

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	2700	Effective Date:	May 2023
	Policy Title:	Case Record Maintenance		
Policy Number:	2760	Previous Policy Update:	MT 60	

REQUIREMENTS

The case record consists of hard copy and electronic documents necessary to support all Agency actions taken with regard to the case. The case record must be maintained in such a way that it is readily accessible.

BASIC CONSIDERATIONS

This section outlines statewide requirements for a uniform method of filing material in case records or their inclusion in the Document Imaging System (DIS). These procedures provide a definite, consistent organized system for all case files and electronic records which identifies and collects unchanging, permanent mandatory verification, defines the record purging process, and facilitates the reading of case actions.

Documents included in a case record are classified in three general categories:

- permanent verification
- case action support
- Patient Liability/Cost Share support

Permanent Verification

Documents verifying information which does not change and only must be obtained once for a given applicant/recipient or once for the AU in a given renewal period is considered “permanent verification”. When required by policy, the following documents or verification are considered “permanent”:

- application form
- [Form 297A](#), Rights and Responsibilities (if Form 297 was the application)
- [Form 297M](#), Medicaid Addendum (if Form 297 was the application) **NOTE: Obsolete as of 12/2021.**

BASIC CONSIDERATIONS (cont.)**Permanent Verification (cont.)**

- documents verifying age, citizenship, and identity (must only be obtained once for the life of the A/R)
- documents verifying disability
- copies of Social Security and/or Medicare cards
- [Notice of Privacy Practices](#), if available
- DMA Form 285, Health Insurance Information Questionnaire and copy of insurance card and/or trust documents if applicable
- HIPP Referral Forms, if applicable
- Form SS-5, Application for a Social Security Card
- other legal documents such as a marriage license, divorce decree, verification of death, and custody or guardianship papers, Voluntary Placement Agreement, Adoption Assistance Agreement, Termination of Parental Rights orders, Voluntary Surrender, the “contrary to the welfare” order, the “reasonable efforts” order, all custody extension orders, all permanency plan language orders, and any other documents of the court pertaining to a child in placement.
- documents verifying burial designation, property search results, life insurance policies, trust documents and other unchanging resource information
- Bills used in AMN spend-down budgets, case notes should also be documented thoroughly describing the bills with the month/year in which they were used
- any other documents considered permanent verification by the county department
- Level of Care Denial
- [Form 138](#), Child Support Cooperation

For a hard copy case record, permanent documents and verification are to be filed on the left side of the case record.

When scanning into DIS, permanent documents and verifications must be assigned to the appropriate category and be tagged, at a minimum, with the Client ID(s) of the individual(s) the document pertains to and AU ID(s) of the cases impacted.

BASIC CONSIDERATIONS (cont.)**Case Action Support**

Documents or verification that supports an AU's eligibility either at application, renewal or interim change, are considered "case action support" material.

Case action support material must be filed on the right side of a hard copy case record or scanned into DIS under the appropriate category and tagged with a minimum of the Client ID(s) of the individual(s) the document pertains to and AU ID(s) of the cases impacted.

Quality Control referrals, hearing decisions, manual notices and Form 962 are also considered case action support material and should be filed in a hard copy case record on top of the case action to which they pertain and/or scan into DIS under the appropriate category and tagged with a minimum of the AU ID for which it applies.

Multiple Volume Hard Copy Case Records

When the case action support section exceeds the capacity of the folder, all materials from the Permanent Verification Section should be transferred from the previous volume into the new volume.

All materials related to the current application/renewal period should be placed in the Case Action Support section of the new volume and/or scanned into the DIS. GA Gateway should be documented regarding the location of supporting case materials (hard copy or DIS) and material scanned into DIS may be purged from the hard copy record after 30 days.

All other case record materials should remain in the old volume and should be maintained according to Retention of Materials procedures outlined later in this section or until such time as the material is scanned into the DIS.

Patient Liability/Cost Share

Documents that support Patient Liability or Cost Share determinations are to be filed in chronological order from the oldest to the most current unless scanned into the Document Imaging System. When scanning into the DIS, documents should be scanned in chronological order, oldest to most current, under the appropriate category and tagged, at a minimum, with the Client ID(s) of the individual(s) the document pertains to and AU ID(s) of the cases impacted.

BASIC CONSIDERATIONS (cont.)**Patient Liability/Cost Share (cont.)**

The following forms are filed in the Patient Liability/Cost Share:

- Form 59
- Form DMA-6, or other Level of Care instrument
- EDWP, NOW/COMP, ICWP Communicators
- documentation of transfer of assets penalty

NOTE: Any of the above documents scanned into the DIS must be filed under the appropriate category and tagged, at a minimum, with the Client ID(s) of the individual(s) to the document(s) pertain(s) to and AU ID(s) of the case(s) impacted.

Application

The following types of information related to an initial application for assistance are to either be filed in the case action section or the hard copy record or scanned into the DIS under the appropriate category and tagged, at a minimum, with the Client ID(s) of the individual(s) to the document(s) pertain(s) to and AU ID(s) of the case(s) impacted.

When filed in a hard copy case record, they are to be filed in the ascending order as listed below:

- all verification provided for the application process other than permanent verification
- copies of all communications with the A/R or PR that are not maintained in the computer system
- all paperwork completed and/or signed by the A/R or PR.
- any other document used to determine eligibility or support the eligibility determination

BASIC CONSIDERATIONS (cont.)**Obtaining Prior Case Record Documents**

When an A/R reapplies in the same county, or a new county, the previous case record **must be** obtained or the Document Imaging System (DIS) be screened for all permanent and current verifications. Pre-existing hard copies must be filed with the new application or scanned into the DIS. A request may be sent to the previous county to scan pre-existing permanent and current verifications into the DIS, with a confirmation notice sent to the requesting worker/office.

