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State/Territory Name: Georgia

State Plan Amendment (SPA) #: GA-22-0033

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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

October 26, 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-22-0033, submitted on September 8, 2022, has been approved. Through this SPA, Georgia provides 12 months of continuous postpartum coverage to individuals enrolled in its separate CHIP, pursuant to section 9822 of the American Rescue Plan Act of 2021 (ARP). This SPA has an effective date of November 1, 2022 and extends through March 31, 2027, and is a companion to the Medicaid continuous postpartum coverage SPA, GA-22-0005-PPPG.

Section 9822 of the ARP added section 2107(e)(1)(J) to the Social Security Act, which requires states to provide continuous eligibility throughout an individual's pregnancy and 12-month postpartum period in CHIP if the state has elected this option in Medicaid. In Georgia, these provisions apply to targeted low-income children who are pregnant. In addition, this SPA updates section 6.2.9 of the CHIP state plan to provide lactation services for pregnant and postpartum individuals.

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

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (443) 934-2064. We look forward to continuing to work with you and your staff.

Sincerely, /Signed by Sarah deLone/

Sarah deLone Director



CHIP state plan.

CHIP Eligibility

State Name: Georgia	OMB Control Number: 0938-1148	
Transmittal Number: GA - 22 - 0033		
Separate Child Health Insurance Program General Eligibility - Continuous Eligibility	CS27	
2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926; 2107((e)(1)(J) and 1902(e)(16) of the SSA	
Mandatory 12-Month Postpartum Continuous Eligibility in CHIP f	or States Electing This Option in Medicaid	
At state option in Medicaid, states may elect to provide continuous with section 1902(e)(16) of the SSA. If elected under Medicaid, state extended postpartum period for pregnant individuals in its separate elected under the Medicaid state plan.		
State elected the Medicaid option to provide continuous eligibility	through the 12- month postpartum period Yes	
The 12-month postpartum continuous eligibility applies than April 1, 2022) and is available through March 31, 2	for the period beginning on the effective date of this SPA (no earlier 2027.	
	vailable to pregnant targeted low-income children or targeted low- of the SSA is provided consistent with the following provisions:	
remain eligible throughout the duration of the p	and received services under the state child health plan or waiver shall pregnancy (including any period of retroactive eligibility) and the 12-verthe pregnancy ends and ending on the last day of the 12th month on 1902(e) of the SSA	
	icome children who are pregnant or targeted low-income pregnant lled under the state child health plan through the end of the 12-month ility because of a change in circumstances, unless:	
■ The individual or representative requests volum	tary disenrollment.	
■ The individual is no longer a resident of the sta	te.	
The Agency determines that eligibility was error renewal of eligibility because of Agency error of	oneously granted at the most recent determination or or fraud, abuse, or perjury attributed to the individual.	
■ The individual dies.		
Unlike continuous eligibility for children, states providing the 12-n eligibility due to non-payment of premiums or becoming eligible for		
	A, the state assures that continuous eligibility is provided through an um period regardless of non-payment of premiums, or an individual	

Benefits provided during the 12-month postpartum period must be the same scope of comprehensive services consistent with the benefit package elected by the state under section 2103(a) of the SSA that is available to targeted low income children and/or targeted low-income pregnant women and may include additional benefits as described in Section 6 of the



CHIP Eligibility

Optional Continuous Eligibility for Children

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision.

No

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

V.20220204

State of Georgia State Plan Amendment number: GA-2022-0033

This State Plan Amendment will update the following sections:

1.4 <u>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.</u>

SPA number: GA-2022-0033

Purpose of SPA: The purpose of the SPA is to include 12-Month Post-Partum continuous eligibility for our CHIP enrollees.

Proposed effective date: 11/01/2022

Proposed implementation date: 11/01/2022

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.

4.1.2 Ages of each eligibility group, including unborn children and pregnant women (if applicable) and the income standard for that group:

The plan will be available to children 0 through 18 years of age. If the child is otherwise eligible, coverage will continue through the month of his/her nineteenth birthday, with an income no greater than 247% FPL.

Continuous eligibility is provided to targeted low-income children/teens who are pregnant, eligible, and enrolled in the state CHIP plan beginning on the day the pregnancy ends and ending on the last day of the 12 month Post-Partum period, which may extend beyond their nineteenth birthday, and with an income no greater than 247% FPL. This Post-Partum coverage is available through March 31, 2027.

- - 4.1.9.2- a. The State includes eligibility for Pregnant CHIP enrollees who meet the following eligibility criteria.
 - Income does not exceed 247% of the FPL, and not eligible for Medicaid
 - citizenship/immigration status
 - identity
 - age (under the age of 19)
 - residency

- 4.1.9.2- b. Continuous eligibility is provided to targeted low-income children/teens who are pregnant, eligible, and enrolled in the state CHIP plan beginning on the day the pregnancy ends and ending on the last day of the 12 month Post-Partum period, with an income no greater than 247% FPL, unless:
 - The individual or representative requests voluntary disenrollment
 - The individual is no longer a resident of the state
 - The agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of agency error or fraud, abuse, or perjury attributed to the individual
 - The individual dies

4.1-PW Pregnant Women Option (section 2112)- The State includes eligibility for one or more populations of targeted low-income pregnant women under the plan. Describe the population of pregnant women that the State proposes to cover in this section. Include all eligibility criteria, such as those described in the above categories (for instance, income and resources) that will be applied to this population. Use the same reference number system for those criteria (for example, 4.1.1-P for a geographic restriction). Please remember to update sections 8.1.1-PW, 8.1.2-PW, and 9.10 when electing this option.

6.2.9. Prenatal care and pre-pregnancy family services and supplies (Section 2110(a)(9)) These services are covered in full.

This includes Childbirth Education Services, Lactation Consultants, a series of 8 classes regarding the birth experience and tools to prepare for a healthier pregnancy, birth, and 12-month continuous postpartum period.

Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.

8.2.1. Premiums:

Premiums are not required for children ages 0-5 years old. American Indians/Alaska natives and children in Foster Care are also exempt from paying a premium. For children ages 6-18, the premiums are detailed in the table below:

FPL	One Child	Family Cap
139%-158%	11.00	\$16.00
159%-170%	22.00	\$44.00
171%-190%	24.00	\$49.00
191%-210%	29.00	\$58.00

211%-231%	32.00	\$64.00
232%-247%	36.00	\$72.00

The State assures that continuous eligibility is provided through an individual's 12-month Post-Partum period regardless of non-payment of premiums, or an individual becoming eligible for Medicaid.

At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in State or Federally declared disaster areas for a specified period of time.

9.10 Annual Estimate of Financial Impact to CHIP for Post-partum Coverage

Medicaid (PeachCare) Post-Partum for 12 Months

Projected Births per Year

Age 18-19 15

Per-Member Per-Month Rates

Age 18-19 \$210.71

Federal Funds: \$24,476

State Funds: \$7,130

Total Annualized Cost to DCH \$7,130