

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

August 23, 2018

Blake Fulenwider
Deputy Commissioner, Medicaid Chief
Georgia Department of Community Health
2 Peachtree Street, NW, Suite 36-450
Atlanta, GA 30303

Dear Mr. Fulenwider:

We have reviewed the proposed amendment to the Georgia Medicaid State Plan (SPA) GA 18-0009 (Estate Recovery) that was submitted on August 2, 2018. This state plan amendment was submitted in order to allow the Commissioner to waive the first \$25,000 of an estate in order to prevent substantial and unreasonable hardship. Currently, estates valued under \$25,000 are not subject to recovery. Estates valued over \$25,000 can be recovered in their entirety. This State Plan Amendment, required by SB370, will allow the Commissioner to waive the first \$25,000 of the estates valued over \$25,000.

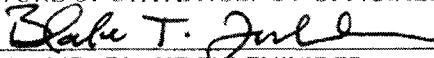
Based on the information provided, the Medicaid State Plan Amendment GA 18-0009 was approved on August 23, 2018. The effective date of this amendment is July 1, 2018. We are enclosing the approved HCFA 179 and the plan pages.

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

Sincerely,

Shantrina D. Roberts, MSN
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-009	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: July 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1917(b) <i>et seq.</i> of the Act, 1917(a)(1)(B) of the Act, and 42 C.F.R. 700 <i>et seq.</i>		7. FEDERAL BUDGET IMPACT: FFY 2018 \$107,562.94 FFY 2019 \$424,724.44	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.17-A, page 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.17-A, page 6	
10. SUBJECT OF AMENDMENT: State Plan Amendment 18-009, Estate Recovery, Allow the Commissioner to Waive the First \$25,000 of an Estate.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single State Agency Comments Attached	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: BLAKE FULENWIDER		Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36th Floor Atlanta, Georgia 30303-3159	
14. TITLE: DEPUTY COMMISSIONER, CHIEF, DIVISION OF MEDICAL ASSISTANCE PLANS			
15. DATE SUBMITTED: 06.28.2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 08/02/18		18. DATE APPROVED: 08/23/18	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Shantina D. Roberts		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: Approved with the following changes to block 10 and 17 as authorized by state agency on email dated 08/15/18.			
Block # 10 changed to read:Pursuant to Georgia Senate Bill 370, the Department proposes to allow the Commissioner to waive the first \$25,000 of an estate in order to prevent substantial and unreasonable hardship. Currently, estates valued under \$25,000 are not subject to recovery. Estates valued over \$25,000 can be recovered in their entirety. This State Plan Amendment, required by SB370, will allow the Commissioner to waive the first \$25,000 of estates valued over \$25,000. Block # 17 changed to read: 08/02/18.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State / Territory: **GEORGIA**

A financial institution shall release account proceeds to the administrator of the program if all of the following conditions apply:

- (a) The decedent held an account at the financial institution that was in the decedent's name only;
- (b) No estate has been and it is reasonable to assume that no estate will be opened for the decedent;
- (c) The decedent has no outstanding debts known to the administrator of the program;
- (d) The financial institution has received no objections or has determined that no valid objections to release proceeds have been received.

If proceeds have been released pursuant to this section and the Department receives notice of a valid claim to the proceeds that has a higher priority under O.C.G.A. §53-7-40 than the claim of this section, the Department may refund the proceeds to the financial institution or pay them to the person or government entity with the claim.

8. To prevent substantial and unreasonable hardship, the commissioner shall waive any claim against the first \$25,000.00 of any estate.