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MEDICAID MANUAL (OFI Policy Manual, Volume II) Transmittal NO.45

TO: County Departments of Family and Children Services
State DFCS Staff

FROM: Ron Scroggy, Division Director
Division of Family and Children Services

RE: Medicaid Policy Updates/Changes

PURPOSE: To provide DFCS field staff an update to the Medicaid Policy Manual as revised to be in accordance with the most current policy clearances received from the Department of Community Health. Changes to the manual include allowing the COMPASS Medicaid renewal and the All Program Renewal form 508 to be used as Medicaid applications, and incorporation of the most current Voter Registration policy and procedures. Other important changes include procedures for documenting the new SVES match for citizenship/identity, and allowing a Reasonable Opportunity Period for qualified immigrants to provide verification of their immigration status. Procedures for handling hearing withdrawals were also updated, as well as procedures for handling MEQC and PERM case record requests. A detailed overview of all revisions to the Medicaid manual are listed below.

The following revisions have been made for all categories of assistance, whether ABD or Family Medicaid:

- Section 2051 now includes COMPASS, Document Imaging, and Community Partner Agencies as acceptable methods for turning in verification.
- Sections 2060 and 2065 were updated to include the all program renewal form 508 and COMPASS Medicaid Renewals as acceptable applications.
- Section 2215 was updated with new information and procedures for the SVES match, clarified procedures for obtaining a DOC, information about uploading documents in DIS, and added information about verifying status and allowing Reasonable Opportunity for qualified immigrants.
- Section 2230 was updated with new instructions for payment of a pharmacy claim when a TPL has been exhausted for a particular service.
- Section 2706 was updated with information about aligning Medicaid renewals with other programs and combined steps for “alternate” and “standard” renewals.

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- Section 2926 was updated with the latest services offered and contact information for GeorgiaCares.
- Section 2980 has the most current Voter Registration procedures.
- Appendix B was updated to reflect that Legal Services Office (LSO) is now the Office of General Counsel (OGC), and procedures for withdrawing a hearing were updated.
- Appendix C was updated with CMO contact information, and the name of SXC Prescriptions was changed to Catamaran.
- Appendix H Overview was updated with new definitions for MEQC and PERM reviews, and the latest procedures for handling case record requests. The contact information for sending in PERM requests was also updated.

For ABD Medicaid only:

- Section 2143 was updated to state that for dates of service on or after 5/11/12, payments for Medicare coinsurance and deductibles for dual Medicare/Medicaid members including QMB will be limited to the Medicaid maximum allowable amount.
- Section 2313 was updated with new steps on how treatment of a contract based on the creation date.
- Section 2555 was updated to state that 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 or less than the Medicaid reimbursement rate for that facility
- Appendix A-1 was updated with the new monthly average Medicaid rates for Katie Beckett
- Appendix I was updated with instructions on aligning Medicaid renewals with other programs.

For Family Medicaid only:

- Section 2170 was changed to 4 Months Extended Medicaid to reflect that the COA applies to new/increased spousal support as well as child support.
- Section 2174 was updated to state that if a Newborn moves out of state and then returns to GA prior to age 1 the Newborn coverage can be reinstated.
- Appendix J was updated with instructions on aligning Medicaid renewals with other programs.

For Children in Placement Medicaid:

- Section 2801 was revised to reflect Social Service Case Manager (SSCM) and RevMax Specialist (RMS) responsibilities for coordination of SHINES data entry for the purpose of determining accurate Title IV-E foster care eligibility, Medicaid eligibility, IV-E Reimbursability and Title IV-E Adoption Assistance and Medicaid eligibility.
- Section 2817 was updated with eligibility criteria from the Fostering Connections Act of 2008, and added new special needs criteria

- Section 2820 added clarification for Permanency Plan reconciliation requirements on court orders based on plan effect.

- Section 2825 added clarifications for definition of “specified relative”.
- Section 2852 added information on the IV-E Guardianship Program from other states.
- Section 2860 was clarified to state that Federal financial participation is claimed only for voluntary foster care maintenance expenditures within the first 180 days of a child’s placement in foster care unless there has been a judicial determination of a *best interest* or *contrary to the welfare* by a court.
- Section 2885 was updated with current requirements for state and federal audits and retention schedule.
- Section 2890 was revised by aligning Special Situations in CWFC with Extended Youth Support Services.
- Sections 2805, 2810, 2812, 2815, 2826, 2830, 2835, 2840, 2845, 2848, 2850, 2851, 2853, 2870, and 2880 were revised to include information on SHINES processing.

