DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303-8909

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

**Atlanta Regional Operations Group**

October 18, 2018

Lynnette Rhodes, Esq.
Executive Director, Medical Assistance Plans
Department of Community Health
2 Peachtree Street, NW, Suite 36-450
Atlanta, Georgia 30303

Dear Ms. Rhodes:

We have reviewed the proposed amendment to the Georgia Medicaid State Plan (SPA) GA 19-0010 (Personal Needs Allowance Increase for Nursing Home Residents) that was submitted on September 30, 2019. This state plan amendment was submitted in order to increase Social Security Income (SSI) nursing home resident's monthly supplement to $70 per month.

Based on the information provided, the Medicaid State Plan Amendment GA 19-0010 was approved on October 18, 2019. The effective date of this amendment is July 1, 2019. We are enclosing the approved HCFA 179 and the plan page.

Should you have questions or need further assistance, please contact Etta Hawkins at (404) 562-7429, or etta.hawkins@cms.hhs.gov.

Sincerely,

Davida R. Kimble -S
Digitally signed by Davida R. Kimble -S
Date: 2019.10.18 11:27:43 -04'00'

Davida R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: 19 — 0010

2. STATE: GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: JULY 1, 2019

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 447.205; 42 C.F.R. 440.40

7. FEDERAL BUDGET IMPACT
a. FFY 2020 $ 829,390
b. FFY _____ $ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Page 4a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 2.6-A, Page 4a

10. SUBJECT OF AMENDMENT

Nursing Home Personal Needs Allowance (PNA) Rate Increase.

11. GOVERNOR'S REVIEW *(Check One)*

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL: Lynnette R. Rhodes

13. TYPED NAME: LYNNETTE R. RHODES, ESQ.

14. TITLE: EXECUTIVE DIRECTOR, MEDICAL ASSISTANCE PLANS

15. DATE SUBMITTED: 9/27/19

16. RETURN TO

Georgia Department of Community Health
Division of Medical Assistance Plans
2 Peachtree St., 36th Floor
Atlanta, Georgia 30303

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 09/27/19

18. DATE APPROVED: 10/18/19

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/19

20. SIGNATURE OF REGIONAL OFFICIAL: Davida Kimble

21. TYPED NAME: Davida R. Kimble

22. TITLE: Acting Deputy Director
Division of Medicaid Field Operations South

23. REMARKS

| Citation | Condition or Requirement |
|---|---|
| 1924 of the Act<br>435.725<br>435.733<br>435.832 | 2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:<br><br>Personal Needs Allowance (PNA) of not less than $30 For Individuals and $60 For Couples For All Institutionalized Persons.<br><br>a. Aged, blind, disabled:<br>Individuals $ 70.00<br>Couples $ 140.00<br><br>For the following persons with greater need:<br><br>Supplement 12 to Attachment 2.6-A describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.<br><br>b. AFDC related:<br>Children $ 70.00<br>Adults $ 70.00<br><br>For the following persons with greater need:<br><br>Supplement 12 to Attachment 2.6-A describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.<br><br>c. Individual under age 21 covered in the plan as specified in Item B. 7. of Attachment 2.2 -A. |