



ATTACHMENT D



GEORGIA DEPARTMENT OF HUMAN SERVICES



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Person Name 1: _____ Person DOB 1: _____

Pathways Program

Pathways Medical Assistance is a program that provides free or reduced cost Medicaid coverage to individuals ages 19 to 64 who have household income up to 100% of the Federal Poverty Level (FPL) who are not otherwise eligible for Medicaid coverage and who meet the eligibility criteria and requirements. As a condition of eligibility, individuals must be currently engaged at the time of application in at least 80 hours of a qualifying activity or combination of activities per month. Individuals or members with disabilities may request Reasonable Modifications for Pathways in order to meet the qualifying activities requirement. This program is part of our goal to advance the health, wellness and independence of those we serve. Many activities count towards your program eligibility. You may already be doing an activity that makes you eligible to the program. And there are benefits to joining the program in addition to getting your medical assistance coverage. These additional benefits include: 1) supports that can assist you while participating if needed and 2) access to a future Rewards Account in which you can earn dollars by completing certain healthy activities.

Please read the Pathways contract below and indicate if you understand and acknowledge the terms and would like to be considered for Pathways. If you would like to be considered for Pathways, you must sign the contract. Each person must sign a separate contract.

Pathways Contract

I understand that if I am determined eligible for Pathways, I must meet the following requirements to maintain ongoing Medical Assistance coverage through Pathways. In Pathways, I would be required to complete the following for the duration of my coverage:

- Complete a minimum of 80 hours of work, work-related, higher education, or community service activities each month
- Report my work, work-related, higher education, or community service activity hours and provide verification each month. If I report and provide verification of my hours for six consecutive months, I will only be required to report changes to my activity status
- Comply with random and periodic audits to verify my ongoing compliance
- Make a monthly premium payment (equal to \$7-16 dollars per month if my monthly income is at or above 50% of the Federal Poverty Level)
- Report if I have access to health insurance through my employer or a family members' employer
- Enroll in employer sponsored health insurance (ESI) with cost-sharing support through Medicaid if I have access to coverage that is determined cost-effective for the State. Cost-effectiveness means that it costs the state less for you to enroll in your ESI than for you to enroll in Medicaid.
- Access a Rewards Account in which I can earn dollars by completing certain health behaviors activities and copayments for provider visits will be automatically deducted

I want to be considered for Pathways if I am not eligible for another class of medical assistance. Pathways is medical assistance for individuals earning up 100% Federal Poverty Level, who are not otherwise eligible for Medicaid, and who are engaged in 80 hours of work, work-related, higher education, or community service activities each month. I understand that if I fail to meet any of the requirements above, I will be terminated from the program and will lose access to medical assistance coverage. Yes No

ESI cost-effectiveness is made by a third-party vendor. This process is only mandatory if you have access to ESI. If you have ESI access, the vendor will receive your personal information (such as your SSN, DOB, and address) and use it to verify your ESI. If you are not the policyholder, the vendor will also receive personal information of the policyholder. Do you consent to your personal information being sent to a third-party vendor to determine cost-effectiveness, understanding that the vendor may reach out to the employer for verification? Your consent indicates that you have the consent of the policyholder. Without consent, you will not be eligible for Pathways. If you are the ESI policyholder, your response may also impact Pathways eligibility for a spouse/family member on the application. Yes No

Are you the person to whom this contract applies? Yes

No Is the applicant available to sign? Yes

No

Are you the authorized representative signing on behalf of this person? Yes No

If you are the authorized representative, you should sign on the authorized representative signature line only and provide information required on Attachment C.



ATTACHMENT D



GEORGIA DEPARTMENT OF HUMAN SERVICES



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

If you are a student and would like to use your enrollment in an institution of higher education as your Qualifying Activity, do you consent to release your education records to GA Gateway for the purpose of validating your Qualifying Activity engagement in the Pathways Medical Assistance Program? If available, your consent will release your school's name, each term start and end date, and the credit hours for which you are enrolled. Yes No

I have read, understand, and acknowledge the terms of the Pathways Contract and have actively chosen to participate in the Pathways Program based upon my responses above.

Applicant Signature

Date

Authorized Representative Signature

Date

ATTACHMENT D



Person Name 1: _____ Person DOB 1: _____

Please complete each section below if you signed the Pathways contract and would like to be considered for Pathways.

Qualifying Activities and Hours Information

Check the qualifying activity (QA) or combination of activities in which you currently participate. You will need to provide supporting documentation of your activity for the most recent four weeks available within the eight weeks prior to the application date. You can also provide supporting documentation if you have worked a minimum of 80 hours per month for six consecutive months prior to the application date.

