



STATE OF GEORGIA
Division of Family and Children Services

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Governor

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Director

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MEDICAID MANUAL (OFI Policy Manual, Volume II) Transmittal NO.49

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

FROM: Bobby D. Cagle, MSW
DFCS Director

RE: Medicaid Policy Updates/Changes

PURPOSE: To provide DFCS field staff an update to the Medicaid Policy Manual as revised to be in accordance with the most current policy clearances received from the Department of Community Health. Major changes include updated income limits for both Family Medicaid and ABD, the addition of information and procedures for Hospital Presumptives, and the addition of Documentation Standards back to Appendix D. A detailed overview of all revisions to the Medicaid manual is listed below.

For All Classes of Assistance, whether ABD or Family Medicaid:

- Section 2215 added form 94A and Federally Facilitated Marketplace application to list of applications that do not need a separate Declaration of Citizenship.
- Section 2230 has update procedures for handling a Third Party Liability if A/R applies on form 94A or COMPASS.
- Section 2415 updated with clarification that a portion of self employment taxes from Form 1040 is an allowable deduction.
- Section 2706 was updated with instructions on processing renewals that returned within 90 days of closure for non-MAGI cases.
- Added documentation standards back to Appendix D.

For Children in Placement only:

- Section 2819 was updated to reflect that a child could have aged out of Foster Care in any state and be eligible for Former Foster Care coverage.
- Section 2890 was updated to reflect that non IV-E children will have eligibility determined under Child Under 19 coverage instead of Child Welfare.

For ABD Medicaid only:

- Section 2053 was updated with the correct definition of SSI intervening months.
- Section 2143 was updated to state that Medicare providers are prohibited from billing QMB recipients for Medicare cost sharing.

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- Section 2150 was updated to state that a phone interview is required for Adult Medically Needy applications.
- Section 2316 was updated with new excess homeplace limit.
- Section 2555 was updated to state that Incurred Medical Expenses incurred in months for which no vendor payment is made are not deducted, and removed “and any intervening months”.
- Appendix A-1 was updated with the 2015 income limits.
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For Family Medicaid only:

- Section 2067 was updated with information and procedures for Hospital Presumptives.
- Section 2245 was clarified to state that counting income of the father of an in common child who is not married to the mother applies to all MAGI Classes of Assistance.
- Section 2499 was updated with information on when to count RSDI income for a tax dependent/child.
- Section 2610 was updated with the current income thresholds for filing a tax return.
- Section 2655 was updated with a statement that Medicare premiums should be allowed as a health insurance deduction for budgets with RSDI income
- Appendix A-2 was updated with the 2015 income limits.

UPDATES:

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Section	Page	Comments
2050	1-2	Page 1, added COMPASS web address, updated RSM Project website; page 2, added information about processing FFM applications
2053	1-2	Updated definition of SSI intervening months.
2060	2,4	Page 2, added FFM application to list of acceptable applications; page 4, added 94A, COMPASS MA application, Hospital Presumptive application and FFM application to list of applications that include DOC language.
2065	1-2,4-6	Page 1, added FFM to order of eligibility; page 2, added FFM and Hospital Presumptive application to list of acceptable applications; page 4, updated

		Health Check to EPSDT and added statement that EPSDT info is included on approval notice; page 5, added 94A and FFM application to applications that do not require a separate DOC; page 6, added statement that a 138 is not required in COMPASS Medicaid application is received.
2067	1-4	Added information and procedures for Hospital Presumptive
2132	1	Updated Mental Retardation to Intellectually Disabled
2133	1,3	Updated Mental Retardation to Intellectually Disabled
2141	1	Added "NOTE: please see Section 2143 regarding Medicare Skilled Nursing Facility for QMB".
2143	1,6	Page 1, Added statement that all Medicare providers are prohibited from billing QMB recipients for Medicare cost-sharing. This includes Medicare deductibles and coinsurance; page 6, added new special considerations regarding QMB
2150	4	Added statement that a phone interview is required for AMN applications to step 2.
2166	1	Added bullet that decrease in pre-tax or 1040 deductions can be a reason for increased MAGI earnings.
2174	1	Added PCK to COAs a mother can receive for a child to be a deemed Newborn.
2180		Delete section from manual
2194	1	Added statement that children who are inmates of a public institution or mental facility are ineligible for PCK.
2215	11,17	Page 11, added form 94A and FFM applications to list of applications that do not need a separate DOC; page 17, added 2015 amount for 40 qualifying quarters
2230	1-3,8	Page 1 and 2, added procedures for handling a
		TPL if A/R applies with a 94A, Federal Streamlined application or COMPASS

