

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	2050	Effective Date:	June 2021
	Policy Title:	ABD Medicaid Application Processing		
Policy Number:	2060	Previous Policy Update:	MT 57	

REQUIREMENTS

The ABD Medicaid application process begins with the receipt of a signed application for medical assistance and ends with written notification to the applicant/recipient (A/R) of the eligibility determination.

BASIC CONSIDERATIONS

Eligibility for ABD Medicaid Classes of Assistance (COA) is determined in the following order:

- FBR COAs
- LA-D/ Medicaid Cap COAs
- Q-Track
- ABD Medically Needy

NOTE: QMB and SLMB may be approved while an eligibility determination for FS, TANF or another Medicaid COA is pending. A Medicaid member cannot be dually eligible for QI-1 and another Medicaid COA.

PROCEDURES

Application Requirements

The application date is the date a signed application is received by any county DFCS office.

An application for any ABD Medicaid COA may be processed from any of the following application documents:

- Form 297
- SUCCESS Application for Assistance (AFA) (Obsolete as of 09/05/2017)
- Form 700
- Low Income Subsidy Application – SSA 1020B (LISA- application for Medicare Part D)
- Provider Portal Online Application
- Form 508

PROCEDURES (cont.)**Application Requirements (cont.)**

- PeachCare for Kids® Application (**obsolete**)
- Form 94A Medicaid Streamlined Application
- Form 632 Presumptive eligibility for Pregnancy
- Form 632W- Women's Health Medicaid Application
- Women's Health Medicaid Review Form
- GA Gateway Online Application
- GA Gateway Medicaid Renewal
- Federally Facilitated Marketplace (FFM) application
- Form 632H Qualified Hospital Presumptive Eligibility Application
- Form 94
- SSA Model Medicare Savings Plan (MSP) application

A completed application consists of a signed (not typed name on signature line) application with information sufficient to contact the A/R or PR. The signature does not necessarily have to be that of the A/R. Any other information that is missing, incomplete or otherwise unclear may be obtained from the A/R or PR after the signed application is received and registered in the system by the agency.

A new signed application is required in the following situations:

- Adding a program for an A/R who has been an ineligible spouse in an active Medicaid AU and who is now requesting Medicaid for him/herself under a different COA from a recipient spouse.
- An application was previously correctly denied due to failure to provide required verification. A/R wants to reapply in a subsequent month. Although the application date of the first application is protected, have the A/R sign another application for the subsequent month(s) unless there is good cause for not initially providing the verification.
- An application was previously correctly denied due to not meeting a basic or financial eligibility criteria. A/R now meets these criteria. Have the A/R complete and sign another application for subsequent month(s).

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 A/R is already a Medicaid recipient and is changing to another COA, a continuing Medicaid determination (CMD) is being completed or if an SSI recipient is entering a NH
- If a current Medicaid recipient is being added as a recipient to an existing Medicaid AU, such as SSI added to Q Track or Q Track added to AMN
- A non-Medicaid applicant (NM, NA, etc.) is added to an existing Medicaid AU, even if the AU trickles to a lower COA or the spenddown amount is increased.

PROCEDURES (cont.)**Application Screening**

Screen the application to determine the following:

- Current receipt of the benefits for which the A/R is applying
- Current receipt of other benefits available through the agency.

Interview Requirements

A face-to-face (FTF) interview is **not** a requirement for any Medicaid COA. At the eligibility worker's (EW) discretion or the request of the A/R or PR, a FTF interview may be scheduled; however, an application may **not** be denied for failure to appear for an interview.

A telephone interview **is** required for ABD LA-D COAs and Adult Medically Needy (AMN) COAs.

The A/R is the primary source of information for him/herself. The A/R may authorize a PR to apply, interview and provide information on his/her behalf. However, because the A/R is considered the best source of information, s/he must be contacted to confirm that the information obtained is correct. This may be accomplished either by telephone, by mail, fax or in person, unless contact with the A/R is precluded by physical or mental limitations.

Information necessary to complete an eligibility determination may be obtained by any of the following methods:

- telephone call
- mail
- FTF interview
- home visit
- secure e-mail
- facsimile

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.

PROCEDURES (cont.)**Interview Requirements (cont.)**

Explain the following information to the A/R and/or PR:

- Services provided by DFCS and the right to apply for them
- Requirements of eligibility and the A/R's responsibility to provide information to establish eligibility and benefit level, including the following:
 - basic eligibility requirements
 - financial requirements
 - periodic renewals
 - timely reporting of changes
 - assignment of TPL
 - medically needy requirements, if applicable
 - vendor payment/cost share, if applicable
- The applicant's right to the following:
 - a fair hearing
 - prompt action within the standard of promptness (SOP)
 - confidentiality
 - non-discrimination in the processing of the application
 - services available to the family from other agencies

Mandatory Forms

Complete the mandatory forms below when processing an ABD Medicaid application. Refer to Chart 2060.1 in this section.

