

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

1. Effective July 1, 1990, costs for all necessary medical and remedial care recognized under state law, but not covered under the Medicaid, and services which would be covered except for exceeding service limitations of amount, duration or scope (thus becoming uncovered services), are allowed as income deductions, if these costs are the legal obligation of the individual and if these costs are not subject to third party payments. The costs allowed as income deductions up to specific dollar limits as to specific services and items. The dollar limits represent reasonable fees for services and items for this state as determined by Georgia medical and dental care industries. The deduction for incurred medical expenses is included in the patient liability budget each applicable month and is based on an averaging methodology whereby actual expenses and income of the preceding three months are averaged and included on a three month basis with reconciliation to actual expenditures occurring in the fourth month, except that significant changes, defined as a change of \$20.00 or more, will result in a reconciliation for that month and establishes a new three month averaging cycle.
2. Effective April 1, 2006, the deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.
3. Effective April 1, 2009, institutional long-term care medical expenses incurred more than three months prior to the month of application for Medicaid are disallowed as a deduction. Institutional long-term care medical expenses incurred within three months prior to the month of application may be allowed as a deduction at an amount equal to the Medicaid reimbursement rate.