In the forms section, the newest versions of the following forms were added:

- Form 95 Family Medicaid Verification Checklist
- Form 118 Request for Hearing, Form 129 Transfer of Assets Notification Form, Form 943 Deduction of Medical Expense, Notice of Termination Benefits Due to Contracts, Review of Promissory Notes, Review of Annuity all updated with new hearing language.
- Form 508 and 508SP All Program Review
- Prescription Update Template
- Other forms were updated with the current DHS letterhead.

UPDATES:**MANUAL TRANSMITTAL 45**

Section	Page	Comments
2050	2	Added statement that electronic signature is acceptable.
2051	1-7	Added COMPASS, Document Imaging and Community Partner Agencies to list of acceptable methods for turning in verification.
2052	2-3	Changed 4MCS to 4MEx
2053	5	Changed MHN CIC to HP Member Contact Center.
2060	1-8	Changed member to recipient, added form 508 and COMPASS Medicaid renewal to list of acceptable applications.
2065	1-8	Changed member to recipient, added form 508 and COMPASS Medicaid renewal to list of acceptable applications.
2143	1,3	Pg 1-Updated 4 th bullet to say QMB resource limit is not twice the SSI resource limit, added NOTE stating that Medicare coinsurance and deductibles for dual Medicare/Medicaid members will be limited to the Medicaid maximum allowable amount. Pg 3- In special considerations added statement that any applications sent to DCH will be forwarded to the appropriate county departments, and that the application date is the date stamped as received by DCH.
2170	1-4	Changed name of section to 4 Months Extended Medicaid (4MEx). Updated section to reflect that this COA applies for new/increased child and spousal support.
2174	3,4	Pg3-Removed statement

		that if child becomes ineligible for Newborn Medicaid, eligibility cannot be reinstated. Added statement that if child has moved out of state and then returns to GA prior to age 1, Newborn coverage can be reinstated until child reaches age 1. Pg 4- changed third party resources to third party liability.
2215	1,6-13	Pg. 1- updated definition of deemed newborn, Pgs. 6-11- added information and procedures for SVES match. Pg. 10- clarified procedures for obtaining a DOC, Pg. 12- added info about uploading documents in DIS, pg. 13- added
		information about verifying status and allowing ROP for qualified immigrants.
2230	2,7,8	Pg 2- Added link to DMA285 Pg 7- Updated step 4 with new instructions for getting a pharmacy claim paid when a TPL has been exhausted. Pg 8- Updated chart with current codes and added step 9 about how pharmacies can process paper claims.
2313	1,3-6	Removed 3 and 4 th sentence from 2 nd paragraph of basic considerations. Pg. 3-6- Updated steps on how to treat contracts depending on when it was created.
2407	1	Changed determination process to income limit test in 1 st paragraph.
2499	1-32	Updated formatting of entire section.
2551	1	Updated CHSS and MRWP to NOW/COMP in 3 rd bullet.
2554	1	Clarified definition of

		dependent family member.
2555	1,2	Pg.1- Updated exception to include intervening months. Pg. 2- Added that amount equal to or less than may be allowed as an IME at the Medicaid reimbursement for the facility.
2700	1	Changed "review" to "renewal"
2701	3	Added paragraph explaining that information on requesting a hearing must be included on all adverse action notifications.
2706	1-6	Updated renewal procedures, combined steps for "alternate" and "standard" reviews. Added information about lining up Medicaid reviews with other programs.
2708	1	Added COMPASS to methods by which a change can be reported.
2712	1	Added COMPASS to methods by which a change can be reported.
2760		Pg. 5- Additional clarification for foster care and adoption assistance case record retention for state and federal audit purposes
2801	1-2	Revised section to reflect Social Service Case Manager (SSCM) and RevMax Specialist (RMS) responsibilities for coordination of SHINES data entry for the purpose of determining accurate Title IV-E foster care eligibility, Medicaid eligibility, IV-E Reimbursability and

