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State/Territory Name: Georgia

State Plan Amendment (SPA) #: GA-22-0032

This file contains the following documents in the order listed:

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

August 25, 2022

Stefanie Ashlaw
Director, Peach Care for Kids
State of Georgia, Department of Community Health
2 Peachtree Street, NW, 37th Floor
Atlanta, GA 30303

Dear Ms. Ashlaw:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number GA-22-0032, submitted on May 20, 2022, has been approved. This SPA is a companion to Georgia's Medicaid SPA, GA-22-0004, that was previously approved on August 11, 2022.

Through this SPA, Georgia implements the Express Lane Eligibility option established under section 2107(e)(1)(H) of the Social Security Act (the Act), which cross references to 1902(e)(13) of the Act. Section 1902(e)(13) of the Act permits states to rely on findings from an Express Lane agency to conduct simplified eligibility determinations and facilitate enrollment in Medicaid and CHIP. This SPA has an effective date of October 1, 2022.

Your Project Officer is Joshua Bougie. He is available to answer your questions concerning this amendment and other CHIP-related matters. His contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8117
E-mail: joshua.bougie@cms.hhs.gov

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If you have additional questions, please contact Meg Barry, Division Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Amy
Lutzky/

Amy Lutzky
Deputy Director

State of Georgia State Plan Amendment number: GA-2022-0032

This State Plan Amendment will update the following sections:

- 1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA number: GA-2022-0032

Purpose of SPA: The purpose of the SPA is to add Express Lane Eligibility to the CHIP (PeachCare for Kids) program in order to increase the number of low-income children enrolled in CHIP (PCK).

Proposed effective date: 10/01/2022

Proposed implementation date: 10/01/2022

- 1.4-TC Tribal Consultation. (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The State of Georgia has no recognized Tribes and therefore no Tribal Consultation is necessary.

Guidance: Describe how the State intends to implement the Express Lane option. Include information on the identified Express Lane agency or agencies, and whether the State will be using the Express Lane eligibility option for the initial eligibility determinations, redeterminations, or both.

4.3.3-EL Express Lane Eligibility Check here if the state elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of CHIP eligibility. The state agrees to comply with the requirements of sections 2107(e)(1)(E) and 1902(e)(13) of the Act for this option. Please update sections 4.4-EL, 5.2-EL, 9.10, and 12.1 when electing this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013. (Section 2107(e)(1)(E))

4.3.3.1-EL Also indicate whether the Express Lane option is applied to (1) initial eligibility determination, (2) redetermination, or (3) both.

Express lane eligibility will be applied to both applications and renewals.

4.3.3.2-EL List the public agencies approved by the State as Express Lane agencies.

Applications from the State's Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), which are both Department of Family Children Services agencies.

4.3.3.3-EL List the components/components of CHIP eligibility that are determined under the Express Lane. In this section, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between CHIP eligibility determinations for such children and the determination under the Express Lane option.

All members eligible for the Express Lane option must be approved for SNAP and/or TANF during the initial application or redetermination process and may select the option to be considered for Express Lane CHIP (PCK) on the application or renewal form. The income used to determine the approval for SNAP and/or TANF, as well as other information that has been collected (e.g., verification of citizenship, State residency), will be used to determine Express Lane CHIP (PCK) eligibility.

The following summarizes current methodology used by CHIP (PCK) to determine eligibility.

CHIP (PCK) eligibility is determined using Modified Adjusted Gross Income (MAGI) household composition subject to its state plan in determining eligibility. The MAGI Budget Group (BG) consists of tax filers and their tax dependents, or non-tax filers and in their home their spouses, children under the age of 19 (natural, biological, adopted or step), and for children under the age of 19, natural, biological, adopted and stepparents, and natural, biological, adopted and step siblings under the age of 19. The BG also includes any unborn child of an individual included in the BG who is pregnant. The current CHIP MAGI household income for children under 19 is between 138% and 247% of the federal poverty level (FPL). CHIP utilizes a 5% income disregard if needed for eligibility. TPL is not allowed for PCK enrollees which includes ELE PCK enrollees.

The following summarizes methodology used to determine eligibility for SNAP and TANF applicants. and will be used to determine Express Lane CHIP (PCK) eligibility as specified.

