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MEDICAID MANUAL (ESS Policy Manual, VOLUME II) TRANSMITTAL NO. 13

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

FROM: Steven E. Love, Acting Division Director
Division of Family and Children Services

RE: Procedures for handling MHN Lists, Citizenship Declaration, Appendix L – LTC Unit
Procedures, Updates on Deeming Waiver COA, New Sections on Medicare Discount Drug
Cards/Transitional Assistance, Powerline, VA Income and Miscellaneous Policy Updates

PURPOSE: This manual transmittal contains new referral sections, new policy sections and a new
Appendix on LTC Unit Procedures and updated Sections reflecting policy updates
and clarifications received since the last transmittal.

DISCUSSION:

2418 – A new section on Veterans Administration Income has been added. Information in this section
replaces Section 2556 and information clarified.

2750 – This Section includes procedures for processing DMA Ex Parte lists.

2752 – This Section includes procedures for processing DMA Presumptive lists.

2756 – A new Section on the Medicare Buy-In, including procedures for correcting buy-in problems.

2932 – A new section on Medicare Approved Drug Discount Cards (MADDC), including information on
Transitional Assistance (TA).

2938 – A new Section has been added on Powerline. This is a referral resource for the uninsured and for
Medicaid/PeachCare recipients needing to locate Medicaid-accepting providers.

Appendix A1 – Information on MADDC and TA has been added.

Appendix B – Information on how to process SSI appeals where Medicaid benefits are to continue has
been added.

Appendix C – Medicaid Card issuance information has been updated to add instances where Medicaid
cards are not issued and to clarify processes in “Emergency” situations.

Appendix F – Form 94S, 297, 969 and 970 have been updated. Instructions for Form 962 have been updated with MHN codes. Ordering information for Health Check brochures has been included on the TOC and in the Overview. A Community Care Communicator and a new LOC Form have replaced forms 5588 and 5590. An MRWP Communicator and a QIT Review Letter have been added.

Appendix I – Includes new information on how to code INST when moving from one institutional setting to another, specifically NH to Hospice, Hospice to NH, NH to CCSP and CCSP to NH

Family Medicaid – Clarifies that basic eligibility criteria must be met in order for the pregnant woman to continue coverage. Clarifies that a CSE referral, or cooperation with CSE is not a requirement for RSM Pregnant Woman Medicaid. Removes “de facto” medically needy references as this COA in Family Medicaid is obsolete. Any individual (pregnant woman or RSM child) who would be de facto eligible would also be RSM eligible.

Children in Placement – Clarified that court orders are to be forwarded by the SSCM to the Revenue Maximization MES, but that interpretation of the court order language remains the responsibility of the SSCM. All references to the RSM Project have been changed to Revenue Maximization Intake Unit. Forms 223 and 224 have been revised.

ABD – Clarifications added on processes involving SSI recipients, treatment of U.S. Bonds, patient fund accounts, funds entering and leaving a QIT, treatment of child support income when the A/R is a child. Policy updated to reflect new definitions and treatment of infrequent and irregular income and lump sum payments.

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

Manual Transmittal 13 includes information found in Medicaid e-mails numbered through 04-39.

UPDATES:

Section	Instructions for Manual Maintenance	Comment
2131	Remove and Replace	Revised section to use same terminology as CCSP Care Coordinator. Changed Form 5588 to LOC Form
2132	Remove and Replace	Page 2 - Added new Step 2 to not proceed with application for SSI only MRWP A/Rs. Page 3 - Step 10 (was Step 9) corrected reference to Section 2132. Special Considerations, changed reference to Form 1008 to Appendix F and which sections of form to complete; Pages 4 - 11 - Listing of Regional Offices, Hospitals and Community Service Boards
2133	Remove and Replace	Complete revision based on changes to Level of Care Determination and other procedures.
2143	Remove and Replace	Page 4 – next to last paragraph, removed reference to SDX screen print. Page 5 - Step 4, remove "File the SDX screen print"; leave as "File copy of DMA..."; QMB Reviews, remove reference to screen print of SDX.
2147	Remove and Replace	Page 1 - under "Basic Considerations", 5th paragraph, removed reference to Form 964

