

## **Table of Contents**

**State/Territory Name: Georgia**

**State Plan Amendment (SPA) #: 18-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



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

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December 3, 2018

Blake Fulenwider  
Deputy Commissioner, Medicaid Chief  
Georgia Department of Community Health  
2 Peachtree Street, NW, Suite 36-450  
Atlanta, GA 30303

Dear Mr. Fulenwider:

We have reviewed the proposed amendment to the Georgia Medicaid State Plan (SPA) GA 18-0004 (Personal Needs Allowance Increase for Nursing Home Residents) that was submitted on September 19, 2018. This state plan amendment was submitted in order to increase Social Security Income (SSI) nursing home resident's monthly supplement to \$65 per month.

Based on the information provided, the Medicaid State Plan Amendment GA 18-0004 was approved on December 1, 2018. The effective date of this amendment is July 1, 2018. We are enclosing the approved HCFA 179 and the plan pages.

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

Sincerely,

/s/

Shantrina D. Roberts, MSN  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 18-004	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: July 1, 2018	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 447.205; 42 CFR 440.40; 42 CFR 440.40		7. FEDERAL BUDGET IMPACT: FFY 2018   \$661,073 FFY 2019   \$2,610,321	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Page 2.6A, Page 4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Page 2.6A, Page 4	
10. SUBJECT OF AMENDMENT: State Plan Amendment 18-004, Personal Needs Allowance Increase for Nursing Home Residents.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:  <b>Single State Agency Comments Attached</b> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO:  Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159	
13. TYPED NAME: BLAKE FULENWIDER			
14. TITLE: DEPUTY COMMISSIONER, CHIEF, DIVISION OF MEDICAL ASSISTANCE PLANS			
15. DATE SUBMITTED:			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 09/19/18		18. DATE APPROVED: 12/01/18	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Shantrina D. Roberts		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: Approved with the following changes to blocks 8 and 9 as authorized by state agency on email date 11/19/18.			
Block# 8 changed to read: Attachment 2.6-A pages 4, 4a, 4b, 4c, 5, 5a and 26a; Supplement 12 to Attachment 2.6-A page 1.  Block# 9 changed to read: Attachment 2.6-A pages 4, 4a, 4b, 4c, 5, 5a and 26a; Supplement 12 to Attachment 2.6-A page 1; Attachment 2.6-A page 4.1 delete from the state plan			

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Citation	Condition or Requirement
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B. Post-eligibility Treatment of Institutionalized Individuals' Incomes

1. The following items are not considered in the  
post-eligibility process:

- |                             |   |
|-----------------------------|---|
| 1902(o) of<br>the Act       | a. SSI and SSP benefits paid under §1611(e)(1)(E)<br>and (G) of the Act to individuals who receive care<br>in a hospital, nursing home, SNF, or ICF.  |
| Bondi v.<br>Sullivan (SSI)  | b. Austrian Reparation Payments (pension (reparation)<br>payments made under §500 - 506 of the Austrian<br>General Social Insurance Act). Applies only if<br>State follows SSI program rules with respect to<br>the payments. |
| 1902(r)(1) of<br>the Act    | c. German Reparations Payments (reparation payments<br>made by the Federal Republic of Germany).  |
| 105/206 of<br>P. L. 100-383 | d. Japanese and Aleutian Restitution Payments.  |
| 1. (a) of<br>P.L. 103-286   | e. Netherlands Reparation Payments based on Nazi, but<br>not Japanese, persecution (during World War II).   |
| 10405 of<br>P.L. 101-239    | f. Payments from the Agent Orange Settlement Fund<br>or any other fund established pursuant to the<br>settlement in the In re Agent orange product<br>liability litigation, M.D.L. No.381 (E.D.N.Y.)                          |
| 6(h)(2) of<br>P.L. 101-426  | g. Radiation Exposure Compensation.   |
| 12005 of<br>P. L. 103-66    | h. VA pensions limited to \$90 per month under<br>38 U.S.C. 5503.   |

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OMB No.:0938-0673

State:

GA

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Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ 65.00 Couples \$ 130.00 For the following persons with greater need:  Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ 65 Adults \$ 65  For the following persons with greater need:  Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A</u>. \$</p>

State:GA

Citation	Condition or Requirement
	For the following persons with greater need: Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
1924 of the Act	<p>3. In addition to the amounts under item 2. , the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</p> <p>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</p> <p>_____ The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.</p> <p>_____ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _____%, of the official poverty level (still subject to maximum maintenance needs standard).</p> <p><u>X</u> The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).</p> <p>Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.</p>

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State: Georgia	
Citation	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <p>_____ the standard utility allowance under §5(e) of the Food Stamp Act of 1977 or</p> <p>_____ the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</p> <p>b. The monthly income allowance for other dependent family members living with the community spouse is:</p> <p>_____ one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B)) exceeds the dependent family member's monthly income.</p> <p><u>  X  </u> a greater amount calculated as follows: The amount by which 150% of the FPL for a family of 2 exceeds the dependent family member's monthly income.</p> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):</p> <p>c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p>

Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none"><li>o AFDC level or</li><li>o Medically needy level:</li></ul> <p>(Check one)</p> <ul style="list-style-type: none"><li>-X-AFDC levels in Supplement 1</li><li>--Medically needy level in Supplement 1</li><li>--Other: \$</li></ul> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <ul style="list-style-type: none"><li>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</li><li>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</li></ul>
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><u>X</u> No.</p> <p>_____ Yes (the applicable amount is shown on page 5a.)</p>



State:GA

Citation	Condition or Requirement
_____	Amount for maintenance of home is: \$_____.
_____	Amount for maintenance of home is the actual maintenance costs not to exceed \$_____.
_____	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual's home and the community spouse's home are different.
_____	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

Citation	Condition or Requirement
1924 of the Act	<p>15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p><u>  X  </u> the maximum standard permitted by law;</p> <p><u>      </u> the minimum standard permitted by law; or</p> <p><u>  \$  </u> a standard that is an amount between the minimum and the maximum.</p>

Revision: CMS-02-1  
May 2002

SUPPLEMENT 12 TO  
ATTACHMENT 2.6-A  
Page 1  
OMB No.:0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Georgia

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland, 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.

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TN No.18-004  
Supersedes  
TN No.06-0013

Approval Date 12/01/2018 Effective Date 07/01/2018