STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE GEORGIA

DEFINITION OF A HEALTH MAINTENANCE ORGANIZATION (HMO)
THAT IS NOT FEDERALLY QUALIFIED

The definition of an HMO that is not federally qualified is any state licensed health care provider which meets the requirements of 42 CFR 434.20(c)(1,2,3)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered

The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

IV-A 42 CFR 435.110 1. Recipients of AFDC

The approved State AFDC plan includes:

☒ Families with an unemployed parent for the mandatory 6-month period and an optional extension of -0- months.

☐ Pregnant women with no other eligible children.

☐ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

IV-A 42 CFR 435.115 2. Deemed Recipients of AFDC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than $10.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
IV-A		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
		2. Deemed Recipients of AFDC.
	1902(a)(10)(A)(i)(I) of the Act	b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.
	402(a)(22)(A) of the Act	c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.
	406(h) and 1902(a)(10)(A)(i)(I) of the Act	d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.
	1902(a) of the Act	e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

Agency* Citation(s)	Groups Covered
	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act	3. Qualified Family Members (Medicaid Only) See Item A.10, pg 4a.
1902(a)(52) and 1925 of the Act	4. Families terminated from Low Income Medicaid solely because of earnings, hours of employment, or loss of earned income disregards are entitled to up to twelve months of extended benefits in accordance with Section 1925 of the Act.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A 42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:

a. Families denied AFDC solely because of income and resources deemed to be available from--

(1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;

(2) Grandparents;

(3) Legal guardians; and

(4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);

b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.

c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-A	42 CFR 435.114	6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. ___ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). X Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). ___ Not applicable with respect to intermediate care facilities; State did or does not cover this service.
IV-A	1902(a)(10)(A)(i)(III) and 1905(n) of the Act	7. Qualified Pregnant Women and Children. a. A pregnant woman whose pregnancy has been medically verified who-- (1) Would be eligible for an AFDC cash payment ([redacted]) if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
* IV-A	7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
	(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
1902(a)(10)(A)(i)(III) and 1905(n) of the Act	b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
	X Children born after 6/30/74 (specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

* Agency that determines eligibility for coverage.

Citation(s)	Groups Covered
	A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-A 1902(a)(10)(A)(i)(IV) and 1902 (l) (l)(A) and B of the Act.	8. Pregnant women and infants, under 1 year of age, with family income up to 133 percent of the Federal poverty level, who are described in Section 1902(a)(10)(A)(i)(IV) and 1902(1)(I)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.
	__ The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.
IV-A 1902(a)(10)(A)(i)(IV) 1902 (1) (1) (c) of the Act.	9. Children
	a. who have attained 1 year of age, but have not attained 6 years of age, with family income at or below 133 percent of the Federal poverty level.
IV-A 1902(a)(10)(A)(i)(VII) and 1902(1)(I)(D) of the Act.	b. born after September 30, 1983, who have attained 6 years of age, but have not attained 19 years of age, with family income at or below 100 percent of the Federal poverty level.
	Income levels for these groups are specified in Supplement 1 to Attachment 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-A	1902(a)(10)(A)(i)(V) and 1905(m) of the Act	10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.
IV-A	1902(e)(5) of the Act	11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
	1902(e)(6) of the Act	b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

*Agency that determines eligibility coverage.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
XVI	1902(e)(4) of the Act	12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
	42 CFR 435.120	13. Aged, Blind and Disabled Individuals Receiving Cash Assistance X a. Individuals receiving SSI. This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. X Aged X Blind X Disabled

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	435.121	13. /7/ b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)
	1619(b)(1) of the Act	___ Aged ___ Blind ___ Disabled The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
XVI		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	1902(a)(10)(A)(i)(II) and 1905(q) of the Act P.L. 101-508, SECTION 5032	14. Qualified severely impaired blind and disabled individuals [redacted] who--
		a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
		b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--
		(1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;
		(2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
		(3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

(4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and

(5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

☒ Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	1619(b)(3) of the Act	/_/ The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

*Agency that determines eligibility for coverage.

State: GEORGIA

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-A	1634(c) of the Act	15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. /_/ c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. /_/ d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
IV-A	42 CFR 435.122	16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
XVI	42 CFR 435.130	17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A 42 CFR 435.131

18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

☐ In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

___ Aged ___ Blind ___ Disabled

☒ Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A 42 CFR 435.132

19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--

a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and

b. Remain institutionalized; and

c. Continue to need institutional care.

IV-A 42 CFR 435.133

20. Blind and disabled individuals who--

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and

b. Were eligible for Medicaid in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A 42 CFR 435.134

21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

☐ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

☒ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

☐ Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

IV-A 42 CFR 435.135

22. Individuals who --

a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and

b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

/_/ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

/_/ Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

/_/ The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
IV-A	1634 of the Act	23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.
		☐ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.
		☐ The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

State/Territory: GEORGIA

Agency*	Citation(s)	Groups Covered
1634(d) of the Act		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

24. Disabled widows, disabled widowers, and surviving disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.

____ The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.

____ In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.

____ In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.

____ In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.

*Agency that determines eligibility for coverage.

State: Georgia

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	1902(a)(10)(E)(i), 1905(p) and 1860D-14(a)(3)(D) of the Act	25. Qualified Medicare Beneficiaries -- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)
	1902(a)(10)(E)(ii), 1905(s) of the Act	26. Qualified Disabled and Working Individuals – a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and c. Whose resources do not exceed two times the SSI resource limit. d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. (Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

*Agency that determines eligibility

State: Georgia

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	1902(a)(10)(E)(iii), 1905(p)(3)(A)(ii), and 1860D-14(a)(3)(D) of the Act	27. Specified Low-Income Medicare Beneficiaries --
		a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
		b. whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
		c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

*Agency that determines eligibility

State: Georgia

Agency*	Citation(s)	Groups Covered
		A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)
	1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) and 1860D-14(a)(3)(D) of the Act	28. Qualifying Individuals -- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. whose income is at least 120 percent but less than 135 percent of the Federal poverty level; c, Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

*Agency that determines eligibility

State/Territory: GEORGIA

Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (Section 9517) P.L. 101-508 (Section 4732)	___ 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in Section 1903(m)(2)(B)(111), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under Section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in Section 1905(a)(4)(C).
		X The State elects not to guarantee eligibility.
		___ The State elects to guarantee eligibility. The minimum enrollment period is _____ months (not to exceed six).
		The State measures the minimum enrollment period from:
		___ The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
		___ The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
		___ The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

*Agency that determines eligibility for coverage.

State/Territory: GEORGIA

Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	1903(m)(2)(F) of the Act, P.L. 98-369 (Section 2364), P.L. 99-272 (Section 9517), P.L. 101-508 (Section 4732)	The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under Section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible. _X_ Disenrollment rights are restricted for a period of _6_ months (not to exceed 6 months). During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment. ___ No restrictions upon disenrollment rights.
	1903(m)(2)(H), 1902(a)(52) of the Act. P.L. 101-508 (Section 4732)	In the case of individuals who have become ineligible for Medicaid for the brief period described in Section 1903(m)(2)(H) and who were enrolled with an entity having a contract under Section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract. _X_ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost. ___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

*Agency that determines eligibility for coverage.

State/Territory: GEORGIA

Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
IV-A	42 CFR 435.217	X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

*Agency that determines eligibility for coverage.

State: GEORGIA

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

IV-A XVI — 1902(a)(10)(A)(ii)(VII) of the Act

☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☒ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

___ Aged
___ Blind
___ Disabled
___ Individuals under the age of--
  ___ 21
  ___ 20
  ___ 19
  ___ 18
___ Caretaker relatives
___ Pregnant women

*Agency that determines eligibility for coverage.

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)

1902(e)(13) of the Act

_X_ (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 determination made 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 Community Health Division of Public Health - The Child and Nutrition Act of 1966 (the Special Supplemental Nutrition Program for Women, Infants and Children or WIC)

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)

(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.

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

☐ (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.

Agency*	Citation(s)	Groups Covered
	B. Optional Groups Other Than the Medically Needy (continued)	
42 CFR 435.220	_____	6. Individuals who would be eligible for AFDC if their work-related child-care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child-care costs from income to determine the amount of AFDC.
	_____	The State covers all individuals as described above.
1902(a)(10)(A)(ii) and 1905(a) of the Act	_____	The State covers only the following group or groups of individuals: ____ Individuals under the age of ____ 21 ____ 20 ____ 19 ____ 18 ____ Caretaker relatives ____ Pregnant women
IV-A 42 CFR 435.222 1902(a)(10)(A)(ii) and 1905 (a)(i) of the Act		7. x a. All individuals who are not described in Section 1902 (a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21, as indicated below. ____ 20 x 19 ____ 18

State: GEORGIA

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.222

X b. Reasonable classifications of individuals described in (a) above, as follows:

X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

X (a) In foster homes (and are under the age of 21).

X (b) In private institutions (and are under the age of 21).

___ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).

X (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).

___ (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.

___ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).

*Agency that determines eligibility for coverage.

