Rules and Regulations of the State of Georgia

Department 690 RULES OF GEORGIA DEPARTMENT OF VETERAN'S SERVICES

Current through Rules and Regulations filed through November 6, 2026

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ADMINISTRATIVE HISTORY

The **Administrative History** following each Rule gives the date on which the Rule was originally filed and its effective date, as well as the date on which any amendment or repeal was filed and its effective date. Principal abbreviations used in the Administrative History are as follows:

f. -- filed

eff. -- effective

R. -- Rule (Abbreviated only at the beginning of the control number)

Ch. -- Chapter (Abbreviated only at the beginning of the control number)

ER. -- Emergency Rule

Rev. -- Revised

Chapter 690-1,"Fee for Residence" adopted. F. Nov. 1, 2012; eff. Nov. 21, 2012.

Rules 690-1-.01 through 690-1-.04 adopted. F. Nov. 1, 2012; eff. Nov. 21, 2012.

Cite as Ga. Comp. R. & Regs. R. dept. 690, ADMINISTRATIVE HISTORY

Chapter 690-1. FEE FOR RESIDENCY IN A FACILITY OF THE GEORGIA STATE WAR VETERANS HOME.

Rule 690-1-.01. Purposes.

(1) The purpose of this rule is to implement O.C.G.A § 38-4-56, for the Veterans Service Board to provide for a reasonable fee for residency in and services provided by a facility of the Georgia State War Veterans' Home (SVH); to provide for a full or partial waiver of such fee based on economic need; such fee waivers shall be established on a sliding scale based on established criteria, including, without limitation, consideration of assets, income and other resources.

(2) The philosophy of the Veterans Service Board for establishing a reasonable fee to be charged to veteran patients by the SVHs is the fee shall be directly related to and will not exceed the maximum value of the U.S. Department of Veterans Affairs (VA) Aid and Attendance (A&A) benefit for single veterans with no income, as established and periodically adjusted by the VA under the rules of Title 38 of the United States Code (USC).

(3) O.C.G.A. § 38-4-56(b) indicates a primary focus for collection of any fees under this Code Section is the VA's A&A benefit as the primary example of an assignment source. Accordingly, the purpose of this rule is to establish and collect a reasonable fee based on the value of the VA's A&A benefit, as defined elsewhere in this rule.

(4) The funds collected in accordance with this Chapter will be used to provide a place of residency for and services to the veteran patients of the SVHs, maintenance and

operations of the SVHs, and to augment the funding of operations of the SVHs, which are primarily supported through state appropriations and VA per diem payments.

(5) The purpose of the VA's A&A benefit is to assist veterans in paying the direct costs of their medical care. By federal law under Title 38 USC, the VA's A&A benefit is paid to the veterans and the veterans are responsible to pay the provider(s) of medical care for the care and services received.

(6) In accordance with VA rules and regulations veteran patients of SVHs receiving VA pension benefits are able to file claims with the VA to obtain the A&A benefit. As part of those claims, the income verifications contain information on the amount of moneys paid for medical care by the veterans, regardless of providers, to include fees paid to SVHs. Thus, depending on the VA rules and regulations and approval by the VA, eligible veteran patients may get all or part of the fees paid to SVHs refunded back to them by the VA.

Cite as Ga. Comp. R. & Regs. R. 690-1-.01
Authority: O.C.G.A. § 38-4-56.
History. New Rule entitled, "Purposes" adopted. F. Nov. 1, 2012; eff. Nov. 21, 2012.

Rule 690-1-.02. Definitions.

For purposes of this rule (Chapter 690-1-1) the following terms and words shall have the meanings provided in this chapter.

(1) **VA's A&A Benefit:** All veteran patients of SVHs are eligible to receive the VA's A&A benefit (690-1-1-.01(2)) because they are patients in skilled nursing homes/SVHs. The VA's A&A benefit is income based and is dependent upon the amount of income veteran patients have. This determines how much the value of the benefit is to be received by the veteran patients. In other words, veteran patients eligible to receive the benefit may not receive a cash payment of the benefit because they are "over income," up to the full amount of the benefit for which they qualify based on their income levels.

