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State/Territory Name: GA

State Plan Amendment (SPA) #: 21-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

GA - Submission Package - GA2021MS00010 - (GA-21-0001-PTHW) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report **Approval Letter** RAI

Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

December 17, 2021

Lynette Rhodes
Medicaid Director
Georgia Department of Community Health
2 Peachtree Street NW
Atlanta, GA 30303

Re: Approval of State Plan Amendment GA-21-0001-PTHW

Dear Lynette Rhodes,

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Georgia's State Plan Amendment (SPA) 21-0001. This amendment proposes to revise the alternative paper application used for multiple human services programs, and the alternative single, streamlined online application with a proposed effective date of June 1, 2021.

As described in the SPA submission summary, Georgia submitted application SPA 21-0001 to effectuate changes needed to implement eligibility changes related to the state's section 1115 demonstration, Georgia Pathways to Coverage. This demonstration requires that certain individuals with household income between 35 and 100% of the federal poverty level (including the 5% income disregard) complete 80 hours per month of qualifying activities as a condition of initial and continued enrollment in Medicaid. Changes to the state's applications implementing these requirements are contained in the SPA submission at "Attachment D" to the state's alternative paper application for multiple human services programs, and in PDF files with screenshots of those portions of the state's online alternative single, streamlined application containing the new questions needed to implement the demonstration. (We note that Georgia submitted limited screen shots of questions added to the online alternative single streamlined application, and did not submit for CMS' review a complete set of screen shots of the state's online alternative single streamlined application.) Application SPA 21-0001 also contains changes to the state's paper and online applications not related to the Georgia Pathways to Coverage demonstration.

The changes in SPA 21-0001 to the state's paper and online applications not related to the Georgia Pathways to Coverage demonstration are approved effective June 1, 2021. Attachment D to the paper application and those portions of the state's online alternative single, streamlined application needed to implement the demonstration are approved with a prospective effective date and subject to the conditions described below.

Georgia indicated in a letter sent to CMS on July 27, 2021 that it would defer implementation of the Georgia Pathways to Coverage demonstration until the end of 2021, as it assessed options to resolve issues concerning the demonstration that CMS identified in its February 12, 2021 letter to the state, in order to find a mutually agreeable path forward to increase access to healthcare in Georgia. While the state has not submitted a related demonstration amendment request, the state is not implementing the Georgia Pathways to Coverage demonstration at this time.

Section 1943(b)(3) of the Act requires that states comply with the requirements of section 1413 of the Patient Protection and Affordable Care Act as they relate to streamlined procedures for enrollment through an Exchange, Medicaid, and CHIP. States may develop alternative applications so long as those applications comply with the standards promulgated by the Secretary. An alternative single streamlined application must only require questions necessary for determining eligibility for health coverage or for administering the State Plan. 42 CFR 435.907(e).

As noted above, Georgia's application SPA 21-0001 includes questions added to the state's alternative paper and online single streamlined applications to implement assessing eligibility of certain individuals with household income between 35 and 100% of the federal poverty level, including collection of information needed to determine if applicants meet the 80 hours per month of qualifying activities as a condition of demonstration enrollment for the affected individuals.

CMS has preliminarily reviewed the questions added to the state's paper and online applications intended to implement the Georgia Pathways to Coverage demonstration for compliance with federal statute and regulations. Based on our preliminary review, CMS has identified several ways in which these questions do not comply with federal regulations. These issues include, but are not limited to, requiring applicants to provide paper documentation to verify having met the 80 hours per month of qualifying activities rather than first relying on electronic data sources and requesting paper documentation only when an individual's attestation conflicts with electronic data, or when there is no electronic data available to verify an individual's attestation. (See 42 CFR 435.945-435.956). Additionally, the applications fail to clearly explain eligibility for this demonstration, including defining key terms associated with the eligibility group (e.g. "100% Federal Poverty Level"), and defining terms such as what it means to have a qualifying disability, or to request a reasonable accommodation. Therefore, while we are approving the paper and online applications submitted with SPA 21-0001, the state is expected to provide CMS with a plan to address these deficiencies in an expeditious manner to ensure compliance with federal requirements. CMS is available to provide technical assistance to the state on this matter.

Further, because the state has not implemented the Georgia Pathways to Coverage demonstration, Attachment D to the state's alternative paper application for multiple human services programs and those portions of the state's online alternative single, streamlined application containing the questions needed to implement

the Georgia Pathways to Coverage demonstration, as reflected in the online screenshots submitted with the SPA, are not approved for the June 1, 2021 effective date, but instead are approved with a prospective effective date contingent upon implementation of the Georgia Pathways to Coverage demonstration. As such, the state may not implement these sections of the applications until such time as the state implements the Georgia Pathways to Coverage demonstration and the deficiencies outlined above are addressed. Please see Supplement A, attached to this letter, for the portions of this state plan amendment that are approved with a prospective effective date contingent upon implementation of the Georgia Pathways to Coverage demonstration and those that are approved with an effective date of June 01, 2021.

