



Department of Human Resources • Division of Family and Children Services • Juanita Blount-Clark, Director  
Two Peachtree Street, NW • Suite 19-490 • Atlanta, Georgia 30303-3142 Phone: 404-651-8079 • Fax: 404-657-5105

July 1, 2003

**MEDICAID MANUAL (ESS Policy Manual, VOLUME II) TRANSMITTAL NO. 7**

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

**FROM:** Juanita Blount-Clark, Director  
Division of Family and Children Services

**RE:** Changes in Medicaid Procedures due to Georgia Health Partnership, Addition of Section on HIPAA,  
Change in Private Pay Rate for Nursing Homes and other Miscellaneous Clarifications

**PURPOSE:** This Transmittal contains the new Private Pay Rate for Nursing Homes, which is effective April 1, 2003. It also contains a new section on the Health Insurance Portability and Accountability Act (HIPAA) and a new Section on the Standard Filing Unit for use in IV-E AFDC Relatedness. Forms have been revised or created based upon input from the field and to meet federal Office of Civil Rights requirements. Many Sections have been updated to reflect procedural and policy changes due to DCH/DMA's new computer system.

**DISCUSSION:**

Section 2011 – Adds information on HIPAA

Section 2706 – This section now combines ABD and Family Medicaid Reviews. With the elimination of the face-to-face interview, requirements for reviews are very similar.

Section 2883 – This section was added to Chapter 2800, Children in Placement. This information was taken directly from the AFDC policy used in Georgia as of July, 1996. Having this section in the current manual reduces the need for the worker to refer to multiple sources for policy information

Section 2927 – This section was updated and includes the web site for Georgia Partnership for Caring Foundation and other miscellaneous updates and changes

Section 2905 – Updates to the Cancer State Aid program.

Section 2940 – This section includes changes to the Prior Approval process due to Georgia Health Partnership.

Section 2980 – This section includes updates to Voter Registration and the Secretary of State's web site.

Appendix C – This section was completely rewritten due to the changes with the implementation of the Multi-Health Net (MHN), the Department of Community Health's new computer system.

Appendix F – This Section is on-line, except Form 962 as noted below.

New forms include the following:

- Form 94 - A Medicaid Application has been created for clients applying for Pregnant Woman Medicaid, Right From the Start Medicaid and Low Income Medicaid.
- Form 95 – Family Medicaid Contact Letter and Verification Checklist

Revised forms include the following:

- Forms 223, 224, 225 & 226 were revised and instructions have been added for Forms 223, 224, 225, 226 & 227.
- Form 71 – Medicaid Disability Determination Inquiry. Discontinue use of any other version of this form immediately. The new version has the correct address.
- Form DMA 526 – Physicians Statement for Emergency Medical Assistance has been revised by DMA.
- Form 962 has been revised to incorporate both current and historical months. Forms 963 and 964 are now obsolete. Note: This form will NOT be on ODIS. Instructions for Form 962 have been included.
- Form 981 – ABD Verification Checklist and Contact Letter

Counties may reproduce these forms locally until they are available in Central Supply

Appendix H – This Section is on-line only. It includes the new Family Medicaid Accuracy Review (Form 116) as well as Forms 965, ABD Supervisory Review and Form 974, ABD Supervisory Review Summary. Instructions for Form 116 are also included in this Appendix. There is no requirement for supervisors to report Family Medicaid reviews to the State Office at this time, nor is there a required number of review per month. This Family Medicaid Accuracy Review was created to assist supervisors in evaluating the work of their staff and as a corrective action tool if needed. The current supply of Forms 965 and 974 may be used until the new version is available in Central Supply.

**Family Medicaid** – Clarifications to various policies; removal of remaining references to face-to-face interviews and clarifying verification requirements.

**Children in Placement** – Section 2883 was added to include 1996 AFDC policy on the Standard Filing Unit. Forms have been revised to provide clarity. Instructions have also been added.

**ABD Medicaid** – In addition to the changes to issuance due to MHN, changes were made to how nursing homes are reimbursed for patients. The Form DMA-6 has not been required for Nursing Home patients since April 1, 2003. The exceptions to this change are Swing Bed and IC-MR patients. This transmittal also includes the new instructions regarding Trusts. Trust information is now sent to the TPL Unit of DCH/DMA. Various other policy changes and clarification are included.

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

Manual Transmittal 7 includes information found in Medicaid e-mails numbered through 03-11.

#### UPDATES:

Section	Instructions for Manual Maintenance	Comment
2010	Remove and Replace	Page 1 - Add reference to 2011
2011	Insert after Section 2010	New Section on HIPAA
2050	Remove and Replace	Remove references to face to face requirement and interview requirement; Add reference to Section 2011
2054	Remove and Replace	Pages 1 & 3 - clarifies signature requirements for the Form 526; Page 2 – changed “three months” to “90 days”.