Budget Unit:

SNAP

The household composition consists of the individual, individual spouse, minor children under 18 who are under parental control of a household member other than their parent, parents, and their children under the age of 22 (biological, adopted or step), and/or all individuals who purchase and prepare meals together.

TANF

The household composition consists of children within the specified degree of relationship to grantee relative. The following relationships meet the relationship requirement: parent (either by birth, legal adoption, or step relationship) , grandparent (up to great-great-great), sibling (half, whole, step), aunt/uncle (up to great-great), niece/nephew (including child and grandchild of niece/nephew), first cousin, first cousin once removed (the child of a first cousin), legal guardian, spouse of any person named in the above group even after the marriage is terminated by death or divorce, unless the child is born after termination of the marriage.

Income Limit:

CHIP (PCK) for ELE PCK:

Household income for children under 19 between 236% and 247% of the federal poverty level (FPL). This income limit is obtained from the SNAP/TANF application and is higher than the SNAP/TANF income limits.

SNAP

Gross income at or below 130% FPL for most households, but after allowable deductions the net income is at or below 100% FPL.

TANF

Income cannot exceed the Gross Income Ceiling (GIC) for their Assistance Unit (AU) size.

• **Income Disregards:**

SNAP

- Income disregards are used to determine benefits level, not eligibility.
- 20% earned income deduction
- Standard deduction
- Excess medical deduction
- Dependent care deduction
- Child support deduction
- Homeless shelter deduction

TANF

- Deductions are applied to earned income.

Income Exclusions:

CHIP (PCK)

The following are MAGI deductions and are not utilized in ELE determinations:

- Health Insurance*
 - Dental Insurance
 - Vision Insurance
 - Legal Insurance
 - Life Insurance Premiums
 - Flexible Spending Accounts
 - Deferred Compensation (including retirement plans such as 401(k), 403(b) and 457)
- (This is not an all-inclusive list) *TPL is not allowed for PCK enrollees

SNAP

The following income sources are not included in MAGI but are included in SNAP:

- Child support
- Contributions
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)

TANF

The following income sources are not included in MAGI but are included in TANF:

- Child support
 - Contributions
- (This is not an all-inclusive list)

- **4.3.3.3-EL** List the component/components of CHIP eligibility that are determined under the Express Lane.

The applicant must qualify for SNAP or TANF prior to ELE consideration. If the applicant selects the option to be considered for ELE CHIP (PCK) they must meet the following criteria to be eligible. The state assures that the citizenship/immigration status component is determined in compliance with 457.380(b).

- Income between 236% and 247% of the FPL
- citizenship/immigration status
- identity
- age (under the age of 19)
- residency

4.3.3.4-EL Describe the option used to satisfy the screen and enrollment requirements before a child may be enrolled under title XXI.

SNAP and/or TANF applicants must be approved and have selected the option to be considered for ELE CHIP (PCK). The household income must be between 236% and 247% FPL, and enrollees must meet basic eligibility requirements such as age, citizenship, and residency requirements, to be enrolled in Express Lane CHIP (PCK).

Guidance: States should describe the process they use to screen and enroll children required under section 2102(b)(3)(A) and (B) of the Social Security Act and 42 CFR 457.350(a) and 457.80(c). Describe the screening threshold set as a percentage of the Federal poverty level (FPL) that exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points. (NOTE: The State may set this threshold higher than 30 percentage points to account for any differences between the income calculation methodologies used by an Express Lane agency and those used by the State for its Medicaid program. The State may set one screening threshold for all children, based on the highest Medicaid income threshold, or it may set more than one screening threshold, based on its existing, age-related Medicaid eligibility thresholds.) Include the screening threshold(s) expressed as a percentage of the FPL and provide an explanation of how this was calculated. Describe whether the State is temporarily

enrolling children in CHIP, based on the income finding from an Express Lane agency, pending the completion of the screen and enroll process.

In this section, states should describe their eligibility screening process in a way that addresses the five assurances specified below. The State should consider including important definitions, the relationship with affected Federal, State and local agencies, and other applicable criteria that will describe the State's ability to make assurances. (Sections 2102(b)(3)(A) and 2110(b)(2)(B)), (42 CFR 457.310(b)(2), 42CFR 457.350(a)(1) and 457.80(c)(3))

4.4. Eligibility screening and coordination with other health coverage programs

States must describe how they will assure that:

4.4.1. only targeted low-income children who are ineligible for Medicaid or not covered under a group health plan or health insurance (including access to a State health benefits plan) are furnished child health assistance under the plan. (Sections 2102(b)(3)(A), 2110(b)(2)(B)) (42 CFR 457.310(b), 42 CFR 457.350(a)(1) and 42 CFR 457.80(c)(3)) Confirm that the State does not apply a waiting period for pregnant women.

