2060 – ABD MEDICAID APPLICATION PROCESSING

POLICY STATEMENT	The ABD Medicaid application process begins with the request for medical assistance and ends with written notification to the A/R of the eligibility determination.
BASIC CONSIDERATIONS	Eligibility for ABD Medicaid is determined in the following order: • FBR COAs • LA-D/ Medicaid Cap COAs • QMB/SLMB/QDWI/QI-1/QI-2 • ABD Medically Needy. **NOTE:** QMB/SLMB/QI-1 AND QI-2 may be approved while the A/R is waiting to meet an Adult Medically Need Spenddown. QI-1 and QI-2 cannot be dually eligible ongoing with another COA. An application is processed at the DFCS office located in the county where the applicant resides. If an A/R is confined to a nursing home or swing bed, the application is processed in the county where the nursing home/swing bed is located. However, if at the time the application is received the A/R is no longer in that facility, the county where the A/R currently resides processes the application. If the A/R is applying under the Hospital COA, the application is processed in the county in which the A/R resided prior to entering the hospital. However, the DFCS office in the county where a hospital is located may opt to process an application that has been received from the hospital. The application date is the date a signed application is first received in any county DFCS office.

PROCEDURES

Application Requirements

An application for ABD Medicaid is defined as any of following:

- Form 297
- SUCCESS Application for Assistance (AFA)
- DCH Form 700 (for QMB, SLMB, QI-1 and QI-2 only)
- Internet Medicaid Application

A completed application consists of a signed application with information sufficient to contact the A/R or PR. Any other information that is missing, incomplete or otherwise unclear may be obtained from the A/R or PR after the signed application is received and registered in the system by the agency.

Application Screening

Screen the application to determine the following:

- Current receipt of the benefits for which the A/R is applying
- Current receipt of other benefits available through the agency.

Who Must be Interviewed

The A/R is considered to be the primary source of information. 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 and every attempt should be made to interview the A/R. If information provided by a PR is questionable or unclear, attempt to contact the A/R by telephone or mail for clarification, unless contact is precluded by physical or mental limitations of the A/R.

Interview Requirements

Conduct an interview with the A/R and/or PR, either face-to-face or by telephone depending on which COA is being applied for, prior to disposition of the application.

EXCEPTION: A face to face or telephone interview is not required for applicants of QMB, SLMB, QI-1 or QI-2.

Conduct a home visit when the A/R is unable to come to the office because of the following reasons:

- Illness
- Physical or mental handicap
- Lack of transportation
- Undue hardship.

Orally or in writing, inform the A/R about the Medicaid program(s) for which s/he may be entitled by use of appropriate information pamphlets or other printed material.

PROCEDURES (cont.)

What the Interview Must Include

Explain the following information during the interview:

- The services provided by DFCS and the right to apply for them

- Requirements of eligibility and the A/R's responsibility to p information to establish eligibility and benefit level, including the following:

  - basic eligibility requirements
  - financial requirements
  - periodic reviews
  - timely reporting of changes
  - assignment of TPR
  - medically needy requirements, if applicable
  - vendor payment/cost share, if applicable

- The applicant's right to the following:

  - a fair hearing
  - prompt action within the standard of promptness (SOP)
  - confidentiality
  - non-discrimination in the processing of the application
  - services available to the family from other agencies

Mandatory Forms

Complete the mandatory forms below when processing an ABD Medicaid application:

- Form 297 or other application for assistance
- Form DMA 285, Third Party Liability Health Ins Questionnaire (if the A/R reports a TPL)
- Form 297-A, Rights and Responsibilities

EXCEPTION: Form DMA-285 is not required when the application is Form DCH 700. Send a copy of Form 700 to DMA/TPL in lieu of Form DMA-285 if the client has medical insurance. Attach a copy of the insurance card, front and back, if available.

PROCEDURES (cont.)

Other Required Action for ABD

Complete any other mandatory forms necessary depending on the COA and the A/R's circumstances.

Determine if the A/R meets all points of eligibility.

Complete mandatory clearinghouse requirements.

Follow appropriate documentation standards for ABD Medicaid.

Explore Medicaid eligibility for the three prior months.

Obtain required verification.

ABD Medicaid Standard of Promptness (SOP)

Determine eligibility and provide notification of the disposition of the application within the appropriate SOP:

- 45 calendar days beginning with the application date for age blind applicants.
- 60 calendar days beginning with the application date disabled applicants.
- 10 working days beginning with the application date fo QMB, SLMB, QI-1 and QI-2 applicants.

NOTE: If the deadline falls on a weekend or holiday, complete the application by the last workday prior to the weekend or holiday.

PROCEDURES (cont.)

Application Processing Standards for ABD Medicaid

Observe the following standards in processing applications:

- Register the application in the system within 24 hours agency accepting the application.
- If the A/R or PR is not interviewed on the same da application is filed, schedule the interview within a reasonable timeframe. An appointment notice, if mailed, must be sent to the A/R no later than 10 days prior to the scheduled appointment. A copy may also be mailed to the PR at the request of the A/R. If necessary, schedule a home visit.
- Reschedule the appointment if the A/R or PR contacts the a to reschedule the appointment prior to the interview. Do not consider the original appointment a missed appointment.
- If the A/R or PR fails to keep a scheduled appointment and h contacted the agency to reschedule, deny the application.
- If the A/R or PR contacts the agency within 30 days of mis scheduled appointment and the application has been denied, reschedule a second appointment using the original application date if good cause can be established for failing to meet the first appointment.

