

5/24/90

Effective Date

10/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: Georgia

Citation

4.35 Enforcement of Compliance for Nursing Facilities

42 CFR
§488.402(f)

(a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f).

(i) The notice (except for civil money penalties and State monitoring) specifies the:

- (1) nature of noncompliance,
- (2) which remedy is imposed,
- (3) effective date of the remedy, and
- (4) right to appeal the determination leading to the remedy.

42 CFR
§488.434

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.

42 CFR
§488.402(f)(2)

(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

42 CFR
§488.456(c)(d)

(iv) Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.

(b) Factors to be Considered in Selecting Remedies

42 CFR
§488.438.404(b)(1)

(i) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2).

— The State considers additional factors. Attachment 4.35-A describes the State's other factors.

TN No. 95-034
Supersedes
TN No. New

Approval Date: 3-8-96

Effective Date: 7-1-95

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: Georgia

Citation

c) Application of Remedies

42 CFR
§488.410

(i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.

42 CFR
§488.417(b)
§1919(h)(2)(C)
of the Act.

(ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.

42 CFR
§488.414
§1919(h)(2)(D)
of the Act.

(iii) The State imposes the denial of payment for new admissions remedy as specified in §488.417 (or its approved alternative) and a State monitor as specified at §488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.

42 CFR
§488.408
§1919(h)(2)(A)
of the Act.

(iv) The State follows the criteria specified at 42 CFR §488.408(c)(2), §488.408(d)(2), and §488.408(e)(2), when it imposes remedies in place of or in addition to termination.

42 CFR
§488.412(a)

(v) When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.

(d) Available Remedies

42 CFR
§488.406(b)
§1919(h)(2)(A)
of the Act.

(i) The State has established the remedies defined in 42 CFR 488.406(b).

- X (1) Termination
- X (2) Temporary Management
- X (3) Denial of Payment for New Admissions
- X (4) Civil Money Penalties
- X (5) Transfer of Residents; Transfer of Residents with Closure of Facility
- X (6) State Monitoring

Attachments 4.35-3 through 4.35-6 describe the criteria for applying the above remedies.

TN No. 95-034
Supersedes
TN No. New

Approval Date: 3-8-96

Effective Date: 7-1-95

Revision: HCFA-FM-95-4 (HSQB)
JUNE 1995-

State/Territory: Georgia

Citation

42 CFR
§488.406(b)
§1919(h)(2)(B)(ii)
of the Act.

(ii) — The State uses alternative remedies. The State has established alternative remedies that the State will impose in place of a remedy specified in 42 CFR 488.406(b).

- (1) Temporary Management
- (2) Denial of Payment for New Admissions
- (3) Civil Money Penalties
- (4) Transfer of Residents; Transfer of Residents with Closure of Facility
- (5) State Monitoring.

Attachments 4.35-B through 4.35-G describe the alternative remedies and the criteria for applying them.

42 CFR
§488.303(b)
1910(h)(2)(F)
of the Act.

(e) — State Incentive Programs

- (1) Public Recognition
- (2) Incentive Payments

TN No. 95-034
Supersedes
TN No. New

Approval Date: 3-8-96

Effective Date: 7-1-95

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: GEORGIA

Citation 4.36 Required Coordination Between the Medicaid and WIC Programs

1902(a)(11)(C)
and 1902(a)(53)
of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

TN No. 91-31 Approval Date 12-18-91 Effective Date 10-1-91
Supersedes _____
TN No. NF0

HCFA ID: 7982E

Revision: HCFA-PM-91- 10
DECEMBER 1991

(BPD)

State/Territory:

GEORGIA

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

4.38 Nurse Aide Training and Competency
Evaluation for Nursing Facilities

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relate to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).
- (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.
- (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

TN No. 91-36
Supersedes
TN No. NEW

Approval Date 4-14-92

Effective Date 10-

10-1-91

Revision: HCFA-FM-91-10
DECEMBER 1991

790
(BPD)

State/Territory:

GEORGIA

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (g) If the State does not choose to offer a nurse aide training and competency evaluation program or nurse aide competency evaluation program, the State reviews all nurse aide training and competency evaluation programs and competency evaluation programs upon request.
- (h) The State survey agency determines, during the course of all surveys, whether the requirements of 483.75(e) are met.
- (i) Before approving a nurse aide training and competency evaluation program, the State determines whether the requirements of 42 CFR 483.152 are met.
- (j) Before approving a nurse aide competency evaluation program, the State determines whether the requirements of 42 CFR 483.154 are met.
- (k) For program reviews other than the initial review, the State visits the entity providing the program.
- (l) The State does not approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in certain facilities as described in 42 CFR 483.151(b)(2) and (3).