4.4.2. children found through the screening process to be potentially eligible for medical assistance under the State Medicaid plan are enrolled for assistance under such plan; (Section 2102(b)(3)(B)) (42CFR, 457.350(a)(2))

Georgia implemented an Integrated Eligibility System that automatically screens all applicants for Medicaid and CHIP eligibility and enrolls them in the appropriate class of assistance based on household circumstances.

4.4.3. children found through the screening process to be ineligible for Medicaid are enrolled in CHIP; (Sections 2102(a)(1) and (2) and 2102(c)(2)) (42CFR 431.636(b)(4))

Georgia implemented an Integrated Eligibility System that automatically screens all applicants for Medicaid and CHIP eligibility and enrolls them in the appropriate class of assistance based on household circumstances.

4.4.4. the insurance provided under the State child health plan does not substitute for coverage under group health plans. (Section 2102(b)(3)(C)) (42CFR, 457.805) Children that are covered by creditable health coverage are not eligible for PeachCare for Kids.

4.4.4.1. (formerly 4.4.4.4) If the State provides coverage under a premium assistance program, describe: 1) the minimum period without coverage under a group health plan. This should include any allowable exceptions to the waiting period; 2) the expected minimum level of contribution employers will make; and 3) how cost-effectiveness is determined. (42CFR 457.810(a)-(c))

PeachCare for Kids does not provide coverage under a premium assistance program.

4.4.5. Child health assistance is provided to targeted low-income children in the State who are American Indian and Alaska Native. (Section 2102(b)(3)(D)) (42 CFR 457.125(a))

There are no federally recognized tribes in Georgia. Recognizing that a member of a tribe may re-locate to the State, CHIP will exempt children who are members of federally recognized tribes from the cost-sharing requirements as stipulated in Section 2103(e)(1)(A). Children who identify themselves as American Indian or Native Alaskan on the CHIP application will be notified that, upon receipt of

documentation of tribal membership, they will no longer be required to submit monthly premiums. Any premiums paid after October 1, 1999, will be reimbursed within 45 days of receipt of documentation of tribal membership.

The materials sent to all new enrollees will include information on the cost-sharing exemption for members of federally recognized American Indian or Native Alaskan tribes to ensure that those not indicating race on the application will be notified of this exemption.

Guidance: When the State is using an income finding from an Express Lane agency, the State must still comply with screen and enroll requirements before enrolling children in CHIP. The State may either continue its current screen and enroll process or elect one of two new options to fulfill these requirements.

4.4-EL The State should designate the option it will be using to carry out screen and enroll requirements:

The State will continue to use the screen and enroll procedures required under section 2102(b)(3)(A) and (B) of the Social Security Act and 42 CFR 457.350(a) and 42 CFR 457.80(c). Describe this process.

The State is establishing a screening threshold set as a percentage of the Federal poverty level (FPL) that exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points. Include the screening threshold(s) expressed as a percentage of the FPL and provide an explanation of how this was calculated.

The Georgia Integrated Eligibility System (IES) will compare the household income to the highest Medicaid income threshold (205% FPL) applicable to a child (0-19) plus 30% which will equal to 235% FPL. If household income is over 235% FPL but at or below 247% FPL, the child should be evaluated for Express Lane CHIP (ELE PCK).

If a child is found eligible for Express Lane CHIP PeachCare for Kids (ELE PCK) from the ELE determination, the applicant will be provided a notice that the child may qualify for Medicaid and/or lower premiums if evaluated using the regular eligibility determination and provide an avenue on how to request a full eligibility determination. A separate application is not required. An applicant is no longer considered ELE if a full eligibility determination is requested by the applicant and is determined eligible.

Note: Children with third-party liability (TPL) are not eligible for PCK.

The State is temporarily enrolling children in CHIP, based on the income finding from the Express Lane agency, pending the completion of the screen and enroll process.

