

2065 – FAMILY MEDICAID APPLICATION PROCESSING

POLICY STATEMENT	The Family Medicaid application process begins with the request for health coverage and ends with notification to the Assistance Unit (AU) of its eligibility status.
BASIC CONSIDERATIONS Order of Eligibility	<p>Family Medicaid eligibility is determined in the following order:</p> <ul style="list-style-type: none"> • Newborn • Parent/Caretaker with Child(ren) Medicaid • other Family Medicaid COAs based on Parent/Caretaker with Child(ren) eligibility criteria, i.e., TMA, 4MEx • Children Under 19 Years of Age Medicaid • Pregnant Woman Medicaid • PeachCare for Kids[®] • Family Medicaid Medically Needy • Women's Health Medicaid (WHM) • Planning for Healthy Babies (P4HB) <p>The Affordable Care Act (ACA) requires the last step of the order of eligibility to be a referral to the Federally Facilitated Marketplace (FFM).</p> <p>NOTE: Medicaid eligibility for a child in foster care is determined first under the IV-E FC program. If ineligible under IV-E FC, Medicaid eligibility is determined under CWFC Medicaid. Refer to Chapter 2800, Assistance to Children in Placement.</p>
Application Requirements	<p>An application for any Family Medicaid class of assistance may be made with any of the following forms:</p> <ul style="list-style-type: none"> • Form 297 Application for TANF, Food Stamps, or Medical Assistance • SUCCESS Application for Assistance (AFA) • PeachCare for Kids[®] application • Long Term Care Online Application • Low Income Subsidy Application – SSA 1020B (LISA-application for Medicare Part D subsidy) • Form 94 Medicaid Application • Single Streamlined Medicaid Application • Form 700 Application for Medicaid & Medicare Savings for Qualified Beneficiaries • Form 508 Food Stamp, TANF Medicaid Renewal Form • Form DMA632W- Presumptive Eligibility (PE) Women's Health Medicaid Application • Women's Health Medicaid Renewal Form

**BASIC
CONSIDERATIONS
(cont.)**

**Application
Requirements (cont.)**

- Form 632 Presumptive Eligibility (PE) Pregnancy Medicaid Application
- **COMPASS Online Application**
- COMPASS Medicaid Renewal

A completed application consists of a signed (not typed name on signature line) application with information sufficient to contact the applicant or personal representative (PR). Any information that is missing, incomplete or otherwise unclear may be obtained from the applicant or PR after the signed application is received and logged by the agency.

A new signed application is required in the following situations:

- When completing an add a program for a BG member who is now requesting Medicaid and had not requested coverage for him/herself on the last application filed.
- An application was previously correctly denied due to failure to provide required verification. Applicant wants to reapply in a subsequent month for ongoing benefits. Although the application date of the first application is protected, the applicant should sign another application unless there is good cause for not initially providing the verification.
- An application was previously correctly denied for not meeting a basic or financial eligibility criteria. A/R now meets the criteria and wants to reapply for ongoing benefits. Have the applicant complete and sign another application.
- An applicant applied for him/herself and children, but the case trickled to a lower COA. A change then occurs that would make him/her eligible.

A new application is NOT required in the following situations:

- If the system denies the application because the worker has not acted timely on the case.
- If the applicant is already a Medicaid recipient and is changing to another COA, or a continuing Medicaid determination (CMD) is being completed.
- Adding a Newborn Medicaid case
- If a BG member is being added.
- **When removing the Reasonable Opportunity Period (ROP) penalty, or adding a child back, to the active Medicaid AU effective the first day of the month that citizenship/immigration status/identity verification was provided.**
- **MAGI Medicaid cases that close for failing to return verification will be reinstated if all the verification is returned within 90 days of closure; an application will not be required.**

BASIC CONSIDERATIONS (cont.) Application Requirements (cont.)	<p>NOTE: Homeless AUs are NOT required to provide a physical address, but must provide sufficient information to establish Georgia residency. The applicant's statement is acceptable unless conflicting information is known to the agency.</p>
PROCEDURES Application Screening	<p>Screen the application in SUCCESS and Georgia Medicaid Management Information System (GAMMIS) to determine the following:</p> <ul style="list-style-type: none"> • current receipt of the benefits for which the AU is applying • current receipt of other benefits.
Interview Requirements	<p>A face-to-face (FTF) interview is not required for any Medicaid COA. At the eligibility worker's (EW) discretion or the request of the applicant or PR, a FTF interview may be scheduled, however an application may not be denied for failure to appear for an interview.</p> <p>The A/R is considered to be the primary source of information. The A/R may authorize a Personal Representative (PR) to apply and provide information on his/her behalf, however, because the A/R is considered the best source of information, every attempt should be made to obtain necessary information from the A/R. If information provided by a PR is questionable or unclear, attempt to contact the A/R for clarification, unless contact with the A/R is precluded by physical or mental limitations.</p> <p>Information necessary to complete an eligibility determination may be obtained by any of the following methods:</p> <ul style="list-style-type: none"> • FTF interview <p>NOTE: A FTF interview may not be required of the applicant or PR and an application may not be denied solely for failure to complete a FTF interview.</p> <ul style="list-style-type: none"> • telephone call • mail • home visit • facsimile • e-mail • COMPASS

PROCEDURES**(cont.)****Interviewing****Requirements****(cont.)**

Orally or in writing, inform the A/R about the Medicaid program(s) for which s/he may be entitled. Provide relevant information pamphlets or other printed material.