(2) **Admission Eligibility for Georgia's SVHs:** Admission to and residency in Georgia's SVHs is available for the use and care of disabled war veterans discharged under other than dishonorable conditions. The term "war veterans" means any veterans who were discharged under other than dishonorable conditions and who served on active duty in the armed forces of the United States, or on active duty in a reserve component of the armed forces of the United States, including the National Guard, during wartime or during the period beginning January 31, 1955, and ending on May 7, 1975 (O.C.G.A § 38-4-50). However, a war veteran shall not be eligible for admission to Georgia's SVHs unless such war veteran has been a resident of this state for a period of at least five years immediately prior to application for admission (O.C.G.A. § 38-4-55). While payment of approved fees

by veteran patients is a requirement to be and to remain residents of SVHs, O.C.G.A § 38-4-56 does not create a new criterion for admission to SVHs.

(3) **Daily Fee:** The Daily Fee is based on the value of the VA's A&A benefit for a single veteran with no income, as determined by the annual VA schedule. For purposes of this rule the daily value of the VA's Pension with A&A benefit provided to a single veteran with no income, minus the daily value of the pension for a single veteran with no income, times 12 months, divided by 365 days will equal the Daily Fee. Example: **X = ((Y - Z) x 12) / 365)**, where X is the Daily Fee, Y is the value of the VA's pension with A&A monthly benefit for a single veteran with no (zero) income, and Z is the value of the VA's monthly pension for a single veteran with no (zero) income.

(4) **Federal Poverty Guidelines:** The *U.S. Department of Health and Human Services Poverty Guidelines for the 48 Contiguous States and the District of Columbia* is published periodically for use for various purposes. In this Chapter these guidelines will serve as a basis for determining eligibility to request a waiver from payment of the Daily Fee provided for in this Chapter. As used in this Chapter, these guidelines reflect gross income before deductions, taxes and other adjustments.

(5) **Residency:** Veterans who reside at or live in SVHs as patients and receive medical care and services provided by the SVHs are considered residents of the SVHs and are subject to the payment of the Daily Fee, as provided for in this chapter. Residency begins on the days of admission of veterans to veteran patient status at the SVHs and ends when the veteran patients are permanently discharged from the SVHs or their death at the SVHs. Temporary discharges from the SVHs for medical or non-medical (leave) reasons will not terminate the residency of the veteran patients.

(6) **70% Service Connected Disabled Veteran Patients:** Under current federal law, these are veterans who have been rated by the VA as 70% Service Connected Disabled, or higher, who are admitted as veteran patients of SVHs. Under current federal law, the VA per-diem payments to SVHs for the residency and care of these veteran patients in SVHs is payment in full; thus, based on this status Daily Fees cannot be charged to these veteran patients.

(7) **State Veterans' Home (SVH):** This encompassing term is used in this Chapter and includes other similar terms, such as, State War Veterans Home, a facility of the State War Veterans Home, Georgia State War Veterans Home, etc.

(8) **Substantial Hardship:** For purposes of this rule *substantial hardship* means a significant, unique, considerable in degree and large demonstrable economic suffering, adversity or misfortune to the veteran patients requesting waivers and/or their families, which impair the ability of the veteran patients and/or their families to provide for their economic viability.

(9) **U.S. Department of Veterans Affairs (VA):** As used in this Chapter, the VA is the agency of the federal government that administers federal benefits for veterans, as provided for in federal law and rules and regulations. The federal benefits include, but are

not limited to, the Aid and Attendance (A&A) benefit, compensation for service connected veterans, pensions for certain other veterans and per diem payments for a portion of the operating costs of SVHs.

(10) **Veteran Patient:** As used in this Chapter, a veteran patient is a veteran who is a patient residing in and receiving medical services from a SVH.

(11) **Veterans Field Service Offices and Veterans Field Service Officers (VFSO):** The Department of Veterans Service operates field service offices located at each of the SVHs, as well as other locations throughout the State of Georgia. Each of the field service offices is staffed with one or more field service officers. As used in this Chapter, the abbreviation *"VFSO"* may indicate either the field service offices or field service officers and the context of the sentence or paragraph will determine which usage of the abbreviation is being observed.

(12) **Waiver:** Waiver means a decision by an the SVHs, or the Department of Veterans Service, based on substantial hardship, not to charge all or part of the Daily Fee to a veteran patient who is subject to this rule.

Cite as Ga. Comp. R. & Regs. R. 690-1-.02
Authority: O.C.G.A. §§ 38-4-50; 38-4-51; 38-4-55; 38-4-56.
History. New Rule entitled, "Definitions" adopted. F. Nov. 1, 2012; eff. Nov. 21, 2012.

