



B. J. Walker, Commissioner

Department of Human Resources • Division of Family and Children Services • Dave Statton, Interim Director
2 Peachtree Street, NW • Suite 19-490 • Atlanta, Georgia 30303-3142 Phone: 404 657-5202 • Fax: 404 657-5105

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MEDICAID MANUAL (OFI Policy Manual, Volume II) Transmittal NO.30

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

FROM: Dave Statton, Interim Director
Division of Family and Children Services

RE: Medicaid Policy Updates/Changes

PURPOSE: For Family Medicaid, minor changes were made in Section 2210 reminding staff that application for other benefits must have a follow up completed in 3 months. A clarification was also made in Section 2655 regarding when a dependent care deduction is allowed. Minor changes were also made in the BCCP, TPR, and resource sections. The income limits for Family Medicaid were updated in Appendix A-2. For ABD, the Contracts section was updated with the latest DRA policy. Minor changes were made in Application processing, ABD requirements, Transfer of Assets, SSI Recipients, and Exparte. Appendix A-1 was updated with the new Q-track limits. For Children in Placement, the Peachcare section was updated with instructions on how to complete the online application for children in placement, and Appendix K was updated with instructions on how to code a LIM case with an adoption assistance child. The resource section was updated with the new GPCF income limits, and a new section was added for the Georgia Hearing Aid Distribution Program. The forms section was updated with the new versions of the 94, 94SP, 138 SP,173SP, 218SP 222SP, 297A, 297A SP, 297M, 297M SP, 700SP, 701 SP and 981SP Please refer to the chart attached for specific changes.

DISCUSSION:

Specific changes to the Sections are discussed briefly under the Comments Section below.

UPDATES:

MANUAL TRANSMITTAL 30

Section	Instructions for Manual Maintenance	Page	Comments
2060	Remove and Replace	5	Changed first sentence in Standard of promptness
2194	Remove and Replace	2-3	Added Peachcare online application instructions for children in placement
2198	Remove and Replace	3	Clarified when DMA285 is required for BCCP, added statement that BCCP recipients are enrolled in CMO's and that they are not required to pay co-payments.
2205	Remove and Replace	4	Added heart attack and bypass to the SMEU request for stroke

			patients.
2210	Remove and Replace	3	In NOTE, added statement that follow-up is needed 3 months after approval to obtain verification of application for other benefits.
2230	Remove and Replace	5-6	Removed reference to Chart 2230.1
2313	Remove and Replace	6	Added DRA contract policy
2324	Remove and Replace	1	Added EXCEPTION that federal and state tax refunds do not count a income, but do count as a resource beginning the month after receipt.
2342	Remove and Replace	7-8	Changed 4 th sentence in last paragraph on page 7, added note to top of page 8
2399	Remove and Replace	11	Added NOTE that federal and state tax refunds do not count a income, but do count as a resource beginning the month after receipt.
2578	Remove and Replace	1	Deleted "only" from step 3 in procedures
2655	Remove and Replace	7	Removed statement that child for whom dependent care is paid must be in the AU/BG or a related AU/BG within the home.
2750	Remove and Replace	2	Added vital records to first sentence in step 2 and added citizenship/alienage, identity and TPL must be established as third sentence in step 2
2927	Remove and Replace	1	Update GPCF income limit from 125% to 150% FPL.
2928	Add		New section about the GA Hearing Aid Distribution Program
Appendix A-1	Add		Updated QMB, SLMB, QI-1 and QDWI limits, dependent family member allowance, and average NH private pay rate.
Appendix A-2	Add		2008 income limits and mileage reimbursement rate updated
Appendix F TOC	Remove and Replace		Updated revision dates of forms below.
Appendix F	Remove and Replace		Added 138SP, new 94, 94SP, 173SP,218SP,222SP, 297A and 297A SP, 297M, 297M SP 700SP, 701 and 981SP. Updated Providing Verification of Citizenship for Medicaid form
Appendix G	Insert in front of MT29 Cover Letter		Adds Cover Letter for MT30
Appendix K	Remove and Replace	1	Added procedures for coding parents in LIM case with child receiving adoption assistance.
Main TOC	Remove and Replace		

Pen and Ink Changes:

Update the Record of Receipt of Manual Transmittals for ESS Policy Manual Volume 2, Medicaid.