Explain the following information to the applicant/member or PR:

- services provided by DFCS and how to obtain those services
- requirements of eligibility and the applicant/member's responsibility to provide correct information to establish eligibility
- HIPAA and confidentiality
- basic and financial eligibility requirements
- Clearinghouse requirements for any AU/BG member
- potential Medicaid COAs
- potential coverage for three months prior to the month of application
- periodic renewals (12 month renewals and renewals completed during an interim change)
- timely reporting of changes and how/where changes are to be reported
- assignment of Third Party Liability (TPL)
- the role of the Division of Child Support Services (DCSS), assignment of medical support rights to the State, and Good Cause for non-compliance
- Health Check Referrals to anyone in the AU under the age of 21. Refer to [Section 2930](#), Health Check.
- Woman Infant and Children (WIC) Referrals to anyone in the AU that is pregnant; breastfeeding; postpartum women; or has a child under the age of 5 years, [Section 2985](#).
- the applicant's right to the following:
 - a fair hearing
 - a decision within SOP
 - non-discrimination.
- their rights and responsibilities in the Medicaid program, included in the single streamlined application or Form [297A Rights and Responsibilities](#).

PROCEDURES**(cont.)****Interviewing
Requirements
(cont.)**

In addition, explain the following to an AU that includes a pregnant woman:

- the right to apply and how to apply for TANF 45 days prior to the expected date of delivery
- continuous financial eligibility for the pregnant woman
- presumptive eligibility (PE) Medicaid process and how to apply at a public health facility or other qualified provider if the Medicaid eligibility determination for the pregnant woman cannot be made the same day that the application is filed. Accept the Medicaid application even if the applicant applies for PE Medicaid.

Refer the A/R to other appropriate services such as family planning.

**Mandatory
Forms**

Complete the mandatory forms below when processing a Family Medicaid application:

- Application for Assistance
- Eligibility Determination Document or other written interview form
- Form 297-A (**only** if Form 297 is used to apply).
- Form 297-M Medicaid Addendum (**only** if Form 297 is used to apply).
- [Form 216](#)- Declaration of Citizenship form

NOTE: This form is not required if **the single streamlined application**, Form 94 (Rev. 5/10 or later), 222 (Rev. 7/10 or later), 508 (Rev. 5/12 or later), 700 (Rev. 11/09 or later), or COMPASS Online application are used as they contain the required language to meet the needs of the declaration.

- [Form 5460](#)- Notice of Privacy Practices (HIPAA)

NOTE: Notice of Privacy Practices and Form 297-A may be mailed to the applicant. The applicant is **NOT** required to sign and return either form, provided the case record is documented that the forms were sent.

- Form DMA 285, Third Party Liability Health Insurance Questionnaire, when the person has other health insurance coverage. See [Section 2230](#) for when a DMA285 can be waived, and for other TPL requirements,

Exception: A DMA 285 is not required for children in placement.

PROCEDURES (cont.)

Mandatory Forms (cont.)

- [Form 138](#), Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate in Child Support Services (if a DCSS referral is required)

NOTE: The Form 138 may be mailed to the applicant. The applicant is **NOT** required to sign and return the form provided the case record is documented that the form was sent.

When the single streamlined application is used it incorporates the Declaration of Citizenship/Immigration Status, TPL, and Cooperation with DCSS; separate forms are not required.

Complete any other forms as necessary depending on the COA and the A/R's circumstances.

Other Required Actions

Determine if the A/R meets all points of eligibility.

Complete mandatory clearinghouse requirements.

Follow appropriate documentation standards for Family Medicaid.

Explore Medicaid eligibility for the three prior months.

Obtain required verification.

Refer to Chart 2065.1 in this section.

Standard of Promptness

The eligibility determination for Family Medicaid COAs should be completed with real time determinations or as soon as all verification is received. This should take no longer than the following time frames:

- 10 days from the date of application for pregnant women, regardless of COA
- 45 days for EMA-PgW
- 10 days from the date of report for newborns, regardless of COA
- 45 days from the date of application for all other Family Medicaid COAs

Calculate the SOP beginning with the date of application. Document the reason for any delays in the case record.