Rule 690-1-.03. Policies.

(1) **Fee Purpose**. The purpose of the fee for residency in and services provided by SVHs to be collected from veteran patients of SVHs is to augment funding for the operation of the SVHs in addition to the funding provided by state appropriations and VA per diem payments. Funds collected from the Daily Fees will be used for the maintenance and operations of the SVHs, to include the operations of the VFSOs located at the SVHs that are directly related to the administration of this Chapter, and will not be used to support other programs of the Department of Veterans Service, or the State of Georgia.

(2) **The Veterans Service Board Authority.**

(a) Retained Authority. The Veterans Service Board retains authority for approval of fee amount adjustments not related to the value of the VA's A&A benefit.

(b) The Veterans Service Board authorizes the Commissioner of Veterans Service, or designee, to periodically adjust the value of the Daily Fee to be charged to the veteran patients of the SVHs, when the adjustment is related to a change to the value of the VA's A&A benefit.

1. The Commissioner of Veterans Service, or designee, will inform the Veterans Service Board in writing of all such adjustments, as information

for the board, at least 60 days prior to the implementation of the adjusted fee. The Veterans Service Board may disapprove these fee adjustments at least 45 days prior to the projected implementation of the adjusted fee.

2. The Commissioner of Veterans Service, or designee, will notify in writing all veteran patients and their primary family members of adjustments to the value of the Daily Fee at least 30 days prior to the implementation of the adjusted fee.

(3) **Daily Fee.** Beginning on or after January 1, 2013, the Daily Fee will be charged to all veteran patients of SVHs. This Daily Fee will be charged to all current and future veteran patients of the SVHs because there is no provision in the O.C.G.A. § 38-4-56 to waive collection of the fee based on reasons or criteria other than economic need. To treat veteran patients differently based only on the date of admission to the SVHs would be a violation of the *Equal Protection Clause of the 14th Amendment to the Constitution of the United States* because there is no rational basis for treating the similarly situated veteran patients differently.

(4) **The value of this Daily Fee.**

(a) The value of the Daily Fee will be calculated in the following manner: Daily Fee equals the monthly value of the VA's pension with A&A benefit for a single veteran with no (zero) income (as adjusted and published periodically by the VA), minus the monthly value of the pension for a single veteran with no (zero) income, times 12 months and divided by 365 days. Example: **X = ((Y - Z) x 12) / 365)**, where X is the Daily Fee, Y is the monthly value of the VA's pension with A&A benefit for a single veteran with no (zero) income, and Z is the monthly value of the VA's pension for a single veteran with no (zero) income.

(b) As the value of the VA's A&A benefit for a single veteran with no (zero) income and the value of the VA's pension benefit for a single veteran with no (zero) income are periodically adjusted by the VA in accordance with federal law, the value of the Daily Fee will be adjusted accordingly, as provided in this Chapter.

(5) **Monthly Fee.** The amount of the monthly fee to be billed to the veteran patients will be the Daily Fee times the number of days in the month the veteran patients resided in the SVHs, to include the days the veteran patients are discharged for medical leave or non-medical leave, as the veteran patients' beds are held for their return.

(a) Veteran patients or their immediate family members (responsible parties) on their behalf will pay the monthly fees, unless a waiver has been approved as outlined in this Chapter. Pending applications for the VA's A&A benefit, or the ineligibility to receive cash payments of the VA's A&A benefit, are not grounds for delaying, or for not paying the monthly fees.

(b) When the monthly fees to be billed are for periods of time less than a month, the number of days to be included in the calculations will begin on the day of admission, or the first day of the month, through the day prior to the final discharges or deaths, which will not be counted.

(6) **VA's A&A Benefit.** In accordance with federal law, VA rules and regulations veteran patients of SVHs who are receiving VA pension benefits are eligible to receive the VA's A&A benefit and must file claims with the VA in order to receive these A&A benefits.

(a) All new residents of SVHs and/or their primary family members will receive appointments at VFSOs located at the SVHs prior to or at the time of admission to the SVHs, or within the first two weeks of their residencies at the SVHs for the purpose of applying for the VA A&A benefits.