		application or renewal, clarified statement that if a renewal is done by phone, a renewal form must be sent for A/R signature, and that it must be returned; page 3, removed "without good cause" from the ABD TPL requirements; page 8, updated HMS address
2235	1-3	Replaced MRWP/CHSS with NOW/COMP
2240	1-2	Replaced MRWP/CHSS with NOW/COMP
2245	1-2	Page 1, clarified that counting income of the father of an in common child who is not married to the mother applies to all MAGI COAs; page 2, added statement under Pregnant Woman bullet that in cases with unmarried couples who have an in common child in the home, the income of the father must be counted in the budget.
2250	5	Added statement that a 138 is not required if A/R completed application or renewal on COMPASS
2301	1	Removed LIM and LIM-NH form COAs that have a resource limit, changed LIM and RSM to Parent/Caretaker and Child Under 19 respectively.
2316	2-4	Updated Excess Homeplace limit
2334	2	Added NOTE regarding Direct Express accounts
2415	3	Clarified that portion of self employment taxes allowed on form 1040 line 27 is allowable.
2499	23,26,33	Page 23, added information about when to count RSDI income for a tax dependent/child; page 26, deleted Social Security as it was a duplicate; page 33, added Non-Federal Work

		Study
2502	1	Added "otherwise known as a non-member" to non-legal spouse definition
2503	3,5	Page 3 and 5, replaced MRWP/CHSS with NOW/COMP
2553	1-2	Replaced MRWP/CHSS with

		NOW/COMP
2554	1	Replaced MRWP/CHSS with NOW/COMP
2555	1-2	Removed "IME's incurred in months for which no vendor payment is made are not deducted". Removed "and intervening months" and "This policy is effective April 2009". Added "through the month of completion" and "may be deducted as an allowable expense" to the Exception; page 2, added "through the month of completion" to the first sentence under Institutional Long Term Care, removed second sentence, updated third sentence to read "The A/R's monthly income, resources, and any..."
2559	1	Replaced MRWP/CHSS with NOW/COMP
2578	2	Added "this would include DOC form" to NOTE at bottom of the page
2610	2	Updated income thresholds for when someone must file a tax return
2655	1	Added statement that Medicare premiums are credible health coverage and should be allowed as a health insurance deduction for budgets that include RSDI income.
2706	10	Updated last box in chart 2706.2 to clarify instructions for processing a non-MAGI renewal received within 90 days of closure
2718	3	Updated email address for sending PCK Report Back forms
2819	1	Added statement that a child could have aged out of

		Foster Care in any state, and that self-attestation of receipt of Foster Care in another state at the time the youth aged out is acceptable.
2840	2	Updated Foster Care payment standard
2890	1,3	Page 1, added statement that non IV-E children will no longer be put in the Child Welfare COA, eligibility will be determined under the

		Child Under 19 COA, added “receiving Extended Youth Support Services and in extended Foster Care; page 3, added statement that if a youth under 21 leaves Extended Youth Support services, RevMax will CMD the case to Chafee Medicaid, and that if youth is 21 or older RevMax will CMD to Former Foster Care Medicaid.
2930	1-3	Updated entire section from Health Check.
Appendix A-1		Added 2015 ABD income limits.
Appendix A-2		Added 2015 FM income limits.
Appendix B	2	Updated contact information for WHM hearings.
Appendix C	7	Added list of recipients who are not required to enroll in a CMO.
Appendix D		Adding documentation standards for ABD and Family Medicaid
Appendix E	10,12	Page 10, removed “or ABD” from definition of intervening months; page 12, updated MRWP to NOW/COMP and updated definition
Appendix F		Added latest versions of 95SP, 218SP, 297 and 297SP, 297A and 297A SP, 508 and 508SP, 5460 and 5460SP, 315SP, Medically Needy Option Statement, Special Needs Trust Routing form, EPSDT brochure, PCK Report Back form, WHM Physician’s statement and WHM review form, and 962

		instructions.
Appendix F TOC		Updated with newest form revision dates
Appendix G		Added MT49 Cover Letter
MAIN TOC		Section 2180 deleted, updated name of Section 2930
TOC 2100		Removed Section 2180
TOC 2900		Updated name of Section 2930