

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**

March 19, 2018

Frank Berry, Commissioner  
Georgia Department of Community Health  
2 Peachtree Street, NW, 40<sup>th</sup> Floor  
Atlanta, Georgia 30303

RE: Title XIX State Plan Amendment (SPA), Transmittal Number 18-0001-MM1

Dear Mr. Berry:

We are pleased to inform you of the approval of Georgia State Plan Amendment (SPA) 18-0001-MM1.

This SPA was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 4, 2018. This amendment removes from the state plan the eligibility of former foster care youth under age 26 who were in foster care under the responsibility of another state, and enrolled in Medicaid at the time they turned 18 or aged out of the foster care system in the other state. This amendment is in compliance with §1902(a)(10)(A)(i)(IX) of the Social Security Act and federal regulations at 42 CFR §435.150

Based on the information provided, Medicaid state plan amendment GA-18-0001-MM1 was approved on March 16, 2018. The effective date of this amendment is January 1, 2018. We are enclosing a copy of the approved SPA pages and the form like CMS-179.

If you have any questions or need further assistance, please contact Etta Hawkins at (404) 562-7429 or [Etta.hawkins@cms.hhs.gov](mailto:Etta.hawkins@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink, enclosed within a hand-drawn oval. The signature is stylized and appears to read "Charles Friedrich".

Charles Friedrich, MPA  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

CMS-10434 OMB 0938-1188

## Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850

**Date:****Head of Agency:** Frank Berry**Title/Dept :** Commissioner**Address 1:** 2 Peachtree Street NW**Address 2:****City :** Atlanta**State:** GA**Zip:** 30303**MACPro Package ID:** GA2017MS0001O**SPA ID:** GA-18-0001-FFC**Subject**

Georgia Former Foster Care Children Out of State

**Dear Frank Berry**

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for Approval of Georgia SPA 18-0001

Reviewable Unit	Effective Date
Financial Eligibility Requirements for Non-MAGI Groups	1/1/2018
Mandatory Eligibility Groups	1/1/2018
Former Foster Care Children	1/1/2018

We are pleased to inform you of the approval of Georgia State Plan Amendment (SPA) 18-0001. This amendment modifies the Modified Adjusted Gross Income (MAGI)-Based Eligibility Groups to individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and were in foster care when they turned age 18 or aged out of foster care. Georgia will no longer cover Former Foster Care Youth that have aged out of Foster Care in another state. Georgia will use only state funds going forward.

Sincerely,

## Approval Documentation

Name	Date Created	Type
No items available		

## Package Information

**Package ID** GA2017MS0001O  
**Program Name** N/A  
**SPA ID** GA-18-0001-FFC

**Submission Type** Official  
**State** GA  
**Region** Atlanta, GA

**Version Number** 3  
**Submitted By** Heather Bond  
**Priority Code** P2

**Package Status** Review  
**Submission Date** 1/4/2018  
**Regulatory Clock** 69 days remain  
**Review Status** Review 1

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | GA2017MS00010 | GA-18-0001-FFC

Not Started

In Progress

Complete

### Package Header

**Package ID** GA2017MS00010  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** GA-18-0001-FFC  
**Initial Submission Date** 1/4/2018  
**Effective Date** N/A

### State Information

**State/Territory Name:** Georgia

**Medicaid Agency Name:** Georgia Department of Community Health

### Submission Component

State Plan Amendment

Medicaid

CHIP

### Submission Type

Official Submission Package

Draft Submission Package

**Allow this official package to be viewable by other states?**

Yes

No

### Key Contacts

Name	Title	Phone Number	Email Address
Bond, Heather	Associate Chief	(404)657-1502	Hbond@dch.ga.gov

### SPA ID and Effective Date

**SPA ID** GA-18-0001-FFC

Reviewable Unit	Proposed Effective Date
Financial Eligibility Requirements for Non-MAGI Groups	1/1/2018
Mandatory Eligibility Groups	1/1/2018
Former Foster Care Children	1/1/2018

### Executive Summary

**Summary Description Including Goals and Objectives** Georgia will only cover Former Foster Care Youth as described in 42 CFR 435.150. Georgia will not cover Former Foster Care Youth that aged out of Foster Care in another state. Georgia intends to use only state funds going forward.