  NOTE: Examples of good cause are illness, hospitalization, lack of transportation, mental or physical handicap or any other reason deemed appropriate by the EW.
- If it is determined that additional information will be rec complete a verification checklist and give to the A/R or PR at the interview. Mail if the interview was done by telephone. Establish a reasonable deadline for returning requested verification.

PROCEDURES

Application Processing Standards for ABD Medicaid (cont.)

- If the A/R or PR fails to meet the deadline for providing add information, make contact to assess the need for an extension of the deadline or the possibility of assisting in obtaining required verification.

  NOTE: Do **not** deny an application for failure to provide verification if the verification can be requested or obtained by the EW.

- Contact the nursing home or case manager by the 30th calend from the application date if Form DMA-6, DMA-59, Form 5590 or other appropriate communicator has not been received. Document and follow-up as necessary.

- Deny the application at the first point ineligibility is establisl Do **not** leave a case pending in anticipation of the A/R becoming eligible at a future date beyond the ongoing benefit month.

- Deny the application within two days of SOP if the nursing h or case manager has failed to submit Form DMA-6, Form 5590 or other appropriate communicator to Georgia Medical Care Foundation (GMCF) or other authorized approval source.

  NOTE: If GMCF or other approval source has received the form but has not yet completed it, do **not** deny the application.

Use the following guidelines to determine whether to process an application within the appropriate SOP:

- Do **not** deny an application solely because the 45th/60th/1(has been reached and eligibility cannot yet be determined.

Deny an application before the SOP if the A/R or PR fails to cooperate in the application process or in supplying necessary information which they are capable of obtaining and DFCS has **no** means of obtaining directly.

PROCEDURES (cont.)

Disposition of the Application

Determine if the A/R meets all points of eligibility.

Process applications in chronological order, with the exception of QMB/SLMB/QI-1/QI-2 applications, based on the following:

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

NOTE: Follow the 10-day SOP guidelines for QMB/SLMB/ QI-1/QI-2 applications.

If eligible, approve the application ongoing and for any retroactive months, if appropriate.

Notification

Provide adequate notification to the A/R via the system of the eligibility determination. A copy may also be sent to a PR at the request of the A/R. Adequate notification includes the reason(s) for any action taken.

The system-generated notice must include the following:

- the basis for the approval/denial/termination
- the period of eligibility
- the reason for the action
- the A/R's right to request a fair hearing
- the telephone number of the county DFCS office
- the telephone number of legal services
- the amount of medical expenses required to meet the ABD Medically Needy Spenddown if the A/R meets all eligibility requirements other than income.

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.

Period of Eligibility

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

EXCEPTION: A COA, which has been approved using EMA criteria, does not require a CMD when denied or terminated.

PROCEDURES (cont.)

Property Search Requirements

Conduct a property search on required ABD Medicaid applicants for the following reasons:

- to verify the value and status of all real property in which th and/or deemor declare an ownership interest.

- to detect any undisclosed property in which the A/R and/or d may have an ownership interest.

to detect and/or verify any transfer of real property affected by the A/R.

A search of the tax digest and grantee/grantor records is **no** longer required for applicants entering the nursing home and/or applying under a home/community based waiver program.

A property search must be completed, however, if a questionable situation regarding ownership of property is discovered in the eligibility determination process.

If deemed necessary, conduct a property search by checking the current tax digest and transfers for the past 36 months in the grantee/grantor book for the county in which the A/R resides or did reside prior to entering LA-D.

A search of the tax digest is **not** required if the A/R has not lived in Georgia during the 24 months prior to the month of application.

A search of the grantee/grantor book is **not** required if the A/R applies under a COA that does not require the imposition of a penalty for a transfer of resources.

A search of the tax digest and grantee/grantor records is **not** required if the A/R is applying for QMB, SLMB, QI-1 or QI-2.

Out of County Property Search

Request assistance in completing a property search from the DFCS office in another county where the client may have resided for a substantial period of time before moving to the current county of residence using Form 991, MAO Property Record Search. Review the exceptions to property search requirements to determine the necessity for a property search.

PROCEDURES (cont.)

Out of State Property Search

Conduct an out of state property search using Form 991 only if one of the following situations occurs:

- The A/R alleges having a current ownership interest i

SPECIAL CONSIDERATIONS FOR SSI APPLICANTS

The Social Security Administration (SSA) accepts and processes applications for Supplemental Security Income (SSI) at local SSA offices. Any individual applying for ABD Medicaid at DFCS who appears to be financially eligible for SSI must be referred to the local SSA office to file an application. The ABD Medicaid application would be denied pending the outcome of the SSI application.

SSI applicants have the right to have any month for which they have been determined ineligible for a SSI payment for a reason other than failure to meet the disability criteria examined for eligibility under ABD Medicaid. Refer to Section 2053, Retroactive Medicaid.

DFCS is responsible for determining Medicaid eligibility on SSI applicants for the following months:

- the three months prior to the month of SSI application f approvals and denials

intervening months associated with a SSI application for which the applicant is ineligible for a SSI payment for a reason other than failure to meet disability.

A SSI applicant who wants a determination of ABD Medicaid eligibility for intervening months must contact DFCS within 30 days of receipt of the DMA notice informing him/her of the disposition of the SSI/Medicaid application.

Refer to Section 2053, Retroactive Medicaid, for processing procedures for retroactive months associated with a SSI application.