

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES		
	MEDICAID POLICY MANUAL		
	Chapter:	2050	Effective Date:
Policy Title:	Application Processing Overview		
Policy Number:	2050	Previous Policy Update:	MT 64

REQUIREMENTS

The Medical Assistance application process begins with the agency's receipt of a signed application for assistance and is complete upon notification to the Assistance Unit (AU) of the eligibility determination.

BASIC CONSIDERATIONS

Request for Information and Application

An inquiry regarding public assistance programs can be made at any time, either in person, by mail, by telephone, fax, secure email, or at another designated agency. Information regarding public assistance programs must be provided to any individual without requiring that an application be filed.

An application **must** be provided to anyone **upon request**.

An application may be requested in person, by mail, telephone, facsimile, secure e-mail, or at any designated agency.

Where to Apply

The A/R may apply for Medicaid at numerous locations throughout the state. These include the local county DFCS office, Social Security Administration, health departments, and some hospitals and nursing homes. The A/R may apply online at www.gateway.ga.gov. Applications are also available at local RSM Assistance Group offices. The A/R can use the Georgia Department of Community Health website to locate an application.

BASIC CONSIDERATIONS (cont.)**Who May Apply**

Anyone may apply for Medical Assistance benefits, including the following individuals:

- the individual requesting assistance
- a personal representative (PR) acting on behalf of the applicant. The PR can be a relative, friend, guardian, or any person in a position to know the applicant's circumstances
- the parent, specified relative or individual who provides/provided care and control of a child or deceased individual
- an individual acting on behalf of an AU, including a representative of a private law firm or cost recovery company
- a child requesting assistance for himself/herself
- a Medicaid provider, for a newborn via DMA Form 550, Newborn Eligibility Certification Form or via the web portal.

The applicant/recipient (A/R) is the primary source of information for him/herself. The A/R may authorize a PR to apply and provide information on his/her behalf, however the A/R is considered the best source of information and must be contacted to confirm that the information received is correct. This may be accomplished either by telephone, by mail, or in person, unless contact is precluded by physical or mental limitations of the A/R.

NOTE: A face-to-face interview is **NOT** a requirement of any Medicaid Class of Assistance (COA).

The A/R may withdraw, at any time, authorization for a PR to act on his/her behalf. This request should be made in writing and signed by the A/R.

NOTE: An application may be filed on behalf of a deceased individual. Refer to Special Considerations in [Section 2068](#).

The Completed Application

A complete application consists of a signed (either written or electronic such as on a Gateway application) application submitted with a name and information adequate to contact the applicant or PR. A typed name on the signature line of a paper application is not acceptable. It is **NOT** necessary for the applicant to complete all questions, as missing or incomplete information may be obtained by telephone, by mail, fax, secure email, or in person. See Sections [2060](#) and [2065](#) for more program specific instructions.

BASIC CONSIDERATIONS (cont.)**The Completed Application (cont.)**

An application received from the Federally Facilitated Marketplace (FFM) which has been assessed as potentially eligible for Medicaid should be processed based on the information provided in the application. Do not request additional or duplicate information that has already been obtained by the FFM.

Assist the AU as needed to complete the application form.

The application form may be completed by the applicant, a PR, or an agency representative.

An application must be accepted without prior screening or interview.

An individual has the right to file an application on the day of initial request for benefits. The agency will not refuse anyone the right to same day filing. The agency must inform the individual of the right to file an application on the same day s/he or his/her PR contacts the agency in person or by telephone, mail, facsimile or secure email, expressing interest in obtaining assistance.

If an individual requests an application by mail, the right to same day filing is met if the application is mailed to the individual on the same day s/he makes the request to the agency.

“Right to Same Day Filing” affects the following:

- beginning date for processing standard
- determination of which three prior months may be considered for eligibility

Application Date

The date of application is the date the application form is received by the county office, whether in person, or by mail. When received via internet or facsimile, the date of application is the date the form was transmitted.

EXCEPTION: The application date is the day an application is received by a health department, disproportionate share hospital, public hospital or a federally funded, 330 health center, regardless of when the application is forwarded to the county office for processing.

Application Processing

An application must be registered within 24 hours of receipt by the agency.

BASIC CONSIDERATIONS (cont.)**Application Processing (cont.)**

Eligibility for Medical Assistance must be determined under all COAs before an application is denied. Refer to Section [2052](#), Continuing Medicaid Determination (CMD).

Eligibility for Medicaid coverage for the three months prior to the month of application must be considered for every Medical Assistance application filed.

Completion of the application process is defined as notification to the applicant of the approval or denial of Medical Assistance benefits.

An individual may withdraw an application for Medical Assistance at any time during the application process. A withdrawn application must be registered and denied. The applicant must be notified of the disposition of the withdrawn application.

Refer to Section [2011](#), Health Information Portability and Accountability Act, for information regarding privacy of health information.

If an individual receives Medical Assistance, and it is determined that documents are inconsistent with pre-existing information, are counterfeit or altered, the Division of Family and Children Services shall investigate for potential fraud and abuse, and refer to DCH's Program Integrity Unit; in Metro Atlanta (404)463-7590, and statewide at (1-800-533-0686). ([2060](#) and [2065](#))