



B. J. Walker, Commissioner

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MEDICAID MANUAL (OFI Policy Manual, VOLUME II) TRANSMITTAL NO. 20

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

FROM: Mary Dean Harvey, Division Director
Division of Family and Children Services

RE: Medicaid Policy Updates/Changes

PURPOSE: This manual transmittal updates Appendix A1 and A2 respectively with the new Q Track and Family Medicaid income limit increases. Estate Recovery is beginning in May 2006. A new section has been added to the manual on this subject, 2398. Sections 2150 and 2196 address the changes in allowable mileage rates for Medically Needy. These new limits are now provided in Appendix A1 and A2. Rental income policy changed in Section 2410 so that the property must be rented for the CMV. Several new forms have been added to the forms section.

DISCUSSION:

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

UPDATES:

MANUAL TRANSMITTAL 20

Section	Instructions for Manual Maintenance	Page	Comments
2011	Remove and Replace	3	Added line stating 5459 should be dated and used within 30 days.
		4	Added special consideration on claim submission and prior approval
2051	Remove and Replace	1	4 th bullet under client statement, added citizenship, on next to last paragraph, added exception of citizenship to client statement being accepted for Q-track.
		2	4 th bullet, added statement that citizenship must be verified and added reference to section 2215
2054	Remove and Replace	1	Third paragraph, added reference to applicable Social Security Act.
		3	Added new Step 2 to have MES workers review and sign Notification of Eligibility Form for EMA. Corrected note in Step 5 to “should not indicate a period of emergency service exceeding 30 days <i>from condition onset date</i> .”
		4	Added reference to Appendix B Hearings Added section on claim submission and prior approval.
2065	Remove and Replace	9	Removed statement that Declaration of Citizenship/Alienage is only required if form 297, DMA632 or AFA is used for application.
2132	Remove and Replace	4-14	Updated MHDDAD Regional Offices, Hospitals, and Community Service Boards to reflect new Regions and updated information
2133	Remove and Replace	5	Added reference to Appendix B Hearings Added section on claim submission and prior approval.
		6	Top of page, Step 12, clarified that although it is the ALJ who does the LOC hearings, it is routed through DCH Legal. Step 13, changed “DCH Legal Services” to “ALJ”.
		7	Step 15, NOTE, added, “The end date of the LOC is one year from the date that....” Under REVIEW, 2 nd par., added “new” before “psychological” in 3 rd sentence. Added new sentence to send copy of old psych in intervening years.
		8	2 nd bullet, added to 1 st sentence, “The family has 30

			<p>days in which to appeal...”</p> <p>Deleted next 3 sentences.</p> <p>Added new sentence of when to terminate case.</p> <p>Changed “Waive notice” to “DO NOT Waive notice”.</p> <p>Added new 3rd bullet.</p> <p>4th bullet, moved “The State Office Medicaid Unit will notify the county if the family has requested an appeal of the LOC” to the 3rd bullet.</p> <p>4th bullet added “if not already reinstated.”</p> <p>Under “NOTE”, added sentence that LOC is for 1 yr. from date GMCF made LOC determination.</p>
2146	Remove and Replace	1	Added Note, A/R won’t get reimbursed for Part D premiums, co-pays, etc.
2150	Remove and Replace	9	Under “Allowable Med. Exp.”, 1 st bullet, referenced Section A-1 for allowable mileage costs.
		11	Under “Not Allowable” for AMN, 1 st bullet, added are/ were and “including Medicare”. New 2 nd bullet for bills that were eligible for Medicaid pymt. But provider either didn’t file claim or had unresolved errors on the claim.
		12	<p>Under “Allowable”, new last bullet to allow Part D premiums & co-pays until they are paid by Medicaid.</p> <p>Under “Not Allowable” added (excluding co-pay) to 1st bullet.</p> <p>Added new bullet under “Not Allowable” to not allow any RX payments or co-pays from point SD is met until the end of the month. Medicaid should pay them in full.</p>
2166	Remove and Replace	2	2 nd paragraph, fixed typo
		7	2 nd sentence, fixed typo
2196	Remove and Replace	10	2 nd bullet under medical expenses, removed mileage reimbursement amount and added reference to Appendix A2.
2198	Remove and Replace	4	Added address for RSM Project where BCC presumptive reports should be mailed.
2201	Remove and Replace	4	Under ABD exception, removed statement that citizenship does not have to be verified, 2 nd bullet under family Medicaid, added citizenship to required verification
2215	Remove and Replace	4	Added section on Declaration of Citizenship/Alienage back in.
		5	Exception under verification of citizenship, added statement that if child ever received as a Newborn, citizenship verification is not required.
2315	Remove and Replace	1	Under Non-FBR, changed “all” to “excluded”. Added next 2 sentences

