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April 1, 2004

**MEDICAID MANUAL (ESS Policy Manual, VOLUME II) TRANSMITTAL NO. 10**

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

**FROM:** Janet R. Oliva, Ph.D., Director  
Division of Family and Children Services

**RE:** 2004 FPL Income Limits, Family Medicaid SOP Aligned with ABD Medicaid SOP, Family Medicaid Budgeting Clarification, Exceptional Transportation, Miscellaneous Policy Clarifications and Updates

**PURPOSE:** This manual transmittal contains policy updates and clarifications received since the previous transmittal. It includes the 2004 Federal Poverty Level Income Limits, aligns Family Medicaid SOP with ABD Medicaid SOP guidelines, and introduces Exceptional Transportation.

**DISCUSSION:**

**Section 2851** – This is a new section on Child Support Enforcement Referrals specific to IV-E cases.

**Section 2936** – This is a new section on Exceptional Transportation Services (ETS). DCH/DMA provides reimbursement for ETS for Medicaid members to obtain necessary out of state medical services when the member is financially unable to provide his/her own transportation. ETS is only available if the out of state treatment has been pre-certified by Georgia Health Partnership and the treatment facility is not a Participating Non-Georgia Hospital. All requests for ETS must be routed through the DFCS State Office – Medicaid Policy Unit.

**Appendix A1** - has been updated to reflect the FPL Limits and Nursing Home Private Pay Rate.

**Appendix A2** – has been updated to reflect the FPL Limits.

**Appendix F** – The following forms have been added to this appendix:

Foster Care MES Worker Card – has been created for the MES working in the Foster Care Rev Max Centers. It is suggested that these workers use this card to track their work since their caseloads include cases originating from more than one county. This worker card may also be used as a data-tracking tool for program improvement purposes.

Medically Needy Option Statement - This form allows the A/R to choose whether his/her medical bills are to be paid by Medicaid or used to meet ongoing spend-down budgets. The A/R must initial their choice and sign the form. This form replaces and obsoletes ALL similar local/county forms currently used. NOTE: The A/R has the final decision in how medical bills are used, not the provider, Responsible Party (individual, company or agency) nor the MES.

DMA-700, Georgia Application for Medicare Savings for Qualified Beneficiaries – This form has been added to ODIS and all references to the QI-2 program removed.

Medicare Savings for Qualified Beneficiaries – This brochure has been updated to reflect the new 2004 income limits.

The PeachCare for Kids Referral Letter and Form 403 have been placed on current letterhead. The instructions to Form 227 have also been updated.

Forms 106, 107, 128, 129, 171, 172, 188, 238, 958, 968, 969, 985, 986, 987, 991, 992 have been added to ODIS with a revision date of 04/04. Current supplies of these forms may be exhausted before the new forms are used. Instructions for these forms will be added to ODIS in later manual transmittals.

**Appendix H** – A minor revision was made to Form 116. Form 965 and the instructions have been updated. These changes have also been reflected in the Overview.

New to this Appendix are the Foster Care Supervisory Review Instrument and the Foster Care Supervisory Review Instructions.

**Family Medicaid** – Family Medicaid SOP has been aligned with ABD Medicaid SOP guidelines. Applications should be finalized the workday before a holiday or weekend, not after.

**Children in Placement** – The Child Support Enforcement policy has been removed from Section 2850 and added to Section 2851. Delineation of responsibility, MES vs. SSCM, in this referral process has been added. Policy has been added to Section 2850 for IV-E determination in the event of the death(s) of the adoptive parent(s). Supervisory Review Forms and Instructions have been added to the manual.

**ABD** – Clarification regarding burial contracts has been added to the manual. Contact numbers for Level of Care Instruments have been added in various Sections.

Specific changes to the Sections are discussed briefly under the Comments Section below.

Manual Transmittal 10 includes information found in Medicaid e-mails numbered through 04-11 (except 04- 06).

**UPDATES:**

Section	Instructions for Manual Maintenance	Comment
2011	Remove and Replace	Page 1 – Clarifies that a Notice of Privacy Practices Form to each adult in the AU/BG. If any adult is not present to receive their NPP, it must be mailed to him/her. Page 3 – clarifies that blank 5459s cannot be OBTAINED for any purpose.

