

EDUCATION & TRAINING *Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY & CHILDREN SERVICES



Aged, Blind, Disabled Medicaid Phase I

For New Family Independence
Workers

Participant Guide



June 3, 2009

INTRODUCTION



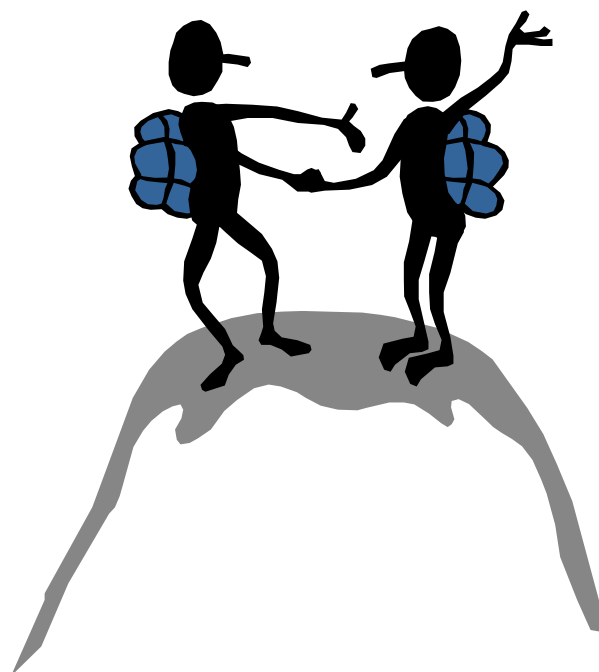
TO TRAINING



INTRODUCTION OBJECTIVES

Participants will be able to:

- Explore expectations of training.
- Review the Progress Report and the Final Evaluation of ABD Medicaid Specialist Participating in ABD Medicaid New Worker Training.
- Review the Final Feedback Summary used to provide course feedback.
- Discuss the format of training.
- Discuss DHR Mission, Values and Goals.
- Discuss the focus of DFCS and doing the Right Work the Right Way.
- Review the MES responsibilities as mandated reporters of child abuse or neglect and adult abuse or neglect.
- Discuss confidentiality and HIPAA regulations.





TRAINING INFORMATION

- TRAINING SCHEDULE:** Training will begin at 9:00 a.m. and end at 4:00 p.m., with one hour for lunch. The day will include both morning and afternoon breaks.
- TRAINING AGENDA:** Refer to the "Phase 1 ABD Medicaid Policy Training Outline" beginning on page PG-5 of the Introduction module.
- INCLEMENT WEATHER:** In case of inclement weather, the decision of whether to hold training will depend on the facility where we are training. If the weather is inclement in your area, please let your county and the trainer know that you will be absent.
- FLSA TIME SHEETS:** During training, the trainers will not sign your time sheets. Your county should have instructed you on completion. Please make sure you annotate all absences on your time sheet as absences are reported as part of your Final Evaluation. Please read the memo "FLSA Non-Exempt Employees Attending Required Training" on PG-9.
- MATERIAL:** During training, you will need the following material: Office of Family Independence Medicaid Policy Manual excerpts (provided by UGA), Participant Guide (provided by UGA), notepads, pens or pencils, and a calculator.



TRAINING INFORMATION (Continued)

GOALS FOR TRAINING:

- To learn the requirements that applicants/recipients must meet to receive ABD Medicaid.
- To learn about other services available to applicants/recipients and make appropriate referrals.

STANDARD OF TRAINING:

An 80% overall grade average is required in order to successfully complete Phase I ABD Medicaid Training.

CERTIFICATE AND CEU

Participants who meet the following three requirements will receive an ABD Medicaid New Worker Training Certificate:

- Complete Phase I ABD Policy Training with at least an 80% average
- Complete Phase II ABD SUCCESS Training

The ABD Medicaid New Worker Training certificate will be awarded after the completion of ABD Medicaid Phase III Training.

Continuing Education Units will be awarded by The University of Georgia School of Social Work.



