Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-
	STATE PLAN	UNDER TITLE	XIX OF THE SOCIAL SECURITY ACT
	State:	<u> </u>	GEORGIA
		RESC	DURCE LEVELS
A. CATE	GORICALLY NEEDY	GROUPS WIT	H INCOMES RELATED TO FEDERAL POVERTY LEVEL
1. <u>Pr</u>	gnant Women		
a.	Mandatory Gro	oups	
		SSI resourc	es levels.
		trictive th	an SSI resource levels and is as follows:
	Family Size	<u>R</u>	esource Level
	1	+ a	
	2		
b.	Optional Grou	<u>ps</u>	
	<u>/</u> / Same as	SSI resource	es levels.
		trictive tha	an SSI resource levels and is as follows:
	Family Size	Re	esource Level
	1		
	2	_	
			- -
THE S	STATE WILL NO	T impose A	RESOURCE LIMIT FOR THIS GROUP.
7			
	71-31		
Supersedes TN No.	Approv.	al Date	12-18-91 Effective Date 10-1-91

HCFA ID: 7985E

		OMB NO.: 0938-
ST	ATE PLAN UNDER T	ITLE, XIX OF THE SOCIAL SECURITY ACT
State	e: <u> </u>	GEORGIA
2. <u>Infants</u>		·
a. <u>Mand</u> a	atory Group of In	<u>fants</u>
<u></u>	Same as resourc	e levels in the State's approved AFDC plan.
<u></u>	Less restrictiv	e than the AFDC levels and are as follows:
<u>F</u> 8	amily Size	Resource Level
	<u> </u>	· · · · · · · · · · · · · · · · · · ·
•		
	_3	
•	4	· •
	5	
	<u>6</u>	
	7	
	8	
	9	<u> </u>
	10	

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THE STATE WILL NOT IMPOSE A RESOURCE LIMIT FOR THIS GROUP.

TN No. 91-31		
Supersedes	Approval Date <u>12-18-91</u>	Effective Date 10-1-91
TN No. 89-1		
		HCFA ID: 7985E

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	STATE PLAN UNDER TIT	LE XIX OF THE SOCIAL SECURITY ACT GEORGIA
b.	Optional Group of Infan	<u>its</u>
		levels in the State's approved AFDC plan.
	$\overline{\ \ \ }$ Less restrictive	than the AFDC levels and are as follows:
	Family Size	Resource Level
	1	
	2	*
	3	
	4	
	5	· ·
	<u>6</u>	
	77	
	8	<u> </u>
	<u> </u>	
	_10	

IN No. 91-31				
Supersedes	Approval Date	12-18-91	Effective D	Date 10-1-91
IN No. <u>89-15</u>				
			HCEN ID.	10055

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		STATE	PLAN	UNDE	R TITLE	xix	OF	THE	SOCIAL	SECUR:	ITY A	CT	
	Sta	ate:			Georgia								
з.	Chi	ldren											
	a.	of th		د. (دُ	p of Ch hildren								
			s	ame a	as resou	rce	leve	ls :	in the	State'	в арр	roved	AFDC plan.
			L	ess :	estrict	ive	than	the	AFDC	levels	and	are as	follows:
		Famil	Ly Si	że				1	Resourc	e Leve	<u>1</u>		
		_	1								_		
		_	2					_					
		_	3				٠	_			_		
		_	4								_		
		_	5								_		
			6								_		
			7					_			_		•
			8				,						
		_	9								_		

TN No. 92-12
Supersedes Approval Date 5/20/92 Effective Date 4/1/92
TN No. 91-31

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			-	
	STATE PL	AN UNDER TITLE XIX	of the social security act p(I b) (A) (A) punder Section 1902(a) (10)(b) (VII)	92
	State:	Georgia	PEL 6.2	
b.	of the Ac	t. (Children born	after September 30, 1983 who have attained age 19.)	
	s	ame as resource le	evels in the State's approved AFDC p	lan.
	L	ess restrictive th	nan the AFDC levels and are as follow	ws:
	Family Si	ze	Resource Level	
	1			
	2		·	
	3			
	4			
	5		<u> </u>	
	6			
			-	
	8			

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(MB)

The state will not impose a resource limit for this group.

TN No. 92-14Supersedes Approval Date 6/2/92 Effective Date 4/1/92TN No. 91-31

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	STATE PLAN UN	DER TITLE XIX	OF THE SOCIAL SECURITY ACT	
	State:	GEOR	GIA	
4. <u>Aq</u> e	d and Disabled I	<u>Individuals</u>		
	Same as SSI r	esource levels	•	
\Box	More restrict	ive than SSI l	evels and are as follows:	
	Family Size	Resourc	e Level	
	1			
	2			
	3			
	4	. 90		
	5			
\Box	Same as medic has a medical	ally needy res ly needy progr	ource levels (applicable only if Stame)	t
1		-	-	
	-			

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

HCFA ID: 7985E

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STATE PLAN UNDER TITLE, XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

Except those specified below under the provisions of section 1902(f) of the Act.

Family Size	Resource Level
1	\$ 2,000.00
2	4,000.00
3	4,/00.00
4	4,200.00
	4,300.00
<u>-6.</u>	4,400.00
	<u>4,500.00</u>
<u> </u>	4,600.00
- 9	4,700.00
10	4,800.00
For each additional person	\$ 100.00

TN No. 91-31					
Supersedes TN No. NEW	Approval :	Date	12-18-91	Effective	Date <u>10-1-91</u>
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