- Application for assistance
- Form 297A, Rights and Responsibilities, and 297M, Medicaid Addendum (**only** if Form 297 is used to apply for assistance)
- 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 these forms were sent.
- Form 216- Declaration of Citizenship
NOTE: This form is not required if 94 (rev. 5/10 or later), 508 (Rev. 5/12 or later), 700 (Rev.11/09 or later), GA Gateway Medicaid application, or FFM application are used as they contain the required language to meet the needs of the declaration.
- Form DMA 285, Third Party Liability Health Insurance Questionnaire, when the person has other health insurance coverage. See Section 2230 for TPL requirements.
EXCEPTION: A DMA 285 is **not** required when application is made for QMB, SLMB, or QI-1 via Form 700. Send a copy of Form 700 to DCH/TPL in lieu of Form DMA 285 if the client has medical insurance. Attach a copy of the insurance card, front and back, if available.

PROCEDURES (cont.)**Other Required Actions**

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

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

Complete mandatory clearinghouse requirements.

Follow appropriate documentation standards for ABD Medicaid.

Explore Medicaid eligibility for the three prior months.

Obtain required verification.

For LA-D A/Rs whose income exceeds the Medicaid Cap, provide the following as a handout to the A/R or PR:

- Qualified Income Trust (QIT) – A Guide for Trustees
- Qualified Income Trust (QIT) Worksheet
- Certification of DCH Approved Qualified Income Trust
- Copies of the approved QIT templates

Standard of Promptness (SOP)

Eligibility should be processed as soon as all verification is received, this should take no longer than the following time frames;

- 45 calendar days beginning with the application date for aged or blind applicants.
- 60 calendar days beginning with the application date for disabled applicants whose disability that has not already been established by Disability Adjudication Section (DAS) for the Social Security Administration (SSA) or the State Medical Eligibility Unit (SMEU)
- 10 working days beginning with the application date for all Q-Track applicants.

NOTE: The standard of promptness is 60 calendar days when a disability decision is required before the eligibility determination can be completed. However, if a separate disability decision is not required, the 45-calendar day standard of promptness applies.

NOTE: If the 45/60-day 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 ABD applications:

- Register the application within **24 hours** of the agency's receipt of the application.
- If the A/R or PR is not interviewed on the same day an institutional COA application is filed, contact the A/R or PR within a reasonable timeframe to conduct the required telephone interview.
- If the A/R or PR is not interviewed on the same day a non-institutional COA application is filed, and additional information is required, contact the A/R or PR within a reasonable timeframe.
- If verification or additional information is required, complete a verification checklist and mail or give to the A/R or PR. Establish a reasonable deadline for returning requested verification.
- If the A/R or PR fails to meet the deadline for providing additional information, attempt to contact the A/R 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.

- Contact the nursing home or appropriate case manager by the 30th calendar day from the application date if the LOC instrument has not been received. Document and follow-up as necessary.
- Deny an application at the first point ineligibility is established. Do **not** leave a case pending in anticipation of the A/R becoming eligible at a date beyond the ongoing benefit month.
- Deny the application within two days of SOP if the nursing home or case manager has failed to submit the LOC instrument to the authorized approval source.
NOTE: If the LOC approval source has received the LOC instrument but has not yet completed it, do **not** deny the application.
- Do **not** deny an application solely because the 45th/60th/10th day has been reached and eligibility cannot yet be determined.
- Deny an application before the SOP if the A/R 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.

Disposition of the Application

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

Process applications in chronological order, when possible, with the exception of Q-Track applications, based on the following:

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

NOTE: See Page 5 of this section for SOP guidelines.

If eligible, approve the application ongoing and for any retroactive months, if appropriate.

PROCEDURES (cont.)**Notification**

Provide adequate notification to the A/R of the eligibility determination. A copy may also be sent to a PR at the request of the A/R. Adequate notification includes the reason(s) for any action taken.

The notice must include the following:

- the basis for the approval/denial/termination
- the period of eligibility
- the reason for the action
- the A/R's right to request a fair hearing
- the telephone number of the county DFCS office
- the telephone number of legal services
- the amount of medical expenses required to meet the ABD Medically Needy spenddown, if the A/R meets all eligibility requirements other than income.
- For LA-D cases in which a penalty is imposed: the duration of the penalty, the Undue Hardship Waiver Form and information that the A/R has 12 days in which to submit the form with supporting info to the MES.
See Section 2342, Appendix I and Appendix F for form.

Period of Eligibility

Approve Medicaid and continue eligibility as long as the A/R continues to meet the requirements of the COA under which they are approved. A CMD must be completed prior to denial or termination of any Medicaid COA. Refer to Section 2052, Continuing Medicaid Determination.

EXCEPTION: A COA that has been approved using EMA criteria does not require a CMD when terminated.

Property Search Requirements

Conduct a property search on required ABD Medicaid applicants for the following reasons:

- to verify the value and status of all real property in which the A/R or deemor declare ownership interest.
- to detect any undisclosed property in which the A/R or deemor may have ownership interest.
- to detect and verify any transfer of real property affected by the A/R.

A property search must be completed if a questionable situation regarding ownership of property is discovered during the eligibility determination process.