Section 5. Outreach and Coordination

5.1. (formerly 2.2) Describe the current State efforts to provide or obtain creditable health coverage for uninsured children by addressing sections 5.1.1 and 5.1.2. (Section 2102)(a)(2) (42CFR 457.80(b))

Guidance: The information below may include whether the state elects express lane eligibility a description of the State's outreach efforts through Medicaid and state-only programs.

5.1.1. (formerly 2.2.1.) The steps the State is currently taking to identify and enroll all uninsured children who are eligible to participate in public health insurance programs (i.e., Medicaid and state-only child health insurance):

Currently, Georgia's public child health insurance plans include PeachCare for Kids® and the Medicaid program administered by the Georgia Department of Community Health (DCH), Division of Medical Assistance (DMA). The Department has several approaches to identifying and enrolling eligible children. These approaches are described in the following paragraphs.

PeachCare for Kids®

PeachCare for Kids®' outreach effort was launched in September 1998. Outreach initiatives have included a wide array of mass-media and local grassroots efforts. PeachCare for Kids® has had massive advertising, in both English and Spanish, through television, radio, newspaper, and outdoor billboard and transit advertising.

In 2001 and 2002, PeachCare for Kids ® will teamed up with WSB Channel 2's, Atlanta's ABC affiliate, Family 2 Family Community Program. Through this partnership, PeachCare for Kids® was able to participate in hundreds of family-oriented community events in the metro Atlanta area. PeachCare for Kids ® will also benefit from the extensive public service campaigns throughout the State of Georgia.

In 2000, the Department created a "minigrant" program to facilitate grassroots efforts to educate targeted populations about PeachCare for Kids® and Medicaid. The grantee organizations will be diversified in the populations they served, including African American, Hispanic, Asian, and rural communities. An evaluation of the grantees showed a 16% increase in applications submitted over other similar counties during the same time, and a 19% increase in applications for the targeted populations.

In 2000, 2001, and 2002, the Department has teamed up with the Department of Education, Division of School Nutrition Services to distribute flyers, in English and Spanish, to each student during Back-to-School registrations. The Right from the Start Medicaid (RSM) outreach staff worked with many elementary schools to be on site promoting PeachCare for Kids® and Medicaid to the parents.

PeachCare for Kids®, RSM, March of Dimes and Kmart stores partnered in 1999 and 2000 to promote PeachCare for Kids ® and Medicaid. In 1999, outreach workers were at each Kmart store on the Saturday before Halloween educating parents while their children shopped for costumes and treats. In 2000, the outreach workers returned to Kmart on the Saturday before school started to talk to parents as they were getting their kids ready for the new school year.

The Department has created a simple, one-page mail-in application for PeachCare for Kids®, available in English, Spanish, Vietnamese, Chinese, Korean and Somalian. The application is distributed by request through the PeachCare for Kids® call center and throughout the state in many hospitals, provider offices, Department of Families and Children offices, health departments, and libraries.

In 2001, the Department launched www.peachcare.org, a web-based application designed to provide parents with instant access to complete the enrollment process. In its first year, applications have been received for nearly 40,000 children through the website. The site has also been successful reaching families of Medicaid-eligible children. Nearly half of all web-based applicants have been eligible for the Medicaid program. The advantages of the website are numerous. It eliminates mail delays. It provides parents with instant confirmation that the application has been received and gives parents an estimation of potential eligibility. The website also generates a list of participating primary care physicians to assist parents in the selection of a doctor for their child.

Division of Family and Children Services (DFCS)

The Department of Medical Assistance has an interagency agreement with the Department of Human Resources (DHR) to provide, through its Division of Family and Children Services (DFCS), Medicaid eligibility determinations for all Medicaid coverage groups other than SSI cash assistance. For pregnant women and children, these coverage groups include Low Income Medicaid, Medically Needy, Right From the Start Medicaid (RSM - Georgia's poverty level Medicaid program), and the Katie Beckett Deeming Waiver programs. These programs are offered in conjunction with other entitlement programs and supportive services that are offered by DFCS. DFCS is also responsible for Food Stamps, Temporary Assistance for Needy Families (TANF), Child Protective Services and Foster Care. The Medicaid application process is coordinated with that for cash assistance and employment related services available through TANF. Children in families seeking these services also have their Medicaid eligibility determined. The State of Georgia has 159 counties.