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

___ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

___ (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	1902(a)(10)(A)(ii)(VIII) of the Act	X 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement-- a. Was eligible for Medicaid under the State's approved Medicaid plan; or b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies. The State covers individuals under the age of-- X 21 ___ 20 ___ 19 ___ 18

*Agency that determines eligibility for coverage.

Agency*	Citation (s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	42 CFR 435.223 /__/	9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:
	1902(a)(10)(A)(ii) and 1905(a) of the Act	___ Individuals under the age of--
		___21
		___20
		___19
		___18
		___ Caretaker relatives
		___ Pregnant women

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230 /_/ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

a. Based on need and paid in cash on a regular basis.

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.

c. Available to all individuals in the State.

d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

___ (1) All aged individuals.

___ (2) All blind individuals.

___ (3) All disabled individuals.

Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
		___ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	42 CFR 435.230	___ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		___ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		___ (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		___ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		___ (9) Individuals in additional classifications approved by the Secretary as follows:

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

___ Yes.

___ No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

/_/ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

a. Based on need and paid in cash on a regular basis.

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.

c. Available to all individuals in each classification and available on a Statewide basis.

d. Paid to one or more of the classifications of individuals listed below:

___ (1) All aged individuals.

___ (2) All blind individuals.

___ (3) All disabled individuals.

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

___ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.

___ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.

___ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.

___ (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

___ (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

___ (9) Individuals in additional classifications approved by the Secretary as follows:

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

___ Yes

___ No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

Agency*	Citation(s)	Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

IV-A 42 CFR 435.231 1902(a)(10)(A)(ii)(V) of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 6 to ATTACHMENT 2.6-A.

☒ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

1902(a)(10)(A)(ii) and 1905(a) of the Act

___ Aged
___ Blind
___ Disabled
___ Individuals under the age of--
  ___ 21
  ___ 20
  ___ 19
  ___ 18
___ Caretaker relatives
___ Pregnant women

Agency*	Citation(s)			Groups Covered
				B. Optional Groups Other Than the Medically Needy (Continued)
IV-A	1902(e)(3) of the Act	/X/	13.	Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a MEDICAL institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act. Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
	1902(a)(10)(A)(ii)(IX) and 1902(l) of the Act	/X/	14.	The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A: a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and b. Infants under one year of age.

Agency*	Citation(s)	Groups Covered
		B. Optional Groups Other Than the Medically Needy (Continued)
	1902(a)(ii)(X) and 1902(m)(1) and (3) of the Act	16. Individuals--
		a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
		b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
		c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in Supplement 2 of ATTACHMENT 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	B. Optional Groups Other Than the Medically Needy (Continued)
1902(a)(47) and 1920 of the Act	X 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

State/Territory: GEORGIA

Citations(s)	Groups Covered
	B. Optional Groups Other Than the Medically Needy (Continued)
1906 of the Act	X 18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 3 months.
1902 (a) (10) (F) and 1902 (u) (1) of the Act	X 19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under section 1612 of the Act for purposes of the SSI program, is no more than 100% of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditure for an equivalent set of services. See Supplement 11 to Attachment 2.6A.
1902 (a) (10) (A) (ii) (XV) of the Act	X 20. Individuals who would be eligible for Medicaid under the "Ticket to Work and Work Incentives Act of 1999" (TWWIIA), if they are working individuals with a disability who is at least 16, but less than 65 years of age, who except for earned income, would be eligible to receive Supplemental Security Income (SSI) and whose assets, resources, and earned and unearned income (or both) does not exceed such limitations as established. See Supplement 8a to Attachment 2.6A and Supplement 8b to Attachment 2.6A.

Citation(s) | Groups Covered

B. Optional Groups Other Than the Medically Needy (continued)

1902(a)(10)(A)(ii)(XVIII) of the Act.

X 24. Women who:

a. have been screened for breast or cervical cancer under the Center for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of Section 1504 of the Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;

b. are not otherwise covered under creditable coverage, as defined in Section 2701© of the Public Health Service Act;

c. are not eligible for Medicaid under any mandatory categorically needy eligibility group , and

d. have not attained age 65.

1920B of the Act.

X 25. Women who are determined by a "qualified entry" [as defined in Section 1920B(b)] based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients. The presumptive period begins on the day that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the last day.

State: **GEORGIA**

Citation	Condition or Requirement
	B. Optional Groups Other Than the Medically Needy (Continued)
1902(a) (10) (A) (ii) (XVII) 0f the Act and 1905(w) (l) Of the Act	☒ 26. Individuals who are independent foster care adolescents as defined in Section 1905 (w) (l) of the Act. a. Reasonable classifications of individuals described above, as follows: The State covers all such individuals who: 1. are less than 21 years of age; 2. were in foster care under the responsibility of the State on their 18th birthday. 3. Other (please describe) ___n/a_____ b. Financial requirements 1. Income test ☒ There is no income test for this group. ☐ The income test for this group is _____. 2. Resource test ☒ There is no resource test for this group. ☐ The resource test for this group is _____.

Agency*	Citation(s)	Groups Covered
		C. Optional Coverage of the Medically Needy
	* 42 CFR ~~35~~.301	This plan includes the medically needy.
		☐ No.
		☒ Yes. This plan covers:
IV-A		1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
IV-A	1902(e) of the Act	2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.
IV-A	1902(a)(10)(C)(ii)(I) of the Act	3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

* CITE IS 42 CFR 435.301

State: Georgia

Agency*	Citation(s)	Groups Covered
		C. Optional Coverage of Medically Needy (Continued)
IV-A	1902(e)(4) of the Act P.L. 101-508 (Section 4603)	4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as: a. For children born prior to January 1, 1991: the woman remains eligible and the child is a member of the woman's household. b. For children born on or after January 1, 1991: the woman remains eligible or would remain eligible if pregnant and the child is a member of the woman's household.
	42 CFR 435.308	5.___a. Financially eligible individuals who are not described in Section C.3. above and who are under the age of-- ___21 ___20 ___19 ___18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training _X_b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19 or 18 as specified below: _X_(1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: _X_(a) In foster homes (and are under the age of 18). _X_(b) In private institutions (and are under the age of 18).

State: Georgia

Agency*	Citation(s)	Groups Covered

C. Optional Coverage of Medically Needy (continued)

____ (c) In addition to the group under b. (1) (a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ___.)

_x_ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 18).

____ (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan.

____ (4) In addition to the group under (b) (3), individuals in ICFs/MR (who are under the age of _____).

_x_ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

____ (6) Other defined groups (and ages), as specified in Supplement 1 of Attachment 2.2-A.

Agency*	Citation(s)	Groups Covered
		C. Optional Coverage of Medically Needy (Continued)
	42 CFR 435.310	/_/ 6. Caretaker relatives.
	42 CFR 435.320 and 435.330	/X/ 7. Aged individuals.
	42 CFR 435.322 and 435.330	/X/ 8. Blind individuals.
	42 CFR 435.324 and 435.330	/X/ 9. Disabled individuals.
	42 CFR 435.326	/_/ 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
	435.340	11. Blind and disabled individuals who: a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically needy in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

State/Territory: GEORGIA

Citation(s)	Groups Covered
	C. Optional Groups Other Than the Medically Needy (Continued)
1906 of the Act	12. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 3 months.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. 1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act; 2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined; 3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

Method for Determining Cost Effectiveness of Caring for Certain Disabled Children At Home

Treating physician/service provider develops treatment plan in which services such as durable medical equipment, prescriptions, therapies, and home health visits are delineated. The costs of these services are compared to the cost of institutionalization for the individual. If at home cost is lower than institutionalized cost, individual's care meets cost-effectiveness criterion.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	A. General Conditions of Eligibility
	Each individual covered under the plan:
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:*
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv)* For financially eligible aged and disabled individuals covered under sectio 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

* Georgia does not cover individuals at Section 1902(a)(10)(A)(ii)(X).

Citation	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.402	3. Is residing in the United States and--
	a. Is a citizen;
Sec. 245A of the Immigration and NATIONALITY ACT	b. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the [redacted] United States under color of law, as defined in 42 CFR 435.408;
1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration & Nationality Act	c. Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;

State: GEORGIA

Citation	Condition or Requirement
	d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
	e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).
42 CFR 435.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.

[X] State has interstate residency agreement with the following States:

Alabama	Kentucky	Mississippi	North Carolina	West Virginia
California	Louisiana	New Jersey	Ohio	Wisconsin
Florida	Maryland	New Mexico	Pennsylvania	
Iowa	Minnesota	New York	Tennessee	

[ ] State has open agreement(s).

[ ] Not applicable; no residency requirement.

State/Territory: Georgia

Citation			Condition or Requirement
42 CFR 435.1008	5.	a.	Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded community residences that serve no more than 16 residents, or certain child care institution.
42 CFR 435.1008		b.	is not a patient under age 65 in an institution for mental diseases 1905 (a) of the Act except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. ☐ Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145	6.		Is required, as a condition of eligibility, to assign his or her own rights, or 1912 of the Act the rights of any other person who is eligible for Medicaid on whose behalf the individual has legal authority to execute an assignment, to medical support and payment for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

State/Territory: GEORGIA

Citation	Condition or Requirement
	An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902 (1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.
	An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State Plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.
	X Assignment of rights is automatic because of State law.
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number) except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act (Section 1137[f] and newborn children who are eligible under Section 1902(e)(4).