TN No. 91-36
Supersedes
TN No. NEW

Approval Date 4-14-92

Effective Date 10-

10-1-91

Revision: HCFA-PM-91-10
DECEMBER 1991

79p
(BPD)

State/Territory: _____

GEORGIA

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (m) The State, within 90 days of receiving a request for approval of a nurse aide training and competency evaluation program or competency evaluation program, either advises the requestor whether or not the program has been approved or requests additional information from the requestor.
- (n) The State does not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years.
- (o) The State reviews programs when notified of substantive changes (e.g., extensive curriculum modification).
- (p) The State withdraws approval from nurse aide training and competency evaluation programs and competency evaluation programs when the program is described in 42 CFR 483.151(b)(2) or (3).
- (q) The State withdraws approval of nurse aide training and competency evaluation programs that cease to meet the requirements of 42 CFR 483.152 and competency evaluation programs that cease to meet the requirements of 42 CFR 483.154.
- (r) The State withdraws approval of nurse aide training and competency evaluation programs and competency evaluation programs that do not permit unannounced visits by the State.

TN No. 91-36
Supersedes
TN No. NEW

Approval Date 4-14-92

Effective Date 10-

10-1-91

State/Territory:

GEORGIA

Citation

42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (s) When the State withdraws approval from a nurse aide training and competency evaluation program or competency evaluation program, the State notifies the program in writing, indicating the reasons for withdrawal of approval.
- (t) The State permits students who have started a training and competency evaluation program from which approval is withdrawn to finish the program.
- (u) The State provides for the reimbursement of costs incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.
- (v) The State provides advance notice that a record of successful completion of competency evaluation will be included in the State's nurse aide registry.
- (w) Competency evaluation programs are administered by the State or by a State-approved entity which is neither a skilled nursing facility participating in Medicare nor a nursing facility participating in Medicaid.
- (x) The State permits proctoring of the competency evaluation in accordance with 42 CFR 483.154(d).
- (y) The State has a standard for successful completion of competency evaluation programs.

TN No. 91-36
Supersedes
TN No. NEW

Approval Date 4-14-92

Effective Date 10-

10-1-91

Revision: HCFA-PM-91-10
DECEMBER 1991

79r
(BPD)

State/Territory: _____

GEORGIA

Citation
42 CFR 483.75; 42
CFR 483 Subpart D;
Secs. 1902(a)(28),
1919(e)(1) and (2),
and 1919(f)(2),
P.L. 100-203 (Sec.
4211(a)(3)); P.L.
101-239 (Secs.
6901(b)(3) and
(4)); P.L. 101-508
(Sec. 4801(a)).

- (z) The State includes a record of successful completion of a competency evaluation within 30 days of the date an individual is found competent.
- (aa) The State imposes a maximum upon the number of times an individual may take a competency evaluation program (any maximum imposed is not less than 3).
- (bb) The State maintains a nurse aide registry that meets the requirements in 42 CFR 483.156.
- (cc) The State includes home health aides on the registry.
- (dd) The State contracts the operation of the registry to a non State entity.
- (ee) ATTACHMENT 4.38 contains the State's description of registry information to be disclosed in addition to that required in 42 CFR 483.156(c)(1)(iii) and (iv).
- (ff) ATTACHMENT 4.38-A contains the State's description of information included on the registry in addition to the information required by 42 CFR 483.156(c).

TN No. 91-36
Supersedes
TN No. NEW

Approval Date 4-14-92

Effective Date 10-

10-1-91

Revision: HCFA-PM-93-1 (BPD)
January 1993

State/Territory: GEORGIA

Citation
Secs.