Each county has at least one DFCS office, and some counties have multiple sites for Medicaid eligibility intake. Some workers from these local DFCS offices are assigned to Federally Qualified Health Centers (FQHCs) and Disproportionate Share Hospitals. While the bulk of the state's Medicaid determinations are made locally at the county DFCS offices, the RSM Outreach Project is an aggressive outreach program targeted at enrolling uninsured and underinsured poverty level pregnant women and children in Medicaid and PeachCare for Kids®. This project operates under a separate interagency agreement between the Department of Community Health and the Department of Human Resources. The eligibility workers who are part of this project are housed in locations other than the local DFCS offices.

Public Health Departments and Federally Qualified Health Centers

DCH also coordinates Medicaid enrollment efforts with the activities of the Division of Public Health, a part of the Department of Human Resources. Across the state, perinatal case management services and the Medicaid application process are linked. At the public health departments and federally qualified health centers, a pregnant woman can apply for Presumptive Medicaid eligibility, and begin receiving prenatal services immediately. As part of this process, the pregnant woman applies for RSM Medicaid to ensure ongoing Medicaid eligibility. When the pregnant woman applies for RSM, any children in the family are also included on the application form and the form with the children's names are routed to DFCS for a determination of their eligibility along with that of the pregnant woman. The Division of Public Health, through its local health departments, and the federally qualified health centers administer the Special Nutritional Program for Women, Infants and Children (WIC). This program provides nutritious food to supplement the regular diet of pregnant women, breast-feeding women, infants, and children under age five who meet state income standards. Generally, on the initial visit to either of these facilities, the pregnant woman is certified for Presumptive Medicaid eligibility, applies for regular Medicaid for herself and her children, and receives WIC for herself and any children under the age of five (5). The PeachCare for Kids® program also recognizes the WIC program as an Express Lane agency.

Express Lane Eligibility was implemented effective April 1, 2011, and ended April 1, 2016(1902 (e) (13) of the Social Security Act). The program partnered with the Special Nutritional Assistance Program for Women, Infants, and Children (WIC) to implement the program.

Other State Initiatives For Special Needs Children

The following programs are some of the State's own initiatives to provide health care to special needs children. All are administered by the Department of Human Resources, three by the Division of Public Health, two by the Division of Mental Health, Mental Retardation and Substance Abuse and one by an interagency team. As mentioned previously, RSM outreach workers are stationed in many county public health departments or visit on a routine basis to process Medicaid applications. Uninsured children who

present to these programs for their services are referred to outreach workers or county DFCS offices to have a Medicaid eligibility determination completed.

Division of Public Health “Babies Can’t Wait”

“Babies Can’t Wait” or the Early Intervention Program is Georgia’s statewide interagency service delivery system for children from birth to three years who have developmental delays or disabilities. This program guarantees that all children, regardless of their disability, have access to services that will enhance their development. Services are provided by agencies and individuals from both the public and private sectors. Some are offered at no cost. For others, state funds are available to assist families that have been determined unable to pay. Medicaid eligible children may participate in this program.

Children’s Medical Services

Children’s Medical Services (CMS), formerly the Crippled Children’s Program, provides medical care to low-income children with disabling conditions or chronic diseases. It also provides specialized health care for certain disorders, e.g., chronic lung disease, craniofacial anomalies, and cystic fibrosis. Eligibility is based on the age of the child (0-21 years), type of medical condition, Georgia residency and annual family income. Some services are covered by Medicaid and Medicaid eligible children may participate in this program. CMS serves approximately 15,000 to 16,000 children yearly.

Department of Behavioral Health and Developmental Disabilities

Core and Specialty Services include evaluation/assessment, diagnosis, counseling and medication, therapy (individual, group, and family), community support services, crisis assessments, and physician services. These services are provided in clinics and other locations as needed, including homes, schools, detention facilities, and other community settings.

Crisis Services include crisis stabilization and mobile crisis response services.

Mobile Crisis Response Services (MCRS) provides community-based, face-to-face crisis response 24 hours a day, seven days a week to individuals in an active state of crisis. MCRS offers short-term, behavioral health services for persons in need who may have been unable to successfully maintain stability.