1. It is mandatory for new residents and/or their primary family members (responsible parties) to attend these appointments in order to initiate the claims process for timely application for the VA's A&A benefits.

2. In lieu of filing the application for the VA's A&A benefits at the VFSOs at the homes, the applications may be filed at the nearest VFSOs to where the immediate family members (responsible parties) reside; however, copies of the application documents, or notification (using the department's electronic claims assistance system documentation) of the application having been filed, must be provided to the VFSOs at the homes for documentation there by the VFSOs where the claims are initiated, or the veteran patients and/or immediate family members (responsible parties).

(b) As part of those claims, the income verifications contain information on the amounts of money paid for medical care by the veterans, regardless of providers, to include fees paid to SVHs. Thus, depending on the VA rules and regulations, individual circumstances and approval by the VA, veteran patients may get all or part of the fees paid to SVHs reimbursed back to them by the VA in the form of the VA's A&A benefit payments.

(c) For purposes of this Chapter these reimbursements or payments of the VA's A&A benefits, or full or partial waivers, will serve as the equivalent of a sliding scale.

(7) **Agreements.** The current veteran patients residing at the SVHs at the time of implementation of this Chapter and/or their immediate family members (responsible parties), and new veteran patient admissions and their immediate family members (responsible parties) will finalize and sign financial agreements at the time of implementation of this Chapter or admission to the homes. Failure of these individuals to sign these agreements will result in the initiation of actions to permanently discharge current veteran patients, or the cessation of the admission process for new applicants. The agreements shall be enforceable for the entire time of veteran patients' residencies at the SVHs.

(a) The agreements will state the intent and willingness of the veteran patients and their immediate family members (responsible parties) to comply with the payment requirements of this Chapter and to pay the Daily Fees promptly, or within 10 days of receipt of the monthly invoices for the amount of the Daily Fee times the number of days in the month. The agreements will also state the requirements for and willingness of the veteran patients and their immediate family members to pay any outstanding amounts associated with the monthly invoices upon deaths or permanent discharges of the veteran patients from the homes, that the amounts incurred are due and payable and the SVHs will demand/receive payment and the acknowledgement these agreements shall be enforceable in the courts of jurisdiction in the counties where the SVHs are located, or in the counties where the veteran patients resided prior to or after admission to the SVHs, or in the counties where the veteran patients' immediate family members (responsible parties) reside at the time of the non-payment of the Daily Fees. Copies of the agreements will be filed with the veteran patients' records maintained at the SVHs.

(b) The Commissioner of Veterans Service, or designee, will prescribe the format or form for the financial agreement and changes or modifications to the format or form will be published 30 days in advance of the implementation of the changes or modifications.

(8) **Payments.**

(a) Payments of the Daily Fees shall be made using only the following payment forms and methods.

1. Personal Checks. (NOTE: The use of personal checks will be permanently denied for payment after the financial institution for non-sufficient funds returns a check. In the event this happens, other authorized payment methods will be use in lieu of personal checks.)

2. Cashier Checks.

3. Money Orders.

4. Check Payments from Resident Trust Funds.

5. At the time of implementation of this Chapter, the use of cash, automatic check transfers, direct deposits, debit and credit cards will not be permitted. Upon approval and authorization by the Commissioner of Veterans Service, or designee, at a later time, the use of some or all these financial payment methods may be allowed and other methods that may from time to time be developed and accepted for doing business with the State of Georgia may be accepted and permitted.

6. The SVHs will not accept the assignment of benefits from long term care insurance policies. Payments from these insurance policies are to be made to the insured and then used by the insured, if appropriate, to pay for SVHs care and services provided to them.

7. The SVHs will not accept payments from the Medicaid and Medicare programs, as the SVHs are not participants in these programs.

(b) Payments due from veteran patients at the times of admission to SVHs.

1. The new veteran patients will provide advance payments equal to the Daily Fee times the number of days remaining in the calendar month from the dates of admission to the SVHs through the last day of the month in which the admission occurs.

2. The regular invoices for residency will be billed as of the first day of the first full months of residency and will be payable by the veteran patients to the SVHs by 10 days following the date of the billing/invoicing. Subsequent months will be billed and invoiced in a similar manner and paid in a similar manner by the veteran patients.

3. The regular invoices for residency will be submitted as of January 1, 2013 and will be payable by the veteran patients to the SVHs by 10 days following the date of the invoice-. Subsequent months will be billed and invoiced in a similar manner and paid in a similar manner by the veteran patients.

