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Governor

**Candice L. Broce**  
Commissioner



**Georgia Department of Human Services**  
Aging Services | Child Support Services | Family & Children Services

**MEDICAID MANUAL (OFI Policy Manual, Volume II) Transmittal NO. 72**

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

FROM: Candice L. Broce, Commissioner

RE: Medicaid Policy Updates/Changes

DATE: July 10, 2024

The purpose is 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 addition of policy, grammar and format changes, and clarifications issued by DCH. A detailed overview of all revisions to the Medicaid manual is listed below.

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

- **2399 Treatment of Resources Chart–**
  - Updated hyperlinks
  - Updated general formatting
- **2706 Medicaid Renewals –**
  - Under Basic Considerations Exception: Updated “deemed newborn” to “newborn”
  - Updated references to personal representative (PR) to authorized representative (AREP)
  - Alternate Renewals Step 1: added clarification that 2 notices are required, added Note with email address to request a paper renewal
  - Alternate Renewals Steps 2 and 3: combined, then separated MAGI and non-MAGI into 2 paragraphs. Renumbered subsequent Steps.
  - Alternate Renewals Step 7: updated/added hyperlink
  - Standard Renewal Step 9: updated/added hyperlinks
- **Appendix B Hearings –**
  - Updated general formatting,
  - Updated email for WHM hearings, changed date format, under Rights &

- Responsibilities of A/R and DFCS,
  - Updated hyperlink to include the word “Section”,
  - Updated all references of “Medicaid” to “Medical Assistance”
  - Under Processing a Hearing, clarified that if verbal withdrawal is received the Form 1 will not be submitted to OSAH
  - Updated verbiage within Verbal and Written withdrawals sections and Step 4: added email addresses to electronically submit OSAH packets and “decision” to clarify the type of notice
  - Added Form to OSAH-1 verbiage
  - Under PeachCare for Kids and Healthy Babies clarified type of review, updated Steps 1-4, and added Step 5.
  - Removed “GA” verbiage,
  - Changed authorized representative to AREP
  - Updated reference to Chart B.2 to include the chart title
  - Removed augmented verbiage located under the ALJ official record section
- **Appendix E Glossary –**
  - Gateway: Added term
  - Grandfathered: definition removed underline
  - PSI: definition updated
  - SDX: definition updated SUCCESS to Gateway
  - Updated reference TPR to TPL
  - Updated general formatting
- **Appendix F Forms – *all forms formatting has been updated .***
  - 106 Insurance Clearance
    - Updated “present” to “current”
    - Removed reference to “prepare in duplicate”
    - Updated case worker signature section
    - Removed reference to “County”
    - Removed “AU”
    - Added fields for Client / Case #
  - 107 Notification Form SSI Status Change
    - Updated “nursing home” to “institution.”
    - Removed reference to “County”
  - 109 SSI Continuing Medicaid Determination Notice (Ex Parte Cover Letter) –
    - Assigned form #,
    - Updated form name for consistency with TOC.
  - 129 Spousal Impoverishment
    - Updated instructions/selections
  - 174 SMEU Medical Records Cover Letter
    - New form - *This is a new form that can be provided to applicants to place with their medical records. The goal of this form is to ensure PHI is not put into Gateway where it would be accessible to all and that the packets are routed timely to the case workers.*
    - Assigned form #
  - 184 SMEU Data Report
    - #32 - changed response format from individual boxes to single wrapped-

- text box
  - #33 - Fixed drop downs from defaulting as "prescription" to "select one"
- 216 Declaration of Citizenship
  - Removed Spanish section from English version.
- 217 Affidavit to Establish Identity
- 218 Citizenship/Identity Verification Checklist
- 219 Affidavit of Citizenship
  - Changed AU to Case #
- 245 SMEU Routing Form
  - Removed option for mailing in the header,
  - #19 - removed option for SSI Application Status relating to SSI financial eligibility
  - A packet may include: removed option for "other;" Removed option for 115
  - Added #20 – SMEU submission status
- 328 QRF Review
  - Assigned form #.
- 411 Undue Hardship Waiver Application
  - Removed field for Date of Transfer in bullet 2
  - Assigned form #
- 512 Notice of EMA Eligibility
  - Assigned form #
- 703 Medicare Buy-In Problem
  - Assigned form #
  - Removed field County Name
  - Added field Case Worker Name
  - Added field for Case Worker email
  - Removed mailing address for submission
- 936 QIT Certification
  - Assigned form #
- 937 QIT Review Letter
  - Assigned form #
  - Removed field County
  - Changed "assistance" to "help"
  - Changed "please call" to "you can reach us at"
  - Added FAX as an additional method of submission
  - Added "all pages" to line referencing bank statements
- 942 IME Verification
  - Added field Name of Medicaid Member
- 943 Notification of Deduction of Medical Expense
  - Remove field County
  - Added EDWP (formerly known as Community Care)
- 944 IME Query Form
  - Assigned form #
  - Updated "nursing home" to "NH/IH"
  - Removed name of DCH staff
  - Updated submission address

