


| | | | | |
|---|--|--------------------------------|------------------------|----------------------|
|  | GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL | | | |
| | Chapter: | 2700 | Effective Date: | February 2020 |
| | Policy Title: | ABD Medicaid Changes | | |
| Policy Number: | 2708 | Previous Policy Update: | MT 45 | |

REQUIREMENTS

A change that occurs in the A/R's circumstances between renewal periods or a change in federal or state policy must be reviewed for its effect on ABD Medicaid eligibility and patient liability/cost share.

BASIC CONSIDERATIONS

Changes in an A/R's circumstances are to be reported to DFCS by the A/R or Personal Representative within 10 calendar days of the change.

Changes may be reported in any of the following ways:

- in person
- by telephone
- by mail
- by email
- by facsimile
- by Georgia Gateway "Report My Change"
- by automatic system update

Action on all changes reported must be initiated by DFCS within 10 days of receipt of the report. Using appropriate documentation standards, document when the change was received, and the required action completed.

There are two types of ABD Medicaid changes:

- financial
- non-financial

Financial Changes

Financial changes are those that affect an individual's or a couple's Medicaid eligibility due to a change in income and/or resources.

BASIC CONSIDERATIONS (cont.)**Non-Financial Changes**

Non-financial changes are changes that may or may not affect eligibility but do require DFCS action to insure the continued receipt of correct benefits.

National Voter Registration Act (NVRA) of 1993

The National Voter Registration Act (NVRA) of 1993 requires that DFCS is to provide a voter registration form (VRA-07) to the A/R when an address change is reported in person, and would necessitate a change in the A/R's voting location, Refer to [Section 2980](#), Voter Registration.