TRAINING INFORMATION (Continued)

EXAMS:

There are three exams, each of which is application oriented. All exams are comprehensive.

The exams are open-book and timed. All resources (policy manual, Participant Guide, notes, etc.) may be used. There will be a review before each exam.

There are some suggestions and study hints in the Participant Guide on PG-10.

Exam Dates:

Exam 1: _____

Exam 2: _____

Exam 3: _____

Participants scoring less than 85% on an exam are expected to meet with the trainers to review the exam.

SKILLS ASSESSMENT:

There is an ABD Medicaid SUCCESS Skills Assessment. A numeric grade is not assigned for the Skill Assessment, however performance will be evaluated and reported to the county.

EVALUATION:

A Progress Report will be sent to your county director after the second exam and a Final Evaluation will be sent to your county director at the end of training. Copies of these reports will be given/mailed to you as well. Refer to the sample copy of these reports in your Participant Guide on PG-11 — PG-16.

UNSATISFACTORY PERFORMANCE:

Your performance will be reported to the county as required, and it will be their decision as to the action to be taken.



PHASE 1 ABD MEDICAID POLICY TRAINING 17 DAY OUTLINE

- I. INTRODUCTION TO TRAINING
 - A. Introductions
 - B. Housekeeping
 - C. Icebreaker
 - D. Training Expectations
 - E. Phase 1 ABD Training Information
 - F. Online Policy Manual (ODIS)
 - G. DHR Mission, Values and Goals
 - H. Mandated Reporting of Abuse or Neglect
 - I. Abbreviations in ABD Medicaid
 - J. HIPAA Policy and Confidentiality
- II. WHAT IS ABD MEDICAID
 - A. Federal Program
 - B. Financial Assistance Program
 - C. Different from Medicare
 - D. SSI Recipients Receipt of Medicaid
- III. APPLICATION PROCESSING (CHAPTERS 2050, 2052, 2053, AND 2060)
 - A. Who may apply
 - B. Where to apply
 - C. Interview requirements
 - D. Standard of promptness (SOP)
 - E. Application Processing Standards
 - F. Application Processing Review
 - G. Retroactive Medicaid
 - H. Continuing Medicaid Determinations



**PHASE 1 ABD MEDICAID POLICY TRAINING
17 DAY OUTLINE (continued)**

- IV. BASIC ELIGIBILITY CRITERIA (CHAPTER 2200)
 - A. Aged, Blind, Disabled (2205)
 - B. ABD Activity
 - C. Citizenship/Alien Status (2215)
 - D. Enumeration (2220)
 - E. Residency (2225)
 - F. Application for Other Benefits (2210)
 - G. Third Party Resources (2230)

- V. FINANCIAL RESPONSIBILITY (CHAPTER 2500)
 - A. Overview (2500)
 - B. Marital Relationship (2501)
 - C. Deeming (2502)
 - D. Couples (2503)

- VI. RESOURCES for Non- FBR COAs (CHAPTER 2300)
 - A. Overview (2300)
 - B. Ownership of Resources (2302)
 - C. Countable Value of Resources (2303)
 - D. Deeming Resources (2502)
 - E. Treatment of Resources (2304)
 - F. Automobiles (2308)
 - G. Homeplace (LA-A,B, & C)(2318)
 - H. Lump Sums (2324)
 - I. Bank Accounts (2334 & 2335)
 - J. Retirement Funds (2332)
 - K. Safe Deposit Box (2333)
 - L. Cemetery Plots (2311)
 - M. Burial Funds (2312)
 - N. Burial Contracts, Space Items, Funds (2311)
 - O. Life Insurance (2323)

- VII. INCOME (Chapter 2400)
 - A. Overview (Section 2401)
 - B. Ownership (2403)
 - C. Treatment (2405)



**PHASE 1 ABD MEDICAID POLICY TRAINING
17 DAY OUTLINE (continued)**

- D. Qualified Income Trust (2407)
- E. Living Arrangement and In-Kind Support and Maintenance (2430)
- F. VA Income (2418)
- G. Income Bingo Activity

