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April 1, 2005

MEDICAID MANUAL (ESS Policy Manual, VOLUME II) TRANSMITTAL NO. 15

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: 2005 FPL Income Limits, Clarifications on TEFRA/Katie Beckett, Changes in Treatment of Promissory Notes/Contracts, GBHC de-linking for Children in Placement

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

DISCUSSION:

2853 – New Section to clarify processes for de-linking a child from Georgia Better Health Care (GBHC) when that child comes into DFCS custody.

Appendix A1 – Updated to reflect the 2005 FPL increases.

Appendix A2 – Updated to reflect the 2005 FPL increases.

Appendix B – Information on BCCP/WHM hearings added. Information on continuing benefits during an SSI appeal added.

Appendix F – Includes revisions to various forms, Spanish versions of Form 222, Medicaid Review Form and 5460, Notice of Privacy Practices. The Q-track Brochure has been assigned number DHR 701. Promissory Note Review and Termination Notices have been added. A manual Medicaid Notification Form has been added for use only when changes cannot be reflected in the computer system.

Appendix H – added basic reading requirement for Family Medicaid.

Family Medicaid – FPL income limit updates.

Children in Placement Medicaid – miscellaneous clarifications, including information on when a child signs itself back in to care at age eighteen.

ABD Medicaid – New policy on Promissory Notes/Contracts. Includes clarifications of TEFRA/Katie Beckett policy as well as clarifications to QIT policy. FPL Income Limit updates.

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

Manual Transmittal 15 includes information found in Medicaid e-mails numbered through 05-05.

UPDATES:

Section	Instructions for Manual Maintenance	Comment
2051	Remove and Replace	Page 2 – added verification information found on p. 2065-6 and modified it slightly to include ABD Medicaid.
2052	Remove and Replace	Page 1 – added paragraph under “Basic Considerations” that a CMD may be completed based on any Medicaid application form. Corrected 2 nd paragraph and added a NOTE. Page 3 – under “SSI Terminations”, corrected section reference in next to last paragraph and added paragraph concerning CMD treatment of fleeing felons.
2060	Remove and Replace	Page 1 – Under “Basic Considerations”, 5 th paragraph, clarified which county DFCS office should process a Hospital AU. Page 4 – Note, added “45/60 day” before “SOP”. Page 5 – Under “Disposition of the Application”, added “when possible” to 2 nd sentence. Changed NOTE to see page 4 for SOP guidelines.
2065	Remove and Replace	Page 9, chart 2065.1 - Removed reference to DMA-6. Added Declaration of Citizenship to mandatory forms section.
2067	Remove and Replace	Page 1, Policy Statement - Changed FPL from 235% to 200%
2115	Remove and Replace	Page 1 – Under “Basic Considerations”, 2 nd bullet, added sentence that the disregard of increase in or initial entitlement to income must have been on RSDI income, no other.
2133	Remove and Replace	Page 1 – Under “Policy Statement and Basic Considerations”, changed age limit to 19. Page 2 – Step 3, added “Katie Beckett Cover Letter” to list of items in the packet to be given to the PR. Page 3 – Step 7, changed to reflect that therapy notes should be obtained based on the Care Plan, not the DMA 6A. Reworded Step 8. Page 4 – Step 12, 1 st paragraph, added that provision of additional medical data must be sent “directly” to GMCF from family and that DFCS should forward info to GMCF if mistakenly sent to county office. Also added information on how to count 30 days for appeal of LOC after receipt of “proposed Denial of Admission”. Page 5 – Step 12, 2 nd bullet, instructions for “Final Determination Denial of Admission” added word “directly” and for DFCS to forward appeal to DCH Legal Services if appeal mistakenly sent to county office. Added how to calculate the 30 days. Also added that the State Office Medicaid Unit will inform the county DFCS if an appeal has been filed. Page 6 – step 14, added 2 nd NOTE that MES shouldn’t complete any portion of the Cost Effectiveness Form. It’s the family’s responsibility. In addition to the A/R’s doctor, other medical entities may help complete and initial their entries. Page 7 – Step 16, revised paragraph. Under “Review”, 2 nd paragraph, changed DMA ^A to Care Plan. 1 st bullet, omitted “letter”. 2 nd bullet, changed to close case once “Final Determination Denial Letter” received. Added a note regarding alignment of review with expiration of LOC, if possible. Reworded paragraph regarding CMD.