If an application is approved based on Gateway documentation or data indicating verification has been previously received, it is the responsibility of the approving county to obtain and review the previous case record, screen DIS, or request the previous county scan documents into DIS to ensure that the verification is present. If the verification in the previous case record or DIS does not match what is documented in Gateway **or does not meet policy requirements**, the appropriate verification **must be** requested. Refer to Section [2051](#).

Renewal

The following types of information related to a renewal of eligibility for Medicaid are to either be filed in the case action section or the hard copy record or scanned into the DIS under the appropriate category and tagged, at a minimum, with the Client ID(s) of the individual(s) the document(s) pertain(s) to and AU ID(s) of the case(s) impacted.

- copies of written referrals
- all verification provided for the renewal process
- copies of all communications with the A/R or PR that are not maintained in the computer system
- all paperwork completed and/or signed by the A/R or PR, including the renewal form if received
- any other document used to determine eligibility or support the eligibility determination

Interim Changes

The following types of information related to interim changes are to either be filed in the case action section or the hard copy record or scanned into the DIS under the appropriate category and tagged, at a minimum, with the Client ID(s) of the individual(s) the document(s) pertain(s) to and AU ID(s) of the case(s) impacted.

- copies of written referrals

BASIC CONSIDERATIONS (cont.)**Interim Changes (cont.)**

- all verification provided for the processing of the interim change
- copies of all communication with the A/R or PR that are not maintained in the computer system
- all paperwork completed or signed by the A/R or PR
- any other document used to determine eligibility or support the eligibility determination

Retention of Materials for Inactive Cases

Case record material must be retained as long as a federal or state audit of the case record is in progress, or if the case is involved in a hearing.

Inactive case record material, except where noted below, must be retained for a period of ten (10) years dating from the calendar month in which the most recent activity took place. Case material may be purged or destroyed when no activity has taken place for a period of 36 consecutive calendar months. Case record material scanned into the DIS will be retained indefinitely.

The following information must be retained beyond the ten-year limit as specified:

- Any case in the Former SSI Disabled Child Class of Assistance must be retained until three (3) years after the child turns eighteen (18) years old.
- Any ABD case with an outstanding transfer penalty must be retained until three (3) years after the penalty expires
- Any case when disability was established by SMEU must be retained indefinitely unless the applicant/recipient is deceased, whereupon the record must be retained until three (3) years after the date of death.
- All LA-D cases should be retained for a period of three years after case closure or death of the beneficiary.

Retention of Materials for Active CasesMaterials in case records relative to the establishment of eligibility and patient liability/cost share must be retained for ten (10) years. Case record material scanned into the Document Imaging System will be retained indefinitely.

BASIC CONSIDERATIONS (cont.)**Retention of Materials for Inactive Cases (cont.)**

The following documents must be retained beyond the ten-year limit until they are no longer applicable to current eligibility or until the case record is destroyed in the same manner as an inactive record:

- materials associated with, and relative to, the most recent application,
- the permanent verification section
- any verification used to establish eligibility factors on which current eligibility and/or Patient Liability/Cost Share is based.
- Medical bills used for AMN spend-down eligibility

The forms and/or materials listed above must be retained in the case record until they are no longer applicable to current eligibility or until the case record is destroyed in the same manner as an inactive case record.

Computer Forms

Computer-generated reports, reports from DCH/DMA and documentation for these reports are considered case record material and therefore must be retained for a period of ten (10) years from the month in which the last activity took place. Documentation for any computer-generated report must be retained for ten (10) years from the month in which the last activity took place.

A Gateway, Gateway Customer Portal or GAMMIS report that has been printed for caseload management may be destroyed when no longer needed if the report does not serve as documentation in support of action taken on the case or other case record material.

Case Record Destruction

When destroying a case record or any record material containing the names of applicants or recipients or any PHI, the materials must be shredded or burned.

SPECIAL CONSIDERATIONS**Adoption Assistance**

Revenue Maximization Adoption Assistance case records must be retained for a period of five years from month of receipt of last Adoption Assistance payment. See [Section 2885](#) for those documents and funding determination verification that must remain in the closed Revenue Maximization Adoption Assistance record. A foster care case record is never merged with the Adoption Assistance record but maintained separate and apart.

Foster Care

When a Foster Care case is closed and a CMD is completed for Medicaid, any materials, forms collateral contacts or other documentation that pertain to a child's IV-E eligibility determination and placement in custody must remain in the closed Revenue Maximization Foster Care record. Foster Care Services policy is followed regarding retention of this material. A case record of a child who has spent more than six months of his life in care is retained and safeguarded at least until the child is 23 years old. Reference Foster Care Services: Needs of the child, Record Retention 1011.18. All remaining materials in the case record pertaining to Medicaid eligibility determination are to follow Medicaid policy for retention and destruction as stated in this section.

Chafee Medicaid

Case records for recipients for whom eligibility has expired, (i.e., where the recipient has turned 21), should be returned to the original county DFCS office (i.e. the county that had custody of the child when he or she aged out) to be housed. Due to IV-E Foster Care and Medicaid regulations, Chafee Medicaid records must be retained in their entirety (both IV-E FC material and Medicaid material) for a period of three years from the recipients 21st birthday (i.e., no earlier than the recipient's 24th birthday).

RSM cases

Cases that are closed or denied by RSM will be sent to the DFCS office in the A/R's county of residence to be housed in that county's closed files. RSM staff will use the Residence County field on the Gateway Applicant Group Address-Summary page to keep track of the A/R's county of residence.