



February 18, 2019

MEDICAID MANUAL (OFI Policy Manual, Volume II) Transmittal NO.54

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

FROM: Tom Rawlings,
DFCS Interim 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. Updates include references for Medicaid changed to Medical Assistance and removed SUCCESS references also some form and instruction updates. Also updated contact information for Exceptional Transportation. 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 updated DOC policy regarding individuals 18 years or older included in the application do not have to sign a separate form 216. Removed SUCCESS references and updated selection number in Step 2 of the Vital Record Inquiry instructions.
- Section 2499 updated Medicaid reference to Medical Assistance as needed.
- Section 2936 was updated with the new contact information for Exceptional Transportation.

For ABD Medicaid Only:

- Section 2135 & 2136 clarified note regarding SSI recipients receiving Institutionalized Hospice.
- Section 2143 clarifying dual eligibility when client is receiving QMB/SLMB and later applies for full Medicaid COA.
- Section 2316 update 2018 and 2019 Excess Home Equity Limit
- Section 2334 updated policy regarding Direct Express Debit card in reference to how to treat resource. Policy also updated regarding GA STABLE Accounts and how this resource should be treated.
- Section 2399 added note referring to Section 2334 regarding SSA Direct Express Accounts.
- Section 2407 updated language regarding the one acceptable QIT template.

- Section 2555 updated Exception in Basic Considerations and Institutional Long Term Care section by removing verbiage “through the month of completion” as it no longer applies.
- Appendix A1 updated the 2018 Medicaid CAP for Couple.
- Appendix F removed QIT Template 2 as it is no longer valid due to verbiage requirements.

For Family Medicaid Only:

- Section 2067 updated eligibility criteria, forms where PE packets are sent.
- Section 2186 updated P4HB policy regarding budgeting, verification requirements for IPC/RM, CMO enrollment and updated how to submit P4HB applications.
- Section 2194 added clause that PCK children are allowed to have private vision or dental insurance and corrected ways applicants can apply for PCK.
- Section 2198 added definition of Qualified Transgender and added policy regarding Parent/Caretaker eligibility as it relates to WHM.
- Section 2245 removed P4HB from list of Non-MAGI COAs that require specified relative relationship to be established prior to including children in the BG.
- Section 2610 added 2017 dependent child tax threshold amounts for earned income and unearned income. Also added AU clarification regarding a Parent being in the home.
- Section 2669 added PCK and P4HB as COAs that use MAGI budgeting and added their respective FPL limits. Also updated CMD process regarding PCK.

UPDATES:

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Section	Page	Comments
2067	1-5	Updated Medicaid references to Medical Assistance throughout section, added eligibility criteria, added procedures for P4HB and for applicants already active on another COA, added all PE forms used, added note regarding Certificate of Diagnosis for WHM, added correct procedure for QP/QH when application is eligible and where PE packets are sent to, added what the PE packets consists of.
2135	2	Updated Note on page 2 by adding "receiving Institutionalized Hospice"
2136	3	Updated Note on page 3 by adding "receiving Institutionalized Hospice"
2143	6	Added Notes on page 6 regarding QMB, SLMB individual later applies for, and is eligible for, a full Medicaid aid category, the individual is dually eligible.

2186	1-5	Updated FPL percentage for program, expounded on programs covered in P4HB, updated CMO enrollment practices, corrected Medicaid terminology to Medical Assistance, clarified services provided under RM COA, updated policy that P4HB follows MAGI rules, updated policy regarding how Pregnancy should be handled, added redeterminations and disenrollment criteria, verification requirements for IPC/RM, updated how to submit P4HB applications.
2194	1-3	Updated PeachCare for Kids® references to PCK, Updated terminology from Medicaid to Medical Assistance, added clause that PCK children are allowed to have private vision or dental insurance, corrected ways applicants can apply for PCK.
2198	2, 3	Added definition of Qualified Transgender, added policy regarding Parent/Caretaker eligibility as it relates to WHM
2215	1-26	Updated Medicaid references to Medical Assistance when necessary. Updated DOC policy regarding individuals 18 years or older included in the application do not have to sign a separate form 216 if the applicant has knowledge of the person's citizenship or immigration status. Removed SUCCESS references. Updated selection number in step 2 of the Vital Record Inquiry instructions.
2245	1-3	Updated Medicaid references to Medical Assistance when necessary. Removed P4HB bullet from list of Non-MAGI COAs that require specified relative relationship is established prior to including children in the BG.

2316	2	Excess Home Equity Limit added for 2018 and 2019
2334	2, 6-8	Updated Note on page 2 regarding Direct Express debit card is not a saving or checking instrument, and the resource type is cash. Direct Express deposits are counted as income the month received and considered a resource the first day of the following month, added GA STABLE account information and how to treated this type of resource.
2399	1, 15	Added NOTE to referring to Section 2334 regarding SSA Direct Express Account, Added Resource type ABLE Accounts and reference for GA STABLE Accounts.
2407	5	Updated language referencing one approved QIT template is available for use
2499		Updated Medicaid references to Medical Assistance when necessary.
2555	1-2	Updated Exception on page 1 and Institutional Long Term Care on page 2 by removing "through the month of completion"
2610		Updated Medicaid references to Medical Assistance when necessary. Added 2017 dependent child tax threshold amounts for earned income and unearned income. Added AU clarification regarding a Parent being in the home.
2669		Added PCK and P4HB to Policy Statement regarding MAGI budget, added FPL limits for PCK and P4HB, updated CMD process regarding PCK.

2936	1-2	Updated contact phone number, and changed reference from HP to DXC.
Appendix A1	1	Updated Couple Medicaid Cap from \$4450.00 to \$4500.00
Appendix F		Form 216- Language added to allow Primary Individual with knowledge of the identity of all adults listed to sign the Declaration of Citizenship in lieu of separate signatures for everyone over 18. Removed second signature line.
Appendix F TOC		Removal of QIT template 2 as it is no longer valid due to verbiage requirements.