State: Georgia

Citation		Condition or Requirement
1902(c)(2)	8.	Is not required to apply for AFDC benefits under *Title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State covers under Sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(i)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9.	Is not required, as an individual child or pregnant woman, to meet requirements under Section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State' AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

*Cite should include 1902(a)(10)(A)(i)(VI) and 1902(a)(10)(A)(i)(VII).

State/Territory: GEORGIA

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

State: Georgia

Citation		Condition or Requirement
435.725 435.733 435.832	B.	Post-Eligibility Treatment of Institutionalized Individuals without Spouses
	1.	The following amounts are not considered in the post-eligibility process:
1902(o) of the Act		a. SSI and SSP benefits paid under §§1611 (e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing facility, or ICF/MR.
Bondi v. Sullivan (SSI)		b. Austrian Reparation Payments (pension(reparation) payments made under §§500-506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act		c. German Reparation Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P.L. 100-383		d. Japanese and Aleutian Restitution Payments
10405 of P.L. 101-239		e. Payment from the Agent Orange Settlement Fund or an other fund established pursuant to the settlement in the case of In re Agent Orange Product Liability Litigation, M.D.L. No. 381 (E.D.N.Y.)
6(h)(2) of P.L.101-426		f. Radiation Exposure Compensation
	2.	The following amounts are deducted from total income in the application of an individual's or couple's income to the cost of institutional care:

a. Personal Needs Allowance

(i) Aged, blind , disabled-

Individuals	$50.00
Couples	$100.00

For individuals with greater need-

(ii) AFDC related-

Children	$50.00
Adults	$50.00

For individuals with greater need-

State: Georgia

Citation		Condition or Requirement
		For individuals with greater need-5
		(iii) Individuals under age 21 covered in this plan as specified in Item B.7. of Attachment 2.2-A. $_____ For individuals with greater need-
435.725 435.733	b.	For the maintenance of each member of non-institutionalized family at home. The amount must be based on a reasonable assessment of need but must not 435.832 exceed the higher of the:

- AFDC level, or
- Medically needy level:

-AFDC level	$ 155
-Medically Needy level	$_____
-Other	$_____

State: Georgia

Citation	Condition or Requirement
Section 1924 of the Act	2a. Maintenance standards for community spouses and other dependent family members used to calculate monthly income allowances under Section 1924(d) is used (plus excess shelter costs).

(1). Community spouses

___ a. A standard based on the formula contained in Section 1924(d) is used (plus excess shelter costs).

X b. The maximum standard contained in Section 1924(d)(3)(C).

___ c. A fixed standard which is greater than the minimum standard described in Section 1924(d) (plus actual excess shelter costs not to exceed the maximum standard contained in Section 1924(d)(3)(C). The standard used is $_____.

(2) Other family members who are dependent

X a. A standard based on the formula contained in Section 1924(d)(1)(C) i used.

TRANSMITTAL 91-31
APPROVED 12-18-91
EFFECTIVE 10-1-91
SUPERSEDES (NEW)

State: Georgia

Citation	Condition or Requirement
	___ b. A fixed standard greater than the amount which would be used if the formula described in Section 1924(d)(1)(C) were used. The standard used is $_____.
X 2b.	The standards described above are used for individuals receiving home and community based waiver services in lieu of services provided in a medical and remedial care institution.
X 2c.	Definition of Dependency

The definition of dependency below is used to define dependent children, parents and siblings for purposes of deducting allowances under Section 1924.

A family member meets the definition of dependency if he or she meets the following criteria:

(1) Is a child, parent, or sibling of the institutionalized or community spouse; and

(2) Resides with community spouse; and

(3) Has income below the dependency income level which is determined by either of the following steps based on the most advantageous method for the client and cost efficient for the agency:

(a) As first step -
(i) is claimed as a dependent for federal tax purposes by the institutionalized or community spouse; or
(ii) has gross income less than the full SSI FBR.

NOTE: If not claimed as dependent or income exceeds the FPR limit, step two is used.

(b) As second step (if needed) -
(i) meets the IRS definition of dependent

NOTE: In no instance will a finding of dependency be denied in the absence of the development of the IRS definition of dependency.

TRANSMITTAL 91-31
APPROVED 12-18-91
EFFECTIVE 10-1-91
SUPERSEDES (NEW)

State: Georgia

Citation	Condition or Requirement
	3. For children, each family member where there is no community spouse living in the home with the children. PEI HCFA 5-5-92 AFDC Level $ _____ Medically Needy Level $ _____ Other as follows $ _____ (See Item 1 on page 1 of Supplement 1 to Attachment 2.6-A).
	4. Amounts for incurred medical expenses not subject to payment by a third party. a. Health insurance premiums, deductibles and coinsu charges. Effective October 1, 1988, these expens are allowed as income deductions at one hundred percent (100%) of actual expenses incurred by the individual if such expenses are the legal obligation of the individual. b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to Attachme 2.6-A).
	5. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home withi that period. ___ Yes. Amount for maintenance of home $ _____. X No.
1902(1) of the Act	6. SSI benefits paid under Sections 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital or NF.
435.733	7. Amounts of mandatory withholdings over which the indi has no discretion. a. Federal, state, and local taxes that are require to be deducted before payment is made to payee. b. Those mandatory payroll (earned income) deductio that are a condition to employment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	C. Financial Eligibility For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below. For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply. * Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section ** 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

* Cite should include 1902(a)(10)(E)(ii)

** Georgia does not cover individuals described at 1902(a)(10)(A)(ii)(X)

Citation	Condition or Requirement
☒	Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
☐	Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
☐	Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
☐	Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
☒	Supplement 8a to ATTACHMENT 2.6-A specifies the methods fo: determining income eligibility used by States that are mor liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
☒	Supplement 8b to ATTACHMENT 2.6-A specifies the methods fo determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	1. Methods of Determining Income a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children). (1) In determining countable income for AFDC-related individuals, the following methods are used: ___ (a) The methods under the State's approved AFDC plan only; or X (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. (2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) the Act	(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B),(m)(4); and 1902(r)(2) of the Act	b. Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used: X The methods of the SSI program only. ___ The methods of the SSI program and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

State: Georgia

Citation	Condition or Requirement
	___ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of Section 1902(f) of the Act, as specified in Supplement 4 to Attachment 2.6-A; and any more liberal methods described in Supplement 8a to Attachment 2.6-A.
1611(e)(5)	X For institutional couples, the methods specified under Section 1611(e)(5) of the Act. Those institutionalized couples who reside in the same nursing facility shall have their incomes combined for purposes of determin: eligibility for medical assistance if counting their incomes separately would result in denial of medical assistance to a member of the couple. Notwithstanding any other regulations or policies to the contrary, in determining eligibility for such couples, income of the couple shall be applied to a special income limit equal to two times the special income limit (300% of the full FBR) applied to an individual seeking medical assistance as a resident in a nursing facility.
	___ For optional State supplement recipients under Section 435.230, income methods more liberal than SSI, as specified in Supplement 4 to Attachment 2.6-A.
	___ For optional State supplement recipients in Section 1902(f) States and SSI criteria States without Section 1616 or 1634 agreements --
	___ SSI methods only.
	___ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to Attachment 2.6-A.

State: Georgia

Citation	Condition or Requirement
	___ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to Attachment 2.6-A and more liberal methods are described in Supplement 8a to Attachment 2.6-A. In determining relative financial responsibilit the agency considers only the income of spouses living in the same household as available to spouses.

State: Georgia

Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902 (r)(2) of the Act	c. Blind individuals. In determining countable income for blind individuals, the following methods are used: X The methods of the SSI program only. ___ SSI methods and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A. ___ For individuals other than optional State supplement recipients, more restrict methods than SSI, applied under the provisions of Section 1902(f) of the Act, as specified in Supplement 4 to Attachment 2.6-A, and any more liberal methods described in Supplement 8a to Attachment 2.6-A.
1611(e)(5)	X For institutional couples, the methods specified under Section 1611(e)(5) of the Act. Those institutionalized couples who reside in the same nursing facility shall have their incomes combined for purposes of determining eligibility for medical assistance if counting their incomes separately would result in denial of medical assistance to a member of the couple. Notwithstanding any other regulations or policies to the contrary, in determining eligibility for such couples, income of the couple shall be applied to a special income limit equal to two times the special income limit (300% of the full FBR) applied to an individual seeking medical assistance as a resident in a nursing facility. ___ For optional State supplement recipients under Section 435.230, income methods more liberal than SSI, as specified in Supplement 4 to Attachment 2.6-A.

State: Georgia

Citation	Condition or Requirement
	___ For optional State supplement recipients in Section 1902(f) States and SSI criteria States without Section 1616 or 1634 agreements --
	___ SSI methods only.
	___ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to Attachment 2.6-A.
	___ Methods more restrictive and/or more liberal than SSI. More restricti methods are described in Supplement 4 to Attachment 2.6-A and more liberal methods are described in Supplement 8a to Attachment 2.6-A.

