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October 1, 2003

MEDICAID MANUAL (ESS Policy Manual, VOLUME II) TRANSMITTAL NO. 8

TO: County Departments of Family and Children Services
State Staff

FROM: Steven E. Love, Acting Director
Division of Family and Children Services

RE: Medicaid Case Record Organization, Instructions on ABD Supervisory Review, Revised
Procedures for Adoption Assistance Medicaid Redeterminations, Miscellaneous Policy
Clarifications and Updates

PURPOSE: This manual transmittal contains policy updates and clarifications received since the previous transmittal. It includes clarifications to Enumeration policy, Emergency Medical Assistance covered services and case record organization and retention requirements.

DISCUSSION:

Section 2025 – This new section includes information on Title VI/Section 504 Civil Rights.

Sections 2150 & 2196 – Reflects the clarification in policy that the physician's statement of anticipated Medicare coverage may be used as verification of TPL. Includes instructions regarding reconciliation once the Medicare Explanation of Benefits is received. Under "Allowable Medical Expenses", increases mileage rate to \$.28/mile for both Family and ABD Medically Needy.

Section 2220 – Clarification that a case may not be closed solely for failure to provide the SSN of a non-AU member has been added.

Section 2760 – This new section includes instructions for Medicaid Case Record Organization and retention requirements.

Appendix F – Form 526 has been revised. This form was added to ODIS effective September 1, 2003. Adoptions Form 28, Adoption Assistance Review Letter and a PeachCare for Kids referral letter have been added.

Appendix H – Administrative Review Overview added. Instructions for Form 965, ABD Monthly

Supervisory Review, and Form 974, ABD Medicaid Supervisory Review Summary Sheet, have been added.

Appendix I – ABD Medicaid SUCCESS Functions added. Includes instructions on the correct way to code SUCCESS to handle problematic financial and non-financial functions. This Appendix will not be available on ODIS.

Family Medicaid – Updates Mileage rates used in Medically Needy budgeting.

Children in Placement – Revises procedures for Adoption Assistance Redeterminations. Introduces Forms Adoptions 28 and Adoptions 28B for use instead of Form 226.

ABD - Updates Mileage rates used in Medically Needy budgeting. Changes references from DMA-59, DMA-6 and communicators to “Level of Care Instrument”. Clarifies that all RSDI increases may be disregarded in Disabled Adult Child COA budgeting, not just COLAs.

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

Manual Transmittal 8 includes information found in Medicaid e-mails numbered through 03-16.

UPDATES:

Section	Instructions for Manual Maintenance	Comment
2025	Insert after Section 2020	New Section on Title VI/Section 504 Civil Rights
2030	Insert after Section 2025	New Section - Georgia Health Partnership Overview, explaining some acronyms and how the different entities function
2054	Remove and Replace	Page 1 – aligns information regarding covered EMA services with DMA clearance and Form DMA 526
2060	Remove and Replace	Page 1 – Under “Policy Statement” added reference to signed application; “Note” changes to reflect that Q-track can be approved while waiting for approval for other MAO, not just AMN; in “Application Requirements”, added Form 94 and statement that Form 700 can be used for applications for any Medicaid COA. Page 5 – changed references from DMA-59, 6, communicators to “LOC instrument”. Page 6 – in “Note”, changed DMA-6, communicators to “LOC instrument”.
2115	Remove and Replace	Page 1 – in “Basic Considerations”, 3 rd bullet, sentence changed to reflect all RSDI increases. Page 2 – in Step 6, 4 th bullet, changed wording so that all subsequent RSDI increases may be disregarded, not just COLAs
2131	Remove and Replace	Page 4 – added paragraph on CCSP temporarily in NH; added paragraph on CCSP and Hospice joint eligibility
2135	Remove and Replace	Page 1 – last sentence changed to reflect PL/CS for Institutionalized Hospice. Referenced Section 2136 and 2151. Page 2 – Step 3, removed face to face reference; Step 5, added “there is no AMN Hospice for Recipients in a home setting;”, Step 7, added information to enter the hospice provider as an authorized representative in the system. Page 3 – Last paragraph under “Special Considerations”, added information about receiving CCSP and Hospice simultaneously.
2150	Remove and Replace	Page 3 – reworded 4 th paragraph from the bottom regarding

