

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL</b>			
	<b>Chapter:</b>	<b>2300</b>	<b>Effective Date:</b>	<b>July 2022</b>
	<b>Policy Title:</b>	<b>Relocation Assistance</b>		
<b>Policy Number:</b>	<b>2330</b>	<b>Previous Policy Update:</b>	<b>MT 59</b>	

## REQUIREMENTS

Effective for resource determinations made for the month of May 1991 and subsequent months through April 1994, unspent relocation assistance payments from a state or local government which are received through April 1994 are excluded from resources for 9 months. The last month for which this resource exclusion may apply is April 1994.

This is an excluded resource for Family Medicaid.

## BASIC CONSIDERATIONS

To be excluded from the resources under this provision, the payments must be of the type described under *Federal Programs, Miscellaneous*, in [Section 2499](#), Chart 2499.1, Treatment of Income in ABD Medicaid.

Payments received after July 1993 cannot be excluded under this provision for the full 9-month period but only through April 1994.

Interest earned on unspent relocation assistance payments is not excluded from income or resources by this provision.

## PROCEDURES

If an individual alleges that his or her resources included unspent relocation assistance payments from a state or local government, complete the following procedures:

- Document the date(s) and amount(s) of such payment(s).
- Obtain a statement as to the date(s) and amount(s) of any account deposits corresponding to the payments.

Refer to [Section 2305](#), Commingled Funds.