



May 31, 2019

**MEDICAID MANUAL (OFI Policy Manual, Volume II) Transmittal NO.55**

**TO:** Regional Directors, County Departments of Family and Children

Services

State DFCS Staff

**FROM:** Tom Rawlings  
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. Changes include updated policy regarding Third Party Liability and 2019 income limits for ABD and Family Medicaid. A detailed overview of all revisions to the Medicaid manual is listed below.

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

- Section 2230 updated TPL policy which states each adult in AU must sign assignment of TPL rights even if they don't have TPL and updated COMPASS references to Gateway.
- Appendix F added recent revisions of forms 297, 297SP, 5459 Authorization to Release Information, Prescription Letter and QIT template.

**For ABD Medicaid Only:**

- Section 2101 revised note regarding QMB eligibility for person receiving SSI
- Section 2133 added step regarding using SMEU process to determine KB child's disability.
- Section 2143 revised verbiage regarding entitlement to Medicaid Part A and processing QMB application for SSI recipients.
- Section 2144 removed SUCCESS references and replaced with current system terminology.
- Section 2146 updated references and added reference note.
- Section 2150 updated verbiage throughout documented and removed SUCCESS references.
- Appendix A1 updated the 2019 ABD Medicaid Limits

**BLUEPRINT FOR CHANGE + A STATE OF HOPE =**  
**SAFE CHILDREN. STRENGTHENED FAMILIES. STRONGER GEORGIA.**

**For Family Medicaid Only:**

- Section 2166 added statement back to policy stating individuals who move into the home during TMA eligibility period is ineligible for TMA, however s/he may qualify for another Medical Assistance COA.
- Section 2186 updated P4HB policy clarifying the differences between the three levels of services, clarified policy requirements and updated ways to apply for P4HB.
- Section 2198 added conditions around breast reconstructions and prostheses after mastectomy

**UPDATES:****MANUAL TRANSMITTAL 54**

<b>Section</b>	<b>Page</b>	<b>Comments</b>
2101	2	Revised note regarding QMB eligibility for persons receiving SSI reference (page 2).
2133	3	Added step regarding establishing the child's disability using the SMEU process (page 3).
2143	1, 2, 5-6	Revised verbiage regarding entitlement to Medicare Part A (page 1), removed verbiage regarding QMB Aged SSI recipients and QMB SSI recipients with M claim number (page 2), revised verbiage regarding processing a QMB application for an SSI recipient and added note concerning 10/2017 DCH memorandum updating policy for processing QMB application for any SSI eligible individual entitled to Medicare Part A (pages 5-6).
2144	3	Revised verbiage in Step 6 to determine eligibility for SLMB by removing Success language and adding current eligibility system terminology (page 3)
2146	1-3	Updated spellings, system verbiage, and added reference note for Sections 2751 and 2931 (page 1).

2150	2-4, 7, 11, 13-14	Updated verbiage and spellings throughout document including removing Success verbiage in Note (page 14).
2166	2	Added statement back to policy stating individuals who move into the home during TMA eligibility period is not eligible for TMA (page 2).
2186	1,4 & 6	Updated P4HB policy clarifying the differences between the three levels of services (page 1), clarified policy requirements (page 4) and updated ways to apply for P4HB (page 6).
2198	3	Added conditions around breast reconstructions and prostheses after mastectomy (page 3).
2230	1-2	Updated references from COMPASS to Gateway (pages 1, 2) and updated TPL policy which states each adult in AU must sign assignment of TPL rights (page 2).
Appendix A1	All	2019 income limit updates
Appendix A2	ALL	2019 income limit updates
Appendix F		Added most recent versions of Form 297, Form 297SP, Form 5459, Prescription Update letter, QIT Approved Template 1 revised