

Table of Contents

State/Territory Name: Georgia

State Plan Amendment (SPA)#: 24-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

June 7, 2024

Stuart Portman
Executive Director, Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 18th Floor
Atlanta, GA 30334

Re: Georgia State Plan Amendment (SPA) 24-0002

Dear Executive Director Portman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0002. This SPA proposes to expand Express Lane Eligibility to include Childcare and Parental Services (CAPS), Refugee Cash Assistance, and the Supplemental Nutrition Program for Women, Infants, and Children (WIC) and is being submitted pursuant to Georgia's amended State Fiscal Year 2023 Appropriations Act.

We conducted our review of your submittal according to statutory requirements in (1902(e)(13) of the Act). This letter informs you that Georgia's Medicaid SPA TN 24-0002 was approved on June 7, 2024, with an effective date of March 1, 2024.

Enclosed are copies of the approved Form CMS-179 and the approved SPA page to be incorporated 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 large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Brian Dowd
Rebecca Dugger
Maxine Elliott
Melonie Wilson

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 2

2. STATE

GA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

3/1/2024

5. FEDERAL STATUTE/REGULATION CITATION

Children's Health Insurance Program Reauthorization Act of 2009
ELE statute (1902(e)(13) of the Act).

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 2, Coverage and Eligibility, Page 11b, 11c, and 11d

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 2, Coverage and Eligibility, Page 11b, 11c, and 11d

9. SUBJECT OF AMENDMENT

Expanding Express Lane Eligibility to include Childcare and Parental Services (CAPS), Refugee Cash Assistance, and the Supplemental Nutrition Program for Women, Infants, and Children (WIC).

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



OTHER, AS SPECIFIED:



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

Stuart Portman
Executive Director, Medical Assistance Plans Division
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 18th Floor
Atlanta, Georgia 30334

12. TYPED NAME
Lynnette R. Rhodes

13. TITLE
Chief Health Policy Officer

14. DATE SUBMITTED
3/14/2024

FOR CMS USE ONLY

16. DATE RECEIVED
3/14/2024

17. DATE APPROVED
6/7/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
3/1/2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

June 6, 2024- GA approved by email a Pen and Ink change to Box 5 to include the following: ELE statute (1902(e)(13) of the Act).

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:

The 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), Refugee Cash Assistance (RCA) Program. WIC and Childcare applicants will be informed that with their permission, their demographic and income information will be forwarded to the Division of Family and Children Services (DFCS) for an eligibility determination.

TN No.: 24-0002

Approval Date 6/7/2024

Effective Date 3/1/2024

Supersedes TN No.: 22-0004

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.

TN: DPCS agency will use the Express Lane Eligibility option for initial determinations and redeterminations. All members will be enrolled in Medicaid if they are approved for SNAP, TANF, Refugee Cash Assistance (RCA), Childcare, or WIC. The DPCS agency will use the SNAP, TANF, RCA, Childcare or WIC income thresholds established based on SNAP, TANF, RCA, Childcare and WIC eligibility policies (income exclusions, disregards, household composition, deeming, etc.) to determine income eligibility for Medicaid. DPCS will use other information received by the SNAP, TANF, RCA, Childcare and WIC agency on the program's application/renewal or through its verification processes to determine if other factors of Medicaid eligibility (e.g., verification of citizenship, State residency). Any SNAP, TANF, RCA, Childcare, or WIC eligible children must also meet Medicaid citizenship requirements.
The following summarizes differences in methodology between Medicaid, SNAP, TANF, RCA, Childcare and WIC Budget Unit.
Medicaid
• The DPCS agency uses Modified Adjusted Gross Income (MAGI) household comparison subject to its state plan as determining eligibility. The MAGI Budget Group (BG) consists of tax filers and their tax dependents, or non-tax filers and all their household members (including children under the age of 19 (natural, biological, adopted or step), and for children under the age of 19, 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 comparison consists of the individual, married 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 household members who purchase and prepare meals together.
TANF
• The household comparison consists of children with the specified degree of relationship to grandchild. The following relationships meet the relationship requirement: parent (either by birth, legal adoption, or step relationship), grandparent (up to grand-grandparent), sibling (half, whole, step), aunt/uncle (up to great-grand), 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 it is child is born after termination of the marriage.
RCA
• The household comparison consists of the individual, married spouse, minor children under 18.

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

(a)

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

(b)

Temporary enrollment pending screen and enroll.

TN No.: 24-0002

Approval Date 06/07/2024

Effective Date 03/01/2024

Supersedes TN No.: 22-0004

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.

TN No.: 24-0002

Approval Date 06/07/2024

Effective Date 03/01/2024

Supersedes

TN No.: 22-0004