

## 2713 - FAMILY MEDICAID CHANGE OF RESIDENCE

<b>POLICY STATEMENT</b>	When the AU moves, changes are made to ensure Medicaid cards and notices are received at the correct address.
<b>BASIC CONSIDERATIONS</b>	<p>Make address changes on the day they are reported to the agency to ensure that all correspondence is sent to the correct address.</p> <p>Accept the client's statement as verification, unless questionable.</p> <p>Determine if the AU still resides in the county or the state when any address change is reported.</p> <p>Review household composition when the AU reports a change in residence.</p> <p>The National Voter Registration Act (NVRA) of 1993 requires that DFCS is to provide a voter registration form (VRA-07) to the A/R if he/she reports an address change in person that would necessitate a change in his/her voting location, Refer to <a href="#">Section 2980</a>, Voter Registration.</p>
<b>PROCEDURES</b> <b>Change of Address</b> <b>Within Georgia</b>	
<b>Step 1</b>	<p>Document the following:</p> <ul style="list-style-type: none"> <li>• date the AU or BG moved</li> <li>• new address</li> <li>• method of verification (client statement or other, if questionable)</li> <li>• date the new address was reported to the agency</li> <li>• individuals who reside at the new address and their relationships to the budget group (BG) and/or assistance unit (AU) members.</li> </ul>
<b>Step 2</b>	Determine whether the AU and/or BG compositions have changed. If so, make appropriate additions or deletions according to <a href="#">Section 2714, AU Composition Changes</a> .
<b>Step 3</b>	Make the appropriate changes to update the address effective the ongoing month.
<b>Step 4</b>	<p>Determine whether the address is in the county where the case is currently assigned.</p> <p>If county of residence has changed, continue to Step 5. If not, the address change is complete.</p>

**PROCEDURES****Change of Address  
Within Georgia  
(cont.)**

**Step 5** Notify the new county of residence within 5 days and provide the following information:

- the new address
- the Class of Assistance (COA)
- the Assistance Unit (AU) number and name

**Step 6** Request that the new county of residence accept transfer of the case and follow procedures for transferring the case.

**Step 7** Within five days, mail the complete case record to the new county of residence.

The county to which the case was transferred must complete a review within 30 days of completion of the transfer.

**Address Change  
Out of State**

**Step 1** Document the following:

- date the agency became aware of the AU leaving the state
- source of information regarding the AU moving from the state
- new address.

**Step 2** Change the address, terminate Medicaid and provide adequate notice.

**Step 3** If any AU members remain in Georgia, determine Medicaid eligibility based on the new household composition.