If the SOP date falls on a weekend or holiday, complete the application by the last workday **prior to** the weekend or holiday.

PROCEDURES
(cont.)
Application
Processing Standards

Observe the following standards in processing Family Medicaid applications.

- Accept the signed application on the day the application is received by the agency.
- Register the application using the date the application was received by the agency. The application must be registered within **24 hours** of receipt by the agency.
- If the applicant or PR is not interviewed on the same day an application is filed and additional information is required, contact the applicant or PR within a reasonable timeframe to obtain the information necessary to complete the application.
- If verification or additional information is required, complete a verification checklist and mail or give to the applicant or PR. Establish a reasonable deadline for returning requested verification. Refer to Section 2051, Verification
- If incomplete verification is returned, send another checklist specifying what is required; establish a new reasonable deadline for returning requested verification.
- If the applicant or PR fails to meet the deadline for providing additional information, attempt to contact the applicant or PR to assess the need for an extension of the deadline or the possibility of assisting in obtaining required verification.

NOTE: Do **not** deny an application for failure to provide verification if the verification can be obtained by the EW.
- Deny an application at the first point ineligibility is established. Do **not** leave a case pending in anticipation of the applicant becoming eligible at a future date beyond the ongoing benefit month.
- Do **not** deny an application solely because the SOP has been reached and eligibility cannot yet be determined.
- Deny an application before the SOP if the applicant or PR fails to cooperate in the application process or fails to supply necessary information that s/he is capable of obtaining and DFCS has no direct means of obtaining.

PROCEDURES**Disposition of Application**

Determine if the AU meets all points of eligibility.

Process applications in chronological order, with the exception of Medicaid coverage for pregnant women, based on the following:

- date of application
- whether all information is available to determine eligibility

If eligible, approve the application, within 45 days, for all eligible months including retroactive and ongoing months. Process applications for pregnant women within 10 days to ensure early prenatal care.

Notification

Provide the applicant adequate written notification of the eligibility determination. Adequate notification includes the reason(s) for any action taken.

A duplicate notice may be provided to the PR upon request by the applicant. The applicant, however, must receive all notices regarding his/her case(s).

Notification must explain the following:

- the basis for the approval/denial/termination
- the period of eligibility
- the reason for the action
- the AU's right to request a fair hearing
- the telephone number of the DFCS Call Center
- the telephone number of legal services.

Generic denial reasons may be used as a secondary or tertiary denial/termination reason, but never as the sole reason for denial/termination.

Periods of Eligibility

Approve Medicaid and continue eligibility as long as the AU continues to meet the requirements of the COA under which eligibility was approved. A Continuing Medicaid Determination (CMD) must be completed prior to denial or termination of any Medicaid COA. Refer to [Section 2052](#), Continuing Medicaid Determination.

NOTE: Certain COAs are time limited. Refer to Chapter 2100, Classes of Assistance.

CHART 2065.1 FAMILY MEDICAID FORMS

FAMILY MEDICAID CLASSES OF ASSISTANCE	MANDATORY					CONDITIONAL			
	Application	Form DMA-285 (if a/r has TPL)	Form 5460-Notice of Privacy Practices (HIPAA)	Citizenship/Immigration Status Not required if 94,222, 508,700, or COMPASS application is used as and they contain the required language for the	Form DMA-59	FORM 138 – Child Support Services (if child has NCP)	Form 122 – Child Support Services Foster Care Referral Form	Form 297-A – Rights and Responsibilities (if application was made via Form 297)	Form 297-M Medicaid Addendum (if application was made via Form 297)
Parent/Caretaker with Child(ren) Medicaid	Y	Y	Y	Y		Y		Y	Y
Transitional Medical Assistance (TMA)		Y	Y	Y					
Four Months Extended Medicaid (4MEx)		Y	Y	Y					
Newborn Medicaid (NB)									
Pregnant Woman Medicaid (PgW)	Y	Y	Y	Y				Y	Y
Children Under 19 Medicaid	Y	Y	Y	Y				Y	Y
PeachCare for Kids® (PCK)	Y			Y					
Family Medicaid Medically Needy (FM-MN)	Y	Y	Y	Y		Y		Y	Y
Women's Health Medicaid (WHM)	Y	Y	Y	Y					
IV-E Foster Care (IV-E FC)	Y	Y	Y	Y			Y		
IV-E Adoption Assistance (IV-E AA)	Y	Y	Y	Y					
IV-B Foster Care (Child Welfare Foster Care – CWFC)	Y	Y	Y	Y			Y		
IV-B Adoption Assistance (State Adoption Assistance – SAA)	Y	Y	Y	Y					
Former Foster Care Medicaid	Y	Y	Y	Y				Y	

* **NOTE:** Declaration of Citizenship/Immigration status/Identity is not required if eligibility is determined under EMA procedures. Refer to Section 2215, Citizenship/Immigration/Identity