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November 1, 2007

# MEDICAID MANUAL (OFI Policy Manual, Volume II) Transmittal NO.28

**TO:** County Departments of Family and Children Services

State DFCS Staff

**FROM:** Mary Dean Harvey, Division Director

Division of Family and Children

Services

**RE:** Medicaid Policy Updates/Changes

**PURPOSE:** For all Classes of Assistance, the Third Party Resource section was changed to reflect the requirement that a signed DMA285 must be obtained and kept in the case record. The Citizenship/Alienage section was also updated with the latest updates in citizenship/identity requirements received from the Center for Medicare and Medicaid Services. A new Appendix was also added to address information received from the new Georgia Databroker System. For ABD, this manual transmittal consists mostly of clarifications to sections on Hospice, Institutionalized Hospice, Burial Funds, Life Estates, Trust Property, Special Needs Trusts and Estate Recovery. Minor changes were also made to the Form 700 regarding assignment of rights for Third Party Resources. For Family Medicaid, minor changes were made to sections on Application Processing, Low Income Medicaid, Vehicles, and DMA Presumptive Reports. Minor revisions were also made to Appendix D regarding documentation of retroactive Medicaid coverage. For Children in Placement Medicaid, minor changes were made in sections on Foster Care Application Processing and Special Considerations. Several forms have been revised including the Form 173 Verification Checklist, Form 216 Declaration of Citizenship, and the Form 297M Medicaid Addendum. The new Spanish version of the Form 216 has also been added, as well as a Medicaid Notification Form. Please refer to the chart attached for specific changes.

## **DISCUSSION:**

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

## **UPDATES:**

## **MANUAL TRANSMITTAL 28**

| WHILL THE TIME TO THE TO |                         |       |                               |  |  |
|--------------------------|-------------------------|-------|-------------------------------|--|--|
| Section                  | Instructions for Manual | Page  | Comments                      |  |  |
|                          | Maintenance             |       |                               |  |  |
| 2060                     | Remove and Replace      | 4,9   | Under Mandatory forms,        |  |  |
|                          |                         |       | added form numbers to         |  |  |
|                          |                         |       | HIPAA and DOC forms           |  |  |
| 2065                     | Remove and Replace      | 1,6,9 | Page 1, added DMA632W         |  |  |
|                          |                         |       | Women's Health Medicaid       |  |  |
|                          |                         |       | application to list of        |  |  |
|                          |                         |       | acceptable applications. Page |  |  |
|                          |                         |       | 6 and 9, under Mandatory      |  |  |

|      |                    |     | forms, added form numbers  |
|------|--------------------|-----|--|
|      |                    |     | to HIPAA and DOC forms   |
| 2135 | Remove and Replace | 2-3 | Changed paragraph about DFCS not having to process SSI only Hospice that we now have to process in SUCCESS. In step7, added "enter hospice agency as AREP".  |
| 2136 | Remove and Replace | 2-3 | Step 7, added "enter hospice agency as AREP", and changed paragraph about DFCS not having to process SSI only Hospice to say that we now have to process SSI only cases in SUCCESS.  |
| 2162 | Remove and Replace | 1   | Under Citizenship/Alienage heading, added "Identity", and added statement that each AU member must provide proof of his/her identity.  |
| 2215 | Remove and Replace | 2-9 | Page 2and 3, under secondary documents, added American Indian with "KIC" classification, verification with DHS's SAVE database. Under third level documents, added religious record recorded in the U.S. within 3 months of birth showing the birth occurred in the U.S., and early school record showing a U.S. place of birth. Under fourth level documents, added other documents that show a U.S. place of birth created 5 years before application including Tribal Census Records, U.S. Vital Statistics records, and statements signed by a physician or midwife present at the time of birth. Page 4, under evidence of identity, added 3 or more corroborating documents such as marriage licenses, divorce decrees, high school diplomas can be used as long as 4th tier citizenship verification was not used. Disabled individuals in residential care facilities may have their identity attested to by the facility administrator if the individual cannot get any other document. Page 5, For children under 16, clarified school record to include report card, daycare or nursery school record. In NOTE, clarified that an |

|      |                    |       | immunization record is not acceptable verification of identity unless it is a part of a medical record that has been certified by the medical provider. Page 6-7 under Definition of Qualified Alien, completely updated who qualifies as a qualified alien, included information on Special Immigrant Juvenile Status (SIJS). Page 7,added section on Non immigrants. Page 8, in NOTE under Declaration of Citizenship/Alienage, added statement that if there are two adults in the AU, each must sign the Declaration of Citizenship. Page 9, updated the list of exceptions to the |
|------|--------------------|-------|--|
|      |                    |       | citizenship/identity   |
|      |                    |       | requirements.  |
| 2230 | Remove and Replace | 2-3   | Updated NOTE to explain that 285 is not required if application is made with 297/297M, 700 or 94 that includes the assignment of TPR rights. In "Then" section of chart, added statement that if DMA285 is not returned, workers should attempt to contact a/r to obtain, and penalize the adult AU member if form is not returned.  |
| 2308 | Remove and Replace | 4-5   | Page 4, added procedure for documenting the usage of automobiles. Page 5, added Step 4 woth Page 5, added Step 4 with procedures for verifying values of vehicles for Family Medicaid.   |
| 2312 | Remove and Replace | 1     | In policy statement, changed "deemor" to "legal representative"  |
| 2322 | Remove and Replace | 1-3,6 | Deleted FBR and Non FBR separation from policy statement. Updated life estate policy for FBR and Non FBR, added "minus any encumbrances" and deleted Non FBR and FBR separation from step 4. Correct life estate fraction for age 87 in table.   |
| 2337 | Remove and Replace | 2-3   | Page 2, deleted the effective date of 5/1/06 and added note under 3 <sup>rd</sup> bullet. Page 3, added new 2 <sup>nd</sup> bullet.  |
| 2346 | Remove and Replace | 3     | In Step 1, added "along with proof of disability" in both paragraphs.  |

| 2752           | Remove and Replace | 5    | Under non-confirmation reports, added NOTE explaining how to resolve linking problems.   |
|----------------|--------------------|------|--|
| 2810           | Remove and Replace | 5    | Step 7, added statement that form 529 is signed by the RevMax supervisor and forwarded to accounting and to the custody county   |
| 2850           | Remove and Replace | 2    | Under Basic Considerations,<br>added definition of Special<br>Immigrant Juvenile Status<br>(SIJS)                                |
| Appendix D     | Remove and Replace | 9,11 | Page 9, added procedures for documenting months of retroactive Medicaid. Page 11, removed "document if DMA285 is not returned"   |
| Appendix F TOC | Remove and Replace |      | Updated revision dates of forms below.   |
| Appendix F     | Remove and Replace |      | Updated Form 173, Form<br>216, added Form 216SP,<br>updated Form 297M, updated<br>Form 700, added Medicaid<br>Notification Form. |
| Appendix M     | Add                |      | New Appendix that covers the new Georgia Databroker System.  |

# Pen and Ink Changes:

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

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