(9) **Waivers to payment of the Daily Fee.**

(a) Veteran patients of SVHs who are subject to regulation by this Chapter may file requests with the Executive Director of the SVH where they reside for waivers to pay the Daily Fee provided in this Chapter. Each request shall specify the specific facts of substantial hardship that would justify a waiver to payment of the Daily Fee. For purposes of this Chapter, in addition to payments to veteran patients of cash benefits from the VA's A&A benefits program, full or partial waivers will serve as the equivalent to a sliding scale.

1. Eligibility to file a request for a waiver from paying the Daily Fee.

(i) Periodically, the Commissioner of Veterans Service, or designee, will publish for use within the department a notice of the current *U.S. Department of Health and Human Services Poverty Guidelines for the 48 Contiguous States and the District of Columbia*. This notice will be published 30-days prior to the implementation and use by the department. These guidelines will serve as the basis for determining

eligibility to request a waiver from payment of the Daily Fee provided for in this Chapter.

(ii) To request waivers from paying the Daily fee provided in this Chapter, veteran patients must provide documentation of their annual income for the number of persons in the immediate family (spouse and/or children under age 18) is equal to, less than or below, the annual Poverty Guidelines published by the federal government. Further, the veteran patient must document he/she has filed a claim for the VA's A&A benefit and is not receiving a cash payment as part of that benefit. The VA's Form 10-10EZ, along with a form or format prescribed by the Commissioner of Veterans Service, or designee, which, will be used for this purpose. There will be a legal disclaimer/penalty statement based on state law related to the VA's Form 1010EZ and the department form or format, which will contain a penalty statement for providing false or misleading information in accordance with O.C.G.A. § 16-10-20. The department form or format will describe the types and quantities (from 1 to 12 months of information) of documentation necessary to support the information provided on the request form.

(iii) . Veteran patients whose annual incomes for the number of persons in the immediate families (spouses and immediate children under the age of 18) are greater than, or above, the federal Poverty Guidelines are not eligible to request a waiver from paying the Daily Fee provided in this Chapter.

(iv) Veteran patients must have applied to the VA to receive the VA's A&A benefit in order to apply for a waiver from the Daily Fee provided for in this Chapter.

2. The following are specific criteria for establishing substantial hardship, some or all of which must be demonstrated, for the granting of full or partial waivers.

(i) Payment of the Daily Fee will produce a situation where the veteran patients' immediate families' (spouse and/or children under the age of 18) are unable to obtain and purchase food, clothing, shelter and medications for themselves.

(ii) Income to the veteran patient and/or spouse from all sources (e.g., social security, VA compensation and/or pension, retirement income, unearned income from all sources, to include, investments, annuities, etc.) is not sufficient to meet necessary expenses for living by the

veteran patient's immediate family (spouse and/or children under age 18).

(iii) Other (the requestor must state what the other criterion or criteria are and describe how they demonstrate substantial hardship for the granting of full or partial waivers).

3. The Executive Directors of the SVHs where the petitioning veteran patients reside shall approve or disapprove requests for waiver in writing no earlier than 15 days after the receipt of the request and no more than 60 days after the receipt of the request. The Executive Directors' decisions to deny requests for waivers shall be in writing and shall contain a statement of the relevant facts and the reasons supporting the action.

4. Veteran patients who are eligible in accordance with Section 690-1-1-.03(9)(a)4., to request waivers from paying the Daily Fee provided in this Chapter will submit their requests for waivers by using the department's form or format, prescribed by the Commissioner of Veterans Service, or designee, for this purpose.

(b) Veteran patients may appeal disapprovals of waivers.

1. Disapprovals of waivers shall first be appealed to the Commissioner of Veterans Service, or designee, to arrive/be received by regular mail, or commercial delivery company/courier, within 30 days of the date of the disapproval actions by the Executive Directors of the SVHs where they reside. Facsimile or email will not be used to submit appeals of these decisions. The address for appeals is: Commissioner, Department of Veterans Service, Floyd Veterans Memorial Building, Suite-970, 205 Jesse Hill Memorial Drive, Atlanta, Georgia 30334-4800.

2. Appeals shall consist of copies of the initial waiver requests, the disapproval decisions with reasons for the disapprovals by the Executive Directors of the SVHs.