		submission of bills after budget period expires; included “good cause” clause. Page 4 – Step 1, included information that A/R has the right to choose whether they wish to apply bills toward current or prior month(s), Step 2, removed face to face reference and corrected “Note” by removing “to determine”. Page 5 – reworded Step 5 to remove system references, Step 9, added verbiage to not delay eligibility determination waiting on verification of TPR. Reconcile once TPR is received if it is to the A/R’s advantage. Last sentence, entered statement to keep copies of medical bills for future reference. Page 6 – Step 10, removed system references. Page 7 – Form 962 only for months unable to enter into the system; changed reference from Form 964 to Form 962; Updated Form 962 requirements. Page 9 – added note under “Verification of Medical Expenses” to use doctor’s statement reflecting anticipated Medicare coverage as verification of TPL, under “Allowable Medical Expenses”, changed \$.25 to \$.28, Page 11 – reworded bullet 1 in “Processing the AMN”, deleted face to face requirement, deleted last bullet, Page 12 – changed “Exception” to “Note” that Form 700 may be used for full Medicaid application, but other info/verifications may be required.
2196	Remove and Replace	Page 4 – 3 rd paragraph from the bottom, removed wording to send Form 400 to DMA. Page 6 – Step 1, allow A/R to choose to apply unpaid bills to prior or ongoing months. Step 7, 2 nd bullet, changed “Medicaid Certification” to Form 962 and added “Only if eligibility cannot be entered in the system.” Page 7 – Step 11, 3 rd bullet, change “Medicaid Certification” to Form 962 for months that cannot be entered into the system. Page 8 – Step 13, 3 rd bullet, same as above. Page 9 – Step 13, cont. 3 rd bullet, included important items to complete on Form 962, Step 13, last bullet (See page 7 above). Page 11 – Added note under “Verification of Medical Expenses”, to accept doctor’s statement as verification of Medicare EOB until an actual one is received. Once received, adjust BAD if in BG’s favor, changed \$.21 to \$.28 under “Medical Care Purchases”. Page 13 – changed Form 964 to Form 962 in Heading (2196.2), added Form 962 under “Then Issue Certification of Eligibility”.
2205	Remove and Replace	Page 1 – in “Note”, added “LOC instrument” as “not verification of disability”, Page 2 – clarified “note” wording, added DAS address
2210	Remove and Replace	Page 3 – 2 nd paragraph under “Procedures”, added statement to not refer A/Rs for SSI if obviously not eligible (example: Deeming Waiver with parent’s income/resources over limit or aliens who don’t meet criteria); reworded paragraph just under bullets for clarification.
2220	Remove and Replace	Page 1 – clarifies that the provision of a SSN by a non-AU member is voluntary and that the purpose of requesting the SSN must be explained. Also clarifies that a case may not be solely closed due to the failure to provide the SSN of a non-AU member.
2240	Remove and Replace	Page 1 – removed “Model Waiver” from list of COAs requiring LOC; Page 3 – added section reference for Model Waiver; Page 5 – added GMCF address
2250	Remove and Replace	Page 1 – Adds “establishing child support orders” to list of CSE functions, misc. grammatical corrections; Page 3 – clarifies that cooperation with CSE includes providing both current and/or former employment information on the NCP
2332	Remove and Replace	Page 1 – 2 nd paragraph under “Basic Considerations”, added statements that payments on retirement funds must include a portion of the principal. This is also added to 3 rd paragraph. Page 2 – 2 nd paragraph from bottom, added phrase “which include a portion of the principal”.
2399	Remove and Replace	Page 2 – added a note under “Burial Contracts” that only one

		contract per A/R, spouse, deemor may be excluded.
2499	Remove and Replace	Page 28 – added in block for “VA Recoupment” to include the full amount for eligibility determination and the net amount for PL/CS
2552	Remove and Replace	Page 1 – added IH to the COAs that have the Medicare Premium deducted; “Note” – “Paid by Medicaid” changed to “paid by DCH”, added IH and reworded paragraph. Added sentence for A/Rs regarding applying for Q track and LA-D COA simultaneously. “Mandatory Deductions” – changed “deduct” to “allow”, added phrase “after taxes had been allowed as a deduction”. Page 2 – combined the two separate paragraphs on PNA.
2555	Remove and Replace	Page 2 – changed wording under “Other Deductions” in 3 rd bullet to match what’s on the form; added 1 st bullet for name of A/R and date/cost of IME; added 4 th bullet for name of person legally obligated to pay for services; changed “Note” – “Financially” to “Legally” to agree with working on Form 942. Page 4 – added reference to Section 2701 for notification requirements.
2557	Remove and Replace	Page 6 – added sentence to Section 2701 for notification requirements.
2558	Remove and Replace	Pages 1 & 2 – references to Section 2701 are entered in “Procedures” portion of text
2578	Remove and Replace	Page 1 – Step 3; clarified that workers should not delay authorizing Vendor Payment if excess resources are suspected on SSI eligible clients. Page 2 – Step 5, added paragraph for procedures for SSI only in NH for IH; added paragraph on reviews.
2701	Remove and Replace	Page 1 – 4 th paragraph from bottom, omitted “such as call your caseworker”; Page 2 – added bullet under “adequate notice” for decrease in PL/CS and increase in PL/CS if 10 days remaining in current month; Page 3 – changed 2 nd bullet to increase PL/CS in which 10 days DON’T remain in current month.
2752	Remove and Replace	Page 2 – under “SSI/DMP to MAO Reports”, 2 nd paragraph, removed the reference to DMA-6.
2754	Remove and Replace	Page 1 – removed “ABD” from policy statement.
2760	Insert after Section 2754	New Section on Case Record Organization
2810	Remove and Replace	Page 1 - replaces reference to Form 964 with Form 962
2850	Remove and Replace	Chart 2850.1 (page 6) - clarifies that a trial visit is to the specified relative from whom custody is removed
2860	Remove and Replace	Page 2 - Specifies that the SOP for changes is 10 days
2870	Remove and Replace	Pages 3 & 4 - revises procedures for Adoption Assistance Medicaid redeterminations; introduces Forms Adoptions-28 and Adoptions 28B
2937	Remove and Replace	Provides updates on the Ombudsman Program
Appendix F	See ODIS TOC for guidance	Adds Forms Adoptions 28, 28B, AFDC Budget Sheet and IV-E Budget Sheet, PeachCare for Kids Referral Letter, ICAMA Contact List, Out of State Adoptions Cover Letter (hard copy only) Adds instructions for Forms Adoptions 28 & 28B
Appendix G	Insert in front of MT 7 Cover Letter	Adds MT8 Cover Letter
Appendix H		Adds Administrative Review Overview and instructions for Forms 965 & 974
Appendix I	Insert after Appendix H	New Appendix on SUCCESS Functions. Hard copy only - NOT on ODIS
TOC 2000	Remove and Replace	Adds Section 2760
TOC 2700	Remove and Replace	Adds Section 2025 and 2760
TOC-Manual	Remove and Replace	

Pen and Ink Changes:

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