2051	Remove and Replace	Page 1 – Changed RP to PR, added “Medical bills for use in spend-down” to list of required verification. Page 4 - Added reference to Confidentiality & HIPAA sections in the note at the top of the page. Under “Documentation”, corrected reference to Appendix D, Documentation Standards.
2060	Remove and Replace	Page 3 – clarifies that Form 297-A required ONLY if application is made via Form 297. Clarifies that , for all COAs, DMA Form 285 is NOT required if application is made via Form 700, instructs that a copy of the Form 700 must be sent to PCG if the A/R has medical insurance. Page 10 – chart reflects Form 297A only required with Form 297.
2065	Remove and Replace	Page 5 – Clarifies that, for all COAs, DMA Form 285 is NOT required if application is made via Form 700, instructs that a copy of the Form 700 must be sent to PCG if the A/R has medical insurance. Page 8 – aligns Family Medicaid SOP with ABD SOP guidelines when the SOP date falls on a weekend or a holiday.
2101	Remove and Replace	Page 1 - removed Model Waiver from list of COAs. Page 2 - added a sentence to refer to Chapter 2900, Referrals, for other sources of medical assistance.
2113	Remove and Replace	Page 1 – Exception: added a sentence that in order for one member of a couple to not be required to have concurrent receipt of SSI and RSDI, the couple would have to be married at the time of the loss of SSI eligibility. Removed reference of face-to-face contact. Page 2 - Removed repeat of Step 3.
2117	Remove and Replace	Removed face-to-face references
2119	Remove and Replace	Removed face-to-face references
2123	Remove and Replace	Removed face-to-face references
2131	Remove and Replace	Page 4 - added "Special Considerations" for disabled child to receive \$30 SSI PNA
2133	Remove and Replace	Page 1 - removed face to face reference in Step 2, Page 2 - step 3, reference to Section 2240 for phone number and address GMCF, Page 4 - Under "Special Considerations", replaced the former wording for receipt of SSI PNA with current wording consistency between affected sections.
2137	Remove and Replace	Removed face-to-face references
2143	Remove and Replace	Page 4 - corrected spelling of "exception" at top of page, Step 5. Also clarified that the exception only applies to couple income in eligibility. Step 6, added a sentence to use QMB override if case not completed within SOP if due to agency delay.
2147	Remove and Replace	Removed face-to-face references
2150	Remove and Replace	Page 9 - NOTE, at bottom of page, added sentence that if a bill is "written off" to submit to DMA before allowing as a deduction. Note, middle of page referenced Section 2555, IMEs
2225	Remove and Replace	Page 1 - added statement under basic eligibility that A/R may still be considered a resident of Georgia if temporarily absent from the state.
2230	Remove and Replace	This Section has been completely rewritten/reorganized. Includes specification that Form 285 is NOT required if application is made via Form 700.

2240	Remove and Replace	Page 2 - changed "LOC instrument" to "DMA-6" in blocks for MRWP and NH or hospital with an IC-MR LOC. Added minimum requirement for these DMA-6s. Page 3 - added phone number to call and check on pending DMA-6 with GMCF. Added phone number to call and check on pending LOC for swing bed. Page 5 - Replaced Integrated Health Resources with new contacts for Southeast and Central Regions.
2308	Remove and Replace	Page 1 – sub-headers added, Page 2 and Page 4 - clarifies that the \$4650 exclusion is from equity value, Moved EV and FMV definitions from page 2 to page 1.
2310	Remove and Replace	Section number on footer corrected. NOTE: MT # and date NOT changed.
2311	Remove and Replace	Page 1 - added sentence to first paragraph under "contracts" to distinguish between burial and cemetery contracts. Last sentence added statement that only one cemetery and one burial contract may be excluded per individual. Page 2 - "Burial Contracts - Non - FBR", 1st paragraph, added statement that only 1 burial contract and 1 cemetery contract may be excluded per A/R, spouse and deemor. Page 3 - expanded "Documenting Burial Contracts" to include cemetery contracts. Removed "non" from 4th paragraph under "Burial Contracts - FBR". Page 4 - Expanded "Documenting Burial Contracts" to include cemetery contracts. Page 5 - top of page, added how to count burial plots for FBR members.
2415	Remove and Replace	Clarifies that depreciation of equipment, etc. for the self-employed is an allowable expense for all Medicaid COAs, not just ABD.
2555	Remove and Replace	Page 2 - "Health...Insurance IME for Couples", added sentences that if A/R has insurance premium deducted from income for both A/R and community spouse to allow full amount as an IME to A/R. Page 3 - "IME Query", added address and fax number to send in IME queries to DMA.
2581	Remove and Replace	Page 1 - Step 2, added statement to treat as skilled LOC if not indicated on the LOC instrument
2600	Remove in its entirety	This information has been included in Sections 2610 and 2620 of this Chapter.
2610	Remove and Replace	This Section has been re-written to incorporate a policy clarification. The A/R may choose to exclude a child(ren) from a LIM AU. An excluded child may be included in another Medicaid AU and/or BG of the same or different COA. Special attention in reviewing this Section should be given to pages 1, 2, 3 and the flow chart.
2620	Remove and Replace	This Section has been re-written to incorporate a policy clarification. An excluded child may be included in another Medicaid AU and/or BG of the same or different COA. Special attention in reviewing this Section should be given to pages 2, 3, and Chart 2620.1.
2708	Remove and Replace	Page 1 - added NOTE referencing Appendix I, SUCCESS Functions. Page 2 - deleted chart of financial changes. Page 3 - deleted chart of non-financial changes
2815	Remove and Replace	Page 4 - Step 5, Note at bottom changed the section reference. Page 5 - Step 6, adds best practice of obtaining copy of court order of IV-E record.
2850	Remove and Replace	Page 1 – Information on CSE Referrals moved to Section 2851. Page 8 – bottom row of blocks added to add policy in case of death of adoptive parent(s).

