

Table of Contents

State/Territory Name: Georgia

State Plan Amendment (SPA) #: 22-0002-PATH

This file contains the following documents in the order listed:

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

GA - Submission Package - GA2022MS0002O - (GA-22-0002-PATH) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **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

June 16, 2023

Lynette Rhodes
Executive Director
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 19th Floor
Atlanta, GA 30334

Re: Approval of State Plan Amendment GA-22-0002-PATH

Dear Lynette Rhodes,

On December 19, 2022, the Centers for Medicare and Medicaid Services (CMS) received Georgia State Plan Amendment (SPA) GA-22-0002 PATH to establish 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.

We approve Georgia State Plan Amendment (SPA) GA-22-0002-PATH with an effective date(s)
This SPA approval is issued with a companion letter. July 01, 2023.

Please see attached.

Name	Date Created	
Companion Letter - GA-22-0002_signed	6/15/2023 7:09 PM EDT	

If you have any questions regarding this amendment, please contact Etta Hawkins at etta.hawkins@cms.hhs.gov or (404) 562-7429.

Sincerely,
Ruth A Hughes
Acting Director, Division of Program
Operations
Center for Medicaid & CHIP Services

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



Medicaid and CHIP Operations Group

June 15, 2023

Lynnette R. Rhodes, Esq.
Executive Director
Medical Assistance Plans
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 19th Floor
Atlanta, Georgia 30334

Re: Georgia State Plan Amendment (SPA) 22-0002-PATH

Dear Executive Director Rhodes:

This letter is being sent as a companion to the Centers for Medicare and Medicaid Services (CMS) approval of state plan amendment (SPA) GA 22-0002-PATH, which was submitted to CMS on December 19, 2022. This approval will be effective as of July 1, 2023. Approval of SPA GA 22-0002-PATH includes approval of the paper alternative single, streamlined application and the paper alternative application used for multiple human services programs.

Until September 2025 and pending implementation of the changes described below, Georgia will use an interim alternative single, streamlined online application and an interim attachment D, the application attachment used as the contract and application for the Pathways to Coverage Demonstration. The state will revise the Pathways to Coverage's Attachment D and the online application as described below.

	Necessary Change	Date by which the change will be completed:
1	Georgia will revise the Pathways to Coverage contract to communicate that verification or supporting documentation <i>may</i> be required each month.	Please provide a date by which the state will make this change.
2	Georgia will revise the Pathways-related instructions included in the applications (online and paper) to reflect that paper documentation <i>may</i> be requested, rather than <i>will</i> be requested,	Please provide a date by which the state will make this change.

	and that a person <i>may</i> not be eligible rather than <i>will</i> not be eligible until verification is provided.	
3	Georgia will add instructions that driver's license/state ID number, issuing state, and expiration date are not needed for a health coverage application, if questions cannot be removed from the application.	9/30/2025
4	Georgia will modify the question about interpreter services to no longer refer to an interview. The revised question should ask if a person needs interpreter services, as required at 42 CFR 435.905(b)(1).	9/30/2025
5	Georgia will not require a residential address for submission of an application.	9/30/2025
6	Georgia will add instructions to explain to users who should be included in their Medical Assistance household application to ensure correct household composition, based on 42 CFR 435.603.	9/30/2025
7	Georgia will update the question about ethnicity to match the question and response options used by the Single Streamlined Application.	9/30/2025
8	Georgia will modify the application as follows: a. Non-applicants will not be asked questions about citizenship or immigration status. b. Applicants must be asked to attest to their citizenship or immigration status, consistent with the regulations at 42 CFR 435.406 and 435.956. c. Applicants should be asked if they are naturalized or derived citizens and if so, asked for the alien and certificate numbers. d. The list of immigration statuses presented in the application must be comprehensive and accurate (if the state opts to list immigration statuses.)	9/30/2025
9	Georgia will update the application so that non-applicant household members will not be asked "Does this person have a disability?"	9/30/2025
10	Georgia will update the application so the question, "Is this person a veteran or in active duty?" will only be asked of applicants who are non-citizens to determine if they may be exempt from the 5-year waiting period per 42 CFR 435.956(a)(3). This question may not be asked of US citizens or non-applicants.	9/30/2025
11	Georgia will remove the question about breastfeeding status from the application.	9/30/2025