Psychiatric Residential Treatment (PRTF) Services provide comprehensive mental health and substance abuse treatment to children, adolescents, and young adults ages 5-21 who, due to severe emotional disturbance, are in need of quality active treatment that can only be provided in an inpatient treatment setting and for whom alternative, less restrictive forms of treatment have been tried and found unsuccessful or are not medically indicated. Uninsured children who present to these programs for their services are referred for a Medicaid eligibility determination, but services are provided to uninsured or underinsured children on a sliding fee scale and are not denied due to inability to pay.

Guidance: The State may address the coordination between the public-private outreach and the public health programs that is occurring statewide. This section will provide a historic record of the steps the State is taking to identify and enroll all uninsured children from the time the State’s plan was initially approved. States do not have to rewrite his section but may instead update this section as appropriate.

The state is implementing the Express Lane Eligibility option to provide a simplified determination process and expedited enrollment of eligible children into CHIP. The state agency will obtain information

from approved SNAP and TANF applications to provide streamlined eligibility determinations for CHIP (PCK). DCH will work together with other state agencies, community partners, and social media platforms to encourage enrollment of low-income residents of Georgia.

5.1.2. (formerly 2.2.2.) The steps the State is currently taking to identify and enroll all uninsured children who are eligible to participate in health insurance programs that involve a public-private partnership: The State of Georgia has one public-private program designed to provide health care to uninsured children; however, this program does not offer “creditable coverage.” The PeachCare for Kids® and Medicaid program’s eligibility processes have a significant role in the efforts of the program. The application process for The Georgia Partnership for Caring Program begins with the RSM Outreach Project worker.

9.10. Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

Planned use of funds, including:

- Projected amount to be spent on health services;
- Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
- Assumptions on which the budget is based, including cost per child, and expected enrollment.
- Projected expenditures for the separate child health plan, including but not limited to expenditures for targeted low-income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc.
- All cost sharing, benefit, payment, eligibility need to be reflected in the budget.
 - Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
 - Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
 - Total 1-year cost of adding prenatal coverage
 - Estimate of unborn children covered in year 1

CHIP Budget

STATE: GA	FFY Budget
Federal Fiscal Year	2020
State's enhanced FMAP rate	88.61
Benefit Costs	
Insurance payments	
Managed care	315,583,343.89
<u>per member/per month rate</u>	181.61
Fee for Service	12,097,167.76
Total Benefit Costs	327,680,511.65
(Offsetting beneficiary cost sharing payments)	(17,113,420.33)
Net Benefit Costs	310,567,091.33
Cost of Proposed SPA Changes – Benefit	
Administration Costs	
Personnel	2,289,776.86
General administration	504,346.97
Contractors/Brokers	25,216,551.71
Claims Processing	2,715,671.60
Outreach/marketing costs	
Health Services Initiatives	
Other	27,447.74
Total Administration Costs	30,753,794.88

STATE: GA	FFY Budget
10% Administrative Cap	34,507,454.59
Cost of Proposed SPA Changes	
Federal Share	302,444,437.27
State Share	38,876,448.94
Total Costs of Approved CHIP Plan	341,320,886.20

NOTE: Include the costs associated with the current SPA.

Assumptions:

1. Benefit Expenditures

This line item reflects the reimbursements to providers for the provision of health care services to the PeachCare for Kids® members. The State assures that benefit expenditures do not include any cost sharing payments, including premiums.

2. Administrative Expenditures

This line item includes costs associated with enrolling children in the PeachCare for Kids® program.

Explanation of Revenues

3. Federal Share

This line item reflects a portion of funds, which have been allocated to Georgia under Title XXI. It is calculated by reducing total expenditures by the amount estimated for premium collections and multiplied by the federal financial participation rate for Georgia's Title XXI program.

4. State Share

This line item reflects a portion of the funds, which have been allocated specifically to the Georgia Department of Community Health by the Georgia General Assembly.

Provide a 1-year projected budget (Section 2107(d)) (42CFR 457.140). If the State's proposed disaster event provisions pose a significant budget impact, please include an updated budget. If the proposed changes do not make any notable impact to the budget, please include a statement with that assumption.

The estimated budget impact in FY2020 and FY2021 of these changes is not yet known. CMS will follow up with Georgia for additional information.

STATE: GA	FFY Budget
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There will be no appreciable impact to the budget.

Section 12. Applicant and Enrollee Protections (Sections 2101(a))

- Check here if the State elects to use funds provided under Title XXI only to provide expanded eligibility under the State's Medicaid plan.