1902(a)(28)(D)(i)
and 1919(a)(7) of
the Act;
P.L. 100-203
(Sec. 4211(c));
P.L. 101-508
(Sec. 4801(b)).

4.39 Preadmission Screening and Annual
Resident Review in Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- X (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN No. 96-019
Supersedes _____ Approval Date 11-4-96 Effective Date 7-1-96
TN No. New

Revision: HCFA-PM-93-1 (BPD)
January 1993

State/Territory: GEORGIA

4.39 (Continued)

- (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFE and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

TN No. 96-019
Supersedes _____
TN No. New

Approval Date 11-4-96 Effective Date 7-1-96

Revision: HCFA-PM-92-3 (HSQB)

OMB No.:

APRIL 1992

State/Territory: GeorgiaCitation4.40 Survey & Certification ProcessSections

1919(g)(1)
thru (2) and
1919(g)(4)
thru (5) of
the Act P.L.
100-203
(Sec.
4212(a))

1919(g)(1)
(B) of the
Act

1919(g)(1)
(C) of the
Act

1919(g)(1)
(C) of the
Act

1919(g)(1)
(C) of the
Act

1919(g)(1)
(C) of the
Act

- (a) The State assures that the requirements of 1919(g)(1)(A) through (C) and section 1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-State owned facilities based on the requirements of section 1919(b), (c) and (d) of the Act, are met.
- (b) The State conducts periodic education programs for staff and residents (and their representatives). Attachment 4.40-A describes the survey and certification educational program.
- (c) The State provides for a process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. Attachment 4.40-B describes the State's process.
- (d) The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency?
- (e) The State assures that a nurse aide, found to have neglected or abused a resident or misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry.
- (f) The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility.

TN No. 93-001
Supersedes
TN No. New

Approval Date 4-6-93Effective Date 1-1-93

HCFA ID: _____

State/Territory: Georgia

- 1919(g)(2)
(A)(i) of
the Act
- (g) The State has procedures, as provided for at section 1919(g)(2)(A)(i), for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-C describes the State's procedures.
- 1919(g)(2)
(A)(ii) of
the Act
- (h) The State assures that each facility shall have a standard survey which includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey.
- 1919(g)(2)
(A)(iii)(I)
of the Act
- (i) The State assures that the Statewide average interval between standard surveys of nursing facilities does not exceed 12 months.
- 1919(g)(2)
(A)(iii)(II)
of the Act
- (j) The State may conduct a special standard or special abbreviated standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.
- 1919(g)(2)
(B) of the
Act
- (k) The State conducts extended surveys immediately or, if not practicable, not later than 2 weeks following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.
- 1919(g)(2)
(C) of the
Act
- (l) The State conducts standard and extended surveys based upon a protocol, i.e., survey forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

TN No. 93-001
Supersedes
TN No. New

Approval Date 4.6.93Effective Date 1.1.93

HCFA ID: _____

Revision: HCFA-PM-92- 3
APRIL 1992

(HSQB)

OMB No:

State/Territory: Georgia

- 1919(g)(2)
(D) of the
Act (m) The State provides for programs to measure and reduce inconsistency in the application of survey results among surveyors. Attachment 4.40-D describes the State's programs.
- 1919(g)(2)
(E)(i) of
the Act (n) The State uses a multidisciplinary team of professionals including a registered professional nurse.
- 1919(g)(2)
(E)(ii) of
the Act (o) The State assures that members of a survey team do not serve (or have not served within the previous two years) as a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed.
- 1919(g)(2)
(E)(iii) of
the Act (p) The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification techniques approved by the Secretary.
- 1919(g)(4)
of the Act (q) The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and onsite monitoring. Attachment 4.40-E describes the State's complaint procedures.
- 1919(g)(5)
(A) of the
Act (r) The State makes available to the public information respecting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under section 1126 of the Act.
- 1919(g)(5)
(B) of the
Act (s) The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or of any adverse actions taken against a nursing facility.
- 1919(g)(5)
(C) of the
Act (t) If the State finds substandard quality of care in a facility, the State notifies the attending physician of each resident with respect to which such finding is made and the nursing facility administrator licensing board.
- 1919(g)(5)
(D) of the
Act (u) The State provides the State Medicaid fraud and abuse agency access to all information concerning survey and certification actions.