- Removed non-working FAX #
- 945 QIT Trustees Guide
  - Assigned form #
  - Under The Qualified Income Trusty Bank Account added clarification regarding bank fees
- 946 QIT FAQ/Worksheet
  - Assigned form #
  - Updated title in heading
  - Updated Allowable QIT Disbursement chart add clarification regarding bank fees
  - Updated reference to EDWP
  - Updated Department to Division
  - Changed “in excess of” to “more than”
  - Changed “in order to” to “to”
  - Changed “on a monthly basis” to “monthly”
- 954 Optum RX
  - Assigned form #
  - Updated instructions at top of page
- 955 Notice of Review of Promissory Note
  - Assigned form #
  - Removed field County
  - Added field Client ID
  - Changed items needed from an alphabetical list to a bulleted list and updated reference to this list to say “ALL above”
  - Removed Fair Hearing information
- 958 Nursing Facility Info Request
  - Updated heading from Dept of Human Resources to Dept of Human Services
  - Added fields for contact information
  - Added field for funeral home address
- 988 Notice of Review of Annuity –
  - Assigned form #
  - Remove field County
  - Added field Client ID
  - Added Gateway method of submission
  - Updated case worker contact fields
  - Removed hearing information
  - Removed page # in Manual Reference

**For ABD Medicaid Only:**

- **Appendix A1 (ABD Financial Limits) –**
  - Updated limits to 2024 amounts
  - Chart A1.13: Previously there were 3 groups. There are only 2 groups for 2024. New Group 2 = old Group 3. Old Group 2 has been removed
  - General formatting updates

- **2060 ABD Application Processing–**
  - Under Period of Eligibility, updated hyperlink to Section 2052
  - Under Special Consideration for SSI recipients: updated “must” to “should”
  - Under Special Consideration section updated “must also” to “will also”
  - Updated references to PR to AREP
  - Updated hyperlinks
- **2132 NOW/COMP**
  - In Step 2: added COMP COA
  - Added Note regarding return of CCC under Step 10
  - Under Special Consideration: Removed reference to form in Appendix F, added reference to DBHDD
  - Removed chart with DBHDD contacts, added web link with contacts
- **2133 Katie Beckett/Deeming Waiver –**
  - Under Requirements, Basic Considerations: removed reference to SSI ineligibility
  - Added “EDWP” to references to CCSP
  - Updated references to personal representative (PR) to authorized representative (AREP)
  - Step 1: Changed reference from authorized representative page to Gateway
  - Step 2: Removed reference to SSI eligibility, added hyperlink to Note
  - In paragraph below Step 2: added to continue with application.
  - In paragraph below Step 3: updated hyperlink
  - Step 5: Updated allowed professionals
  - Step 10: changed DFCS to Katie Beckett Specialized Team
  - Steps 10 and 12: updated address
  - Step 11 & 13: updated address from 2PT
  - Step 16: updated verbiage from “in the system” to “Gateway”
  - Note under Renewals: added hyperlink
  - Updated general formatting
- **2139 ICWP –**
  - Step 5: Added Note
  - ICWP Communicator Form: Removed from policy section. Can be located in ICWP provider manual on GAMMIS.
- **2149 GMWD –**
  - Under Applying for GMWD, corrected hyperlink and web address.
- **2150 AMN –**
  - Updated hyperlinks to PAMMS chapters
  - Updated references from EW to case worker.
  - Chart 2150.1 under Not Allowable removed a page reference after “Step 9.”
  - Updated references to TPR to TPL
  - Updated all variations of De Facto to “De Facto.”

#### **For Family Medicaid Only:**

- **2067 Presumptive Eligibility Medical Assistance–**
  - Under Basic Considerations: added date example
  - Under Responsibilities of QP/QH: updated to put all responsibilities in one list and

- all notes for items in the list at the end of the list, updated/add “Women’s Health only” in parentheses for clarification
- Under Responsibilities of DFCS: updated all hyperlinks to include “Section” + the section number
  - In list of items in PE Packet sent to DFCS: Removed HIPAA from list. Removed Note from beginning of section & added “being sent to DFCS”
  - Updated general formatting
  - Updated all hyperlinks to include “Section” + the section number
- **Appendix A2 (Family Medicaid Financial Limits) –**
    - Updated limits to 2024 amounts
    - General formatting updates