VIII. ELIGIBILITY BUDGETING

- A. Determining Countable Income (2504)
- B. Income Deductions (2505)

IX. Q Track COAs

- A. CMD Order
- B. Overview of Q-Track (Basic Eligibility & Resources)
- C. Qualified Medicare Beneficiary (QMB)/Q01 (2143)
- D. Specified Low Income Medicare Beneficiary (SLMB)/Q03 (2145)
- E. Qualifying Individuals-1/QI1 (2145)
- F. Q Track Budgeting (2506, 2507, 2509)
- G. Who Wants to be a Millionaire Activity

X. REVIEW FOR EXAM I

XI. EXAM I

XII. ABD MEDICALLY NEEDY (AMN) COA (S95/S99) (SECTION 2150)

- A. CMD Order
- B. Overview of AMN (Basic Eligibility & Resources)
- C. De Facto Eligibility
- D. Spenddown Eligibility
- E. Begin Authorization Date (BAD)
- F. Allowable Medical Expenses
- G. Procedures
- H. Budgeting



**PHASE 1 ABD MEDICAID POLICY TRAINING
17 DAY OUTLINE (continued)**

- XIII. HOSPITAL/NURSING HOME COAs
 - A. CMD Order
 - B. Overview of LA-D COAs
 - C. Basic Eligibility Criteria
 - D. Resources
 - E. Hospital/L02 (2137)
 - F. Medicaid CAP Budgeting
 - G. Nursing Home/L01 (2141)
 - H. Patient Liability Budgeting (2500)
- XIV. EXAM II REVIEW
- XV. EXAM II
- XVI. WAIVERED COAs/W01
 - A. CMD Order
 - B. Overview of Waivered COAs (Basic Eligibility and Resources)
 - C. Cost Share Budgeting Review (2500)
 - D. Hospice (2135)
 - E. Institutionalized Hospice (2136)
 - F. Community Care Services Program (2131)
 - G. New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) (2132)
 - H. TEFRA/Katie Beckett (2133)
- XVII. EMERGENCY MEDICAL ASSISTANCE (EMA) (2054)
- XVIII. CLASSES OF ASSISTANCE REVIEW
- XIX. FINAL EXAM
- XX. OVERVIEW OF FBR CLASSES OF ASSISTANCE
- XXI. CLOSING



May 1, 1995

MEMORANDUM

TO: County Directors of Family and Children Services
Field Managers

FROM: Robert Riddle, Acting Director
Human Resources Section

RE: FLSA Non-Exempt Employees Attending Required Training

The purpose of this memo is to provide further directions in reference to what is considered work time while attending required training.

The time spent in training is the actual hours training is in session. (For example: If training is from 9:00 a.m. to 4:00 p.m., with an hour for lunch, the actual work time is six hours.) Breaks are included as work time. However, lunch is not work time unless the employee is performing work during the lunch period. The fact that there is a planned luncheon does not necessarily mean that the lunch period is work time. A planned luncheon or reception after training is not work time unless it's assigned. Trainers should designate a specific time frame for employees to do homework after class. (For example: The trainer ends class at 3:30 p.m. and states for the class to spend one hour after class reading for the next day's assignment. This one hour is considered work time.)

Time spent to travel to training and back is considered work time regardless if the employee is driving or traveling with someone. The time it takes the employee to travel from home to the regular work site may be deducted.

FLSA is not concerned with work periods when less than 40 hours of work is performed. If hours spent in training, traveling to and from training and assigned homework add up to less than 40 hours, pay the full salary for that work period. Unless the employee habitually works less than 40 hours or the hours of work become a disciplinary matter, consider that the State requirement for a 40 hour week may be averaged over a three-month period. If the employee actually works over 40 hours in a work period after all adjustments for leave or time off are made, then overtime must be paid.

Time sheets should be kept by each employee attending training and signed by the employee and the employee's supervisor, not the trainer. The time sheet is an agreement between the employee and their supervisor, not the employee and the trainer.

This information should be shared with all staff before they are required to attend training. If you have any questions regarding this matter, please contact the DFCS Employee Relations Unit.