12	Georgia will add a question asking a pregnant individual how many babies they are expecting. This information is used for household composition per GA SPA 13-0002.	9/30/2025
13	Georgia will remove questions about a person's living arrangements, including the date the living arrangement began, from the application.	9/30/2025
14	Georgia will remove a request for a separate signature attesting to citizenship and immigration status from the application. (The household contact attests to the accuracy of attested information by signing the application under penalty of perjury, required under 42 CFR 435.907(f).)	9/30/2025
15	Georgia will modify the application so that non-applicant household members are not asked about foster care status.	9/30/2025
16	Georgia will remove the following question from the application: "Is anyone currently receiving or has received food stamps, TANF, or Medicaid in another state?"	9/30/2025
17	Georgia will add a question to ask each household member if they are an American Indian or Alaska Native. This question must not be combined with existing questions asking about race.	9/30/2025
18	Georgia will eliminate instructions asking households to report money from family or friends as this information is not counted under 42 CFR 435.603.	9/30/2025
19	Georgia will modify the application so that non-applicant household members will not be asked if they have medical bills for the purposes of retroactive eligibility.	9/30/2025
20	Georgia will modify the application so that the signature requiring acknowledgement of HIPAA will be made optional.	9/30/2025
21	Georgia will modify the application to ensure that individuals or their representatives are informed that they may submit a fair hearing request via any modalities described at 42 CFR 435.907(a), which includes via the internet website, by telephone, by mail, and in person.	9/30/2025
22	Georgia will remove the statement, "If I am applying for health coverage for myself, I certify under penalty of perjury that I am a US Citizen, naturalized or qualified immigrant" from the application. Individuals who do not have qualifying immigration status may still qualify for emergency services.	9/30/2025
23	Georgia will add a mandatory question asking each household member if they want to apply for health coverage. For reference, the Single Streamlined Application includes the following question: "Do you need health coverage?" For each household member, a yes or no response must be selected. The state will then apply dynamic functionality to target questions based on the	9/30/2025

	circumstances of the individual, notably whether the individual is an applicant or a non-applicant household member. CMS is available to provide technical assistance.	
24	Georgia will add a question to determine eligibility for parents and caretaker relatives as defined at 42 CFR 435.4. For reference, the Single Streamlined Application includes the following question: “Do you live with at least one child under the age of 19 and are you the main person taking care of this child?”	9/30/2025

Please submit the revised changes to CMS for review no later than September 2025. We will continue to be available to provide technical assistance. Should you have any questions about this letter, please contact Etta Hawkins at Etta.Hawkins@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

GA - Submission Package - GA2022MS0002O - (GA-22-0002-PATH) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GA2022MS0002O | GA-22-0002-PATH

CMS-10434 OMB 0938-1188

Package Header

Package ID	GA2022MS0002O	SPA ID	GA-22-0002-PATH
Submission Type	Official	Initial Submission Date	12/19/2022
Approval Date	06/16/2023	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 | GA2022MS0002O | GA-22-0002-PATH

Package Header

Package ID GA2022MS0002O

Submission Type Official

Approval Date 06/16/2023

Superseded SPA ID N/A

SPA ID GA-22-0002-PATH

Initial Submission Date 12/19/2022

Effective Date N/A

SPA ID and Effective Date

SPA ID GA-22-0002-PATH

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	7/1/2023	GA-21-0001-PTHW

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GA2022MS0002O | GA-22-0002-PATH

Package Header

Package ID	GA2022MS0002O	SPA ID	GA-22-0002-PATH
Submission Type	Official	Initial Submission Date	12/19/2022
Approval Date	06/16/2023	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 needed 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	2023	\$0
Second	2024	\$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 | GA2022MS0002O | GA-22-0002-PATH

Package Header

Package ID GA2022MS0002O
Submission Type Official
Approval Date 06/16/2023
Superseded SPA ID N/A

SPA ID GA-22-0002-PATH
Initial Submission Date 12/19/2022
Effective Date 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.

