

## 2065 – FAMILY MEDICAID APPLICATION PROCESSING

<b>POLICY STATEMENT</b>	The Family Medicaid application process begins with the request for public assistance and ends with notification to the Assistance Unit (AU) of its eligibility status.
<b>BASIC CONSIDERATIONS</b>	
<b>Order of Eligibility</b>	<p>Eligibility for Family Medicaid is determined in the following order:</p> <ul style="list-style-type: none"> <li>• Newborn</li> <li>• LIM</li> <li>• other Family Medicaid COAs based on LIM eligibility c i.e., TMA, 4MCS</li> <li>• RSM</li> <li>• PeachCare for Kids</li> <li>• Family Medicaid Medically Needy.</li> </ul> <p><b>NOTE:</b> Medicaid eligibility for a child in foster care is determined first under the IV-E FC program. If ineligible under the IV-E FC program, Medicaid eligibility is determined under CWFC Medicaid.</p>
<b>Application Requirements</b>	<p>A Medicaid application is defined as any one of the following:</p> <ul style="list-style-type: none"> <li>• Form 297</li> <li>• SUCCESS Application for Assistance (AFA)</li> <li>• PeachCare for Kids application</li> <li>• Right from the Start Medicaid application (used primarily by health departments in conjunction with Presumptive Eligibility forms)</li> <li>• Internet Medicaid application.</li> </ul> <p>A completed application consists of a signed application with information sufficient to contact the applicant or responsible party (PR). Any other information that is missing, incomplete or otherwise unclear may be obtained from the applicant or PR after the signed application is received and logged by the agency.</p> <p><b>NOTE:</b> Homeless AUs are <b>NOT</b> required to provide an actual address, but must provide sufficient information to establish Georgia residency. The applicant's statement is acceptable unless conflicting information is known to the agency.</p>

**BASIC  
CONSIDERATIONS  
(cont.)****Application  
Screening**

Screen the application to determine the following:

- current receipt of the benefits for which the AU is applying
- current receipt of other benefits.

**Who Must be  
Interviewed**

The applicant/recipient (A/R) is the primary source of information for the individual(s) for whom assistance is requested. The A/R may authorize a PR to apply and interview on his/her behalf; however, the A/R is considered the best source of information. Contact the A/R by telephone or mail to confirm that correct information has been received if the interview was attended by a PR, unless contact is precluded by physical or mental limitations of the A/R.

**Scheduling the  
Interview**

A face-to-face (FTF) interview with the Family Medicaid applicant or PR must be completed by a trained DFCS staff member prior to approval of the Medicaid application. A FTF interview may be conducted in the office or may be prearranged as a home visit.

**EXCEPTION:** A FTF interview is **NOT** required for RSM child and RSM PgW COAs. A FTF interview **MAY** be conducted if it is in the best interest of the applicant. The RSM application may **not**, however, be denied because of applicant failure to attend a FTF interview.

The FTF requirement is met for applicants who apply for Medicaid and are interviewed by trained personnel from a public health center, public or disproportionate share hospital or federally funded (330) health center.

For applications in which a FTF interview is not required, contact the applicant or PR by telephone or mail if additional information is needed to complete the application.

Interview the applicant or PR on the same day the application is filed, when possible.

**BASIC  
CONSIDERATIONS****Scheduling the  
Interview  
(cont.)**

Follow the procedures below when an applicant is given an appointment for a scheduled interview at a later date.

- accept the signed application on the day the application is received by the agency.
- register the application date as the date the application is received by the agency.
- schedule the interview within a reasonable time and for that is convenient for the A/R and/or PR. An appointment notice, if mailed, must be sent no less than 10 days prior to the scheduled appointment.
- mail the appointment to the A/R. Mail a duplicate appointment notice to the PR, if applicable. The appointment notice must **always** be sent to the applicant, even if the applicant indicates s/he cannot attend the appointment with the PR.
- schedule a home visit if the applicant is unable to attend office interview for any of the following reasons:
  - illness
  - physical or mental handicap
  - lack of transportation
  - undue hardship
  - any other reason deemed appropriate.
- reschedule the appointment if the A/R and/or PR request a rescheduled appointment prior to the interview. Do not consider the original appointment a missed appointment.

## BASIC CONSIDERATIONS

### Scheduling the Interview (cont.)

- hold the application for 10 calendar days following a 1st appointment to allow the A/R or PR to contact the agency. If contact is made and a new appointment is requested, attempt to reschedule to ensure sufficient processing time within the SOP.
- Deny the application the first workday following the tenth day if no contact is made or immediately following a missed rescheduled appointment.

### Interview Requirements

Explain the following information during the interview:

- services provided by DFCS and how to obtain those services
- requirements of eligibility and the A/R's responsibility to provide correct information to establish eligibility
- basic and financial eligibility requirements
- lump sum and the effect of lump sums on eligibility
- Clearinghouse requirements
- potential Medicaid COAs
- potential coverage for three months prior to the month of application
- periodic reviews
- timely reporting of changes and how/where changes are to be reported
- assignment of TPR
- the role of Child Support Enforcement, the assignment of maintenance support rights to the State and Good Cause for non-compliance
- the evaluation of financial management based on available income and expenses and the requirement to resolve or explain any discrepancies

**EXCEPTION:** Evaluation of financial management is not required for RSM COAs.

**BASIC  
CONSIDERATIONS****Interview  
Requirements  
(cont.)**

- the A/R's right to the following:
  - a fair hearing
  - a decision within SOP
  - confidentiality
  - non-discrimination.