3. Justifications for the appeals shall provide the reasons and supporting information and documentation for why the decisions of the Executive Directors contained clear and unmistakable errors.

4. A department form or format prescribed by the Commissioner of Veterans Service, or designee, will be used for this purpose.

5. The Commissioner of Veterans Service, or designee, will review the appeal and render a decision to approve or disapprove it within 30 days of receipt

of the appeal. Disapprovals of waiver appeals shall be accompanied by the reasons for the disapprovals and shall be communicated to the veteran patients requesting the appeals within five days of the disapproval actions.

6. The veteran patients whose appeals have been disapproved by the Commissioner of Veterans Service, or designee, may submit a formal appeal under the provisions of the state's Administrative Procedure Act to the Office of State Administrative Hearings (OSAH). The department's decision on appeal to deny a request for waiver shall be subject to review by the OSAH for clear and unmistakable errors.

(10) **Timeliness of invoicing and payment and actions to require payment.**

(a) The SVHs prepare invoices for payment of the Daily Fee times the number of days for the period or partial period of each month the veteran patients were on the rolls of the SVHs. This includes the final invoice sent to the veteran patients' primary family members following death or permanent discharge of the veteran patients from the SVHs.

(b) Invoices will be prepared within three (3) days following the beginning of each month.

(c) Invoices will be transmitted to the veteran patients residing at the SVHs, or to designated immediate family members (responsible parties) who are acting on behalf of the veteran patients and sent out by hand delivery, mail, commercial company/courier, or other means as appropriate by the SVHs within 3 days following the end of the month.

(d) Payment of the Daily Fees by the veteran patients or their primary family members (responsible parties) will be made within 10 days following the date of the invoice for the month of which the veteran patients were in residence in and services provided from the SVHs are received.

(e) If the payment of the Daily Fees by the veteran patients or their primary family members (responsible parties) have not been received by the SVHs within 10 days following the date of the invoice, within 3 days the SVHs will send late notices to the veteran patients residing at the SVHs or to the veteran patients' primary family members informing them of the late payment and that the payment is due and payable immediately.

(f) If following the sending of the late payment notice the payment of the Daily Fees by the veteran patients or their primary family members have not been received by the SVHs within 10 days following the sending of the late payment notice:

1. The SVHs will send delinquent payment notices and payment demands for payments by the end of the month.

2. The SVHs will inform the veteran patients or their immediate family members (responsible parties):

   (i) Failure to pay the delinquent payments by the end of the current month will result in the initiation and execution of permanent discharges from the SVHs within 30 days following which the amount of any and all outstanding bills not paid will be due and collectible by the SVHs.

   (ii) The SVHs and/or the department may initiate legal action in the courts of appropriate jurisdiction to require payment of the amounts owed by the veteran patients to the SVHs.

3. Payment of all outstanding amounts on invoices owed by the veteran patients will terminate permanent discharge actions.

4. Only the Commissioner of Veterans Service, or designee, is authorized to waive the collection of delinquent invoices.

(11) **Permanent discharge of veteran patients for non-payment of the Daily Fee.**

(a) Following the issuance of two (2) delinquent payment notices for non-payment of monthly invoices, the SVHs will issue permanent discharge notices to the veteran patients residing at the SVHs or to their immediate family members (responsible parties).

(b) For any permanent discharge situation related to non-payment of Daily Fees, the SVHs will make the discharges effective thirty (30) days following the date of the notice and the notice will be sent to the veteran patients by certified/return receipt/commercial company delivery.

(c) If during the 30-day period following receipt of the certified/return receipt/commercial company delivery written notices of the action payment of all delinquent amounts owed are received by the SVHs, the permanent discharge actions will be terminated and the veteran patients will be permitted to remain at the homes.

(d) The SVHs will make every effort to find placement for the veteran patients affected by such permanent discharge actions within the 30 days. If placement cannot be made, the veteran patient will continue to be sent invoices each month for the Daily Fees accrued and the amounts owed will continue to be added to the outstanding invoices and will be due and payable by the veteran patients. Only

the Commissioner of Veterans Service, or designee, is authorized to waive the permanent discharge for the nonpayment of delinquent invoices. Even though the SVHs do not participate in the Medicaid and Medicare programs, the SVHs will comply with Georgia Rule 290-5-39-.11, *Transfer and Discharge*, as relates to the transfer and discharge of veteran patients from the SVHs for nonpayment of the Daily Fees provided for in this Chapter.

