Department of Health & Human Services Centers for Medicare & Medicaid Services 61 Forsyth St., Suite 4T20 Atlanta, Georgia 30303-8909



April 14, 2011

RECEIVED

APR 1 9 2011

Chief's Office Medical Assistance Plans

Mr. Jerry Dubberly, Chief Medical Assistance Plans Georgia Department of Community Health 2 Peachtree Street, NW, 40th Floor Atlanta, GA 30303-3159

Re: Georgia Title XIX State Plan Amendment, Transmittal #11-002

Dear Mr. Dubberly:

We have reviewed the proposed Georgia Medicaid State Plan Amendment (SPA) 11-002 that was submitted to the Atlanta Regional Office on February 25, 2011. This State Plan Amendment establishes optional Express Lane Eligibility (ELE) in order to expedite identification and enrollment of uninsured children in Medicaid.

Based on the information provided, we are now ready to approve the Georgia State Plan Amendment 11-002. This SPA was approved on April 13, 2011. The effective date of this amendment is January 1, 2011. The signed HCFA-179 and the approved plan pages are enclosed.

If you have any questions or need any further assistance, please contact Rita Nimmons at (404) 562-7415.

Sincerely,

Jackie Glaze

Associate Regional Administrator

Jackie Blan

Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	I. TRANSMITTAL NUMBER: 11-002	2. STATE GEORGIA	
FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2011		
5. TYPE OF PLAN MATERIAL (Check One):			
	NSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate Transmittal for ed	ich amendment)	
5. FEDERAL STATUTE/REGULATION CITATION: Section 1902(e)(13) of the Act	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$0 FFY 2012 \$0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2A, pages 11b - 11d	9. PAGE NUMBER OF THE SUPER OR ATTACHMENT (If Applicable		
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JBJECT OF AMENDMENT:	THE RESERVE OF THE PROPERTY.		
EXPRESS LANE ELIGIBILITY			
11. GOVERNOR'S REVIEW (Check One). GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:		
13/TYPED NAME: JERRY DUBBERLY 14. TITLE: CHIEF, MEDICAID DIVISION 15. DATE SUBMITTED:	16. RETURN TO: Department of Community Health Medicaid Division 2 Peachtree Street, NW Atlanta, Georgia 30303-3159	RESERVE AND LOCKER	
17. DATE RECEIVED: 03/25/11	for the same a way on the	1.7.1.6.41	
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PLAN APPROVED - O	NE COPY ATTACHED	2.00	
01/01/11 OFFICE OF APPROVED MATERIAL:	20, SIGNATURE OF REGIONAL O	FFICIAL:	
21. TYPED NAME: Jäckie Glaze	22. TITLE: Associate Regional Admi	nistrator	
23. REMARKS	Division of Medicaid & C		
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ATTACHMEMT 2.2-A Page 11b OMB No.: 00938 –

	SECTION 2 – CO	OVERAGE AND ELIGIBILITY
Citation(s)	MANUEL AND CONTRACT OF THE PARTY OF THE PART	DIJUDIT I
	2.1 <u>Applicati</u> <u>Medicai</u> (Continu	
1902(e)(13) of the Act	option detern Medic all of option	ess Lane Option. The Medicaid State agency elects the into rely on a finding from an Express Lane agency when mining whether a child satisfies one or more components of caid eligibility. The Medicaid State agency agrees to meet the Federal statutory and regulatory requirements for this in. This authority may not apply to eligibility determination 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 966 (the Special Su	Community Health	n Division of Public Health - The Child and Nutrition Act on Program for Women, Infants and Children or WIC)

ATTACHMENT 2.2-A Page 11c OMB No.: 00938 –

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	GEORGIA	
	SECTION 2 – COVERAGE AND ELIGI	BILITY
_Citat	tion(s)	

- 2.1 <u>Application, Determination of Eligibility and Furnishing</u>
 <u>Medicaid</u>
 (Continued)
- (4) The following 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.

The Department will use the following findings under the express lane option: income, identity, age and residency.

WIC is limited to children under age 5 with a nutritional need. The Department will only receive information on those children. The Department will follow up with the family to find additional children that may be in the household and use the WIC income information to determine eligibility for all children in the household. Citizenship information for all children will be obtained from the family. Identity information for non WIC children will be obtained from the family. The department will not use additional budgeting deductions and will rely solely on the WIC income finding.

The Department will use WIC income findings and apply this income to children who are applying for Medicaid. WIC income is defined as gross cash income before deductions. WIC allows an exclusion from gross family income for military housing. Gross family income must be equal to or less than 185% of the Federal Poverty Level.

The Department allows a child support income disregard of \$50 for the budget group. The Department allows the following deductions from earned income for medical eligibility determinations:

- -\$90 standard work expense for each employed individual
- -\$30 earned income deduction and one-third of the remaining earned income for each employed individual
- -dependent care expenses for each child or incapacitated individual

These disregards do not apply to WIC and do not apply to family income for ELE.

TN No.: 11-002

Supersedes TN No.: New Approval Date: 04-13-11 Effective Date: 01-01-11

ATTACHMENT 2.2-A

Page 11d

OMB No.: 00938 -

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: GEORGIA
SECTION 2 – COVERAGE AND ELIGIBILITY Citation(s)
2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

(5) Check off which option is 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) 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
	; or
	[(ii) percentage of the Federal poverty level (that reflects the value of any difference between income methodologies of Medicaid and the Express Lane agency); or
F1	

- (b) Temporary enrollment pending screen and enroll.
- (c) State's regular screen and enroll process for CHIP.
- (6) 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 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.: 11-002
Supersedes TN No.: New

Approval Date: 04-13-11 Effective Date: 01-01-11