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State/Territory Name: GA

State Plan Amendment (SPA) #: 22-0004

This file contains the following documents in the order listed:

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

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

August 11, 2022

Lynnette R. Rhodes
Executive Director, Medical Assistance Plans Division
Georgia Department of Community Health
2 Peachtree Street, 36th Floor
Atlanta, GA 30303

Re: GA State Plan Amendment (SPA) 22-0004

Dear Executive Director Rhodes:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0004. This amendment proposes to implement Express Lane Eligibility (ELE).

We conducted our review of your submittal according to statutory requirements under the in Children's Health Insurance Program Reauthorization Act of 2009. This letter is to inform you that Georgia Medicaid SPA 22-0004, was approved on August 11, 2022, with an effective date of October 1, 2022. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Georgia State Plan.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Medicaid Program Operations

Enclosures

cc: Brian Dowd
Rebecca Dugger
Falecia Smith, Acting Branch Manager, DPO-South

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2 - 0 0 0 4</u>	2. STATE <u>GA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>10/1/2022</u>
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5. FEDERAL STATUTE/REGULATION CITATION Children's Health Insurance Program Reauthorization Act of 2009	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 2, Coverage and Eligibility, page 11b, 11c, and 11d (New Plan Pages)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>N/A</u>
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9. SUBJECT OF AMENDMENT
Implement Express Lane Eligibility.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

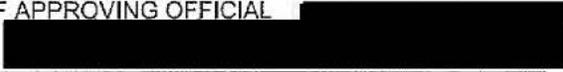
OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Lynnette R. Rhodes Executive Director, Medical Assistance Plans Division Georgia Department of Community Health 2 Peachtree St., 36th Floor Atlanta, Georgia 30303
12. TYPED NAME Lynnette R. Rhodes	
13. TITLE Executive Director	
14. DATE SUBMITTED 5/17/2022	

FOR CMS USE ONLY

16. DATE RECEIVED 05/17/2022	17. DATE APPROVED 08/11/2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director Division of Program Operations

22. REMARKS

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

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

1902(e)(13) of
the Act

(e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013.

(1) The Express Lane option is applied to:

Initial determinations Redeterminations

Both

(2) A child is defined as younger than age:

19 20 21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

Department of Human Services, Division of Family and Children Services (DFCS) in the administration of the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) Program

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Approval Date 08/11/22 Effective Date 10/01/22

Supersedes TN No.: NEW

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

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

2.1 Application, Determination of Eligibility and Furnishing Medicaid

(4) The DFCS agency will use the Express Lane option for initial determinations and redeterminations. All members eligible for this process have completed an initial application or redetermination form and have been approved for SNAP and/or TANF. The DFCS agency will use the SNAP and/or TANF income findings, calculated based on SNAP and/or TANF eligibility policies (income exclusions, disregards, household composition, deeming, etc.) to determine income eligibility for Medicaid. Any SNAP and/or TANF eligible children that meet SNAP and/or TANF citizenship requirement, must also meet Medicaid citizenship requirements. DFCS will verify citizenship and immigration status according to Medicaid requirements, not based on SNAP and/or TANF requirements.

The following summarizes differences in methodology between Medicaid, SNAP and TANF:

Budget Unit:

Medicaid:

• The DFCS agency uses 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 step-parents, 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 whom is pregnant.

SNAP:

• The household composition consists of the individual, individual spouse, minor children under 19 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-grand), 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.

- (5) Check off and describe the option used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.



Screening threshold established by the Medicaid agency as:



(i) ²³⁵ percentage of the Federal poverty level which

_____ exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify _____ 205 percentage of the FPL applicable to a child (0-19) plus 30 percentage points _____ ; or



(ii) _____ percentage of the FPL (describe how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency:

_____); or



Temporary enrollment pending screen and enroll.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Georgia **Medical Assistance Program**

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

(c) State's regular screen and enroll process for CHIP.

(6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

(7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

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