In addition, explain the following to an AU that includes a pregnant woman:

- the right to apply and how to apply for TANF 45 days prior expected date of delivery
- continuous financial eligibility for the pregnant woman
- presumptive eligibility Medicaid process and how to apply at a public health facility if the Medicaid eligibility determination for the pregnant woman cannot be made the same day that the application is filed.

Inform the A/R about the Medicaid program verbally and in writing, by use of available information pamphlets or other printed materials.

Refer the A/R to other appropriate services such as family planning, Health Check and WIC as requested by the applicant or as determined by the agency. Refer to Chapter 2900, Referrals.

**Mandatory  
Forms**

Complete the mandatory forms below when processing a Family Medicaid application:

- Application for Assistance
- Eligibility Determination Document or other written intake form
- Form DMA-285, Third Party Liability Health Insurance Questionnaire (if A/R reports a TPL)
- Form 138, Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate in Child Support Enforcement (if a CSE referral is required)

## BASIC CONSIDERATIONS

### Mandatory Forms (cont.)

- Form 297A Rights and Responsibilities

**NOTE:** For applications completed by approved, non-DFCS staff and for COAs in which a FTF is not required, Form 297A may be mailed to the AU. Document the date that the 297A was mailed. It is not required that the mailed 297A to be returned and filed in the case record.

- Form 354, Expense Statement

**EXCEPTION:** Form 354 is not required for RSM COAs.

Complete other forms as necessary based on the AU's circumstances.

### Verification

Verify information, if required, to determine eligibility for the COA as follows:

- Determine if verification is available from agency sources prior to requesting verification from the AU.
- Requests for verification may be made verbally, but must also be made in writing. The request for verification is provided to the A/R and, if applicable, the PR.
- Inform the applicant of any contacts that will be made with the source by the agency.
- Allow sufficient time for the A/R to obtain verification
- Allow additional time if requested by the AR, within the SOL to provide verification.
- Consider verification received for one program to be received for all programs.
- Accept the AR's statement as verification when allowed by policy.
- Do not require verification if the A/R's statement establishes ineligibility.

The AR's statement of the source and amount of income, dependent care expenses and resources may be accepted unless the AR's statement conflicts with information known to the agency, or is otherwise questionable.

Pregnancy must be verified for RSM PgW. A/R statement of estimated due date is accepted. Refer to Section 2184, RSM Pregnant Woman.

**BASIC****CONSIDERATION****Verification  
(cont.)**

Alienage must be verified for all Medicaid COAs except EMA for non-citizen AU members

Verification must be requested for any information provided by the A/R that conflicts with information known to the agency, or that is otherwise questionable. Document the reason that the information is conflicting/questionable.

**Disposition of the  
Application**

Determine if the AU meets all points of eligibility.

Process applications in chronological order, with the exception of Medicaid coverage for pregnant women, based on the following:

- date of application
- whether all information is available to determine eligibility

If eligible, approve the application, within 45 days, for all eligible months including retroactive and ongoing months. Process applications for pregnant women within 10 days to ensure early prenatal care.

**Notification**

Provide the applicant adequate written notification of the eligibility determination. Adequate notification includes the reason(s) for any action taken.

A duplicate notification may be provided to the PR upon request by the A/R. However, the applicant must receive all notices regarding his/her case(s).

Notification must explain the following:

- the basis for the approval/denial/termination
- the period of eligibility
- the reason for the action
- the AU's right to request a fair hearing
- the telephone number of the county DFCS office
- the telephone number of legal services.

Generic denial reasons, such as "call your caseworker" may be used as a secondary or tertiary denial/termination reason, but never as the sole reason for denial/termination

**BASIC  
CONSIDERATIONS  
(cont.)**

**Standard of  
Promptness**

The eligibility determination for Family Medicaid COAs must be completed within the following Standards of Promptness (SOP):

- 10 days from the date of application for pregnant women regardless of COA
- 45 days for EMA-PgW **only** if the application is filed **after** delivery
- 10 days from the date of report for newborns, regardless of COA
- 45 days from the date of application for all other Family Medicaid COAs

Calculate the SOP beginning with the date of application.

Finalize the application by the appropriate SOP date. If the SOP date falls on a weekend or holiday, process as follows:

- complete approvals no later than the last workday prior to the weekend or holiday on which the SOP falls
- complete denials no later than the first workday following the weekend or holiday on which the SOP falls.

**Periods of  
Eligibility**

Approve Medicaid and continue eligibility as long as the AU continues to meet the requirements of the COA under which they are approved. A Continuing Medicaid Determination (CMD) must be completed prior to denial or termination of any Medicaid COA. Refer to Section 2052, Continuing Medicaid Determination.

**NOTE:** Certain COAs are time limited. Refer to Chapter 2100, Classes of Assistance.