

## 2750 - DMA REPORTS – EX PARTE LISTS

<b>POLICY STATEMENT</b>	Periodic reports generated by the Department of Community Health's (DCH) Division of Medical Assistance (DMA) and/or DMA's contract entity are forwarded to local Department of Family and Children Services (DFCS) offices and/or Right from the Start (RSM) Outreach Project offices for required action.
<b>BASIC CONSIDERATIONS</b>	<p>As part of the Continuing Medicaid Determination (CMD) process for A/Rs whose SSI benefits are terminated, DMA makes temporary determinations of continued eligibility under new Medicaid Classes of Assistance (COA). Four reports listing these individuals are generated and mailed to local DFCS offices.</p> <ul style="list-style-type: none"> <li>• SSI MAO/Q-Track Ex Parte Determination List This report is generated weekly and lists all <b>new</b> SSI ex parte determinations made by DMA resulting in eligibility for Aged, Blind, and Disabled (ABD) COAs.</li> <li>• SSI MAO/Q-Track Ex Parte Non-Confirmation List This report is generated monthly and lists all entries from the SSI MAO/Q-Track ex parte Determination List that are <b>over 30-days old</b> and have not yet been acted upon.</li> <li>• SSI RSM Ex Parte Determination List This daily report is sent in batch weekly to DFCS and lists all <b>new</b> SSI ex parte determinations made by DMA resulting in eligibility for RSM.</li> <li>• SSI RSM Ex Parte Non-Confirmation List This report is generated monthly and lists all entries from the SSI RSM Ex Parte Determination List that are <b>over 30-days old</b> and have not yet been acted upon.</li> </ul>
<b>PROCEDURES</b>	<p>Follow the steps below upon receipt of the following DMA reports.</p> <ul style="list-style-type: none"> <li>• SSI MAO/Q-Track Ex Parte Determination List</li> <li>• SSI RSM Ex Parte Determination List</li> </ul> <p><b>Step 1</b> Register the individual's CMD AU. Do NOT require a signed application.</p>

**PROCEDURES**  
**(cont.)**

<b>Step 2</b>	<p>Using SDX/BENDEX, DOL, related cases, and any other available information, determine eligibility for an appropriate COA, either the COA specified by the report or, if appropriate, a COA that provides a higher level of coverage. If necessary, contact the client to clarify any missing or unclear information. If there is not enough information to make a determination, send a DHR Form 222, 94 or 700 with a checklist to the client with an appropriate due date.</p> <p>In the absence of evidence to the contrary, assume all other eligibility criteria have been met and that SSA has determined there has been no transfer of assets.</p> <p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>• Assume SSA has forwarded TPR information to DMA</li> <li>• Prior receipt of SSI is prima facie evidence of citizenship/alienage and identity</li> <li>• Prior receipt of SSI is prima facie evidence of disability for 12 months from the SSI termination date, unless SSI was terminated for failure to meet disability criteria.</li> <li>• For Public Law COAs, determine COLA and entitlement to or increases in RSDI based on SDC/BENDEX, using the best estimate possible.</li> </ul>
<b>Step 3</b>	<p>Approve or deny the case and document the case record within 10-days of receipt of the list.</p> <p><b>NOTE:</b> A complete redetermination of eligibility must be completed on all cases when a change is reported, or within 12 months after the SSI termination, whichever comes first. Contact with the individual is not required to complete this process.</p>
<b>Step 4</b>	<p>Notify the A/R of the eligibility decision.</p>
<b>Step 5</b>	<p>Notify DMA of each ex parte determination via the Groupwise form using email address <a href="mailto:Expartemedicaidrepor@dch.ga.gov">Expartemedicaidrepor@dch.ga.gov</a>. Submission of this form is required for all individuals for whom a Medicaid eligibility determination has been made (including Medically Needy suspense), ineligible, or pending further information (such as a referral to an ABD worker for TEFRA/Katie Beckett determination for a child on the RSM ex parte list) or pending additional information or clarification.</p> <p>Notification to DMA must be made within 10 days of receipt of the list.</p>

**PROCEDURES  
(cont.)****Non-Confirmation  
Lists**

Non-confirmation lists/reports are generated as a result of the inaction on the ex parte determination lists.

Immediate action is required on all non-confirmation lists/reports. Follow the ex parte determination list procedures outlined above.

**OTHER  
CONSIDERATIONS****Continued SSI  
Eligibility**

Within 10 days of the receipt of the list/report, notify DMA via the Groupwise e-mail form of any individual who, according to SDX, remains SSI eligible in C01 status.

**Incorrect County**

If a county receives a list and determines that an individual(s) on the list resides in another county, the receiving county shall

- forward a copy of the list to the appropriate county, and
- notify DMA and the receiving county via e-mail that the individual is a resident of the other county.

**Filing**

All counties must keep a central file of all ex parte reports generated by DMA. The county shall annotate for each name any action taken.

**Case Records**

Place the following in each ex parte case record.

- a copy of the appropriate ex parte list. Any information contained in the list/report related to other individuals must be concealed.
- Verification, if any, used to determine eligibility
- A screen print of the Groupwise e-mail form sent to DMA notifying them of the status of the case. Any information contained in the email related to other individuals must be concealed.

**Eligible on MHN,  
But Not on List**

The CMD process must be documented. Refer to Appendix D, Documentation Standards.

At times an individual may become known to DFCS who is showing eligible on MHN, but has never appeared on an ex parte list and is not eligible on SUCCESS, SDX or PeachCare. Treat these individuals as if they had appeared on the list. Follow the instructions beginning on page 1.

**OTHER  
CONSIDERATIONS****Eligible on MHN,  
But Not on List  
(cont.)**

If the A/R is ineligible for any COA, in the email to DMA, include the scheduled Medicaid end date. This end date should reflect the same end date that appeared in communication the A/R received from DCH or the earliest date in which timely notice can be given, if A/R alleges not receiving any communication from DCH.

If the A/R is eligible for full Medicaid, approve on SUCCESS as soon as possible.

If the A/R is not eligible for full Medicaid, such as AMN or Q Track, approve on SUCCESS beginning with the first month following the end date reflected from DCH.