coverage. A new application is not required.

10 Revision: HCFA-PM-91-4 (BPD) OMB No.: AUGUST 1991 GEORGIA . . State: SECTION 2 - COVERAGE AND ELIGIBILITY Citation Application, Determination of Eligibility and 42 CFR Furnishing Medicaid 435.10 and Subpart J The Medicaid agency meets all requirements of (a) 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid. 42 CFR Before a child loses eligibility as a newborn, 435.930 an ex parte determination is made to determine 1902(e)(4) continued eligibility under another Medicaid

TN No. Supersedes 10-1-91 Approval Date 12-18-91 Effective Date 89-23 TN No. \_\_

> HCFA ID: 7982E

0938-

Revision: HCFA-PM-93-2 (MB) MARCH, 1993

State: \_\_GEORGIA\_\_

## Citation

42 CFR 435.914 1902(a)(34) of the Act 2.1(b) (1) Except as provided in items 2.1(b)
(2) and (3) below, individuals are
entitled to Medicaid services under the
plan during the three months preceding the
month of application, if they were, or on
application would have been, eligible.
The effective date of prospective and
retroactive eligibility is specified
in ATTACHMENT 2.6-A.

1902(e)(8) and 1905(a) of the Act (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under Section 1902(a)(a)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary.

ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

 1902(a)(47) and 1920 of the Act (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with Section 1920 of the Act. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group.

42 CFR 434.20

- (c) The Medicaid agency elects to enter into a risk contract with an HMO that is --
  - X Qualified under Title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to Section 1903(m)(3) of the Social Security Act.
  - X Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.
  - \_\_\_\_ Not applicable.

TN No. 44-627 Supersedes TN. No. 92-69 <u> X</u>

Revision: HCFA-FM-91-6 (MB)

September 1991

OMB No.

GEORGIA State/Territory:

Citation

1902(a)(55) 2.1(d) of the Act

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in \$1902(a)(10)(A)(i)(IV), (a) (10)(A)(1)(VI), (a) (10)(A)(i)(VII), and (a) (10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and

disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

Georgia has implemented Section 1902(a)(55) of the Act by outstationing workers or developing procedures to assure that applications are taken and clients assisted in completion of same at sites other than the county locations:

- In low usage areas, hospital staff have been trained to take applications and assist clients in completion of same. Additionally, posters have been placed in prominent places in these facilities and pamphlets have been placed in waiting areas. Local county eligibility workers are available on request by the facility:
- For areas in which health centers or hospitals and county welfare departments are located in adjacent buildings (or other close proximity), eligibility workers are on call on a daily basis. Additionally, facility staff have been trained in application procedures and will assist clients in the application process when county staff are not available (at night or weekends);
- Facility and local county department, by joint agreement, have scheduled county staff on-site at facility according to facility's identification of need and allocation of space.

OCT 22 1992

JUL 1 1991 Effective Date

Approval Date

HCFA ID: 7985E

TN No. Supersedes