Name	Date Created	Supplement A
	12/17/2021 12:57 PM EST	

If you have any questions, please contact Etta Hawkins at Etta.Hawkins@cms.hhs.gov or Sarah O'Connor at Sarah.O'Connor@cms.hhs.gov.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program

Operations

Center for Medicaid & CHIP Services

GA - Submission Package - GA2021MS0001O - (GA-21-0001-PTHW) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Review Assessment Report
- Approval Letter
- RAI
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- News
- Related Actions**

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GA2021MS0001O | GA-21-0001-PTHW

CMS-10434 OMB 0938-1188

Package Header

Package ID	GA2021MS0001O	SPA ID	GA-21-0001-PTHW
Submission Type	Official	Initial Submission Date	3/24/2021
Approval Date	12/17/2021	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Georgia

Medicaid Agency Name: Georgia Department of Community Health

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GA2021MS0001O | GA-21-0001-PTHW

Package Header

Package ID GA2021MS0001O
Submission Type Official
Approval Date 12/17/2021
Superseded SPA ID N/A

SPA ID GA-21-0001-PTHW
Initial Submission Date 3/24/2021
Effective Date N/A

SPA ID and Effective Date

SPA ID GA-21-0001-PTHW

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	6/1/2021	GA 13-021

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GA2021MS0001O | GA-21-0001-PTHW

Package Header

Package ID	GA2021MS0001O	SPA ID	GA-21-0001-PTHW
Submission Type	Official	Initial Submission Date	3/24/2021
Approval Date	12/17/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Pathways is a new eligibility category of assistance for parents, caretakers, or guardians with household incomes from 35% to 100% of the FPL who are not currently eligible for Medicaid and adults without dependent children with household incomes up to 100% of the FPL who are not currently eligible for Medicaid. Individuals must be between the ages of 19 and 64. To be determined eligible for Pathways, an individual must meet the required hours and activities threshold of 80 hours per month and meet the income eligibility requirement described above. Changes are need to Georgia's current applications(297, 94A) to support the eligibility process.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

42 CFR §435.907 Application

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GA2021MS0001O | GA-21-0001-PTHW

Package Header

Package ID	GA2021MS0001O	SPA ID	GA-21-0001-PTHW
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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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GA - Submission Package - GA2021MS0001O - (GA-21-0001-PTHW) - Eligibility

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Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | GA2021MS0001O | GA-21-0001-PTHW

CMS-10434 OMB 0938-1188

Package Header

Package ID	GA2021MS0001O	SPA ID	GA-21-0001-PTHW
Submission Type	Official	Initial Submission Date	3/24/2021
Approval Date	12/17/2021	Effective Date	<u>6/1/2021</u>
Superseded SPA ID	GA 13-021		
	System-Derived		

A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary
- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Name

Revised 297A Application and Form 297 application with track changes

The alternative multi-program paper application(s) has been uploaded.


Document Name	Date Created	
Form 297_12.2021PTH	12/9/2021 4:22 PM EST	
297A (Rev. 11-21)	12/9/2021 4:22 PM EST	

Name

297, 297M, 94A, Attachment A, Attachment D and Summary of application changes.

The alternative multi-program paper application(s) has been uploaded.

Document Name	Date Created	
Form 297_12.2021PTH	12/9/2021 6:07 PM EST	
297A (Rev. 11-21)	12/9/2021 6:07 PM EST	
Attachment D_ks	3/17/2021 5:19 PM EDT	
Updates to Medical Assistance Applications	3/17/2021 5:19 PM EDT	



Document Name	Date Created	
94a Attachment A (Rev. 2-2021)_ks	3/17/2021 5:19 PM EDT	

< 1 - 5 of 6 >

Name

Georgia Form 297 and Form 297A- Revised on 12/14/2021; Response to CMS Request for Clarification

The alternative multi-program paper application(s) has been uploaded.

Document Name	Date Created	
297A (Rev. 12-21) (Submitted to CMS 12142021)	12/14/2021 3:19 PM EST	
Form 297_12.2021PTH (Submitted to CMS on 12142021)	12/14/2021 3:19 PM EST	

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | GA2021MS0001O | GA-21-0001-PTHW

Package Header

Package ID	GA2021MS0001O	SPA ID	GA-21-0001-PTHW
Submission Type	Official	Initial Submission Date	3/24/2021
Approval Date	12/17/2021	Effective Date	6/1/2021
Superseded SPA ID	GA 13-021		
	System-Derived		

B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Georgia Gateway-Intergrated Eligibility System. Pathway Eligibility screens-Apply for Benefits, Report My Changes, Renew My Benefits, and Change My Benefits

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
Report My Changes (RMC)_3.11.21	3/16/2021 8:28 PM EDT	
Change My Benefits (CMB) updated_3.11.21	3/16/2021 8:28 PM EDT	
Renew My Benefits (RMB)_3.11.21	3/16/2021 8:28 PM EDT	
Apply For Benefits (AFB)_3.11.21	3/16/2021 8:28 PM EDT	

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | GA2021MS0001O | GA-21-0001-PTHW

Package Header

Package ID	GA2021MS0001O	SPA ID	GA-21-0001-PTHW
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Superseded SPA ID	GA 13-021		
	System-Derived		

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

Name

700

The paper application(s) has been uploaded.

Document Name	Date Created	
Form 700-Application for Medicaid and Medicare Savings for Qualified Beneficiaries-October 2021	12/9/2021 4:25 PM EST	

- 3. One or more applications used to apply for multiple human service programs
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | GA2021MS0001O | GA-21-0001-PTHW

Package Header

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Superseded SPA ID	GA 13-021		
	System-Derived		

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to collect additional information have been uploaded

Name	Date Created	
No _changes	3/17/2021 5:22 PM EDT	

- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more application used to apply for multiple human service programs
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | GA2021MS0001O | GA-21-0001-PTHW

Package Header

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E. Additional Information (optional)

No additional changes have been made to Georgia Gateway outside of the screenshot attached to show the eligibility flow for Pathway.

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