(e) Notifications to veteran patients.

1. Veteran patients who are residents of the SVHs at the time this Chapter is approved and their immediate family members (responsible parties): The department and/or the SVHs will issue a written notice to all veteran patients and their primary family members of the payment requirements associated with the fee to be collected from the veteran patients.

2. New veteran patients and their immediate family members (responsible parties): The SVHs will issue written notices to these individuals prior to and/or at the times of admission to the SVHs of the payment requirements associated with the fee to be collected from the veteran patients.

3. The veteran patients and/or their immediate family members (responsible parties) will acknowledge in writing they have received the notices, read them and understand the contents of them. The acknowledgements of receipt, reading and understanding of the notices will be filed as documentation with the admission records of the veteran patients.

(12) **Privacy.**

(a) The privacy of the individual veteran patients and their family members related to these Daily Fees will be afforded in accordance with state's open records requirements.

(13) **70% Service Connected Disabled Veteran Patients.**

(a) Under current federal law, VA payments for the skilled nursing home care in SVHs for veteran patients who are 70% Service Connected Disabled veterans constitutes payments in full to the SVHs by the VA for such care furnished to those veterans.

(b) State appropriations have been adjusted in the state budget and the annual appropriations law, so state funds are not used to pay for any portion of the care provided to these veteran patients.

(c) Accordingly, based on the current federal rules and regulations at 38 CFR 51 - 41(c), and since state appropriations are not used to fund any portion of the care

provided to these veteran patients, these veteran patients are exempt from paying the Daily Fees under this Chapter.

Cite as Ga. Comp. R. & Regs. R. 690-1-.03
Authority: O.C.G.A. §§ 38-4-56; 50-13-1 et.seq; 50-18-70; 16-10-20.
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Rule 690-1-.04. Responsibilities.

(1) **Veterans Service Board.**

(a) The Veterans Service Board is responsible to provide by rule and regulation for a reasonable fee for residency in and services provided by SVHs (O.C.G.A. § 38-4-56). This Chapter complies with this requirement.

(b) Delegations.

1. The Veterans Service Board delegates to the Commissioner of Veterans Service, or his designee, the authority to periodically adjust the value of the Daily Fee to be charged to the veteran patients of the SVHs, when the adjustment is related to a change to the value of the VA's A&A benefit.

2. The Veterans Service Board delegates to the Commissioner of Veterans Service the authority to periodically adjust the value of the annual Poverty Guidelines based on periodic adjustments from the U.S. Department of Health and Human Services Poverty Guidelines for the 48 Contiguous States and the District of Columbia to be used as the basis to determine eligibility to request a waiver from paying the Daily Fee.

(c) The Veterans Service Board retains approval authority for adjustments to the Daily Fee that are not related to periodic adjustments by the VA to the VA's A&A benefit.

(2) **Commissioner of Veterans Service**.

(a) The Commissioner of Veterans Service is responsible for the actual duty of executing the policies outlined in this Chapter and directing the day-to-day activities of the Department in the carrying out and furtherance of this Chapter (O.C.G.A. § 38-4-1; et.seq.).

(b) Delegated Authorities.

1. The Veterans Service Board has delegated to the Commissioner of Veterans Service the authority to periodically adjust the value of the Daily Fee to be

charged to the veteran patients of the SVHs when the adjustment is related to a change to the value of the VA's A&A benefit. The Commissioner of Veterans Service will notify the veteran patients of changes in amount of the Daily Fee 30 days prior to implementing the adjustment.

2. The Veterans Service Board has delegated to the Commissioner of Veterans Service the authority to periodically adjust the value of the annual Poverty Guidelines based on periodic adjustments from the U.S. Department of Health and Human Services Poverty Guidelines for the 48 Contiguous States and the District of Columbia to be used as the basis for applying for a waiver for paying the Daily Fee. The Commissioner of Veterans Service will notify the veteran patients of the changes in amounts of the Poverty Guidelines 30 days prior to implementing the change.

3. The Commissioner of Veterans Service will inform the Veterans Service Board in writing of all such adjustments, as information for the board 60 days prior to the implementation of the adjusted Daily Fee and/or the adjusted Poverty Guidelines.