2327	Remove and Replace	4	At the top of the page, deleted phrase “regardless of rate of return” and inserted a stmt. that rental/leased property must be rented/leased for the CMV to be excluded from resources. Included steps on how to determine CMV. In NOTE, added stmt. that if property is counted as a resource, to not count as income. Referenced Section 2410.
2398	Place in manual after Section 2347		New section on Estate Recovery
2407	Remove and Replace	1	Added sixth bullet stating that QIT must be established in Georgia.
2410	Remove and Replace	2	Redid procedures for Rental income to take into consideration if the property is rented for the CMV. Step 3 addresses situations when a person renting property sub-rents property for a higher amount. Steps 2 & 3 are new and a note is added to Step 5.
2552	Remove and Replace	2	Changed premium to premiums to reflect additional Part D premium
		3	Added Medicare Part D to premium deductions.
2554	Remove and Replace	3	Top of page, referred to Form 129, not Form 128, which is obsolete. Reworded the remainder of the sentence.
2555	Remove and Replace	1	Added new 6 th bullet allowing Medicare Part D premiums, co-pays and deductibles as an IME until the month following the month of finalization.
2653	Remove and Replace	2	1 st paragraph under verification, fixed typo
2657	Remove and Replace	1	4 th bullet, added citizenship to required verification
		2	4 th bullet under RSM, added citizenship to required verification. Under LIM budgeting procedures, added reference to section 2661 for budgeting when someone fails to verify citizenship.
		4	Chart 2657.1, changed chart to read “failure or refusal to verify his/her citizenship/alienage status.”
2661	Remove and Replace	11	In step 2, fix typo, change “child to “spouse”
2712	Remove and Replace	1	Under 1 st note, fix typo.
2714	Remove and Replace	1	In step 1, add citizenship to list of things that need to be verified when adding a new AU member.
2715	Remove and Replace	1	1 st paragraph under basic considerations, fix typo.
2801	Remove and Replace	2	Under Basic Considerations, Changed CSE to OCSE
2810	Remove and	All	Replaced references to GBHC with GA. Healthy

	Replace		Families
2848	Remove and Replace	2	Removed CWFC from Medicaid COA for relative home placement not receiving foster care per diem
		All	Replaced GBHC with GA. Healthy Families
2851	Remove and Replace	1-2	Corrected CSE to OCSE
2870	Remove and Replace	3	Inserted new name for Form 28, Adop. Assist. Renewal Form
		4	Revised Step 1 to omit form letter from Gail Greer, Acting Director. Replaced /removed form 28b and inserted form 28 Note: removed location of the form letter no longer used
2883	Remove and Replace	5	Added married couple with no eligible mutual child(ren) to chart 2883.1 Added minor parent and her spouse live in the home with her parents to chart 2883.1
		7	Added child placed in a residential childcare institution. . .to chart 2883.1.
2903	Remove and Replace	3	Corrected Brain and Spinal Injury Trust Fund address to Suite number to 26-426
2931	Remove and Replace	3	In NOTE removed reference to doing LIS retroactively since they can't get reimbursed.
		5	Bottom of the page, inserted par. on fraud and abuse.
		6	New par. on Medicare Advantage Plan
2936	Remove and Replace	3	Add procedures for billing with ACS.
Appx A1	Place in appendix in front of other A1 pages	1	Added '06 income limits for Q Track & deleted \$600 TA.
		2	Added '06 living allowance limits for Q Track. Updated average nursing home monthly private pay billing rate.
		3	Added '06 Dep. Fam. Memb. Need Stand.
		4	Added new chart (A1.13) for AMN Reinbursement rate
Appx A2	Place in appendix in front of other A1 pages		Update with 2006 limits, add FM-MN mileage limit
Appx B	Remove and Replace	2	Added statement about continuation of benefits for EMA clients pending their hearing.
Appx C	Remove and Replace	1	Corrected 1 st sent. Under "Basic Considerations" by moving "is" from after "eligibility" to after "DFCS".
		2	Deleted info regarding a Medicaid ID # ending with

			“N”.
		3	2 nd bullet, changed title of Form 632 and added that it may be completed “by certain other qualified providers.” 3 rd bullet, DMA-632W is completed by the health depts.. and it designated partner providers.
		4	Under Emergency Situations, added email address for DFCS to use for updates.
		5	Under Emergency Situations (cont.), added new entry on “Prior Approval & Emergency Doctor’s Visits”.
Appx D	Remove and Replace	5	Added documentation standards for EMA Notification form being sent via the mail. On page 10, added verification of citizenship.
			Added statement that Rev Max Intake Unit is responsible for all SUCCESS standardized documentation on county cases where Rev Max removed the child coming into care in order to open RSM case.
Appx F	Remove old forms and Replace with new forms. Some forms deleted and some new forms added.		Rev. Form DMA 526; Form 981; Form 129; new Forms DMA 315 & 327; English & Spanish Notification of Eligibility-EMA; Revised Form 700 to add Est. Rec., Maiden name, etc; revised p. 6 of 297A adding Est. Rec.
			Revised form 95, added form 138
			Revised Form 28 inserted, Forms Online Inserted revised Form 403, forms online Removed Form 28b, now consolidated into Form 28 Removed ICAMA Cover Letter (Adoptions)no longer used (not numbered form)
Appx. I	Remove and Replace	9	Step 9 of “Entering SD medical expenses on SDME, corrected ”y” to “P”.
		12	Step 3 of “How to enter Earned income in an ABD/FS Combo case”, changed reference to Step 1 to Step 2. And corrected procedure for obtain correct FS income.
		16	Moved “How to Process a LA-D Case with a QIT” from p. 12 to p. 16.
		24	Bottom of page added new block on “How to Keep a KB case open after age 18”.
		25	Bottom of page added new block on “How to have a NH A/R in once county and a Q Track spouse in another county”.
TOC 2300	Remove and Replace		Added new Section 2398, Estate Recovery for ABD Medicaid.
TOC Main	Remove and Replace		Added new Section 2398, Estate Recovery for ABD Medicaid.

