DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Atlanta Regional Office 61 Forsyth Street, Suite 4T20 Atlanta, Georgia 30303



#### DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

February 18, 2014

Dr. Jerry Dubberly, Chief Medical Assistance Plans Georgia Department of Community Health 2 Peachtree Street, NW, 40<sup>th</sup> Floor Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), GA 13-0023-MM5

Dear Dr. Dubberly:

Enclosed is an approved copy of Georgia's state plan amendment (SPA) 13-0023-MM5, which was submitted to CMS on November 15, 2013. SPA 13-0023-MM5 affirms state residency regulations and addresses interstate agreements and temporary absence in accordance with the Affordable Care Act. This SPA was approved on February 12, 2014. The effective date of the SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the back of Georgia's approved state plan, as well as a summary of the state plan pages which are superseded by SPA 13-0023-MM5, which should be incorporated into a separate section in the front of the state plan.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or <u>Tandra.Hodges@cms.hhs.gov</u>.

Sincerely,

Jackie Blaze Jackie Glaze

Associate Regional Administrator Division of Medicaid & Children's Health Operations

**Enclosures** 

Medicaid State Plan Eligibility: Summary Page (CMS 179)

<ul> <li>Standard</li> </ul>	ate/Teri	ritory	name:
------------------------------	----------	--------	-------

Georgia

#### Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST = the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

13-023

#### Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

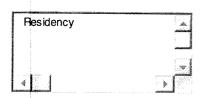
### Federal Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

## Subject of Amendment

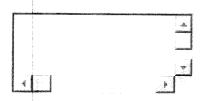
Character Count: out of 2000



#### Governor's Office Review

- o Governor's office reported no comment
- Comments of Governor's office received

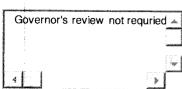
Describe:



- o No reply received within 45 days of submittal
- Other, as specified

Describe:





## Signature of State Agency Official

o Submitted By:

Therese Brisco

o Last Revision Date:

Feb 12, 2014

o Submit Date:

SUPERSEDING STATE PLAN I	
TRANSMITTAL NUMBER:	STATE:
13-0023 MM5	Georgia
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
S88 Non-Financial Eligibility- State Residency	Attachment 2.6-A: Page 3, item (4), TN 13-0024 MM6



Georgia

# **Medicaid Eligibility**

OMB Control Number 0938-1148

Effective Date: 01-01-14

		others .		Olvid Expiration date: 10/31/	/20
550	A STATE OF	nancial Eligibility esidency			S8
42 C	FR 4	435.403			
State	e Re	sidency			
		state provides Medicaid to other	erwise eligible residents of the state, including re	esidents who are absent from the state under	
	Indi	viduals are considered to be res	sidents of the state under the following condition	ns:	
,		Non-institutionalized individual married, if the individual is liv	als age 21 and over, or under age 21, capable of ing in the state and:	indicating intent and who are emancipated or	
		Intends to reside in the sta	te, including without a fixed address, or		
		Entered the state with a jo	b commitment or seeking employment, whether	or not currently employed.	
		Individuals age 21 and over, newhich they live.	ot living in an institution, who are not capable of	f indicating intent, are residents of the state in	
		Non-institutionalized individua	als under 21 not described above and non IV-E b	peneficiary children:	
		Residing in the state, with	or without a fixed address, or		
		The state of residency of t resides.	he parent or caretaker, in accordance with 42 CF	FR 435.403(h)(1), with whom the individual	
		Individuals living in institution indicating intent before age 21	s, as defined in 42 CFR 435.1010, including for and individuals under age 21 who are not eman	ter care homes, who became incapable of cipated or married:	
		Regardless of which state resides in the state, or	the individual resides, if the parent or guardian a	applying for Medicaid on the individual's beha	ılf
		Regardless of which state placement, or	the individual resides, if the parent or guardian i	resides in the state at the time of the individual	l's
		If the individual applying institutionalized individua institutionalized in the state	for Medicaid on the individual's behalf resides in l's parent(s) were terminated and no guardian hance.	n the state and the parental rights of the s been appointed and the individual is	
		Individuals living in institution unless another state made the p	s who became incapable of indicating intent at olacement.	or after age 21, if physically present in the stat	e,
		Individuals who have been pla	ced in an out-of-state institution, including foste	r care homes, by an agency of the state.	
		Any other institutionalized ind institution by another state.	ividual age 21 or over when living in the state w	ith the intent to reside there, and not placed in	the
1		IV-E eligible children living in	the state, or		
	1	FN No. 13-0023-MM5	Approval Date: 02-12-14	Effective Date: 01-01-14	

S88-1



# **Medicaid Eligibility**

Otherwise meet the requirements of 42 CFR 435.403.

TN No. 13-0023-MM5 Georgia Approval Date: 02-12-14 S88-2

Effective Date: 01-01-14



# **Medicaid Eligibility**

Meet the criteria specified in an interstate agreement.				
• Yes	○ No			
T	he state has interstate agreem	ents with the following selected	d states:	
			Montana	Rhode Island
٥	X Alaska		Nebraska Nebraska	South Carolina
۵	X Arizona	⊠ Iowa	Nevada	South Dakota
D	✓ Arkansas	<b>⊠</b> Kansas	New Hampshire	▼ Tennessee
D	☑ California		New Jersey	▼ Texas
D	☑ Colorado	□ Louisiana	New Mexico	
D	Connecticut	<b>⊠</b> Maine	☐ New York	∇ermont
D	☑ Delaware	Maryland	North Carolina	∇irginia
D	☑ District of Columbia	Massachusetts	North Dakota	<b>⊠</b> Washington
D	☑ Florida	Michigan	○ Ohio	West Virginia
	Georgia	Minnesota	○ Oklahoma	
D	☑ Hawaii	Mississippi	○ Oregon	
· D	☑ Idaho	Missouri	Pennsylvania	
st	The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):			
D	Are IV-E eligible			
	Are in the state only for the	e purpose of attending school		
	Are out of the state only for	or the purpose of attending scho	ool	
	Retain addresses in both st	tates		
D	Other type of individual			

TN No. 13-0023-MM5 Georgia

Approval Date: 02-12-14

S88-3

Effective Date: 01-01-14



## **Medicaid Eligibility**

	Name of Type	Description	
+	Long Term Care residents	Waive the Georgia residency requirement if the individual who is determined to be a resident of another state meets the following conditions: the applicant is placed in a medical treatment facility (LA-D) in Georgia AND the applicant is under age 18 OR the applicant is age 18 or older but became mentally incapable prior to age 18 AND Georgia has an interstate residency agreement with the individual's state of residence.	X
		GA currently has interstate residency agreements with the following 17 states:  Alabama, California, Florida, Iowa, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Tennessee, West Virginia, Wisconsin	

The state has a policy related to individuals in the state only to attend school.

( 100 (- 140	$\mathcal{C}$	Yes	•	No
--------------	---------------	-----	---	----

Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

€ Yes C No

Provide a description of the definition:

An applicant/recipient may still be considered a resident of Georgia if s/he is temporarily out of state and intends to return to Georgia once the purpose of the absence has been accomplished. However, if the applicant/recipient is receiving Medicaid benefits from another state, s/he is no longer considered a resident of Georgia, and Georgia Medicaid benefits should be terminated until/unless applicant/recipient returns.

#### 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 40 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.

TN No. 13-0023-MM5

Approval Date: 02-12-14

Georgia

Effective Date: 01-01-14

**S88-4**