State: Georgia

Citation	Condition or Requirement
	In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	d. Disabled individuals. In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in Section 1902(m) of the Act the following methods are used:
	X The methods of the SSI program.
	___ SSI methods and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A.
1611(e)(5)	X For institutional couples: the methods specified under Section 1611(e)(5) of the Act.
	Those institutionalized couples who reside in the same nursing facility shall have their incomes combined for purposes of determining eligibility for medical assistance if counting their incomes separately would result in denial of medical assistance to a member of the couple. Notwithstandin any other regulations or policies to the contrary, in determining eligibility for such couples, income of the couple shall be applied to a special income limit equal to two times the special income limit (300% of the full FBR) applied to an individual seeking medical assistance as a resident in a nursing facility.
	___ For optional State supplement recipients under Section 435.230: income methods more liberal than SSI, as specified in Supplement 4 to Attachment 2.6-A.

State: Georgia

Citation	Condition or Requirement
	For individuals other than optional State supplement recipients (except aged and disabled individuals described in Section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provision of Section 1902(f) of the Act, as specified in Supplement 4 to Attachment 2.6-A; and any more liberal methods described in Supplement 4 to Attachment 2.6-A.

Citation	Condition or Requirement
	___ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements-- ___ SSI methods only. ___ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A. ___ Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A. In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation (s)	Condition or Requirements
1902 (l) (3) (E) and 1902 (r) (2) of the Act	e. Poverty level women, infants, and children. For pregnant women and infants or children covered Under the provisions of sections 1902 (a) (10) (A) (i) (IV), (VI), and (VII), and 1902 (a) (10) (A) (ii) (IX) of the Act (l) The following methods are used in determining countable income: ___ The methods of the State's approved AFDC plan. ___ The methods of the approved title IV-E plan. X The methods of the approved AFDC State plan and/or any more liberal methods described in SUPPLEMENT 8a to ATTACHMENT 2.6-A. ___ The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. Qualified Medicare beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used: ___ The methods of the SSI program only. X SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A. X For institutional couples, the methods specified under section 1611(e)(5) of the Act.

Citation	Condition or Requirement
	If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level. For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period. For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.
1611(e)(5)	Those institutionalized couples who reside in the same nursing facility shall have their incomes combined for purposes of determining eligibility for medical assistance if counting their incomes separately would result in denial of medical assistance to a member of the couple. Notwithstanding any other regulations or policies to the contrary, in determining eligibility for such couples, income of the couple shall be applied to a special income limit equal to two times the special income limit (300% of the full FBR) applied to an individual seeking medical assistance as a resident in a nursing facility.
1905(s) of the Act	g. (1) <u>Qualified disabled and working individuals</u>. In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.
1905(p) of the Act	(2) <u>Specified low-income Medicare beneficiaries</u>. In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

Citation	Condition or Requirement
1902(u) of the Act	(h) COBRA Continuation Beneficiaries In determining countable income for COBRA continuation beneficiaries, the following disregards are applied: _____ The disregards of the SSI program; _____ The agency uses methodologies for treatment o income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A NOTE: For COBRA continuation beneficiaries specifie at 1902(u)(4), costs incurred from medical ca or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

Citation	Condition or Requirement
1902 (a) (10) (A) (ii) (XV) of the Act of 1999	(ii)

Working Individuals with Disabilities-Basic Insurance Group-Ticket to Work and Work Incentives Improvement Act (TWWIIA)

In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:

____ The agency does not apply any income or resource standard.

____ NOTE: If the above option is chosen, no further eligibility-related options should be elected.

_X_ The agency applies the following income and/or resource standards(s):

- The individual must have personal income less than 300% of the federal poverty level for his/her family size.
- Countable resources are determined by family size:

Family Size	Resource Level
1 (Individual only)	$4000
2	$6000
3	$6200
4	$6400

Add $200 for each additional member.

Citation	Condition or Requirement
1902 (a) (10) (A) (ii) (XV) of the Act (cont.)	Income Methodologies In determining whether an individual meets the income standard described above the agency uses the following methodologies. ____ The income methodologies of the SSI program. ____ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A. __X__ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6A.

Citation	Condition or Requirement
1902 (a) (10) (A) (ii) (XV) of the Act (cont.)	Resource Methodologies In determining whether the individual meets the resource standard described above, the agency uses the following methodologies. Unless one of the following items is checked the agency, under the authority of section 1902(r) (2) of the Act, disregards all funds held in retirement funds accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401 (k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to Attachment 2.6-A ____ The agency disregards funds held in employer-sponsored retirement plans. ____ The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 6b to Attachment 2.6A

Citation	Condition or Requirement
1902 (a) (10) (A) (ii) (XV) of the Act (cont.)	____ The agency does not disregard funds in retirement accounts. __X_ The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A. ____ The agency uses the resource methodologies of the SSI program. ____ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6A.

Citation	Condition or Requirement
1902(a) (10) (A) (ii) (XV), of the Act.	Payment of Premiums or Other Cost Sharing Charges

For Individuals eligible under the Basic Insurance Group described in No. 20 on page 23a of Attachment 2.2-A:

NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds $75,000 pay 100 percent of premiums.

__X_ The agency requires individuals to pay premiums on a sliding scale based on income. For individuals with net annual income below 300 percent of the Federal poverty level for a family size involved, the amount of premiums cannot exceed 5 percent of the individuals income.

The premiums and how they are applied are described below.

The monthly premium for coverage under the Basic Insurance Group is based on income:

FPL	Premium
100% - 149%	$0
150% - 249%	$35
250% - 300%	$50

There will be no premium for individuals under age 18.

A premium is not due until the first full month of eligibility. Premiums are due one month in advance, prior to the month of coverage. Members will be locked out from receiving coverage for ONE month if the premium payment is not received in advance. Members will be canceled if the premium payment is not received four business days before the last business day of the payment month. Coverage will be reinstated the month after premium payment is received.

State: Georgia

Citation	Condition or Requirement
1902(k) of the Act	2. Medicaid Qualifying Trusts In the case of a Medicaid qualifying trust described in Section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded. X The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes undue hardship.
1917 of the Act	X **The agency complies with the provisions of Section 1917 of the Act with respect to the transfer of assets, and treatment of certain trusts as provided by OBRA '93.**
1902(a)(10) of the Act	3. Medically needy income levels (MNILs) are based on family size. Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under Section 1902(f) of the Act, Supplement 1 so indicates.

State: Georgia

Citation	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income - Spenddown for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only a. Medically Needy (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for a period of 1 month for non-institutionalized persons and institutionalized persons to determine the amount of excess countable income applicable to the cost of medical care and services. (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order: (a) Health insurance premiums, deductibles and coinsurance charges. (b) Projected costs of month's institutional expenses for institutionalized individuals. (c) Expenses for necessary medical and remedial care not included in the plan. (d) Expenses for necessary medical and remedial care included in the plan. X Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below. Non-emergency medical transportation limited to $.25 per mile or actual cost, whichever is less.
1902(a)(17) of the Act	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government. Application review period is 6 months for both institutionalized and non-institutionalized persons.

Citation	Condition or Requirement
	b. Categorically Needy - Section 1902 (f) States
42 CFR 435.732	The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income: (1) Any SSI benefit received. (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act. (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section. (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4. (5) Incurred expenses for necessary medical and remedial services recognized under State law.
1902(a)(17) of the Act, P.L. 100-203	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

State: Georgia

Citation	Condition or Requirement

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women. infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

1917 of the Act

The agency complies with the provisions of Section 1917 of the Act with respect to the transfer of assets, and treatment of certain trusts as provided by OBRA '93.

___ (a) The methods under the State's approved AFDC plan and;

_X_ (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

State: Georgia

Citation	Condition or Requirement
1905(s), 1902(a)(10)(A), 1902(a)(10)(C), of the Act and 1902(m)(1)(B)and and (C) of the Act, P.L. 99-509 (Section 9402 (a) 1902(a)(10)(E)(i) 1902(a)(10)(E)(ii) 1902(a)(10)(E)(iii) 1902(r)(2) of the Act.	5. Methods for Determining Resources b. Aged individuals, including individuals covered under Sections 1902(a)(10)(A)(ii)(X), 1902(m)(1)(B) 1902(a)(10)(E)(i), and 1902(a)(10)(E)(iii) of the Act. *(See below). X The agency uses the same methodologies for treatment of resources as used in the SSI program (or the optional State supplement program which meets the requirements of 42 CFR 435.230, as appropriate, except for those described in Supplement 8b to ATTACHMENT 2.6-A.
1917 of the Act	X The agency complies with the provisions of Section 1917 of the Act with respect to the transfer of assets, and treatment of certain trusts as provided by OBRA '93.

*Georgia does not cover 1902(a)(10)(A)(ii)(X) individuals.

