

## 2750 - DCH REPORTS – EX PARTE LISTS

<b>POLICY STATEMENT</b>	Periodic reports generated by the Department of Community Health (DCH) or DCH's contract entity are accessible on the HP web portal to local Department of Family and Children Services (DFCS) offices and/ 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 selected A/Rs whose SSI benefits are terminated or denied, DCH makes temporary determinations of continued eligibility under a new Ex Parte Medicaid Class of Assistance. Four reports listing these individuals are generated and are accessible via the HP web portal at <a href="http://www.mmis.georgia.gov">www.mmis.georgia.gov</a>. Detailed instructions can be found in Appendix J.</p> <ul style="list-style-type: none"> <li>• SSI MAO/Q-Track Ex Parte Determination Report (ELG-5003-D) This report is generated daily and shows all <b>new</b> SSI ex parte determinations made by DCH resulting in eligibility for Aged, Blind, and Disabled (ABD) COAs.</li> <li>• SSI MAO/Q-Track Ex Parte Non-Confirmation Report (ELG-5103-M) This report is generated monthly and shows all entries from the ELG-5003-D Report that are <b>over 30-days old</b> and have not yet been acted upon.</li> <li>• SSI RSM Ex Parte Determination Report (ELG-5004-D) This report is generated daily and shows all <b>new</b> SSI ex parte determinations made by DCH resulting in eligibility for RSM.</li> <li>• SSI RSM Ex Parte Non-Confirmation Report (ELG-5104-M) This report is generated monthly and shows all entries from the ELG-5004-D report 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 DCH reports.</p> <ul style="list-style-type: none"> <li>• ELG-5003-D Report (optional)</li> <li>• ELG-5004-D Report (optional)</li> <li>• ELG-5103-M</li> <li>• ELG-5104-M</li> </ul>

PROCEDURES	Step 1	Register the individual's CMD AU. Do NOT require a signed application.
	Step 2	<p>Using SDX/BENDEX, DOL, Vital Records, 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. Citizenship/Immigration and Identity must be established. 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. For the ELG-5003-D and ELG-5103-M reports do not assume that the AR is Medicare eligible.</p> <p><b>NOTES:</b></p> <ul style="list-style-type: none"> <li>• Assume SSA has forwarded TPR information to DCH</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 SDX/BENDEX, using the best estimate possible.</li> </ul>
	Step 3	<p>Approve or deny the case and document the case record within 10-days of receipt of the list.</p> <p><b>NOTE For Spend Down Cases:</b> The system generated notice, which includes Medicaid eligibility information, replaces Form 962. <b>For the system to correctly generate the notice the SUCCESS SSI recip. field on DEM1 must be coded 'I' (Ineligible) or 'N' (Not Receiving).</b> Complete a Form 962 <b>only</b> if eligibility cannot be entered in the system, such as a three month prior application that is greater than thirteen months old.</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>

	<p><b>Step 4</b> Notify the A/R of the eligibility decision.</p>
	<p><b>Step 5</b> Notify HP via DCH by completing the appropriate <a href="#">Q-track</a> or <a href="#">RSM</a> Exparte Cases Completed form, and <b>E-mail</b> to <a href="mailto:Expartemedicaidrepor@dch.ga.gov">Expartemedicaidrepor@dch.ga.gov</a>. Submission of these forms is required for all individuals for whom a Medicaid eligibility determination has been made (including Medically Needy suspense). Notification to DCH must be made within 10 days of receipt of the Report.</p>
<p><b>Non-Confirmation Lists</b></p>	<p>Non-confirmation lists/reports are generated as a result of the inaction on the ex parte determination lists.</p> <p>Immediate action is required on all non-confirmation lists/reports. Follow the ex parte determination list procedures outlined above.</p>
<p><b>OTHER CONSIDERATIONS</b></p>	
<p><b>Continued SSI Eligibility</b></p>	<p>For individuals that are currently receiving SSI, no action is required.</p>
<p><b>Incorrect County</b></p>	<p>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. Please note that the individual will continue to show up on your counties list until the county of residence completes the Ex-parte determination.</p>
<p><b>Filing</b></p>	<p>All counties must keep a central file of all ex parte reports generated by DCH. The county shall annotate for each name any action taken.</p>

<b>Case Records</b>	<p>Place the following in each ex parte case record.</p> <ul style="list-style-type: none"><li>• A copy of the appropriate ex parte list. Any information contained in the list/report related to other individuals must be concealed.</li><li>• Verification, if any, used to determine eligibility</li><li>• A screen print of the Members to be removed form e-mailed to DCH notifying them of the status of the case. Any information contained in the email related to other individuals must be concealed.</li></ul>
<b>Eligible on MHN, But Not on List</b>	<p>The CMD process must be documented. Refer to <a href="#">Appendix D</a>, Documentation Standards.</p> <p>At times an individual may become known to DFCS who is showing eligible on GAMMIS, but has never appeared on an ex parte list and is not eligible on SUCCESS, SDX or PeachCare for Kids™. Treat these individuals as if they had appeared on the list. Follow the instructions beginning on page 1.</p> <p>If the A/R is ineligible for any COA, in the email to DCH, 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.</p> <p>If the A/R is eligible for full Medicaid, approve on SUCCESS as soon as possible.</p> <p>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.</p>