12.1. Eligibility and Enrollment Matters- Describe the review process for eligibility and enrollment matters that complies with 42 CFR 457.1120. Describe any special processes and procedures that are unique to the applicant's rights when the State is using the Express Lane option when determining eligibility.

Upon any adverse action as described in 42 CFR § 457.1130 (a), the parent or authorized representative (A/R) will be notified by mail of the reason for the adverse action and how to request a review if they believe the decision is in error. The notice of such action will meet the requirements of 457.340(e) and 457.1180. The opportunity for continued enrollment of a suspended or terminated enrollment will meet the requirements of 457.1170. If a hearing notice is required, it will meet the requirements of 457.1140.

A written request for an initial administrative review may be submitted to the TPA, Division of Family and Children Services (DFCS) and forwarded to the Right from the Start Group (RSM Group) for processing which must be completed within 5 days. The request must be submitted within thirty (30) days of the written notification in which s(he) disagrees. If a verbal request is made, the parent or A/R must submit a written request within fifteen (15) days of the original request. If the written request is not received, no further action is required. If the RSM group is able to review the case and determine eligibility was determined correctly, discuss the complaint with the parent or A/R, and a mutual agreement is made, the parent or A/R may choose to withdraw the hearing request. If the RSM group is unable to obtain a hearing withdrawal either verbally or in writing from the parent or A/R, a hearing notice will be mailed to the parent or A/R in which they will have 10 days to respond. If no response is received, the administrative review is considered complete, and no further action is required. If the parent or A/R is not satisfied with the outcome of the administrative review, s/he can request a fair hearing which will be submitted to the Legal Services Office (LSO). If the RSM group finds the case was processed incorrectly, it will be corrected, and the same procedures as stated above will be followed accordingly.

The LSO will submit the hearing request to the Georgia Office of State Administrative Hearings (OSAH). OSAH will notify the parent or A/R of the time, place, and date of the hearing. Both the parent or A/R and RSM representative, on behalf of the state, can be present at the hearing. Each will be allowed to present their case to the Administrative Law Judge. The decision of the Administrative Law Judge will be provided in writing and will be final. The final decision could take up to 90 days from the date of the written

request. There will be no further administrative recourse for the parent or A/R or RSM worker.

NOTE: All hearing requests must be forwarded to the Legal Services Office (LSO) regardless of when the request was received. Untimely requests for a hearing will not be considered or forwarded to OSAH except for good cause. All hearing requests, oral or written, including requests received more than 30 days after notification is issued, must be forwarded to LSO within three (3) business days.

The decision of the Administrative Law Judge will be the final administrative recourse available to the parent or A/R. If at any level of the appeal, the child(ren) is/are determined eligible for enrollment in PeachCare for Kids®, the enrollment will become

effective retroactive to the first day of the month in which the completed application, including any additional information affecting the outcome of the program's decision is received.

The State assures that in the review process, parents or A/R will have the opportunity to fully participate in the review process; decisions are made in writing; and impartial reviews are conducted in a reasonable amount of time and consideration is given for the need for expedited review when there is an immediate need for health services.

Applicant and Enrollee Protections for ELE include

- If a child is found eligible but subject to premiums, based on an income finding from an Express Lane agency, the State must provide notice that the child may qualify for lower premiums if evaluated using the State's regular eligibility determination procedures and receive information concerning how to request such an evaluation.
- Children who are determined eligible and enrolled in CHIP using the screening threshold option for screening and enrollment, the State must provide notice to the family that the child may be eligible for Medicaid if evaluated using the State's regular eligibility determination procedures. The notice must specify the process for requesting such an evaluation and the differences between Medicaid and CHIP, including differences in benefits and cost sharing.
- Children who are found to be over the income threshold of 247% must be notified that they may be eligible for CHIP if evaluated using the State's regular eligibility determination procedures. The notice must specify the process for requesting such an evaluation and the differences between Medicaid and CHIP, including differences in benefits and cost sharing.
- After a full Medical Assistance eligibility determination, if the applicant is over income for CHIP or any other category of Medical Assistance their information will be electronically submitted to the Federally Facilitated Marketplace (FFM). The customer will be notified of this action and how to obtain coverage.
- The state assures that all eligibility/renewal notices will provide information to applicants on how to request a review of their determination or [how to file a state hearing](#).