

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 handwritten signature in blue ink, appearing to read "James G. Scott", is positioned to the left of the digital signature block.

Digitally signed by
James G. Scott -S
Date: 2024.06.07
11:26:08 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Brian Dowd
Rebecca Dugger
Maxine Elliott
Melonie Wilson

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:

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Initial determinations

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Redeterminations

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Both

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

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(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: Georgia

Citation(s)

The DFCS 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 DFCS agency will use the SNAP, TANF, RCA, Childcare or WIC income findings, calculated based on SNAP, TANF, RCA, Childcare and WIC eligibility policies (income exclusions, disregards, household composition, deeming, etc.) to determine income eligibility for Medicaid. DFCS will use other information collected by the SNAP, TANF, RCA, Childcare and WIC agency on the program's application/renewal or through its verification processes to determine most 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 requirement.

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

- 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 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 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-great), 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.
- RCA
 - The household composition consists of the individual, individual spouse, minor children under 18.

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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

Supersedes

TN No.: 22-0004

Approval Date 06/07/2024

Effective Date 03/01/2024