2132	Remove and Replace	Page 2 – removed face to face reference, Step 2; Page 3 – under “annual reviews and specials” entered information that DMA-6s are now done by a private vendor, not GMCF.
2139	Remove and Replace	Page 1 - new name and phone numbers for ICWP referrals; Page 2 - reflects that April 1, 2003 the DMA-6 is completed by the ICWP Case Manager, not GMCF
2141	Remove and Replace	Page 1 – deleted “face to face” reference
2194	Remove and Replace	Updates PeachCare for Kids premiums as of July 1, 2003.
2205	Remove and Replace	Page 2 - headings renamed; Page 3 - Step 3 corrects SMEU address; Adds Step 5 to instruct that once the SMEU decision is received, copies of medical information are not to be retained; Page 6 – added statement in last paragraph to obtain SMEU at end of 12 months after SSI termination.
2215	Remove and Replace	Page 7 - Add "Credited Quarters" earnings requirements for years 2002 and 2003; Page 2 - Add "Battered Alien" to list of qualified aliens
2240	Remove and Replace	Page 1 - Removed many references to the DMA-6 and clarifies how LOC is verified. Pages 2 & 3 - Chart 2240.1 has been changed to reflect new procedures for ICWP and NH; for Deeming Waiver, removed the specific information on obtaining completed DMA-6 and referred to Section 2133, Deeming Waiver. Page 4 - revised Chart 2240.2 to reflect DMA-59 as the accepted way to verify LOC for NH other than swing bed and IC-MR and added reference to 2141 for “ban on admission”; Page 5 – added list of vendors authorized to determine LOC for IC-MR, MRWP/CHSS.
2336	Remove and Replace	Page 4 - Added Step 7 to send copy of trust to TPL unit of DCH/DMA
2337	Remove and Replace	Page 2 – added information on counting “Pooled Trust” income. Page 4 - Added Step 6 to send copy of trust to TPL unit of DCH/DMA
2338	Remove and Replace	Page 3 - Added statement to send copy of trust to TPL unit of DCH/DMA
2339	Remove and Replace	Page 2 - Added Step 9 to send copy of trust to TPL unit of DCH/DMA
2399	Remove and Replace	Page 10 - "Loans from Others" changed ABD Medicaid to include as a resource the month after receipt; not count as income...Corrected Section reference under "Lump Sum/SSI Back Payments..." "Loans to Others" changed ABD Medicaid to exclude from resources if receiving regular payments
2415	Remove and Replace	Pages 3, 4 & 5 -Corrected Charts and Reference to Chart numbers
2499	Remove and Replace	Page 15 - Broke down loans into "Loans From" and "Loans To"
2502	Remove and Replace	Page 3 - clarified that any spouse's retirement fund isn't counted in resource determination
2508	Remove and Replace	Page 1 - Corrected reference to Section 2502
2576	Remove and Replace	Page 1 - Removed LOC from second bullet and that DMA-59 must be typed; Page 2 - changed references to DMA-6 for NH A/Rs; Page 3 - clarified that timely notice is 10 days before the end of the month
2577	Remove and Replace	Completely revised section to reflect that NH COAs no longer require DMA-6s. DMA-59s are now the LOC instrument for NH. IC-MR LOC determinations and MRWP/CHSS COA has LOC determined by a vendor, and ICWP LOC is determined by the ICWP Case Manager.
2578	Remove and Replace	Page 2 - changed wording if A/R is not approved for a LOC (removed reference to GMCF); Changed “NH” to “NH, swing bed, facility for IC-MR”
2581	Remove and Replace	Pages 1 & 2 - changed “receipt of DMA-6” to a "communication" from GMCF

2582	Remove and Replace	Page 1 – Change in bed hold requirements. Any absence from NH can be up to 8 days annually without stipulations. Bed hold for hospital stays remains at 7 days.
2610	Remove and Replace	changes to correct miscellaneous alignment
2620	Remove and Replace	Page 2 - Add language specifying that the father of the unborn must be included in the PGW BG if there is a mutual child in the BG
2667	Remove and Replace	Page 1 - Include 3 out of 6 LIM language
2706	Remove and Replace	Retitled Medicaid Reviews. Combines ABD and Family Medicaid Reviews; removes face-to-face requirements, updated verification requirement; removed requirement for Form 354; Charts renumbered.
2710	Remove in its entirety	This Section has been combined with ABD and is now Section 2706
2712	Remove and Replace	Remove face-to-face requirement and updates verification requirements
2713	Remove and Replace	Remove face-to-face requirement and updates verification requirements
2714	Remove and Replace	Remove face-to-face requirement and updates verification requirements; remove application requirement for new AU member
2715	Remove and Replace	Remove face-to-face requirement and updates verification requirements
2720	Remove and Replace	Page 2 - Clarifies 60 day extension for EMA cases
2883	Insert after Section 2880	Adds a Section on the Standard Filing Unit. This information is the 1996 AFDC policy.
2895	Remove and Replace	Aligns the definition of Special Needs with the information found in Section 2817.
2905	Remove and Replace	Updates information on the Cancer State Aid program.
2927	Remove and Replace	Updates information on Georgia Partnership for Caring Foundation, including changes in referral processes and adds the web site.
2940	Remove and Replace	Page 1 - changed section to cover new procedures, phone numbers, etc. Expanded section to cover any prior approvals
2980	Remove and Replace	Pages 3 & 4 - Changed address to send Plan of Implementation and added the Secretary of State's web address
Appendix A1	Remove and Replace	Changed Private Pay billing rate effective 04/03
Appendix C	Remove and Replace	Changed entire section to reflect changes due to MHN
Appendix D	Remove and Replace	Pages 1 & 2 - corrected page numbers in TOC; Page 4 - On NARR, document that A/R was mailed or given the Notice of Privacy Practices; Page 7 - On DEM1, document LA, specifically at review if A/R remains in same LA
Appendix F	On-line only (except for Form 962, which may be inserted)	Adds Forms 94, 95 and 981 Adds Instructions for Forms 223, 224, 225, 226, 227, 962 & 965 Replaces Forms 71, 223, 224, 225, 226 & 526
Appendix G	Insert in front of MT 6 Letter	Adds MT 7 Cover Letter
Appendix H	Insert after Appendix G	Adds Forms 116, 965 and 974 to this section.
TOC 2000	Remove and Replace	Adds Section 2011
TOC 2700	Remove and Replace	Deleted Section 2710
TOC 2800	Remove and Replace	Adds Section 2883
TOC-Manual	Remove and Replace	Adds Section 2011, 2883 and Appendix H; Deletes Section 2710

### Pen and Ink Changes:

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