	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT						
	State/Territory: GEORGIA						
	State/Territory:						
	Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals						
Α.	A. The following method is used to determine the monthly premium imposed qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:						
	None						
B. A description of the billing method used is as follows (included for premium payment, notification of the consequences of nonpositive of procedures for requesting waiver of premium payment							
	None						
	•						
*Des	scription provided on attachment.						
TN N	No. 92-03 ersedes Approval Date 6/9/92 Effective Date 1/1/92						
TN NO. NEW							
	HCFA ID: 7986E						
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ATTACHMENT 4.18-E

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	STATE PLAN	UNDER TITLE	XIX OF THE	SOCIAL SECURITY A	CT .
	State/Territ	ory:	GEORGI	Α	
C. Sta	te or local fund	ds under other	programs	are used to pay fo	r premiums:
/	Yes	Ø	No		
a p:	criteria used premium because princed below:	for determinin It would cause	g whether an undue	the agency will wa hardship on an ind	ive payment o ividual are
	•				
		None		•	•
Descrip	tion provided o	n attachment.			
N No. Supersed	92-03	1 Date6/9	/92	Effective Date	1/1/02

HCFA ID:

7986E