RR: spa

cc: Joan Couch, Acting Chief
Employee Development Unit – Human Resources Section



SUGGESTIONS FOR STUDYING FOR AND TAKING TIMED OPEN-BOOK EXAMS

1. Take notes in class to supplement material already in the manual.
2. When working on exercises, complete all assigned. If you need additional emphasis, complete those not assigned in class. Answer in pencil first, then in ink as class goes over, or answer on a separate sheet and use the questions again as study help before tests.
3. Review class notes and pertinent sections of manual DAILY.
4. Read manual sections relevant to topics covered in class notes. Become familiar with the location of these sections.
5. Review exercises - determine if the concept behind the question is understood.
6. Study with others.
7. Make arrangements with the trainer to discuss areas which are still unclear.
8. Study DAILY - do not CRAM the night before an exam!
9. Study as carefully as you would for a closed-book exam.
10. Manage your time wisely during the exam - be aware of the total number of questions and/or forms to be completed. Assign yourself a general time frame for completing each section.
11. Read each situation carefully; identify pertinent data which will help you make your policy decisions.
12. Read each question carefully.
13. Read each multiple choice answer carefully.
14. Eliminate any OBVIOUSLY incorrect answers.
15. If you are unable to determine the correct answer, come back to it later. Sometimes another question will remind you of a policy concept. Sometimes you may want to clarify a policy from your manual or notes.
16. Once you have answered a question, do NOT change your answer unless you have SOLID evidence that you answered it wrong the first time.
17. Remember - the questions are designed to test your ability to identify data, relate it to a policy, and make a decision. Some answer choices may be correct in another situation. Look for the one which is correct for the given situation.
18. Be sure you have answered every question.
19. Be sure you have marked every question on your answer sheet.
20. If you have a different study method which has been successful for you, USE IT!



MEMORANDUM

TO: _____, Director
_____, County DFCS

FROM: _____, Training Specialists

DATE:

RE: Progress Report

This is to inform you of the progress that _____ is making in the ABD Medicaid New Worker training course. At the time of this report, the participants have taken two proficiency exams. You will receive a complete evaluation of this ABD Medicaid Specialist's performance at the completion of the course. Should you have questions, please contact Ms. Lillie Gilchrist, Project Coordinator, at (706) 542-5465. Thank you for your continued support of this training program.

EXAM SCORES:

Exam 1 _____ Exam 2 _____

ATTENDANCE:

Dates Absent _____ Times _____

COMMENTS:



TO: _____, Director
_____, County DFCS

FROM: _____, Training Specialists

DATE:

RE: Final Evaluation of ABD Medicaid Specialist Participating in ABD Medicaid
Phase 1 and Phase 2 New Worker Training

Below is a training evaluation for _____, who attended this session of the ABD Medicaid New Worker Training. Please be sure that the supervisor receives a copy of the evaluation. All participants who complete the course (Phase 1 and 2) and who achieve an 80% average will receive a certificate which will be mailed directly to you after the participant has completed ABD Medicaid Phase III Training. Should you have questions about the evaluation, please call Lillie Gilchrist, Project Coordinator, at (706) 542-5465.

1 = Needs Improvement

2 = Meets Expectations

-
- ___ Understands the general purpose of the job.
 - ___ Produces work of satisfactory quality.
 - ___ Produces work of satisfactory quantity.
 - ___ Displays appropriate organizational skills.
 - ___ Uses time appropriately in class.
 - ___ Is attentive in class.
 - ___ Adheres to rules and policies of class.
 - ___ Interacts appropriately with peers.
 - ___ Interacts appropriately with trainers.



ABD Final Evaluation

EXAM SCORES:

_____ Exam 1: Application Processing, Basic Eligibility Criteria (except Level of Care and Length of Stay), Resources, Basic Income, Financial Responsibility, and Q-Track COAs (including Eligibility Budgeting).