2851	Insert after Section 2851	New Section for CSE Referrals on IV-E cases. Specifies SSCM and MES responsibilities.
2860	Remove and Replace	Page 2 – 4 <sup>th</sup> paragraph clarified funding sources for a child in 2 separate IV-E placements on the same day.
2890	Remove and Replace	Page 2 – Last paragraph under “Financial Eligibility Criteria”, added earnings of a child are disregarded up to age 21.
2930	Remove and Replace	Health Check Section updated by DCH/DMA. Note that Forms 3327, 3328 and 3329 have replaced the one page information sheet.
2933	Remove and Replace	Page 3 - added "Special Considerations" for child to receive SSI PNA of \$30 under certain circumstances. Info on the receipt of a nurse's services added.
2936	Insert after Section 2935	New Section on Exception Transportation
Appendix A1 (2004)	Remove and Replace	Added FPL Changes. Chart A1.6 - Break Even Points updated 01/04 Limits, Nursing Home Private Pay Rate updated.
Appendix A2 (2004)	Insert in front of Appendix A2 (2003)	Added FPL Changes.
Appendix D	Remove and Replace	Page 4 - NARR Screen, added info on documenting use of letter templates.
Appendix F	Insert in Forms Section, See ODIS TOC for guidance	Added Foster Care MES Worker Card, Medically Needy Option Statement, DMA 700, Q-Track Informational Brochure and Forms 106, 107, 128, 129, 171, 172, 188, 238, 958, 968, 969, 985, 986, 987, 991, 992. Revised AFDC Budget Sheet, PeachCare for Kids Referral Letter, ICAMA Lists, Form 403. Forms 3327, 3328 and 3329 are added to the Table of Contents, but are not available on ODIS. The one page Health Check Information Sheet has been removed. The instructions to Form 227 have been updated.
Appendix G	Insert in front of MT 9 Cover Letter	Adds Cover Letter for MT 10
Appendix H,	Remove and Replace Overview, Forms 116, 965 & 965i. Insert Foster Care Supervisory Review Instrument and FC Supervisory Review Instructions	Overview Page 3 - last paragraph, added AMN calculations for correctly determined cases. Last sentence added FDL and BAD as elements of benefit error. Form 116 – changed MAFI to CAFI. Form 965 - added "Undetermined as option for "Case Correct". Form 965i, Page 2 - corrected misc. typos, combined errors into four (4) groupings, not six (6) to match Form 965. Foster Care Supervisory Review Instrument and Instructions added.
Appendix I	Remove and Replace	Page 4 – Step 6 of "Reconciliation, added statement to complete recon with a minimum of 10 day remaining in the month if patient liability will increase for current month. Page 4 & 5 – added steps fro transfer penalty. Page 6 - top of page, Step 8, changed info on notice text. Page 9 - Step 3, removed sentence stating that SUCCESS will compute bills correctly even if not in chronological order. Page 12 - Step 6, added "For L95/L99 AUs", Page 13 - Step 5, on address changes, added word "permanently". Page 14- Revised "Extending LOC" using "LOC instrument". Page 24 - 2nd & 3rd blocks - corrected numbering. Appendix I is now available on ODIS.
TOC 2600	Remove and Replace	Removes Section 2600
TOC 2800	Remove and Replace	Adds Section 2851
TOC 2900	Remove and Replace	Adds Section 2936
TOC-Manual	Remove and Replace	

### Pen and Ink Changes:

Update the Record of Receipt of Manual Transmittals for ESS Policy Manual Volume 2, Medicaid.