(c) The Commissioner of Veterans Service, or designee, is authorized to approve/ disapprove appeals of disapprovals of waivers to payment of the Daily Fee made by Executive Directors of the SVHs.

(d) The Commissioner of Veterans Service, or designee, will approve local policies and procedures of the SVHs, submitted by the Executive Directors of the SVHs related to the invoicing and collecting of fees from veteran patients.

(e) The Commissioner of Veterans Service, or designee, will approve forms and formats to be used for the administration of this Chapter.

(3) **Veterans Field Service Offices at SVHs.**

(a) VFSOs will assist veteran patients of the SVHs with the filing claims for the VA's A&A benefit. Applications to claim the VA's A&A benefits will be filed on or before the days of admission to the SVHs; however, wherever possible on or before 14 days following admissions to the homes.

(b) VFSOs will assist the Executive Directors of the SVHs in evaluating applications for waivers from paying the Daily Fees.

(c) VSFOs will provide other assistance and service to the veteran patients and their immediate families (responsible parties) and the SVHs related to the administration of this Chapter.

(4) **State Veterans' Homes (SVHs)**.

(a) The approval/disapproval of waiver requests is vested with the Executive Directors of the SVHs, after consultation with the staffs of the VFSOs located at the SVHs.

(b) Collecting the Daily Fees paid by the veteran patients and depositing them into the appropriate bank account and reporting the deposits to the Department's accounting and budgeting functions.

(c) Counsel with and inform veteran patients and their immediate family members (responsible parties) and prospective veterans applying for admission to the SVHs and their immediate family members (responsible parties) on their responsibilities for paying the Daily Fee and the potential actions failure to comply with payment requirements will have on their abilities to continue their residencies at the SVHs, to include the possibility of permanent discharge from the SVHs and/or legal actions to collect unpaid amounts.

(d) Develop in conformity with this Chapter and implement local policies and procedures to carry out this Chapter. Prior to implementation, the Executive Directors of the SVHs will submit them for the approval of the Commissioner of Veterans Service, or designee.

(5) **Department of Veterans Service Accounting and Budgeting Functions.**

(a) Budgeting: Projected revenues from the collection of the Daily Fees will be budgeted into the Department's operating budget for the respective fiscal programs of the SVHs in accordance with budget guidance published periodically by the Governor's Office of Planning and Budget.

(b) Amending-in of funds for budgetary purposes: Funds collected by SVHs from Daily Fees will be amended into the Department's operating budget for the respective fiscal programs of the SVHs in accordance with budget guidance published periodically by the Governor's Office of Planning and Budget. The Commissioner of Veterans Service will provide spending authority to the SVHs, or designee, for the use of the funds collected for the purpose of providing residency in and services by the SVHs to the veteran patients. Authorized purposes include:

1. Direct veteran patients' residency and services; and

2. Routine maintenance and operations related thereto.

(c) Bank accounts: Bank accounts for the purpose of depositing the Daily Fees paid by the veteran patients will be established. The SVHs will have the ability to deposit funds into these accounts. The SVHs will not be able to draw funds out of these accounts; however, the Department will be able to do so. These accounts will be established and maintained in accordance with the guidance periodically

provided by the Office of the Treasury, State Accounting Office and the Governor's Office of Planning and Budget.

(d) Accounting for spending: Regular state accounting rules will be followed for the receipt, retention and expenditures of the funds collected from the veteran patients in payment of the Daily Fees.

(6) **Veteran Patients at the SVHs and Immediate Family Members.**

(a) The veteran patients and their immediate family members (responsible parties) are responsible to pay the Daily Fees within the time frames specified in this Chapter.

(b) Failure to comply with the Daily Fees payment requirements provided in this Chapter will subject the veteran patients to permanent discharge from the SVHs in accordance with the policies provided for in this Chapter and potential legal action in the appropriate courts of proper jurisdiction to enforce collection of Daily Fees owed but not paid.

(c) If eligible, request waivers from paying the Daily Fees in accordance with the guidance provided in this Chapter. In this regard the veteran patients at the SVHs and immediate family members (responsible parties) will keep SVHs and the VFSOs at the SVHs informed of their current fiscal status and other pertinent information related thereto on at least an annual basis or more often, as necessary.

(d) Apply for VA's A&A benefit upon admission to the SVHs and annually, or more often, thereafter for the duration of their residencies in the SVHs.

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