_____ Exam 2: All of the above plus Level of Care, Length of Stay, Classes of Assistance (Q-Track, ABD Medically Needy, Hospital, Nursing Home), Eligibility Budgeting for these COAs, and Patient Liability for Nursing Home COA.

_____ Final Exam: All of the above plus Waivered COAs, Eligibility and Cost Share Budgeting for these COAs, Emergency Medical Assistance, and Continuing Medicaid Determinations.

Final Average of participant _____

Final Average of class _____



ABD Medicaid SUCCESS Skill Demonstration Feedback

Below is an evaluation for the ABD Medicaid SUCCESS training component. The first assessment is based on actions performed to complete the Interview (O), Process (P), and Finalization (Q) of an initial application. The second assessment is based on actions performed to complete a review and a change. This evaluation is not to be considered as a grade, but merely as an indication of the participant's strengths and weaknesses as the course progressed. A **“YES”** or **“NO”** indicates whether the participant correctly performed the action described.

FIRST ASSESSMENT		
INITIAL APPLICATION (O, P, Q)	YES	NO

Trainers' Comments:



SECOND ASSESSMENT		
REVIEW AND CHANGES	YES	NO

Trainers' Comments:



ABD Final Evaluation

ATTENDANCE:

Dates Absent

Times

ADDITIONAL COMMENTS:



EDUCATION AND TRAINING SERVICES SECTION

DIVISION OF FAMILY AND CHILDREN SERVICES TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY

As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

August 23, 2006



Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.

DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.

If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee's leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee's leave request. The trainer/facilitator **will NOT** approve any leave.

August 23, 2006



The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: OFItraining@dhr.state.ga.us
- For attendance at any Social Services training e-mail: SStraining@dhr.state.ga.us

I _____ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature _____ Date _____

August 23, 2006



EDUCATION AND TRAINING SERVICES SECTION
DIVISION OF FAMILY AND CHILDREN SERVICES
TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS
AND ATTENDANCE POLICY

SIGNATURE PAGE

I, _____, have read
and understand the Classroom Standards, Expectations and
Attendance Policy for DFCS training programs.

Signature _____

Date _____



DIVISION OF FAMILY & CHILDREN SERVICES
PARTICIPANT TRAINING FEEDBACK SUMMARY

PROGRAM: ABD Medicaid New Worker Training

LOCATION:

TRAINING DATES:

TRAINERS:

1. During training, what helped me the most was/were:

2. For me, the overall time spent in training was sufficient.
(Please check one.)
 - Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
 - Undecided

Comments:

3. For me, the overall pace of the training course was:
(Please check one.)
 - Appropriate
 - Too fast
 - Too slow

Comments:



4. In my opinion, the information covered in training met the key learning points/objectives outlined for each module. **(Please check one.)**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Undecided

Comments:

5. In my opinion, the time spent in training was sufficient to cover the material presented. **(Please check one.)**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Undecided

Comments:

6. In my opinion, the course materials (Participant Guide, Policy Manual, handouts, etc.) helped me in my learning. **(Please check one.)**

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Undecided

Comments:



7. My test scores accurately reflect my level of program knowledge at this time.
(Please check one.)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Undecided

Comments:

8. In my opinion, the tests adequately cover the material presented.
(Please check one.)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Undecided

Comments:

9. In my opinion, the test questions were clearly written (not vague).
(Please check one.)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Undecided

Comments:



10. In my opinion, the trainers worked with each other in a respectful, professional manner.
(Please check one.)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Undecided

Comments:

11. I would recommend using this training facility again.
(Please check one.)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Undecided

Comments:



12. The subject(s) I found to be the **most difficult** to learn was/were:

Subject

Specify

None

Application Processing

Retroactive Medicaid

Basic Eligibility Criteria

Financial Responsibility

Resources

Income

Eligibility Budgeting

Q-Track COAs

ABD Medically Needy (AMN) COA

Hospital/Nursing Home COAs

Waivered COAs

EMA

Non-FBR Classes of Assistance Review

Others (please specify)

Comments:



13. The subject(s) I found to be the **least difficult** to learn was/were:

Subject

Specify

None

Application Processing

Retroactive Medicaid

Basic Eligibility Criteria

Financial Responsibility

Resources

Income

Eligibility Budgeting

Q-Track COAs

ABD Medically Needy (AMN) COA

Hospital/Nursing Home COAs

Waivered COAs

EMA

Non-FBR Classes of Assistance Review

Others (please specify)

Comments:



14. I would like to have spent **more time** on:

Subject

Specify

None

Application Processing

Retroactive Medicaid

Basic Eligibility Criteria

Financial Responsibility

Resources

Income

Eligibility Budgeting

Q-Track COAs

ABD Medically Needy (AMN) COA

Hospital/Nursing Home COAs

Waivered COAs

EMA

Non-FBR Classes of Assistance Review

Others (please specify)

Comments:



15. I would like to have spent **less time** on:

Subject

Specify

None

Application Processing

Retroactive Medicaid

Basic Eligibility Criteria

Resources

Income

Financial Responsibility

Eligibility Budgeting

Q-Track COAs

ABD Medically Needy (AMN) COA

Hospital/Nursing Home COAs

Waivered COAs

EMA

Non-FBR Classes of Assistance Review

Others (please specify)

Comments:



**ABD Medicaid Phase 1 Participant Guide
Introduction**

May 22, 2009

16. My suggestion(s) for improving the training program is/are:

17. Other comments:



TRAINER:

Please rate this trainer's performance for each of the following statements. **(Please check only one box for each statement.)**

1. She/he was prepared.

- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____

2. She/he was knowledgeable of subject being taught.

- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____

3. She/he was able to relate knowledge to practice through examples, experiences, situations, etc..

- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____



4. She/he presented material clearly and concisely.

- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____

5. She/he used a variety of techniques to accommodate different learning styles (e.g. group activities, practice exercises, etc.).

- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____

6. She/he used a variety of audio/visual aids to enhance learning (e.g. flipcharts, transparencies, handouts, music, etc.).

- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____



7. She/he used a variety of techniques to check if the class understood each topic (e.g. questions, activities, etc.).

- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____

8. She/he briefly reviewed the material previously presented.

- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____

9. She/he encouraged participants' questions and class participation.

- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____



10. She/he responded to participants' questions in a professional manner (non-defensive, complete answers, etc.).

- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____

11. She/he was available before and after class to provide assistance.

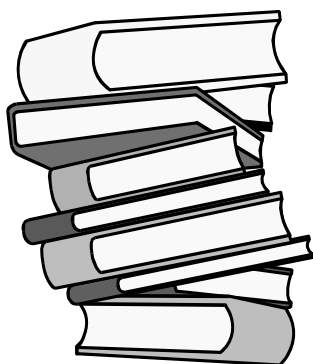
- Outstanding
- Good
- Satisfactory
- Needs Improvement
- Unsatisfactory

Comments: _____

Please use the space below (and back of page if necessary) to make any additional comments about the trainer's knowledge, skills, and abilities.