1. Qualifying Activity (check all that apply):

- Employment (public or private sector) Self-employment
- On-the-Job Training Job Readiness Assistance
- Community Service Vocational Education Training (Voc. Training)
- Institution of Higher Education (IHE) Georgia Vocational Rehabilitation Agency (GVRA)

2. Qualifying Activity Start Date, End Date and Hours (list each qualifying activity checked above with name of employer/organization, school/institution, start date, end date (if applicable) and hours):

Type of Qualifying Activity	Name of Employer/Organization	Start Date	End Date	Hours per month
Type of Qualifying Activity (Education)	Name of School/Institution	Enrollment Term Start Date	Enrollment Term End Date	Credit Hours

3. Are you currently enrolled in the Technical College System of Georgia High Demand Career Initiative/HOPE Career Grant program? Yes No

4. Due to a disability, are you unable to meet the qualifying hours and activities for Pathways and request assistance for additional time to meet reporting requirements at application; and/or additional time for a referral to Georgia Vocational Rehabilitation Agency (GVRA) as a Reasonable Modification? Yes No

5. For GVRA participants only, do you consent to release your personal information to the Georgia Vocational Rehabilitation Agency (GVRA) for the purpose of validating your enrollment in GVRA and your Qualifying Activity engagement in the Pathways Medical Assistance Program? Yes No

Tobacco Use Information

6. Do you currently use tobacco products or Electronic Nicotine Delivery System devices? Yes No

This information applies to persons who use tobacco products or Electronic Nicotine Delivery System devices. Examples of tobacco products include but are not limited to cigarettes, cigars, pipes, chewing tobacco, smokeless tobacco. Examples of Electronic Nicotine Delivery System devices include but are not limited to vaper and electronic cigarettes.

ATTACHMENT D



GEORGIA DEPARTMENT OF HUMAN
SERVICES



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Pathways Program

Person Name 2: _____ Person DOB 2: _____

Pathways Medical Assistance is a program that provides free or reduced cost Medicaid coverage to individuals ages 19 to 64 who have household income up to 100% of the Federal Poverty Level (FPL) who are not otherwise eligible for Medicaid coverage and who meet the eligibility criteria and requirements. As a condition of eligibility, individuals must be currently engaged at the time of application in at least 80 hours of a qualifying activity or combination of activities per month. Individuals or members with disabilities may request Reasonable Modifications for Pathways in order to meet the qualifying activities requirement. This program is part of our goal to advance the health, wellness and independence of those we serve. Many activities count towards your program eligibility. You may already be doing an activity that makes you eligible to the program. And there are benefits to joining the program in addition to getting your medical assistance coverage. These additional benefits include: 1) supports that can assist you while participating if needed and 2) access to a future Rewards Account in which you can earn dollars by completing certain healthy activities.

Please read the Pathways contract below and indicate if you understand and acknowledge the terms and would like to be considered for Pathways. If you would like to be considered for Pathways, you must sign the contract. Each person must sign a separate contract.

Pathways Contract

I understand that if I am determined eligible for Pathways, I must meet the following requirements to maintain ongoing Medical Assistance coverage through Pathways. In Pathways, I would be required to complete the following for the duration of my coverage:

- Complete a minimum of 80 hours of work, work-related, higher education, or community service activities each month
- Report my work, work-related, higher education, or community service activity hours and provide verification each month. If I report and provide verification of my hours for six consecutive months, I will only be required to report changes to my activity status
- Comply with random and periodic audits to verify my ongoing compliance
- Make a monthly premium payment (equal to \$7-16 dollars per month if my monthly income is at or above 50% of the Federal Poverty Level)
- Report if I have access to health insurance through my employer or a family members' employer
- Enroll in employer sponsored health insurance (ESI) with cost-sharing support through Medicaid if I have access to coverage that is determined cost-effective for the State. Cost-effectiveness means that it costs the state less for you to enroll in your ESI than for you to enroll in Medicaid.
- Access a Rewards Account in which I can earn dollars by completing certain health behaviors activities and copayments for provider visits will be automatically deducted

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ESI cost-effectiveness is made by a third-party vendor. This process is only mandatory if you have access to ESI. If you have ESI access, the vendor will receive your personal information (such as your SSN, DOB, and address) and use it to verify your ESI. If you are not the policyholder, the vendor will also receive personal information of the policyholder. Do you consent to your personal information being sent to a third-party vendor to determine cost-effectiveness, understanding that the vendor may reach out to the employer for verification? Your consent indicates that you have the consent of the policyholder. Without consent, you will not be eligible for Pathways. If you are the ESI policyholder, your response may also impact Pathways eligibility for a spouse/family member on the application. Yes No

Are you the person to whom this contract applies? Yes

No Is the applicant available to sign? Yes

No

Are you the authorized representative signing on behalf of this person? Yes No

If you are the authorized representative, you should sign on the authorized representative signature line only and provide information required on Attachment C.



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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

If you are a student and would like to use your enrollment in an institution of higher education as your Qualifying Activity, do you consent to release your education records to GA Gateway for the purpose of validating your Qualifying Activity engagement in the Pathways Medical Assistance Program? If available, your consent will release your school's name, each term start and end date, and the credit hours for which you are enrolled. Yes No

I have read, understand, and acknowledge the terms of the Pathways Contract and have actively chosen to participate in the Pathways Program based upon my responses above.