This view was generated on 7/12/2023 6:21 PM EDT

GA - Submission Package - GA2022MS0002O - (GA-22-0002-PATH) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[RAI](#)
[Transaction Logs](#)
[News](#)

Related Actions

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | GA2022MS0002O | GA-22-0002-PATH

CMS-10434 OMB 0938-1188

Package Header

Package ID	GA2022MS0002O	SPA ID	GA-22-0002-PATH
Submission Type	Official	Initial Submission Date	12/19/2022
Approval Date	06/16/2023	Effective Date	7/1/2023
Superseded SPA ID	GA-21-0001-PTHW		
	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

Name

94a Attachment A, 94a Attachment B (English), 94a Attachment C (English), 94a Attachment D, Form 94a Streamlined Application

The paper application(s) has been uploaded.

Document Name	Date Created	
Form 94A-Medicaid Streamlined Application_02_2023 (005)	6/13/2023 5:40 PM EDT	
94a Attachment D_2_2023_	6/13/2023 5:40 PM EDT	
Form 94A-Attachment C (English)_2.2023	6/13/2023 5:40 PM EDT	
94a Attachment B (English) updated	6/13/2023 5:40 PM EDT	
94a Attachment A 2.2023_	6/13/2023 5:40 PM EDT	

5 items

- 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
- 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

Package Header

Package ID	GA2022MS00020	SPA ID	GA-22-0002-PATH
Submission Type	Official	Initial Submission Date	12/19/2022
Approval Date	06/16/2023	Effective Date	7/1/2023
Superseded SPA ID	GA-21-0001-PTHW		
	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

Apply for Benefits All Screens

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

Document Name	Date Created
Apply for Benefits All Screens v. 2 (Part 2- File was divided into to sections because Macro will not accept large files)	6/13/2023 6:02 PM EDT
Apply for Benefits All Screens v. 2 (Part 1- File is divided into two parts because Macro will not accept large files)	6/13/2023 6:01 PM EDT

Name

AFB Additional Screenshot

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

Document Name	Date Created
Apply For Benefits (AFB)_3.11.21 (1)	6/15/2023 1:57 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 | GA2022MS0002O | GA-22-0002-PATH

Package Header

Package ID	GA2022MS0002O	SPA ID	GA-22-0002-PATH
Submission Type	Official	Initial Submission Date	12/19/2022
Approval Date	06/16/2023	Effective Date	7/1/2023
Superseded SPA ID	GA-21-0001-PTHW		
	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
- 3. One or more applications used to apply for multiple human service programs

Name

Form 297 Application for TANF Food Stamps or Medical

The paper application(s) has been uploaded.

Document Name	Date Created	
Form 297-Application for TANF Food Stamps or Medical Assistance with Pathways5_2023 (Final)	6/14/2023 3:35 PM EDT	

- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | GA2022MS0002O | GA-22-0002-PATH

Package Header

Package ID GA2022MS0002O
Submission Type Official
Approval Date 06/16/2023
Superseded SPA ID GA-21-0001-PTHW
System-Derived



SPA ID GA-22-0002-PATH
Initial Submission Date 12/19/2022
Effective Date 7/1/2023

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	
Apply for Benefits All Screens v. 2 (Part 1- File is divided into two parts because MacPro will not accept large files)	6/13/2023 5:56 PM EDT	
Apply for Benefits All Screens v. 2 (Part 2- File was divided into to sections because MacPro will not accept large files)	6/13/2023 5:58 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 | GA2022MS0002O | GA-22-0002-PATH

Package Header

Package ID	GA2022MS0002O	SPA ID	GA-22-0002-PATH
Submission Type	Official	Initial Submission Date	12/19/2022
Approval Date	06/16/2023	Effective Date	7/1/2023
Superseded SPA ID	GA-21-0001-PTHW		
	System-Derived		

E. Additional Information (optional)

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.

This view was generated on 7/12/2023 6:22 PM EDT