

2700 - CASE MANAGEMENT OVERVIEW

POLICY STATEMENT	Case Management is the process by which the DFCS eligibility worker (EW) monitors the ongoing eligibility received by the ABD and Family Medicaid recipient. Case Management begins immediately following the approval of a Medicaid application and continues as long as the Assistance Unit (AU) remains eligible for Medicaid.
BASIC CONSIDERATIONS	<p>Case Management consists of the following components:</p> <ul style="list-style-type: none"> • Notifications • Reviews • Changes • Alerts • Continuing Medicaid Determinations (CMDs) • Case Management Lists • Computer Matches • Hearings
Notification	An AU must receive proper notification of actions taken on his/her Medicaid case. Refer to Section 2701, Notification.
Reviews	A semi-annual review of eligibility is conducted to insure that the recipient continues to be eligible for Medicaid under the correct Class of Assistance (COA). AUs are required to cooperate with the periodic review of eligibility. Refer to Section 2706, Medicaid Reviews.
Changes	AUs are required to report all changes, which may affect their eligibility. A change in resources, income or other circumstances reported by the recipient must be acted upon in a timely manner. Refer to Section 2708, ABD Medicaid Changes and 2712, Family Medicaid Changes Overview.
Alerts	The SUCCESS system generates Alerts, messages to the caseworker to take specific action on a case. Appropriate action should be taken on the Alert in a timely manner. Alerts include, but are not limited to, notification of annual review, results of IEVS/Clearinghouse matches, removing the Medicare premium from the budget, expiration of the DMA-6 or similar document and caseworker generated Alerts.

**BASIC
CONSIDERATIONS
(cont.)**

CMD If an AU or an individual in an AU is determined ineligible at application or while receiving Medicaid, a Continuing Medicaid Determination (CMD) must be completed. The CMD process is used to explore eligibility for all other COAs before denying or terminating Medicaid. Refer to Section 2052, Continuing Medicaid Determination.

Case Management Lists Periodic reports produced by DMA inform the EW of required case actions and aid in monitoring continued Medicaid eligibility for certain recipients. Refer to Section 2750, DMA Reports-Ex Parte Lists and Section 2752, DMA Presumptive Reports.

Computer Matches Computer matches are generated by matching DFCS information with the information of other agencies, such as Georgia Department of Labor, the Social Security Administration and the Internal Revenue Service. These matches assist with verification of the recipient's income and resources and act as an aid in detecting unreported income and resources. Refer to Section 2001, Computer Matches Overview for additional information.

Hearings The applicant or recipient (A/R) has the right to request a hearing on any decision made by DFCS or DMA affecting his/her Medicaid eligibility and/or patient liability/cost share. The EW has certain responsibilities in processing the request for a hearing. Refer to Appendix B, Hearings.