2135	Remove and Replace	Page 2 – Step 5, 2 nd bullet, referenced Section 2407, QIT, if A/R is over Medicaid Cap. Page 3 – Under “Special Considerations”, referenced Appendix I.
2150	Remove and Replace	Page 11 – On chart, corrected the Chart number. Additions to 1 st bullet under “Not Allowable” for Exception. Page 12 – added new bullet under “Allowable” that medical bills incurred and which may be covered by a pending lawsuit, are allowable for the month incurred, but send a Form 285. 1 st paragraph under “Proc. The AMN”, changed wording to read “AMN case must be reviewed...” 2 nd bullet, clarified that once an initial application is completed only a review is necessary at 6 month intervals as long as the case remains active/suspense (M or A status).
2184	Remove and Replace	Page 1, Policy Statement - Changed FPL from 235% to 200%
2196	Remove and Replace	Page 2 - last paragraph, changed anticipated to prospective budgeting. Page 6, step 6 - changed anticipated to prospective budgeting
2198	Remove and Replace	Page 4 - first paragraph, removed reference to WTM, added reference to Appendix B in the last paragraph.
2201	Remove and Replace	Page 3 - added statement that child may be included or excluded in RSM and FM-MN budget group
2220	Remove and Replace	Page 4, step 2, removed reference to Form 189 and added information on how to obtain Form SS-5.
2230	Remove and Replace	Page 2, removed statement that when adult fails to cooperate with TPR, child is considered voluntarily excluded. Added statement that child is never penalized because of the adult's failure to cooperate with TPR. Also, “Trusts and Other Legal Documents” moved from page 4 to page 2. Page 5 – added block to bottom of chart for when A/R with a trust/QIT dies or becomes ineligible.
2235	Remove and Replace	Page 1 – Under “Basic Considerations”, added sentence to reference Section 2470, QIT. Page 3 – CCSP block, deleted the Form # and changed case manager to care coordinator.
2240	Remove and Replace	Page 3 – Katie Beckett, changed reference from Model Waiver to “GAPP”. Added that LOC approval may range from 90 days to 1 year.
2250	Remove and Replace	Page 2, 1st bullet - added 4MCS, Page 3, after 3rd bullet, deleted sentence stating that if AU is denied or terminated due to non-cooperation, they must cooperate with CSE prior to approval of new application; Page 7 - 2nd bullet, reworded to clarify termination of benefits for non-cooperating AU member, not closure of case; Page 8, 1st paragraph, reworded to address penalized adult instead of termination. Steps 4 - 6, reworded to address penalized adult and CMD process if good cause does not exist.
2300	Remove and Replace	Page 1 – Corrected 2 nd “Exception” to exclude RSDI/SSI Lump Sum for 9 months. Page 2 – Last paragraph, reference for exclusions for interest/dividends as income, 2499.
2310	Remove and Replace	Page 1 – clarified that the exclusion for bonds during the 12month retention period applies to ABD Medicaid only.
2313	Remove and Replace	Completely rewrote section to reflect changes in treatment of contracts.
2324	Remove and Replace	Page 1 – Under “Exception”, changed 6 months to 9 months. Referenced Section 2499 for exceptions.
2325	Remove and Replace	Page 1 – Last paragraph under “Basic Considerations”, corrected reference to read Section 2499.