State: Georgia

Citation	Condition or Requirement
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act	c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources.
1917 of the Act	X The agency complies with the provisions of Section 1917 of the Act with respect to the transfer of assets, and treatment of certain trusts as provided by OBRA'93.
	___ The methods of the SSI program.
	X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
	___ Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

State: Georgia

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and (C) 1902(r)(2) of the Act	d. Disabled individuals, including individuals covered under section 1902(a)(10)(a)(II)(x) of the Act. The agency uses the following methods for the treatment of resources:
1917 of the Act	X The agency complies with the provisions of Section 1917 of the Act with respect to the transfer of assets, and treatment of certain trusts as provided by OBRA'93.
	___ The methods of the SSI program.
	X SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
	___ Methods that are more restrictive (except for individuals described in Section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(1)(3) and 1902(r)(2) of the Act	e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.
	The agency uses the following methods in the treatment of resources.
	___ The methods of the SSI program only.
	___ The methods of the SSI and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

Citation	Condition or Requirement
	___ Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.
	X Not applicable. The agency does not consider resources in determining eligibility.
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(l)(3) and 1902(r)(2) of the Act	f.*Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.
	The agency uses the following methods for the treatment of resources:
	___ The methods of the State's approved AFDC plan.
1902(l)(3)(C) of the Act	___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(l)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.
1902(r)(2) of the Act	___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.
	X Not applicable. The agency does not consider resources in determining eligibility.

* Cite should include 1902(a)(10)(A)(ii)(IX)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3) and 1902(r)(2) of the Act	g. 1. Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act. The agency uses the following methods for the treatment of resources: ___ The methods of the State's approved AFDC plan. ___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(l)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A. ___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A. X Not applicable. The agency does not consider resources in determining eligibility. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(l)(3)(C) of the Act	
1902(r)(2) of the Act	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3) and 1902(r)(2) of the Act	g. 2. Poverty level children under section 1902(a)(10)(A)(i)(VII)
	The agency uses the following methods for the treatment of resources:
	___ The methods of the State's approved AFDC plan.
1902(l)(3)(C) the Act	___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in Supplement 5a of ATTACHMENT 2.6-A.
1902(r)(2) of the Act	___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8a to ATTACHMENT 2.6-A.
	X Not applicable. The agency does not consider resources in determining eligibility.
	In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

State: Georgia

Citation			Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5.	h.	For Qualified Medicare beneficiaries covered under Section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:
1917 of the Act		X	The agency complies with the provisions of Section 1917 of the Act with respect to the transfer of assets, and treatment of certain trusts as provided by OBRA'93.
		___	The methods of the SSI program.
		X	SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
1905(s) of the Act		i.	For qualified disabled and working individuals covered under Section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources:
1902(u) of the Act		j.	For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:
		___	The methods of the SSI program only.
		___	More restrictive methods applied under Section 1902(f) of the Act as described in Supplement 5 to ATTACHMENT 2.6-A.

State: Georgia

Citation	Condition or Requirement
1902(a)(10)(E)(iii)	k. Specified low-income Medicare beneficiaries covered under Section1902(a)(10)(E)(iii) of the Act:
1917 of the Act	X The agency complies with the provisions of Section 1917 of the Act with respect to the transfer of assets, and treatment of certain trusts as provided by OBRA'93.
	___ The agency uses the same method as in 5.h of Attachment 2.6-A.
	6. Resource Standard - Categorically Needy
	a. 1902(f) states (except as specified under items 6.c and d. below) for aged, blind and disabled individuals:
	___ Same as SSI resource standards.
	___ More restrictive.
	The resource standards for other individuals are the same as those in the related cash assistance program.
	b. Non-1902(f) states (except as specified under items 6.c and d. below:
	___ The resource standards are the same as those in the related cash assistance program.
	___ Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) states the categorically needy resource levels for all covered categorically needy groups.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3)(A), (B) and (C) of the Act	c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard. ___ Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan. X No. The agency does not apply a resource standard to these individuals.
1902(l)(3)(A) and (C) of the Act	d.* For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard. ___ Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan. ___ No. The agency does not apply a resource standard to these individuals.

* Cite should include 1902(a)(10)(A)(i)(VII)

Citation	Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is: ___ Same as SSI resource standards. ___ Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy). Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

State: Georgia

Citation	Condition or Requirement
	7. Resource Standard - Medically Needy
	a. Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act	b. A single standard is employed in determining resource resource eligibility for all groups.
	__ c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for-- __ Aged __ Blind __ Disabled Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates.
1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(B) and 1860D-14(a)(3)(D) of the Act	8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.

State: Georgia

Citation	Condition or Requirement
1902(a)(10)(E)(ii), 1905(s) and 1860D-14(a)(3)(D) of the Act	9. Resource Standard - Qualified Disabled and Working Individuals For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.
1902(u) of the Act	10. For COBRA continuation beneficiaries, the resource standard is: X Twice the SSI resource standard for an individual. __ More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

Citation	Condition or Requirement

10. Excess Resources

a. Categorically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals

Any excess resources make the individual ineligible.

b. Categorically Needy Only

✡ This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

c. Medically Needy

Any excess resources make the individual ineligible.

State: Georgia

Citation	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility

a. Groups Other Than Qualified Medicare Beneficiaries

(1) For the prospective period.

Categorically Needy

Coverage is available for the full month if the following individuals are eligible at any time during the month.

X Aged, blind, disabled
X AFDC-related
X Qualified Disabled and Working Individuals
X Specified Low-Income Medicare Beneficiaries

Medically Needy

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

X Aged, blind, disabled
X AFDC-related

2. For the retroactive period.

Categorically Needy

Coverage is available beginning the first day of the third month before the date of application if the following individuals are eligible at any time during the month.

X Aged, blind, disabled
X AFDC-related
X Qualified Disabled and Working Individuals
X Specified Low-Income Medicare Beneficiaries

Medically Needy

Coverage is available only for the period during the retroactive month(s) for which the individual meets eligibility requirements.

1902(a)(34) of the Act

X Aged, blind, disabled
X AFDC-related

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	X (3) For a presumptive eligibility for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act	X b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for-- X 12 months ___ 6 months ___ ___ months (no less than 6 months and no more than 12 months)

State: Georgia

Citation	Condition or Requirement
1902(a)(18)12. and 1902(f) of the Act	Pre-OBRA 93 Transfer of resources Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals The agency complies with the provisions of Section 1917 of the Act with respect to the transfer of resources. Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-A.
1917(c)	13. Transfer of Assets - All eligibility groups The agency complies with the provisions of Section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets. Disposal of assets at less than fair market value affects eligibility for certain services as detailed in Supplement 9(a) to ATTACHMENT 2.6-A, except in instances where the agency determines that the transfer rules would work an undue hardship.
1917(d)	14. Treatment of Trusts - All eligibility groups The agency complies with the provisions of Section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts. ____ The agency uses more restrictive methodologies under Section 1902(f) of the Act, and applies those methodologies in dealing with trusts; X The agency meets the requirements in Section 1917(d)(f)(B) of the Act for use of Miller trusts. The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to ATTACHMENT 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	Need Standard	Payment Standard	Maximum Payment Amounts
1	235	Georgia	155
2	356	does not	235
3	424	use a pay-	280
4	500	ment stan-	330
5	573	dard	378

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level-- as revised annually in the federal regis for the family size involved.

/X/ 133 percent /_/ _____percent (no more than 185 percent)
(specify)

Family Size	Income Level
1	$_____
2	$_____
3	$_____
4	$_____
5	$_____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

INCOME ELIGIBILITY LEVELS

A. Mandatory Categorically Needy (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

1902(a)(52) 5. Families terminated from Low Income Medicaid solely because of new or increased earnings, hours of employment, or loss of earned income disregards are entitled to up to twelve months of extended benefits in accordance with Section 1925 of the Act. The income eligibility level during the second six month's extension is 185 percent of the Federal poverty level (as revised annually in the Federal Register for the size family involved.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

INCOME ELIGIBILITY (Continued)

B: OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional pregnant women and their infants under the provisions of Sections (a)(1)(A)(ii) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

- Refer to SUPPLEMENT 8a to ATTACHMENT 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

INCOME ELIGIBILITY LEVELS (Continued)

B. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children born after September 30, 1983 but not yet age 19:

The levels for determining income eligibility for groups of children wh are born after September 30, 1983, but have not reached age 19.

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

1902(l)(2)

Family Size	Income Level
1	$ 552
2	$ 740
3	$ 929
4	$1117
5	$1305
6	$1494
7	$1682
8	$1870
9	$2059
10	$2247

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Georgia

INCOME ELIGIBILITY LEVELS - MANDATORY GROUP OF QUALIFIED DISABLED AND WORKING INDIVIDUALS WITH INCOMES UP TO FEDERAL POVERTY LINE

The levels for determining income eligibility for groups of qualified disabled and working individuals under the provisions of section 1905(s) of the Act are as follows:

Based on 200 percent of the official Federal income poverty line.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

Family Size	Income Level
1	$_____
2	$_____
3	$_____
4	$_____
5	$_____

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month followi the date of publication.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES AND QUALIFIED DISABLED AND WORKING INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provision of Section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989:	___ 85 percent	___ percent (no more than 100
Eff. Jan. 1, 1990:	___ 90 percent	___ percent (no more than 100
Eff. Jan. 1, 1991:	100 percent	
Eff. Jan. 1, 1992:	100 percent	

b. Levels:

Family Size	Income Levels
1	*100 percent of the poverty level effective March 1 of each year.
2	*100 percent of the poverty level effective March 1 of each year.

