

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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

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:

| <u>Family Size</u> | <u>Need Standard</u> | <u>Payment Standard</u> | <u>Maximum Payment Amounts</u> |
|--------------------|----------------------|-------------------------|--------------------------------|
| 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 register for the family size involved.

133 percent _____ percent (no more than 185 percent)
(specify)

| <u>Family Size</u> | <u>Income Level</u> |
|--------------------|---------------------|
| <u>1</u> | \$ _____ |
| <u>2</u> | \$ _____ |
| <u>3</u> | \$ _____ |
| <u>4</u> | \$ _____ |
| <u>5</u> | \$ _____ |

TN No. 93-007

Supersedes

TN No. 92-19

Approval Date

MAY 4 1993

Effective Date

JAN 1 1993

HCFA ID: 7985E

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.

TN No. 02-010

Supersedes

Approval Date January 24, 2003

Effective Date October 1, 2002

TN No. 00-006

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.

TN No. 04-003
Supersedes Approval Date SEP 23 2004 Effective Date JUL 01 2004
TN No. 00-006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GeorgiaINCOME 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 who 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(1)(2) | <u>Family Size</u> | <u>Income Level</u> |
|------------|--------------------|---------------------|
| | <u>1</u> | <u>\$ 552</u> |
| | <u>2</u> | <u>\$ 740</u> |
| | <u>3</u> | <u>\$ 929</u> |
| | <u>4</u> | <u>\$1117</u> |
| | <u>5</u> | <u>\$1305</u> |
| | <u>6</u> | <u>\$1494</u> |
| | <u>7</u> | <u>\$1682</u> |
| | <u>8</u> | <u>\$1870</u> |
| | <u>9</u> | <u>\$2059</u> |
| | <u>10</u> | <u>\$2247</u> |

TN No. 91-31
Supersedes
TN No. 91-06

Approval Date 12-18-91Effective Date 10-1-91

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.

TN No. 90-30
Supersedes
TN No. (New)

Approval Date 10-19-90

Effective Date 7-1-90

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.

| <u>Family Size</u> | <u>Income Level</u> |
|--------------------|---------------------|
| <u>1</u> | \$ _____ |
| <u>2</u> | \$ _____ |
| <u>3</u> | \$ _____ |
| <u>4</u> | \$ _____ |
| <u>5</u> | \$ _____ |

If an individual receives a title II benefit, any amount 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 beginning of the month following the date of publication.

TN No. 92-12
Supersedes
TN No. 91-31

Approval Date 5/20/92 Effective Date 4/1/92

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: | <u> </u> | 85 percent | <u> </u> | percent (no more than 100 |
| Eff. Jan. 1, 1990: | <u> </u> | 90 percent | <u> </u> | percent (no more than 100 |
| Eff. Jan. 1, 1991: | <u>100</u> | percent | | |
| Eff. Jan. 1, 1992: | <u>100</u> | 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.

TN No. 91-31

Approval Date 12-18-91

Effective Date 10-1-91

Supersedes

TN No. N&W

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, 198⁸⁷~~9~~ USED INCOME STANDARD MORE RESTRICTIVE THAN SSI

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

| | | | | |
|--------------------|-------------|------------|-------------|----------------------------|
| Eff. Jan. 1, 1989: | <u> </u> | 85 percent | <u> </u> | percent (no more than 100) |
| Eff. Jan. 1, 1990: | <u> </u> | 90 percent | <u> </u> | percent (no more than 100) |
| Eff. Jan. 1, 1991: | <u> </u> | 95 percent | <u> </u> | percent (no more than 100) |
| Eff. Jan. 1, 1992: | <u>100</u> | percent | | |

b. Levels:

Family Size

Income Levels

 1
 2

\$
\$

1. 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
 2

200 percent of the poverty level effective March 1 of each year.
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

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 | Net income level for persons living in rural areas for _____ months | Amount by which Column (4) exceeds limits specified in 42 CFR |
| <input type="checkbox"/> | urban only | 435.1007 ^{1/2} | | 435.1007 ^{1/2} |
| <input type="checkbox"/> | urban & rural | | | |
| 1 | \$ 208 | \$ | \$ | \$ |
| 2 | \$ 317 | \$ | \$ | \$ |
| 3 | \$ 375 | \$ | \$ | \$ |
| 4 | \$ 442 | \$ | \$ | \$ |

For each additional person, add:

\$ 50 \$ \$ \$
 The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 91-31
Supersedes _____ Approval Date 12-18-91 Effective Date 10-1-91
TN No. NEW

HCFA ID: 7985E

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/} |
|-------------------------------------|--|---|--|---|
| <input type="checkbox"/> | urban only | | | |
| <input checked="" type="checkbox"/> | 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.

TN No. 91-81

Supersedes

Approval Date 12-18-91

Effective Date 10-1-91

TN No. NEW

HCFA ID: 7985E