2339	Remove and Replace	Page 1 – added sentence to Policy Statement that annuity must be amortized. Page 2 – Step 3, added paragraph on amortization and how to treat. Page 3 – Step 10, added statement of “or not amortized” to send DMA 285. Page 4 – new life expectancy tables added.
2407	Remove and Replace	Page 1 – added note to bottom of page regarding couples over the Medicaid Cap. Page 6 – Step 12, added actions to take upon death or ineligibility of A/R with QIT. Page 7 – added instructions for a change in trustee, added instructions for when income is now under the Medicaid Cap.
2499	Remove and Replace	Page 8 – Dividends, clarified that dividend exclusion does NOT apply to Family Medicaid. Page 9 – Education Grants, clarified and made an exclusion for ABD as well as Family Medicaid. Page 14 – Added Exceptions to “interest” top of page for interest payments made on contracts. Bottom of page, Interest is not excluded for Family Medicaid. Page 15 – Irregular/Infrequent Income – clarified that no exclusion exists for Family Medicaid.
2552	Remove and Replace	Page 1 – Under “basic Considerations”, added bullet for 1/3 deduction of child support. Page 2 – added new paragraph explaining 1/3 child support deduction for child A/R. No deduction is allowed for A/R paying child support.
2576	Remove and Replace	Page 1 – last paragraph, added BCCP to LIM A/R temporarily in a nursing home.
2578	Remove and Replace	Page 1 – Step 2, added parenthetical statement that SDX is acceptable for verification of income for SSI A/Rs. Step 3, added sentence that verification of resources is required at review for SSI recipients for whom SSI terminated.
2650	Remove and Replace	Page 3 - 1st bullet, changed FPL for pregnant women from 235% to 200%
2657	Remove and Replace	Page 1 - provided clarification of who to exclude from AU/BG for enumeration, alienage and application for other benefits. Page 4 - added statement explaining option of including child in BG for RSM if parent refuses to verify or declare citizenship/alienage status
2669	Remove and Replace	Page 2 - changed FPL from 235% to 200% for pregnant women and infants born to Medicaid eligible women
2714	Remove and Replace	Page 1, Basic Considerations - added statement that declaration of citizenship/alienage status is required for person being added to AU if there is no previous declaration in record. This is not required if person added to BG only.
2752	Remove and Replace	Additional information added by DCH/DMA. Entire Section revised.
2760	Remove and Replace	Page 1 - Permanent verification, bullet 6, added other legal documents. Page 4 - added retention information for Foster Care and Adoption Assistance case records
2810	Remove and Replace	Page 1 – added county DFCS responsibilities; referenced Section 2853. Removing child from all acting/pending cases will be the responsibility of the Revenue maximization Intake Unit. Page 2 – SSI children will now be added to SUCCESS.
2812	Remove and Replace	Page 1 – added county DFCS responsibilities; referenced Section 2853. Removing child from all acting/pending cases will be the responsibility of the Revenue maximization Intake Unit. SSI children will now be added to SUCCESS.
2815	Remove and Replace	Page 2 - added note on child signing self back into care

2817	Remove and Replace	Page 2 - deleted "only in the month the adoption is initiated" in note re TPR. Page 3 - clarified that IV-E AA Medicaid reviews are due every 12 months. Page 5, Step 7, added From 225 and name of form for clarity.
2826	Remove and Replace	Page 4 - deleted "or failed to apply...UCB" PE cannot comply retroactively.
2845	Remove and Replace	Page 2 – added note that SSI Children will now have a case in SUCCESS.

2852	Remove and Replace	Page 1 - Basic Considerations, expanded on out of state FC/AA applications when family applies at local DFCS. Pages 3 & 4 - CWFC, inserted CWFC in statement, Added Steps 1, 6 & 7
2853	Insert after Section 2852	New Section clarifying processes for de-linking a child from GBHC when it first comes into DFCS custody.
2870	Remove and Replace	Page 1, Basic Considerations - added name of Section 2880. Page 2, Step 1 - added "two months prior to the review month". Step 3 - added "request a copy of the latest court order from the SSCM if not in the case record. Page 3 - SSI Eligible Children – adds statement that child can be both SSI and RSM/FC on MHN. IV-E & State AA, added "every 12 months" for AA reviews. Page 4 - Step 2 - added "manually". CWRC, Step 2, added "request copy of latest court order from SSCM". Page 5 - Step 2, added "request a copy of latest court order from SSCM" and adds section reference.
2880	Remove and Replace	Page 1 – second bullet changed to read "DFCS no longer has custody", to clarify that DFCS does not terminate custody, but that IV-E eligibility is lost if DFCS no longer has custody of a child.
2885	Remove and Replace	Page 1, Step 1 under Procedures - Changed RSM to "appropriate Revenue Maximization Regional Office"
2890	Remove and Replace	Page 1 - Under "Basic Eligibility", added NOTE regarding child signing self back into care at age 18. Page 5, added block for CWFC child in run away status longer than six months.
2933	Remove and Replace	Page 2 – last sentence, changed "Deeming Waiver" to "Katie Beckett". Page 3 – Step 3, changed "Deeming Waiver" to "Katie Beckett", changed DMA-6 to GMCF LOC Approval Letter. Under "SSI PNA", changed "Deeming Waiver" to "Katie Beckett". Last sentence under "Nurse Services" changed "Skilled DMA-6" to "skilled LOC".
2936	Remove and Replace	Page 3 - Step 1, changed phone number to call for exceptional transportation.
Appendix A1 (2005)	Remove and Replace	Added new FPL income limits; Chart A1.1, added "LA-D" to "SSI" under "Type Limit"
Appendix A2 (2005)	Insert in front of Appendix A2 (2004)	Added new FPL income limits
Appendix B	Remove and Replace	Pages 1 & 2 - added note that DCH needs to be contacted if a WHM hearing request is made so a DCH representative can attend the hearing; added note that RSM Project is to contact DCH when scheduled hearing time is received from OSAH. Pages 2 & 3 - Under Continuation of Benefits, added information that SSI A/R must provide written proof of appeal prior to being updated in DCH's system.