### Dependency Description

**Description of any dependencies between this submission package and any other submission package undergoing review**

### Disaster-Related Submission

This submission is related to a disaster

- Yes
- No

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$-100000
Second	2019	\$125000

#### Federal Statute / Regulation Citation

Former Foster Care Youth 42 CFR 435.150

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

### Authorized Submitter

The following information will be provided by the system once the package is submitted to CMS.

**Name of Authorized Submitter** Heather Bond  
**Phone number** 4046571502  
**Email address** Hbond@dch.ga.gov  
**Authorized Submitter's Signature** Heather Bond

I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | GA2017MS00010 | GA-18-0001-FFC

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Not Started In Progress Complete

### Package Header

<b>Package ID</b> GA2017MS00010	<b>SPA ID</b> GA-18-0001-FFC
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 1/4/2018
<b>Approval Date</b> N/A	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

## Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | GA2017MS00010 | GA-18-0001-FFC

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Not Started In Progress Complete

### Package Header

<b>Package ID</b> GA2017MS00010	<b>SPA ID</b> GA-18-0001-FFC
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Submission Type Official  
Approval Date N/A  
Superseded SPA ID N/A

Initial Submission Date 1/4/2018  
Effective Date N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

## Medicaid State Plan Eligibility

### Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | GA2017MS0001O | GA-18-0001-FFC

Not Started

In Progress

Complete

#### Package Header

Package ID GA2017MS0001O  
Submission Type Official  
Approval Date N/A  
Superseded SPA ID N/A

SPA ID GA-18-0001-FFC  
Initial Submission Date 1/4/2018  
Effective Date 1/1/2018

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

#### A. Financial Eligibility Methodologies

- The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

#### B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### C. Financial Responsibility of Relatives

- The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

#### D. Additional Information (optional)

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | GA2017MS0001O | GA-18-0001-FFC

Not Started

In Progress

Complete

#### Package Header

Package ID GA2017MS0001O

SPA ID GA-18-0001-FFC

Submission Type Official Initial Submission Date 1/4/2018

Approval Date N/A  
Superseded SPA ID 13-020











Effective Date 1/1/2018

System-Derived










## Mandatory Coverage









A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Infants and Children under Age 19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Mandatory State Supplements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Are Essential Spouses		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Continuously Eligible Since 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Blind or Disabled Individuals Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Disabled under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Adult Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

**B. The state elects the Adult Group, described at 42 C.F.R. §435.219.**

Yes  No

**C. Additional Information (optional)****Eligibility Groups Deselected from Coverage**

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

**Medicaid State Plan Eligibility****Eligibility Groups - Mandatory Coverage****Former Foster Care Children**

MEDICAID | Medicaid State Plan | Eligibility | GA2017MS0001O | GA-18-0001-FFC

Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and were in foster care when they turned age 18 or aged out of foster care.

Not Started

In Progress

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**Package Header**

<b>Package ID</b>	GA2017MS0001O	<b>SPA ID</b>	GA-18-0001-FFC
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/4/2018
<b>Approval Date</b>	N/A	<b>Effective Date</b>	1/1/2018
<b>Superseded SPA ID</b>	13-020		
	System-Derived		

The state covers the mandatory former foster care children group in accordance with the following provisions:

**A. Characteristics**

Individuals qualifying under this eligibility group must meet the following criteria:

- Are under age 26
- Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group

**B. Individuals Covered**

**1. The state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) and were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act.**

**2. Additionally, the state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:**

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

### **C. Additional Information (optional)**

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 0938-1188. 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.

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