2150	Remove and Replace	Page 8 - "Allowable Medical Expense", to allow personal attendants to be used as an expense to meet SD, must have a doctor's statement that it is required. Page 9 - include MADDCC full price of drugs and the annual enrollment fee as an allowable expense. Projection cost of PCH, NH and personal sitters. Page 10 - verification of pre-discount price of drugs purchased with MADDCC/\$600 TA; policy change – written off bills are not acceptable to meet SD
2180	Remove and Replace	Page 2 - added statement that a CSE referral, or cooperation with CSE is NOT a requirement for RSM PgW Medicaid.
2196	Remove and Replace	Removes 'de facto' medically needy. Any individual (pregnant woman or child) who would be de facto eligible would also be RSM PgW or RSM child eligible.
2215	Remove and Replace	Page 2, first paragraph – clarified that date of entry requirement for legal immigrant status is the date recognized by DHS as opposed to the actual, physical date of entry...Page 3 - Added "declaration of citizenship/alienage requirement" for applications, add-a-person and anytime questionable, including acceptable forms of declaration.
2240	Remove and Replace	Page 1 – removed “AMN NH/IH “ from policy statement. Page 2 - under CCSP, changed Form 5588 to "LOC Form", under MRWP, added "LOC Agreement" form as acceptable for gap in days between LOC instruments; removed references to DMA-6s. Page 3 – last block, Katie Beckett, changed DMA-6 to DMA-6(A), removed phone number; Page 5 - Update MHDDAD Regions for doing LOC for MRWP
2310	Remove and Replace	Page 1 - US Bonds are not a resource for minimum retention period, resource thereafter
2322	Remove and Replace	Page 1 - under "Non FBR COAs", added reference to p. 2, this section on "Transfer of Resource Penalty", Page 2 - "Procedures", 2nd paragraph, added statement regarding transfer penalty, Page 5 - chart, age 91, corrected percentage amount for life estate
2325	Remove and Replace	Page 1 - under "Basic Considerations", 2nd paragraph, added sentence that Patient Fund Account can't be pooled with other resident's accounts. Interest earned is individual residents. Under "Procedures", added that verification of interest earned on Patient Fund Account is required.
2399	Remove and Replace	Page 2 - Bonds, added reference to Section 2310 for exception to counting as resource. Page 11 - MADDCC discounts are not counted as a resource. Page 15 - \$600 TA is not counted as a resource, Page 17 - Exclude from resources EITC for 9 months after month of receipt. Include child tax credit payments with this. Page 18 - exclude from resources RSDI and SSI lump sums for 9 months after month of receipt.
2407	Remove and Replace	Page 2 - Updated to reflect policy change regarding funds entering and leaving a QIT. Disbursements may be paid as late as the end of the month following the month of receipt of the income (bullets 6 & 7) Page 6 – Step 9, Refer to Appendix F for QIT review letter.
2418	Insert after Section 2415	New Section on VA Income; replaces section 2556

2499	Remove and Replace	Page 2 - add phone #s for Black Lung verification, Page 4 - For child support income, put info that there is a 1/3 deduction for eligibility determination for child A/Rs in LA-D who receive child support. Page 8 - under "Dividends", added that interest earned on countable resources is excluded from eligibility determination. Changed "I" to "E" in eligibility column, Page 13 - bottom of page, "Interest", Family Medicaid, added "Exclude as income any interest earned on countable resources". In eligibility & PL/CS columns, changed "I" to "E". Page 14 – Interest income: exclude all interest and dividend income earned on countable resources. In “Eligibility” & “PL/CS” columns, changed I to E; Page 15 - Irregular unearned income now excluded if \$60 or less/quarter. Page 16 - MADDC not counted as income, Page 25 - \$600 TA not counted as income. Pages 26 & 27 - clarified VA incomes, referenced Section 2418
2500	Remove and Replace	Page 2 - Step 2, added reference to Section 2405, "Treatment of Income" and Section 2499, "Income Chart".
2504	Remove and Replace	Page 4 - "Infrequent & Irregular Income", change to refer as quarterly amounts instead of monthly. Page 5 - Bottom of page, exclude as income any interest earned on countable resources
2505	Remove and Replace	Page 1 - add as an unearned income deduction, 1/3 of monthly child support payment for child A/R
2551	Remove and Replace	Page 2 - 1st paragraph, added "LA-D" before "A/Rs" and changed "NH" to "LA-D provider". Step 1, reference to Section 2418 for how to treat VA income in the PL/CS budget
2555	Remove and Replace	Page 1 - Under "Basic Considerations", added bullet on Medicare Approved Drug Discount Card and referenced heading "Medicare Approved Drug Discount Card" on page 2. Page 2 - added section on Medicare Approved Drug Discount Card. Page 4 - removed "IMEs in Medically Needy PL Budgets"
2556	Remove in its entirety	Information in this section is now in Section 2418.
2578	Remove and Replace	Page 1 - Under "Basic Considerations", corrected reference section
2718	Insert after Section 2716	New Section on PeachCare for Kids Rebounds
2720	Remove and Replace	Clarifies that basic eligibility criteria must continue to be met in order for the pregnant woman to continue coverage.
2750	Remove and Replace	Provides instruction on Ex Parte Reports
2752	Remove and Replace	Provides instruction on Presumptive Eligibility Reports.
2754	Remove in its entirety	This section has been replaced by information in Sections 2750 & 2752.
2756	Insert after Section 2750	New Section on Medicare Buy-In
2801	Remove and Replace	Page 2 – Clarified SSCM responsibilities regarding providing copies of court orders to Revenue Maximization MES. Clarifies when the Revenue Maximization MES is responsible for completing the Form 529.
2805	Remove and Replace	Page 1 – revised referral from eligibility worker to Revenue Maximization MES for IV-E eligibility determination.