Applicant Signature

Date

Authorized Representative Signature

Date

ATTACHMENT D



Person Name 2: _____ Person 2 DOB: _____

Please complete each section below if you signed the Pathways contract and would like to be considered for Pathways.

Qualifying Activities and Hours Information

Check the qualifying activity (QA) or combination of activities in which you currently participate. You will need to provide supporting documentation of your activity for the most recent four weeks available within the eight weeks prior to the application date. You can also provide supporting documentation if you have worked a minimum of 80 hours per month for six consecutive months prior to the application date.

1. Qualifying Activity (check all that apply):

- Employment (public or private sector) Self-employment
- On-the-Job Training Job Readiness Assistance
- Community Service Vocational Education Training (Voc. Training)
- Institution of Higher Education (IHE) Georgia Vocational Rehabilitation Agency (GVRA)

2. Qualifying Activity Start Date, End Date and Hours (list each qualifying activity checked above with name of employer/organization, school/institution, start date, end date (if applicable) and hours):

Type of Qualifying Activity	Name of Employer/Organization	Start Date	End Date	Hours per month
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3. Are you currently enrolled in the Technical College System of Georgia High Demand Career Initiative/HOPE Career Grant program? Yes No

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5. For GVRA participants only, do you consent to release your personal information to the Georgia Vocational Rehabilitation Agency (GVRA) for the purpose of validating your enrollment in GVRA and your Qualifying Activity engagement in the Pathways Medical Assistance Program? Yes No

Tobacco Use Information

6. Do you currently use tobacco products or Electronic Nicotine Delivery System devices? Yes No
 This information applies to persons who use tobacco products or Electronic Nicotine Delivery System devices. Examples of tobacco products include but are not limited to cigarettes, cigars, pipes, chewing tobacco, smokeless tobacco. Examples of Electronic Nicotine Delivery System devices include but are not limited to vaper and electronic cigarettes.

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The table below lists the acceptable types of Qualifying Activities, description, and verification document.

Qualifying Activity and Description	Verification
<p>Employment</p> <ul style="list-style-type: none"> Includes full and part-time work 	<ul style="list-style-type: none"> Pay stubs Written statement from source/employer Gross earnings (if hourly pay is known) Timesheet
<p>Self-employment</p> <ul style="list-style-type: none"> Some examples include but are not limited to owning one's own business, cutting grass, collecting cans for recycling, babysitting, selling food items, taxi/food delivery service, etc. 	<ul style="list-style-type: none"> Signed Standardized Work/Participation Calendar from member indicating hours engaged (Member may fill in a standardized worksheet template indicating total weekly hours worked per client/activity; OR submit a snapshot of their actual work calendar from the reporting month (e.g. Photo of ledger of appointments or screenshot of calendar with work activities))
<p>On-the-job Training</p> <ul style="list-style-type: none"> Training given to a paid employee while he/she is working in the job. 	<ul style="list-style-type: none"> Statement from supervisor sponsoring the OJT
<p>Job Readiness</p> <ul style="list-style-type: none"> Activities directly related to preparation for employment. Some examples include but are not limited to life-skills training, GED course enrollment, resume building, and habilitation or rehabilitation activities, including substance use disorder treatment. Rehabilitation activities must be determined to be necessary and documented by a qualified medical professional. An inpatient hospital stay is considered a habilitation or rehabilitation activity under job readiness only at initial application. For each day of an inpatient hospital stay, an applicant may claim 4 hours towards their monthly Qualifying Activities requirement. 	<ul style="list-style-type: none"> Signed statement from Recognized Agency or Community Resource indicating hours engaged. (Recognized agencies include Georgia Department of Labor Career Center, Workforce Development Board, Georgia Vocational Rehabilitation Agency, Goodwill, and other agencies as authorized by the State) Signed statement from habilitation/rehabilitation institution verifying hours in last four weeks
<p>Community Service</p> <ul style="list-style-type: none"> Approved community service programs are limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and childcare. 	<ul style="list-style-type: none"> Signed Standardized Work/Participation Calendar Signed statement on organization letterhead from supervisor verifying hours
<p>Vocational Education Training</p> <ul style="list-style-type: none"> Organized educational programs that prepare individuals for employment in current or emerging occupations. Course hour requirements for vocational education training shall be determined by the Department of Community Health (DCH). 	<ul style="list-style-type: none"> Official course enrollment for the current semester from the Office of the Registrar Copy of class schedule for the current semester
<p>Enrollment in an Institution of Higher Education</p> <ul style="list-style-type: none"> The student's workload may include any combination of courses, work, research, or special studies that the institution considers contributing to the individual's full-time status. 	<ul style="list-style-type: none"> Official course enrollment for the current semester from the Office of the Registrar Copy of class schedule for the current semester
<p>Enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation Program</p>	<ul style="list-style-type: none"> Signed statement from GVRA, dated within four weeks of submission by the applicant Enrolment letter dated within four weeks of submission by the applicant