Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-		
	State: _		· GEORGIA		
Citation 1902(a)(52 and 1925 o the Act		Families Receiving Extended Medicaid Benefits Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in			
	(b)	through insuranc	ENT 3.1-A (or may be greater if provided a caretaker relative employer's health ce plan). s provided to families during the second		
		6-month period of extended Medicaid benefits under section 1925 of the Act are			
		se re ma re La company re company	qual in amount, duration, and scope to ervices provided to categorically needy AFDC eclpients as described in ATTACHMENT 3.1-A (or ay be greater if provided through a caretaker elative employer's health insurance plan). qual in amount, duration, and scope to ervices provided to categorically needy AFDC ecipients, (or may be greater if provided hrough a caretaker relative employer's health insurance plan) minus any one or more of the ollowing acute services:		
		<i>□</i> 7	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.		
			Medical or remedial care provided by licensed practitioners.		
			Home health services.		
TN No. 9	Approval	Date	12-18-91 Effective Date 10-1-91 HCFA ID: 7982E		

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	. OMB No.: 0938-
	State:		'GEORGIA
Citation	3.5	<u>Families</u> (Continu	Receiving Extended Medicaid Benefits ed)
			Private duty nursing services.
		<u></u>	Physical therapy and related services.
		_7	Other diagnostic, screening, preventive, and rehabilitation services.
		<u>_7</u>	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		<u></u>	Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
		·· <u> </u>	Respiratory care services.
			Any other medical care and any other type or remedial care recognized under State law and specified by the Secretary.
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TN No. 91-31 Supersedes TN No. 87-6

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD) OMB No.: 0938-
	State:	GEORGIA ,
<u>Citation</u>		ullies Receiving Extended Medicaid Benefits
	(c) <u>/</u> /	The agency pays the family's premiums, enrollment fees, deductibles, coinsurance, and similar costs for health plans offered by the caretaker's employer as payments for medical assistance
		\angle 1st 6 months \angle 2nd 6 months
	<i>_</i> 7	The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.
		// 1st 6 mos. $//$ 2nd 6 mos.
	(d) <u>/</u> /	(1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:
		Enrollment in the family option of an employer's health plan.
		Enrollment in the family option of a State employee health plan.
		<pre>Enrollment in the State health plan for the uninsured.</pre>
1		Enrollment in an eligible health maintenanc organization (HMO) with a prepaid enrollmen of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).
mu u - C); <u> </u>	W
Supersedes	N-3 Approval [0-15	Date 12-18-91 Effective Date 10-1-91

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-
	State: _		GEORGIA		
Citation		milies Re- Continued)	ceiving Extended	Medicaid Benefi	<u>ts</u>
		describe offered,	nt 2 to ATTACHMEN s the alternative including requir ts have access to	e health care placements for assu	an(s) ring that
	(2)	The agen	cy	·	
		(i) Pay	ys all premiums a the family for s	and enrollment fuch plan(s).	ees imposed
	_7	(ii) Pay	ys all deductible e family for such	es and coinsuran n plan(s).	ce imposed o
				••	

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