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July 1, 2004

MEDICAID MANUAL (ESS Policy Manual, VOLUME II) TRANSMITTAL NO. 11

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: State fiscal year 2005 Changes – Elimination of Institutional Medically Needy as of

September 2004, Reduction of Pregnant Woman Medicaid Income Limit to 200% of the

FPL effective July 2004, Miscellaneous Policy Clarifications and Updates

PURPOSE: This manual transmittal contains policy updates and clarifications received since the last

transmittal. It also includes the new procedures for verifying immigrant status, changes due Medicaid State Plan updates for SFY 05, and a new Appendix on Family Medicaid

SUCCESS Functions.

DISCUSSION:

2215 – Updates the procedures to verify immigrant status of non-citizens who are applying for Medicaid. Includes the link to the WEB-1 Verification Information System, which may be accessed by staff with a password.

Appendix A2 – has been updated with a new column for 200% of the Federal Poverty Level (FPL). This is the new income limit for RSM/Pregnant Women, and therefore Newborns.

Appendix F – The Table of Contents (TOC) for this Appendix has been added. The TOC includes information on the form, including revision date, how to order the form and the owner/publisher of the form. An overview of forms has been added, which stresses the importance of using only State Office approved forms. New forms have been added to the manual.

Appendix J – New Section on Family Medicaid SUCCESS functions. Includes instructions on how to code SUCCESS to handle problematic functions, such as Married Minors, Minor Caretakers, Step Parent situations, etc.

Family Medicaid – Clarifies that an EDD does not have to be printed. Aligns the definition of child-only cases in various sections of the manual. Clarifies that Quarterly Reporting information for TMA may be obtained by methods other than the QRF form.

Children in Placement – Clarifies that the Standard of Promptness for the Medicaid determination is 45 days, and provides instructions for when the court order has yet to be obtained. Updates the Supervisory Review process in Appendix H.

ABD – Updates reflect that Model Waiver has been incorporated into the Georgia Pediatric Program (GAPP). References to Institutionalized Medically Needy have been annotated to reflect that the program will not exist in Georgia after September 1, 2004 through out the manual. Updates treatment of Miller Trusts effective September 1, 2004.

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

Manual Transmittal 11 includes information found in Medicaid e-mails numbered through 04-18.

UPDATES:

Castian	Instructions for Manual	Commont
Section	Maintenance	Comment
2060	Remove and Replace	Page 3 - clarifies that it is NOT a requirement to print the EDD, corrected section reference number. Pages 7 & 8 - added property search requirements
2131	Remove and Replace	Page 4 - Under "Special Considerations", changed "Model Waiver" to "GAPP". Entered section numbers after each COA.
2133	Remove and Replace	Page 4 - Under "Special Considerations", changed "Model Waiver" to "GAPP". Entered section numbers after each COA.
2136	Remove and Replace	Page 3 - Added statement to not enter SSI only Institutionalized Hospice A/Rs on SUCCESS. Changed reference to AMN-IH. Since it is no longer a COA, do CMD.
2141	Remove and Replace	Page 2 - Under "Special Considerations", added a note that effective 07/01/04, AMN-NH is no longer a COA due to a change in the Medicaid State Plan
2150	Remove and Replace	Pages 3 & 4 - Corrected formatting issues. Put "Basic Considerations" heading at top of page 4.
2151	Remove and Replace	Adds notation that the AMN-NH COA will be eliminated effective September 2004.
2166	Remove and Replace	Page 2 - adds note under Reporting section to clarify that QRF info may be provided verbally or in writing other than on the QRF
2180	Remove and Replace	Page 2 - adds the statement "or under any related case" to the child-only case definition
2196	Remove and Replace	Page 10 - Step 18, added contact address/fax # to submit medical bills if questionable as to whether or not it can be used to meet Spend-down.
2215	Remove and Replace	Pages 4 & 5 – removed old SAVE information/instructions and replaced with WEB-1 VIS/CPS information/instructions
2230	Remove and Replace	Page 1 - included PCG's fax # to send Form 285, Page 3 - included PCG's fax # to send HIPP referral form; removed reference to Employer Health Insurance form, Page 5 - Chart 2230.1, TPR column 1, 1st block, added "or has a TPR available".
2235	Remove and Replace	Page 3 - Chart 2235.1, 2nd block on Hospice, deleted Form # which was incorrect.
2250	Remove and Replace	Page 2 - adds the statement "or under any related case" to the child-only case definition. Page 5 – add note clarifying return of Form 138 requirements.
2337	Remove and Replace	Page 2 - Miller Trusts, removed note and added info on treatment
2399	Remove and Replace	Page 16 - added USAA to chart as a countable resource
2430	Remove and Replace	Page 3 - 1st sentence, added "whose income is under the Medicaid Cap"Deleted "at home" after "receipt of hospice care".

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2510		Page 1 - under "Policy Statement", referenced Section 2150. Added statement that AMN NH is no longer an option effective 09/01/04. Medicaid will not pay vendor payment to NH. Step 2, added sentence referring to Section 2150
2810	Remove and Replace	Page 2 - clarifies the Standard of Promptness requirement is 45 days for Medicaid.
2815	Remove and Replace	Removes references to out of state Foster Care – this material is now in Section 2852.
2817	Remove and Replace	Removes references to out of state Adoption Assistance – this material is now in Section 2852.
2850	Remove and Replace	Removes references to out of state Adoption Assistance – this material is now in Section 2852.
2852		New Section that pulls together policy and procedures on Children in Care with inter-state considerations. Clarifies policy that any Adoption Assistance or Foster Care application may be taken at any County DFCS, and then forwarded to the Rev Max Centers for processing.
2860	Remove and Replace	Page 1 - adds note at bottom of page that the 90-day judicial requirement under VPA is not a requirement for the FC case.
	Remove and Replace	Removes references to out of state Foster Care – this material is now in Section 2852
2933	Remove and Replace	Page 1 - Model Waiver program renamed "Georgia Pediatric Program (GAPP). Policy statement reworded for merger between Model Waiver and Exceptional Children's service effective 03/30/03. Pages 1 & 2 - changed MWP to GAPP through out.
	1	Adds column for 200% FPL, moves PgW and NB Medicaid to this column
Appendix F	Replace or Add forms as indicated	Replace Forms: 227 (07/04), 227i, 958, 297A (04/04) Add Forms: TOC- Appendix F, Overview, 118, DMA 124, 124 instructions, 136, 942, 943, 950, 957, 970, MHDDAD 1008
Appendix G	Insert Cover Letter in front of MT 10 Cover Letter	Adds Cover Letter for MT 11.
	Replace or Add documents as indicated	Adds Supervisory Review Summary Form for Non IV-E Cases (for use by Rev Max) and Foster Care Supervisory Review Summary. The Foster Care Supervisory Review been reformatted.
Appendix		Page 4 - Step 3 of Reconciliation, included instructions for completing reconciliation that will result in an increase in PL. Page 7 - New instructions for Disregarding Child Support Income from the ABD Medicaid case". Page 12 - added new instructions on "How to Divert Income from NH/IH/CCSP A/R to children at home". Added new instructions on "How to enter Earned Income in an ABD/FS combo case. Page 23 - Added new instructions on going from "CCSP to Institutionalized Hospice".
Appendix J	Insert after Appendix I	New Section on Family Medicaid SUCCESS Functions
TOC 2800	Remove and Replace	Adds Section 2852
TOC 2900	Remove and Replace	Changes Section 2933 from Model Waiver to GAPP
TOO Manua	Remove and Replace	Adds Appendix J and Section 2852, Renames Section 2933

Pen and Ink Changes:

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