*Title II cost-of-living increases will be disregarded for the months of January, February and March of each year for QMB's only.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES AND QUALIFIED DISABLED AND WORKING INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 19~~89~~87 USED INCOME STANDARD MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989:	___ 85 percent	___	percent (no more than 100)
Eff. Jan. 1, 1990:	___ 90 percent	___	percent (no more than 100)
Eff. Jan. 1, 1991:	___ 95 percent	___	percent (no more than 100)
Eff. Jan. 1, 1992:	100 percent		

b. Levels:

Family Size	Income Levels
1	$
2	$

3. NON-SECTION 1902(f) STATES

The levels for determining income eligibility for qualified disabled and working individuals under provisions of 1905(s) of the Act are as follows:

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1990: 200 percent

b. Levels:

Family Size	Income Levels
1	200 percent of the poverty level effective March 1 of each year.
2	200 percent of the poverty level effective March 1 of each year.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

X Applicable to all groups. ____ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ____months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007[1/]	Net income level for persons living in rural areas for ____months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007[1/]
/_/ urban only				
/_/ urban & rural				
1	$ 208	$	$	$
2	$ 317	$	$	$
3	$ 375	$	$	$
4	$ 442	$	$	$
For each additional person, add:	$ 50	$	$	$

[1/] The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1) Family Size	(2) Net income level protected for maintenance for _____months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007[1/]	(4) Net income level for persons living in rural areas for _____months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007[1/]
	/_/ urban only			
	/X/ urban & rural			
5	$ 508	$	$	$
6	$ 550	$	$	$
7	$ 600	$	$	$
8	$ 633	$	$	$
9	$ 667	$	$	$
10	$ 708	$	$	$
For each additional person, add:	$ 50	$	$	$

[1/] The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

/_/ Same as SSI resources levels.

/_/ Less restrictive than SSI resource levels and is as follows:

Family Size	Resource Level
1	
2	

b. Optional Groups

/_/ Same as SSI resources levels.

/_/ Less restrictive than SSI resource levels and is as follows:

Family Size	Resource Level
1	
2	

THE STATE WILL NOT IMPOSE A RESOURCE LIMIT FOR THIS GROUP.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

2. Infants

a. Mandatory Group of Infants

/_/ Same as resource levels in the State's approved AFDC plan.

/_/ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

THE STATE WILL NOT IMPOSE A RESOURCE LIMIT FOR THIS GROUP.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

b. Optional Group of Infants

/_/ Same as resource levels in the State's approved AFDC plan.

/_/ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

3. Children

a. Mandatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act. (Children who have attained age 1 but have not attained age 6.)

___ Same as resource levels in the State's approved AFDC plan.

___ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

P&I HCFA 6.2.92

State: Georgia

b. Mandatory Group of Children under Section 1902(a)(10)(A)(i)(VII) of the Act. (Children born after September 30, 1983 who have attained age 6 but have not attained age 19.)

___ Same as resource levels in the State's approved AFDC plan.

___ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

The state will not impose a resource limit for this group.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

4. Aged and Disabled Individuals

/_/ Same as SSI resource levels.

/_/ More restrictive than SSI levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	

/_/ Same as medically needy resource levels (applicable only if State has a medically needy program)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

/_/ Except those specified below under the provisions of section 1902(f) of the Act.

Family Size	Resource Level
1	$ 2,000.00
2	4,000.00
3	4,100.00
4	4,200.00
5	4,300.00
6	4,400.00
7	4,500.00
8	4,600.00
9	4,700.00
10	4,800.00
For each additional person	$ 100.00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

1. Effective July 1, 1990, costs for all necessary medical and remedial care recognized under state law, but not covered under the Medicaid, and services which would be covered except for exceeding service limitations of amount, duration or scope (thus becoming uncovered services), are allowed as income deductions, if these costs are the legal obligation of the individual and if these costs are not subject to third party payments. The costs allowed as income deductions up to specific dollar limits as to specific services and items. The dollar limits represent reasonable fees for services and items for this state as determined by Georgia medical and dental care industries. The deduction for incurred medical expenses is included in the patient liability budget each applicable month and is based on an averaging methodology whereby actual expenses and income of the preceding three months are averaged and included on a three month basis with reconciliation to actual expenditures occurring in the fourth month, except that significant changes, defined as a change of $20.00 or more, will result in a reconciliation for that month and establishes a new three month averaging cycle.

2. Effective April 1, 2006, the deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

3. Effective April 1, 2009, institutional long-term care medical expenses incurred more than three months prior to the month of application for Medicaid are disallowed as a deduction. Institutional long-term care medical expenses incurred within three months prior to the month of application may be allowed as a deduction at an amount equal to the Medicaid reimbursement rate.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

MORE RESTRICTIVE METHODS OF TREATING RESOURCES
THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

THE STATE DOES NOT IMPOSE A RESOURCE LIMIT FOR THESE GROUPS EXCEPT FOR INDIVIDUALS DESCRIBED AT 1902 (a)(10)(E).

State Georgia

Standards for Institutionalized Individuals Under Special Income Test

Payment Category (Reasonable Classification)	Administered by		** Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 person	Couple	1 person	Couple	
(1)	(2)		(3)		(4)		(5)
In medical institution or intermediate care facility and would not receive SSI payment or state supplement if living outside of the facility.			300% of Individual FBR	600% (2x300%) Individual FBR	300% of Individual FBR	600% (2 x 300%) Individual FBR	All SSI exclusions

** INCOME LEVELS BASED ON NON-INSTITUTIONALIZED FBR

COUPLE GROSS CAP DOES NOT EXCEED 300% OF FBR FOR EACH INDIVIDUAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

__ Section 1902(f) State X Non-Section 1902(f) State

1902(a)(10)(A)(i)(IV)	The State's approved AFDC plan except no deeming of parental income is done when a pregnant woman living with her parents applies for Medicaid as a caretaker or when a pregnant woman has a spouse and they live with his parent(s).
1902(a)(10)(E)(i) and 1902(a)(10)(E)(iii)	Title II income considered as countable income in determining eligibility is based on income received rather than income entitlement if the payment is reduced to recover a previous Title II overpayment. This applies only to 1902 (a)(10)(E)(i) and 1902 (a)(10)(E)(iii) groups.
1902(a)(10)(A)(i)(IV), (VI), (VII)	The State's approved AFDC plan. Except when a parent applies for Medicaid for his or her child and the spouse of that parent is not the parent of the child, do not deem spousal income to the parent in the Medicaid budget.
1902(a)(10)(E)(i) and 1902(a)(10)(E)(iii)	The income methodologies regarding in-kind support and maintenance will not be used in the Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries program. Income received from temporary employment with the Census Bureau will not be used in the Qualified Medicare Beneficiaries and Specified Low Income Medicare Beneficiaries programs The SSI values for the one-third reduction (VTR) and the presumed maximum value (PMV) of support and maintenance will not be considered in determining gross and net income for Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries. The individual's gross income less the $20 general income exclusion will be compared to the mandated percentage of the federal poverty limit to determine eligibility for QMB and SLMB coverage.
1902(a)(10)(A)(i)(III)	The following applies to pregnant women and infants covered under Section 1902(a)(10)(A)(i)(III) of the Act, who are defined in 1905(n)(2) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

	Effective July 1, 2004, for pregnant women and their infants, income in the amount of one dollar plus the amount of income by which 200 percent of the federal poverty level (for the size family involved as revised annually in the Federal Register) exceeds the State's AFDC standard is disregarded.
1902(a)(10)(A)(i) (III) and Section 1905(n)(2)	The following applies to children covered under Section 1902(a)(10)(A)(i)(III) of the Act, who are defined in Section 1905(n)(2) of the Act. Effective July 1, 1993, income in the amount of one dollar plus the amount of income by which 100 percent of the Federal poverty level (for the size family involved as revised annually in the Federal Register) exceeds the State's AFDC standard is disregarded.
1902 (a) (10) (A) (ii) (XV) of the Act	For working Individuals with Disabilities-Basic Insurance Group-TWWIIA: Only the income of the disabled individual will be used to determine eligibility. There will be no deeming of spousal income.
1902 (a) (10) (A) (i) (III) 1902 (a) (10) (E) (i) 1902 (a) (10) (E) (iii) 1902 (a) (10) (A) (ii) (XV) 1902 (a) (10) (C) 1902 (a) (10) (A) (i) (IV) 1902 (a) (10) (A) (i) (VI) 1902 (a) (10) (A) (i) (VII) 1902 (a) (10) (A) (ii) (VIII) 1902 (a) (10) (A) (ii) (IX)	Disregard earned income from temporary employment related to Census activities.

*More liberal methods may not result in exceeding gross income limitations under Section 1903(f).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902 (r) (2) OF THE ACT

____ Section 1902 (f) States ____ Non-Section 1902 (f) State

For coverage groups
described in
1902 (a) (10) (A) (ii) (V),
1902 (a) (10) (A) (ii) (VI),
1902 (a) (10) (A) (ii) (VII),
1902 (a) (10) (A) (ii) (XV),
1902 (a) (10) (E) (i),
1902 (a) (10) (C)
1902 (a) (10) (E) (I),
1902 (a) (10) (E) (ii),
1902 (a) (10) (iii), and
1902 (a) (10) (iv) (I) of the Act

A. Introduction

The total amount of funds that can be excluded from resources for burial fund designation per individual is ten thousand ($10,000) dollars.

