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

TN No.: 22-0004 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.

(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.: 22-0004 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)

☐ (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.: 22-0004
Supersedes
TN No.: NEW
Approval Date 08/11/22
Effective Date 10/01/22