TN No. 93-001
Supersedes
TN No. New

Approval Date 4.6.93Effective Date 1.1.93

HCFA ID: _____

Revision: HCFA-PM-92- 2
MARCH 1992

(HSQB)

State/Territory: Georgia

<p><u>Citation</u></p> <p>Sections 1919(b)(3) and 1919 (e)(5) of the Act</p> <p>1919(e)(5) (A) of the Act</p> <p>1919(e)(5) (B) of the Act</p>	<p>4.41 <u>Resident Assessment for Nursing Facilities</u></p> <p>(a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919(b)(3)(A) of the Act.</p> <p>(b) The State is using:</p> <p style="padding-left: 20px;"><u>X</u> the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal #241 of the <u>State Operations Manual</u>) [§1919(e)(5)(A)]; or</p> <p style="padding-left: 20px;">_____ a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the <u>State Medicaid Manual</u> for the Secretary's approval criteria) [§1919(e)(5)(B)].</p>
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TN No. 92-14
Supersedes
TN No. New

Approval Date 6/2/92

Effective Date 4/1/92
HCFA ID: _____

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

SECTION 5 PERSONNEL ADMINISTRATION

Citation

42 CFR 432.10(a)
AT-78-90
AT-79-23
AT-80-34

5.1 Standards of Personnel Administration

- (a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

TN # 77-8
Supersedes
TN # _____

Approval Date 3/7/78

Effective Date 10/1/77

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

5.2 [Reserved]

TN # _____
Supersedes _____
TN # _____

Approval Date _____

Effective Date _____

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR Part 432,
Subpart B
AT-78-90

5.3 Training Programs; Subprofessional and
Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

TN # 78-1
Supersedes
TN # _____

Approval Date 4/27/78 Effective Date 2/27/78

Revision: HCFA-AT-80-38 (BFP)
May 22, 1980

State Georgia

SECTION 6 FINANCIAL ADMINISTRATION

Citation
42 CFR 433.32
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

TN # 76-6
Supersedes
TN # _____

Approval Date 9/17/76

Effective Date 7/1/76

Revision: HCFA-AT-82-10(BPP)

State Georgia

Citation
42 CFR 433.34
47 FR 17490

6.2 Cost Allocation

There is an approved cost allocation plan on file with the Department in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

TN # 82-15
Supersedes
TN # 76-6

Approval Date 1-7-83 Effective Date 11-16-82

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Georgia

Citation
42 CFR 433.33
AT-79-29
AT-80-34

6.3 State Financial Participation

(a) State funds are used in both assistance and administration.

State funds are used to pay all of the non-Federal share of total expenditures under the plan.

There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.

(b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

TN # 76-6
Supersedes
TN #

Approval Date 9/17/76 Effective Date 7/1/76

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State/Territory: GEORGIA

SECTION 7 - GENERAL PROVISIONS

Citation7.1 Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

TN No. 91-35
Supersedes Approval Date 12-4-91 Effective Date 10-1-91
TN No. 78-16

HCFA ID: 7982E

Revision: HCFA-FM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

State/Territory: _____

Citation 7.2 Nondiscrimination

45 CFR Parts
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

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OMB No. 0938-

State/Territory: GEORGIA

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

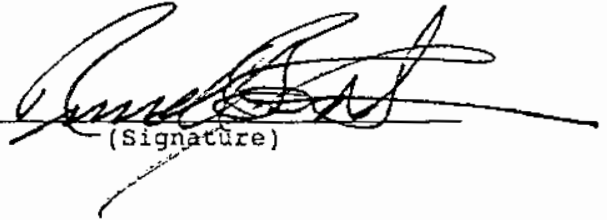
- Not applicable. The Governor--
- Does not wish to review any plan material.
- Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department of Medical Assistance

(Designated Single State Agency)

Date: October 1, 1991


(Signature)

Commissioner

(Title)

TN No. 91-35

Supersedes

Approval Date 12-4-91

Effective Date 10-1-91

TN No. NEW

HCFA ID: 7982E