B. Treatment of Assets Designated for Burial

1. Burial spaces and contract agreements with funeral homes, cemeteries, or other entities whose primary acts of business to provide burial services or items are exempt from countable resources. Any accrual of interest or appreciation of value of burial spaces and contract agreements is exempt if let to accumulate.

2. The first $5,000 of assets intended for burial but not jointly owned with a funeral home, cemetery, or other entity whose primary act of business is to provide burial services or items are exempt from countable resources.

3. Any resource may be designated for burial and, if countable, included in the burial funds assets exclusion.

4. Any interest earned on any dividend accumulations for life insurance designation for burial is exempt.

5. Burial Funds may be commingled with other funds and be exempt under the burial funds assets exclusion if they are separately identifiable and can be tracked.

C. Exclusion of Resources in Determination of Eligibility

1. A life policy with a face value of $5,000 or less is exempt subject to the total amount of exclusion from resources for burial fund designation per individual. Any cash value or dividends accrued by these policies are exempt as resources.

2. Burial space(s) are intended for the use of the individual, his or her spouse, or any other member of his or her immediate family and funds which are set aside for the burial expenses of the individual or spouse, subject to limitations specified below:

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902 (r) (2) OF THE ACT

C. Exclusion of Resources in the Determination of Eligibility

(a) Burial space is a burial plot; conventional gravesite; crypt; mausoleum; casket; urn; niche; or other repository customarily and traditionally used for the deceased's bodily remains. The term also includes necessary and reasonable improvements or additions to such spaces, including but not limited to vaults; headstones and markers or plaques; burial containers (e. g. caskets); and arrangements for the opening and closing of the gravesite.

(b) Funds set aside for burial include revocable burial contracts, burial trusts, and any separately identifiable assets which are clearly designated as set aside for the expenses connected with an individual's burial, cremation or other funeral arrangements.

(c) Immediate family members includes an individual's minor or adult children, including adoptive and stepchildren; parents, including adoptive parents; siblings (brothers and sisters), including adoptive and stepsiblings; and the spouse of the above relatives. If the relative's relationship to the recipient is by marriage only, the marriage must be in effect in order for the burial space exclusion to continue to apply.

(d) A burial space is "held for" an individual when someone currently has: title to and/or possesses a burial space intended for the individual's use (e. g., has title to a burial plot or owns a burial urn stored in the basement for his or her own use); or a contract with a funeral service company for specified burial spaces for the individual's burial (i.e., an agreement which represents the individual's current right to the use of the items at the amount shown).

Until the purchase price is paid in full, a burial space is not "held for" an individual under an installment sales contract or similar device if the individual does not currently own the space; the individual does not currently have the right to use the space; and the seller is not currently obligated to provide the space. Until all payments are made on the contract, the amounts paid may be considered burial funds.

(e) In order for burial funds to be excluded, the funds must be separately identifiable (that is not commingled with other funds or assets which are not set aside for burial). Additionally, the funds must be already designated as set aside for burial. If the burial funds are not so designated, the funds may be excluded if the individual attests in writing, that he or she intends to use the funds for his or her burial and agrees to submit within thirty (30) days, documentary evidence that the funds have been designated as set aside for burial.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

MORE LIBERAL METHODS OF TEATING RESOURCES
UNDER SECTION 1902 (r) (2) OF THE ACT

C. Exclusion of Resources in the Determination of Eligibility

(f) Any increase in the value of excluded burial funds due to interest on such funds which were left to accumulate or appreciation of such funds after establishment of Medicaid eligibility shall be excluded.

3. The following resource methodology applies to children covered under section 1902 (a) (10) (A) (ii) (I) of the Act who are defined in Section 1905 (a)(i) of the Act.

Effective July 1, 1993, all resources will be excluded in determining eligibility for individuals under 19 years of age who are described in subsection 1905(a)(1) of the Act.

1902 (a) (10) (A)(ii)(XV) of the Act

4. The following additional resource methodology Applies to Working Individuals with Disabilities Basic Working Individuals with Disabilities Basic Insurance Group- TWWIIA.

Effective October 1, 2007 the first then thousand ($10,000) of an "approved account" is excluded from resources.

An "approved account" can be established by the disabled individual and be used to save for any expense that will enhance the individual's independence and/or increase employment opportunities. The total amount of the funds in an approved account that can be disregarded in the resource calculation is ten thousand ($10,000). Funds in excess of $10,000 will be a countable resource. A designation form must be signed and the account kept separate from all non-exempt accounts such as regular savings and checking accounts. If the funds designated for the approved account are not deposited into a separate account, the will be counted as a resource.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2)(A)
1902(a)(10)(A)

The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups:

_X_ Groups consisting of aged, blind, or disabled individuals:

_X_ who are in a medical institution for a period of not less than 30 consecutive days who meet the resource requirements of the supplemental security income program, and whose income does not exceed a separate income standard established by the State which is consistent with the limit established under section 1903(f)(4)(C),

_X_ who are eligible, or would be eligible if they were not in a medical institution, to have paid with respect to them, aid or assistance under the appropriate State plan described in clause (i), supplemental security income benefits under title XVI, or a State supplemental payment;

_X_ who meet the income and resources requirements of the appropriate State plan described in clause (i) or the supplemental security income program (as the case may be)

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.

- The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.

- The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

- The policy was issued no earlier than the effective date of this State plan amendment.

- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.

- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.

- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.

- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.

- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF RESOURCES

1902(f) and 1917 of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

1917 of the Act

For assets transferred after August 10, 1993, the agency complies with the provisions of Section 1917 of the Act with respect to the transfer of assets after August 10, 1993, and treatment of certain trusts established after August 10, 1993 as provided by OBRA'93.

A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in Section 1613(c) of the Social Security Act (Act) for resources transferred prior to August 10, 1993.

1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.

a. X The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds $12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

1. The amount of uncompensated value is first reduced by an amount equal to the difference between the individual's (or couple's) countable resources and the applicable resource limit; the next $12,000 is deducted for 24 months of ineligibility; and

2. The remaining amount of uncompensated value is then ratably reduced by the average monthly SNF payment amount to determine the number of months of ineligibility exceeding 24 months.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

b. /X/ The period of ineligibility is less than 24 months, as specified below:

1) The amount of uncompensated value is first reduced by an amount equal to the difference between the individual's (or couple's) countable resources and the applicable resource limit; and

2. The remaining amount of uncompensated value is then ratably reduced by a monthly penalty amount of $500.00 to determine the number of months of ineligibility.

c. / / The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

Prior to July 1, 1988:

2. Transfer of the home of an individual who is an inpatient in a medical institution.

/X/ A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).

a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

1) The amount of uncompensated value is first reduced by an amount equal to the difference between the individual's (or couple's) countable resources and the applicable resource limit; and
2) The remaining amount of uncompensated value is then ratably reduced by the average monthly SNF payment amount to determine the number of months of ineligibility.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

b. Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

1) The amount of uncompensated value is first reduced by an amount equal to the difference between the individua (or couple's) countable resources and the applicable resource limit; the next $12,000 is deducted for the first 24 months of ineligibility; and

2) The remaining amount of uncompensated value is then ratably reduced by the average monthly SNF payment amount to determine the number of months of ineligibility exceeding 24 months.

3. (1634 STATE) Effective July 1, 1988 any resources transferred on or after that date result in a total period of ineligibility for payment of nursing home and home and community based services only which cannot exceed 30 months and which is determined as follows:

a. The amount of the uncompensated value is first reduced by an amount equal to the difference between the individual's (or couple's) countable resources and the applicable resource limit; and

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

b) The uncompensated value of the resources so transferred, divided by the average cost, to a private patient at the time of application, of nursing facility services in the State or, at State's option, in the community in which the individual is institutionalized.

TRANSMITTAL 88-23
APPROVED 3.16.89
EFFECTIVE 7.1.88

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE GEORGIA

No individual is ineligible by reason of item A.2 or A.3 (1634 STATE) if

i. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home; or

Section 1917(c)(2) of the Act

ii. any of the following conditions apply to the transferred item(s):

(A) the resources transferred were a home and title to the home was transferred to --

(i) the spouse of such individual;

(ii) a child of such individual who (I) is under age 21, or (II) (with respect to States eligible to participate in the State program established under title XVI) is blind or permanently and totally disabled, or (with respect to States which are not eligible to participate in such program) is blind or disabled as defined in section 1614;

(iii) a sibling of such individual who has an equity interest in such home and who was residing in such individual's home for a period of at least one year immediately before the date the individual becomes an institutionalized individual, or

(iv) a son or daughter of such individual (other than a child described in clause (ii)) who was residing in such individual's home for a period of at least to years immediately before the date the individual becomes an institutionalized individual, and who (as determined by the State) provided care to such indi dual which permitted such individual to reside at home rather than in such an institution or facility;

(B) the resources were transferred (i) to or from (or to another for the sole benefit of) the individual's spouse, or as defined in section 1924(h)(2), (ii) to the individual's child described in subparagraph (A)(ii)(II);

(C) a satisfactory showing is made to the State (in accordance with regulations promulgated by the Secretary) that (i) the individu intended to dispose of the resources either at fair market valu or for other tan to qualify for medical assistance; or

TRANSMITTAL 89-49
APPROVED 9.17.91
EFFECTIVE 10.1.89
SUPERSEDES 88-23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Georgia

(D) the State determines that denial of eligibility would work an undue hardship.

