February 18, 2014

Dr. Jerry Dubberly, Chief
Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 40th 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a separate section at the back of Georgia’s approved state plan, as well as a summary of the state plan pages which are superseded by SPA 13-0023-MM5, which should be incorporated into a separate section in the front of the state plan.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 Tanda Hodges at (404) 562-7409 or Tanda.Hodges@ems.hhs.gov.

Sincerely,

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children’s Health Operations

Enclosures
Medicaid State Plan Eligibility: Summary Page (CMS 179)

- State/Territory 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

<table>
<thead>
<tr>
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<th>Federal Fiscal Year</th>
<th>Amount</th>
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<tr>
<td>First Year</td>
<td>2014</td>
<td>$0.00</td>
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<tr>
<td>Second Year</td>
<td>2015</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

- Subject of Amendment
• **Governor's Office Review**

  o Governor's office reported no comment

  o Comments of Governor's office received

  Describe:

  o No reply received within 45 days of submittal

  o Other, as specified

  Describe:

  • **Signature of State Agency Official**

    o Submitted By:

      Therese Brisco

    o Last Revision Date:

      Feb 12, 2014

    o Submit Date:
<table>
<thead>
<tr>
<th>TRANSMITTAL NUMBER:</th>
<th>STATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-0023 MM5</td>
<td>Georgia</td>
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</table>

<table>
<thead>
<tr>
<th>PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</th>
<th>PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>S88 Non-Financial Eligibility- State Residency</td>
<td>Attachment 2.6-A: Page 3, item (4), TN 13-0024 MM6</td>
</tr>
</tbody>
</table>
State Residency

The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

- **Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:**
  - Intends to reside in the state, including without a fixed address, or
  - Entered the state with a job commitment or seeking employment, whether or not currently employed.
- **Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.**
- **Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:**
  - Residing in the state, with or without a fixed address, or
  - The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- **Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:**
  - Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
  - Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
  - If the individual applying for Medicaid on the individual’s behalf resides in the state and the parental rights of the institutionalized individual’s parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- **Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.**
- **Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.**
- **Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.**
- **IV-E eligible children living in the state, or**
Otherwise meet the requirements of 42 CFR 435.403.
Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☐ Yes  ☐ No

☒ The state has interstate agreements with the following selected states:

☒ Alabama  ☒ Illinois  ☒ Montana  ☒ Rhode Island
☒ Alaska  ☒ Indiana  ☒ Nebraska  ☒ South Carolina
☒ Arizona  ☒ Iowa  ☒ Nevada  ☒ South Dakota
☒ Arkansas  ☒ Kansas  ☒ New Hampshire  ☒ Tennessee
☒ California  ☒ Kentucky  ☒ New Jersey  ☒ Texas
☒ Colorado  ☒ Louisiana  ☒ New Mexico  ☒ Utah
☒ Connecticut  ☒ Maine  ☐ New York  ☒ Vermont
☒ Delaware  ☒ Maryland  ☒ North Carolina  ☒ Virginia
☒ District of Columbia  ☒ Massachusetts  ☒ North Dakota  ☒ Washington
☒ Florida  ☒ Michigan  ☒ Ohio  ☒ West Virginia
☐ Georgia  ☒ Minnesota  ☒ Oklahoma  ☒ Wisconsin
☒ Hawaii  ☒ Mississippi  ☒ Oregon  ☐ Wyoming
☒ Idaho  ☒ Missouri  ☒ Pennsylvania

☐ 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):

☒ Are IV-E eligible
☐ Are in the state only for the purpose of attending school
☐ Are out of the state only for the purpose of attending school
☐ Retain addresses in both states
☒ Other type of individual

TN No. 13-0023-MM5  Approval Date: 02-12-14  Effective Date: 01-01-14
Georgia  S88-3
### Medicaid Eligibility

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

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

- 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  - 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.

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**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**
**Effective Date: 01-01-14**

**Georgia**

**S88-4**