2810	Remove and Replace	Page 1 – Basic Considerations: changed toll free number to Revenue Maximization Intake Unit number. Added an Exception. The application for a child whose DFCS custody was terminated at the 72-hour hearing is referred directly to the Revenue Maximization Regional office. Page 2 – Added that the initial court order must accompany the Forms 223 & 224. Page 3 - Clarifies the SOP date in case of weekend or holiday. Page 4 – added instructions to Step 2 if SSCM has not received the initial court order within 10 days of the child’s placement. Page 5 – Added a Step 7 to reflect Form 529 processing.
2812	Remove and Replace	2 – corrected reference to Section 2065. Clarified the SOP date in case of weekend or holiday. Clarified that the SOP for IV-E and CWFC Medicaid is 45 days.
2815	Remove and Replace	Page 4 – Step 6 revised to clarify that the SSCM remains responsible for the interpretation of court order language, but that copies must be provided to the Revenue Maximization MES. Page 5 (removed)– duplications of information in Section 2852, which is referenced on page 4.
2817	Remove and Replace	Page 3 – revised Step 1 to include copies of all court orders are to be routed to the Revenue Maximization MES. Page 5 – Added reference to Section 2852
2820	Remove and Replace	Page 1 – revised Basic Considerations to include that copies of court orders must be forwarded to the Revenue Maximization MES.
2850	Remove and Replace	Page 2 – Added that Revenue maximization MES will review cases of children who are in a Relative Home but remain in DFCS custody. Reviews must be tracked manually if the relative applies for TANF/Medicaid.
2932	Insert after Section 2930	New Section on Medicare Approved Drug Discount Cards
2938	Insert after Section 2937	New Section on Powerline
Appendix A1 2004	Remove and Replace	Adds MADDCC enrollment fee, income limits for \$600 TA, Added Chart A1.7 – Monthly Averaged Medicaid Rates for Katie Beckett
Appendix B	Remove and Replace	Page 2 - includes information on how to handle SSI appeals where the Medicaid Benefits are to continue during the appeal process. Page 3 – 2 nd paragraph under 1 st note, added reference for Katie Beckett Hearings. Pages 13 & 14 – in chart, to continue Medicaid benefits, must request in 10 days from date of notice.
Appendix C	Remove and Replace	Page 1 - Under "Medicaid Cards", 2nd Paragraph, added to list of when cards aren't issued, no reissuance if A/R not eligible in current month and Hospice, if "Lock In" not received by Hospice Provider. Page 2 - under "Medicaid Cards", 2nd paragraph, added statement that replacement cards will only be issued to A/Rs who are eligible in month of request or as outlined on page 1. Page 3 - deleted Form DMA 304 as it is no longer issued. Page 4 - "Emergency Situations" clarified, Fax 962, removed 4th bullet, 2nd paragraph, added "or other COAs with prescription problems". Page 6 & 7 - Revised chart on emergency and non-emergency procedures. Added new procedure for "Life Threatening".

Appendix F	Insert Forms, using Appendix F TOC as a guide	Add: Declaration of Citizenship/Alien Status, QIT Review Letter; MHDDAD LOC Agreement, Community Care Communicator (CCC), CCCi, Form DMA 6A & instructions, Form DMA 704, DMA 705, DMA 706 & instructions and Form130; Revised: Forms 223, 223i, 224, 224i, 297 (08/04) and Form 94S (12/03), 962i, 969 (12/04), 970 (12/04), Overview and TOC; Remove: Form 5590 , Form 5588, Deeming Waiver Request Form and Deeming Waiver Physician's Referral Form
Appendix G	Insert in front of MT 12 Cover Letter	Adds Cover Letter for MT 13
Appendix H	Insert Form, Remove Forms, using Appendix H TOC as a guide	Revised FC Monthly Supervisory Case Review - this form replaces both the previous Foster Care Supervisory Review Summary forms.

Appendix I	Remove and Replace	Page 12 – changed title last block to "LA-D" rather than just L01. Page 18 - NH to Hospital, new Step 1 to not complete this procedure if A/R will be in hospital less than 1 month. Page 20 - NH to Hospice, Step 5 changed statement to do Hospice line on INST for every month AFTER month of Hospice election. Step 7, added statement that if having problems approving AU , delete NH line on INST. New Step 9, to shorten review date to coincide with the previous COA's review date. Page 21 - Hospice to NH, Step 8, added statement that if problem approving AU, delete Hospice line on INST. New Step 9 to shorten review date to coincide with the previous COA's review date. CCSP to NH, new Step 9 to shorten review date to coincide with the previous COA's review date. Page 22 - NH to CCSP, new Step 8 to shorten review date to coincide with the previous COAs review date. Use of PLAW Screen, step 2, Medicare claim # must be the same on PLAW and UINC
Appendix L	Insert after Appendix J	Adds Appendix on LTC Unit Procedures. Appendix K is held in reserve for Children in Placement SUCCESS functions.
TOC 2400	Remove and Replace	Adds Section 2418
TOC 2550	Remove and Replace	Removes Section 2556
TOC 2700	Remove and Replace	Removes Sections 2752 & 2754; adds Sections 2718 & 2756
TOC 2900	Remove and Replace	Adds Section 2938 & 2932
TOC Main	Remove and Replace	Removes Sections 2752 & 2754; adds Sections 2718, 2756, 2938, 2992, Appendix L

Pen and Ink Changes:

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