If necessary, conduct a property search by checking the current tax digest and transfers for the past 60 months in the grantee/grantor book for the county in which the A/R resides or did reside prior to entering LA-D.

PROCEDURES (cont.)**Property Search Requirements (cont.)**

CHART 2060.1 – ABD MEDICAID PROPERTY SEARCH REQUIREMENTS		
If:	then a search of the TAX DIGEST is:	and a search of the GRANTEE/GRANTOR record is:
the COA is AMN	Not required, unless questionable	Not required, unless questionable
the COA is LA-D (See Chart page 9)	Required	Required
the COA is a Public Law or SSI	Required	Not required, unless questionable
the COA is Q-Track only	Not required, unless questionable	Not required, unless questionable
the A/R has not lived in Georgia during the 24 months prior to the month of application	Not required	Not required, unless questionable

Out of County Property Search

Request assistance in completing a property search from the DFCS office in another county where the client may have resided for a substantial period of time before moving to the current county of residence using Form 991, MAO Property Record Search. Review the exceptions to property search requirements to determine the necessity for a property search.

SPECIAL CONSIDERATIONS**SPECIAL CONSIDERATIONS FOR SSI APPLICANTS**

The Social Security Administration (SSA) accepts and processes applications for Supplemental Security Income (SSI) at local SSA offices. Any individual applying for ABD Medicaid at DFCS who appears to be financially eligible for SSI must be referred to the local SSA office to file an application. The ABD Medicaid application would be denied pending the outcome of the SSI application. An exception to this may be QMB in some situations.

SSI applicants have the right to have any month for which they have been determined ineligible for an SSI payment for a reason other than failure to meet the disability criteria examined for eligibility under ABD Medicaid. Refer to [Section 2053](#) Retroactive Medicaid.

SPECIAL CONSIDERATIONS (cont.)

SPECIAL CONSIDERATIONS FOR SSI APPLICANTS (cont.)

DFCS is responsible for determining Medicaid eligibility on SSI applicants for the following months:

- the three months prior to the month of SSI application for SSI approvals and denials
- intervening months associated with a SSI application for which the applicant is ineligible for a SSI payment for a reason other than failure to meet disability.

An SSI applicant who wants a determination of ABD Medicaid eligibility for intervening or prior months should contact DFCS to apply for that period of time. These months are protected indefinitely until such time as an eligibility determination has been made.

Refer to [Section 2053](#), Retroactive Medicaid, for processing procedures for retroactive months associated with an SSI application.

	MANDATORY													CONDITIONAL					
ABD MEDICAID CLASS OF ASSISTANCE	Form 216- Declaration of Citizenship/Immigration Status *See Note below chart	Application	Form 5460-Notice of Privacy Practices (HIPAA)	CCSP Communicator	CCSP Level of Care	DMA - 59	DMA 6 or 6A, other LOC Instrument	NOW/COM Communicator Form 1008	Katie Beckett Cost-Effectiveness Form (704)	Katie Beckett LOC Determination Routing Form (705)	Katie Beckett Worksheet	Hospice Care Communicator	Independent Care Waiver Communicator	TPL	Rights/Responsibilities Form 297A, and 297M Addendum (if application is made via F-297)	Estate Recovery, form 315	Social Data Report Form 188 and/or DAS Form 71	SMEU Cover Letter Form 245 (if SMEU is required)	Property Search
SSI Medicaid – Retroactive Months	Y		Y											Y			Y	Y	Y
Pickle (PL 94-566)	Y	Y	Y											Y	Y				Y
Disabled Adult Child (PL 99-643)	Y	Y	Y											Y	Y				Y
Former SSI-Disabled Child	Y	Y	Y											Y	Y				Y
Disabled Widow(er)	Y	Y	Y											Y	Y				Y
Widow(er) Age 60-64 (PL 100-203)	Y	Y	Y											Y	Y				Y
1984 Widow(er) (PL 99-272)	Y	Y	Y											Y	Y				Y
1972 COLA (PL 92-603)	Y	Y	Y											Y	Y				Y
Community Care Services Program	Y	Y	Y	Y	Y									Y	Y	Y	Y	Y	Y
NOW/COMP	Y	Y	Y				Y	Y						Y	Y	Y	Y	Y	Y
Katie Beckett	Y	Y	Y				Y		Y	Y	Y			Y	Y			Y	
Hospice (at home or institutionalized)	Y	Y	Y									Y		Y	Y	Y	Y	Y	Y
30 Day Hospital	Y	Y	Y											Y	Y		Y	Y	
Independent Care Waiver Program	Y	Y	Y				Y						Y	Y	Y	Y	Y	Y	Y
Nursing Home	Y	Y	Y			Y								Y	Y	Y	Y	Y	Y
QMB	Y	Y	Y											Y	Y				
SLMB	Y	Y	Y												Y				
QI-1	Y	Y	Y												Y				
QDWI	Y	Y	Y											Y	Y				
ABD Medically Needy (AMN)	Y	Y	Y											Y	Y		Y	Y	

*Not required if 94, 508, 700, or GA Gateway application is used as they contain the required language for the declaration.