(i) Prior to July 1, 1988, the agency determines that denial of eligibility would work an undue hardship; and

(ii) Effective July 1, 1988, the agency determines that denial of payment for long-term care would work an undue hardship.

TRANSMITTAL 89-49
APPROVED 9-17-91
EFFECTIVE 10-1-89
SUPERSEDES 88-[redacted]23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

3. 1902(f) States

/ / Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is $12,000 or less:

2. If the uncompensated value of the transfer is more than $12,000:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):

4. Other procedures:

a) Individuals, who applied for and/or became eligible for Medicaid from 3/1/81 through 6/30/84 and have continuously received since that time and who transfer assets for uncompensated value, are ineligible for a period of 24 months or for a shorter period of ineligibil determined by ratably reducing the uncompensate value by a penalty amount of $500.00 per month; and

b) There is no penalty applied for transfer of homeplace property for uncompensated value.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

   The agency withholds payment to institutionalized individuals for the following services:

   Payments based on a level of care in a nursing facility;

   Payments based on a nursing facility level of care in a medical institution;

   Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

   ___ The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in Section 1905(a) of the Social Security Act:

   The agency withholds payment to non-institutionalized individuals for the following services:

   Home health services (Section 1905(a)(7);

   Home and community care for functionally disabled and elderly adults (Section 1905(a)(22);

   Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in Section 1905(a)(24).

   ___ The following other long-term care services for which medical assistance is otherwise available under the agency plan:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF ASSETS

3. Penalty Date - The beginning date of each penalty period imposed for an uncompensated transfer of assets is:

X the first day of the month in which the asset was transferred;

___ the first day of the month following the month of transfer.

4. Penalty Period - Institutionalized Individuals--

In determining the penalty for an institutionalized individual, the agency uses:

X the average monthly cost to a private patient of nursing facility services in the agency;

___ the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.

5. Penalty Period - Non-Institutionalized Individuals--

The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services:

___ imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care -

a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:

X does not impose a penalty;

___ imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.

b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:

X does not impose a penalty;

___ imposes a series of penalties, each for less than a full month.

7. Transfers made so that penalty periods would overlap -

The agency:

___ totals the value of all assets transferred to produce a single penalty period;

X calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap -

The agency:

X assigns each transfer its own penalty period;

___ uses the method outlined below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF ASSETS

9. Penalty periods - transfer by a spouse that results in a penalty period for the individual -

a. The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

When the above conditions are met, the remaining penalty in effect will be apportioned equally between both spouses not to exceed the length of the penalty originally imposed on the individual.

b. If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

10. Treatment of income as an asset -

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value using the average monthly cost to a private patient of nursing facility services in the agency.

___ The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment using the average monthly cost to a private patient of nursing facility services in the agency.

___ For transfers of individual income payments, the agency will impose partial month penalty periods.

___ For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.

___ The agency uses an alternate method to calculate penalty periods, as described below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF ASSETS

11. Imposition of a penalty would work an undue hardship -

The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determinations:

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

Undue hardship will be said to exist if an individual would be deprived of medical care such that his/her health or life would be endangered, or the individual would be deprived of food, clothing, shelter, or other necessities of life.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF ASSETS

1917(c) **FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER February 8, 2006,** the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

   The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

   Nursing facility services;

   Nursing facility level of care provided in a medical institution;

   Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals:

   ___ The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

   The agency withholds payment to non-institutionalized individuals for the following services:

   Home health services (section 1905(a)(7));

   Home and community care for functionally disabled elderly adults (section 1905(a)(22));

   Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

   ___ The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

3. Penalty Date--The beginning date of each penalty period

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF ASSETS

imposed for an uncompensated transfer of assets is the later of:

- the first day of a month during or after which assets have been transferred for less than fair market value;

  X The State uses the first day of the month in which the assets were transferred

  ___ The State uses the first day of the month after the month in which the assets were transferred

or

- the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

  AND

  which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

4. Penalty Period - Institutionalized Individuals--
In determining the penalty for an institutionalized individual, the agency uses:

   X the average monthly cost to a private patient of nursing facility services in the State at the time of application;

   ___ the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.

5. Penalty Period - Non-institutionalized Individuals--
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF ASSETS

___ imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

6. Penalty period for amounts of transfer less than cost of nursing facility care--

X Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.

X The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

(a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

8. Treatment of a transfer of income--

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

X For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.

X For transfers of the right to an income stream,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF ASSETS

the agency will base the penalty period on the combined actuarial value of all payments transferred.

9. Imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

(a) Of medical care such that the individual's health or life would be endangered; or

(b) Of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

(a) Notice to a recipient subject to a penalty that an undue hardship exception exists;

(b) A timely process for determining whether an undue hardship waiver will be granted; and

(c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

TRANSFER OF ASSETS

____ Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed____ days (may not be greater than 30).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is $5,000.00.

State/Territory: GEORGIA

Citation	Condition or Requirement
	COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES
1902(u) of the Act	Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods: X The methodology as described in SMM section 3598. ___ Another cost-effective methodology as described below.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: **GEORGIA**

The State covers low-income families and children under Section 1931 of the Social Security Act.

The following groups were included in the AFDC State plan effective July 16, 1996.

____ Pregnant women with no other eligible children.

____ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational technical training.

____ In determining eligibility for Medicaid, the Agency uses the AFDC standards and methodologies in effect as of July 16, 1996, without modification.

X___ In determining eligibility for Medicaid, the Agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:

____ The Agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

- $4,650 exemption for one motor vehicle
- Disregard the value of life insurance policies
- Disregard the earnings of a child in school full or part-time
- Disregard earned income from temporary employment related to Census activities

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- Deduct $1,500 from the equity value of one vehicle.
- The cash surrender value of life insurance policies is considered as a resource.
- Earned income of a child who meets the in school test is excluded from the budgeting process for six (6) months of the calendar year. For the other six (6) months, the income is counted toward the gross income ceiling test.
- Income received from employment with the Census Bureau is considered as earned income

X The Agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

- Drop any prior workforce requirements and eliminate the 100-hour rule (i,e., drop the requirement that the principal wage earner in an intact family be employed less than 100 hours per month).

___ The Agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1998, as follows:

___ The Agency applies higher income standards than those in effect as of July 16,1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

___ The Agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

___ The Agency provides Medicaid for up to twelve (12) months to working families who become ineligible for Low Income Medicaid because of new or increased earnings of a caretaker or other adult or the expiration of the 1/3 or $30.00 or loss of the earned income deduction.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

SECTION 1924 PROVISIONS

A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.

B In the determination of resource eligibility the State resource standard is dollar maximum allowed in Section 1924(f)(2) as modified by Section 1924(g) of the Act.

C. Per HCFA Program Issuance Transmittal Notice, MCD-3-91, dated January 11, 1991, Georgia acknowledges the existence of the undue hardship provision of Section 1924(c)(3)(C) of the Act whereby an institutionalized spouse who (or whose spouse) has excess resources shall not be found ineligible under Title XIX of the Act where the state determines that denial of eligibility on the basis of having excess resources would work an undue hardship. This provision is applied to determinations of eligibility as appropriate.

D. The agency complies with the provisions of Section 1917 of the Act with respect to the transfer of assets, and treatment of certain trusts as provided by OBRA'93.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

CONSIDERATION OF TRANSFER ASSETS AND TRUSTS - UNDUE HARDSHIP

Sections 1917(c) and 1917(d) of the Act (P.L. 103-66) Section 13600	The agency provides that an individual shall not be found ineligible under Title XIX of the Act where the State determines that such denial would work an undue hardship if the provisions of Sections 1917(c) and 1917(d) of the Act were applied. Undue hardship will be said to exist if an individual would be deprived of medical care such that his/her health or life would be endangered, or the individual would be deprived of food, clothing, shelter, or other necessities of life.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ASSET VERIFICATION SYSTEM

1940(a) of the Act

1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.

A. The request and response system must be electronic:

(1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
(2) The system cannot be based on mailing paper-based requests.
(3) The system must have the capability to accept responses electronically.

B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).

C. The system must establish and maintain a database of FIs that participate in the agency's AVS.

D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.

E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ASSET VERIFICATION SYSTEM

2. System Development

___ A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

_X_ B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

___ C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

___ D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

___ E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

__x__ $500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest $1,000).

_____ An amount that exceeds $500,000 but does not exceed $750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest $1,000).

The amount chosen by the State is _____.

_____ This higher standard applies statewide.

_____ This higher standard does not apply statewide. It only applies in the following areas of the State:

_____ This higher standard applies to all eligibility groups.

_____ This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.