Appendix C	Remove and Replace	Page 6 – 2 nd block, Emergency, added CIC Membership Enrollment Phone number and corrected CIC fax number. Last block, added CIC phone number. Page 7 – 3 rd block, Emergency, added CIC Member Enrollment Phone number.
Appendix D	Remove and Replace	Page 3 – General Rules, added not necessary to do “negative documentation”. Pages 4 – added general instructions for Children In Placement Medicaid Documentation. Page 5 – deleted references to document voter registration. A “Y” or “N” should suffice. Added to document activities taken on AMN, QIT validity, if went to DCH Legal, when returned & outcome. Page 6 – Add information on Adoptive Parents. Pages 9, 19, 28 – documentation standards for QIT added, Page 11 – Document hospital stays and how verified. & information for LOC denials, Page 12 – added deprivation code on APID (Children in Placement), Pages 13, 14 & 15 – all known information must be documented (Children in Placement), Page 16 – all known information, including TPR (Children in Placement)
Appendix F	Remove and Replace Forms and Instructions as specified	TOC – Changed “Order Info” on Form 118 to Screen Print. Added order information for DMA forms. Overview – Corrected ACS e-mail address. Revised: Form 71 (04/05), Form 106 (04/04) – footer only, Form 107 (04/04) – footer only, Form 223 Instructions (04/05), Form 227 and Instructions (04/05), Peach Care for Kids Referral Letter, Form 701, Q-track Brochure (02/05), Form 706 (04/05) and Instructions (04/05), QIT Trustee Guide (04/05), QIT FAQ and Worksheet (04/05) Added: Instructions for Form 188, Social Date Report, Form 222 Sp, Medicaid Review Form/Spanish (01/04), Instructions for Form 285, Medicaid Notification Form (hard copy only – NOT on ODIS), Notice of Review of Promissory Note, Loan or Property Agreement, Notice of Termination of Medicaid Benefits (for Promissory Note review only), TEFRA/Katie Beckett Cover Letter Added to ODIS: Spanish versions of Forms 297 & 297A, Forms 5460 & 5460 Sp, Notice of Privacy Practices, English and Spanish, MHDDAD LOC Agreement
Appendix G	Insert in front of MT 14 Cover Letter	Adds MT 15 Cover Letter
Appendix H	Remove and Replace specified sections	Overview, Page 2 - added basic case review requirements for Family Medicaid. Form 116 & Instructions - minor formatting changes
Appendix I	Remove and Replace	Page 13 – Added new instructions on how to reinstate an L01 or W01 AU with PL/CS > \$0.00. Page 14 – Added new instructions on how to complete an SSI Trial Budget for Katie Beckett. Page 22 – Clarified Step 5 on A/R going from NH to Hospice. Enter the hospice info on INST beginning with the month after month of election. Page 31 – Added new instructions on denying/closing a Katie Beckett case for not meeting the LOC.
TOC 2800	Remove and Replace	Adds Section 2853
TOC Main	Remove and Replace	Adds Section 2853

Pen and Ink Changes:

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