		Title IV-E Adoption Assistance and Medicaid eligibility ; processing for two data systems updated
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2805	1	Corrected name of child welfare system to SHINES
2810	1	Revised section to update foster care and Medicaid application processing in SHINES; SSCM and RMS responsibilities in SHINES
2812	1	Revised section to meet formatting standards; included instructions for joint custody between DFCS and DJJ and SHINES processing.
2815	1-6	Revised section to include SHINES processing; referenced pre-SHINES forms to archive and as audit trail
2817	1-3	Revised to include Fostering Connections Act of 2008 eligibility criteria for IV-E AA; processing in SHINES for funding determination request for purpose of adoption placement; new "special needs" criteria effective 3/1/2010
2820	3	Revised to include clarification of Permanency Plan reconciliation requirements in court orders based on plan effect at time of finding
2825	2	further clarify "Specified Relative", Constructive Removal definition
2826	4	Revised to include SHINES processing and Fostering Connections of 2008 removal of AFDC Relatedness criteria for redeterminations
2830	1	Added SHINES as name of child welfare system.
2835	1-5	Revised for SHINES calculations of the initial AFDC budget for IV-E financial need criteria
2840	1	Revised to include SHINES IV-E budget calculations for IV-E financial need criteria for

		reimbursability
2845	3	Revised to include SHINES processing for IV-E vs. SSI funding determination for foster care
2848	2	Revised to include SHINES processing for relative placement when in DFCS custody
2850	3	Standardized formatting; ACF recommended changes to specify "child" instead of infant.
2851	1	Revised to include SHINES interface with DCSS' STARS system and responsibilities for

		updating information
2852	1	Revised to include SHINES processing for foster and adoption assistance children; inclusion of IV- E Guardianship Assistance Program from other states
2853	2	Aligned with Social Services Foster Care revisions; included SHINES references and processing
2860	1-3	Standardized formatting; ACF recommendation to further clarify Federal financial participation for voluntary foster care expenditures within the first 180 days in placement.; include "permanency plan" that is in effect.
2870	1-4	Revised procedures to include first 6 month review after initial; six month review requirements and processing in SHINES; removal of AFDC criteria at redetermination for foster care
2880	1	Removed outdated processing; ACF recommended changes to further clarify Federal financial participation for

		voluntary foster care expenditures within 180 days
2885	1-3	Further clarification of required documentation required for state and federal audits and retention schedule
2890	1-5	Included SHINES processing and revised Special Situations in CWFC to align with Extended Youth Support Services
2926	1-2	Updated services and contact info for GeorgiaCares
2980	1-5	Updated Motor Voter procedures
Appendix A-1	2	Updated chart A1.7 with new monthly average Medicaid rates for Katie Beckett.
Appendix B	1,2,5-7	Pg. 1,2,6,7- Changed LSO to Office of General Counsel (OGC) Pg. 5- updated procedures for withdrawing a hearing. Pg. 7- Deleted step 1 from implementation of an Initial Hearing decision.
Appendix C	2-12, 6,7	Pg. 2-12-updated SXC to Catamaran Pg. 6-added CMO contact and enrollment information. Pg. 7-Added statement that CMO issues should be routed through FPS to the State Office for resolution
Appendix F	94,94SP,95, 138, 297M, 700, 700SP,	Form 94, 94SP and 297M- updated footer on last page to show that the
	508, 508SP, 118, 129, 943, Prescription Update Template, Notice if Termination of MA benefits due to Contracts,	DOC is the form 216. Form 95- cleaned up form layout and added address field for returning verification. Form 138- Updated DHR to DHS, changed OCSS to DCSS. Updated footer on last page of 700 and 700 SP. Added new combined program

	Review of Promissory Notes, Review of Annuity, 130, 171, 172, 185, 214, 217, 217SP, 219, 219SP, 223, 224, 225, 226, 227, 701, 809, 942, 950, 968, 969, 970, 986, 991, 992, AFDC Budget, Burial Contract Verification, IV-E Budget, Medicare Buy-In Problem Template, DCSS Non-cooperation letter, PCK Referral, QIT Referral, QRF, SSI CMD letter, WHM Physicians' Statement, WHM Review form.	review form 508 and 508SP. Prescription Update form changed from "SXC" to "Catamaran". Forms 118, 129,943, Notice of Termination Benefits Due to Contracts, Review of Promissory Notes, Review of Annuity all updated with new hearing language. Numerous forms updated with current DHS/DFCS letterhead.
Appendix F TOC		Updated with new forms and revision dates.
Appendix G		Added MT45 Cover Letter
Appendix H Overview	1,2,3	PG. 1-Updated definitions for MEQC and PERM reviews. Pg. 2- Updated procedures for handling case record requests. Pg. 3- Updated contact for sending in PERM requests, removed statement that correct cases require no response.
Appendix I	37	Added instructions on lining up Medicaid renewals with other programs.
Appendix J	19	Added instructions on lining up Medicaid renewals with

		other programs.
MAIN TOC		Updated section names for 2170, 2230 and 2760
TOC 2100		Updated section name for 2170
TOC 2200		Updated name for 2215 and 2230
TOC 2700		Updated section name for 2760