Accessing the On-line Policy Manual



+



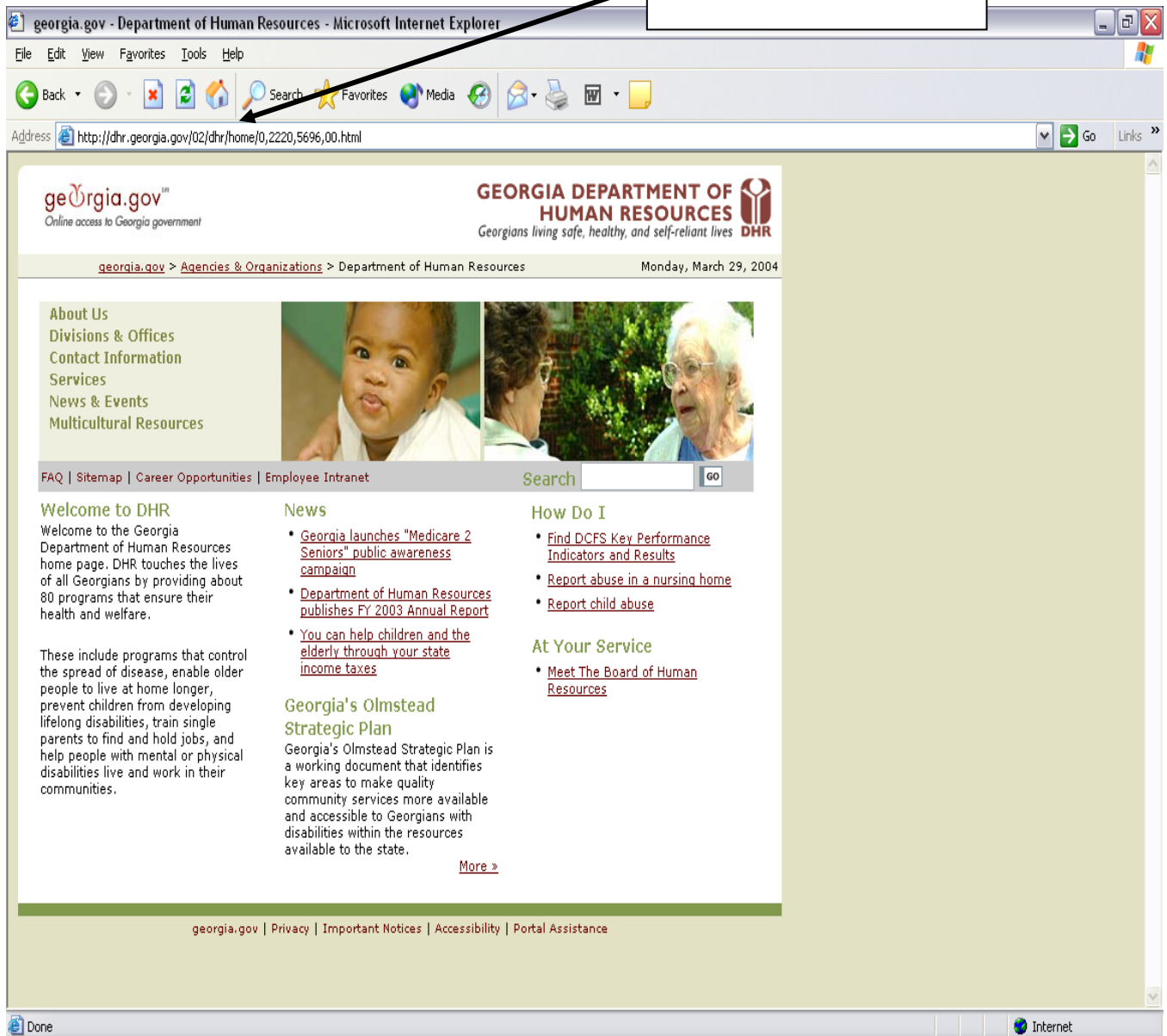
www.odis.dhr.state.ga.us



Accessing the on-line policy manual Step by Step

Step 1: Open Internet Explorer

Type the address
www.odis.dhr.state.ga.us and
press enter





Step 2: Click the Index icon

ODIS Home Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media RSS Print Mail News Groups

Address <http://www.odis.dhr.state.ga.us/> Go Links

Information Index Contents Search Home What's New Help Glossary

WELCOME TO

Georgia Department of Human Resources

On-line Directives Information System

ODIS

<http://www.odis.dhr.state.ga.us/contents.htm> Internet



Step 3: Click on the Family and Children Directive

Directives Index - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Refresh Print Mail News RSS

Address <http://www.odis.dhr.state.ga.us/contents.htm> Go Links

Directives Index

Administration	0001-1999
Health	2000-2999
Family and Children	3000-3999
Reserved	4000-4999
Aging	5000-5999
Mental Health, Developmental Disabilities, and Addictive Diseases	6000-6999
Regulatory	7000-7999
Adoptions	8000-8999

[Back to ODIS](#)

Done Internet



Step 4: Scroll to the Medicaid Directives and click once

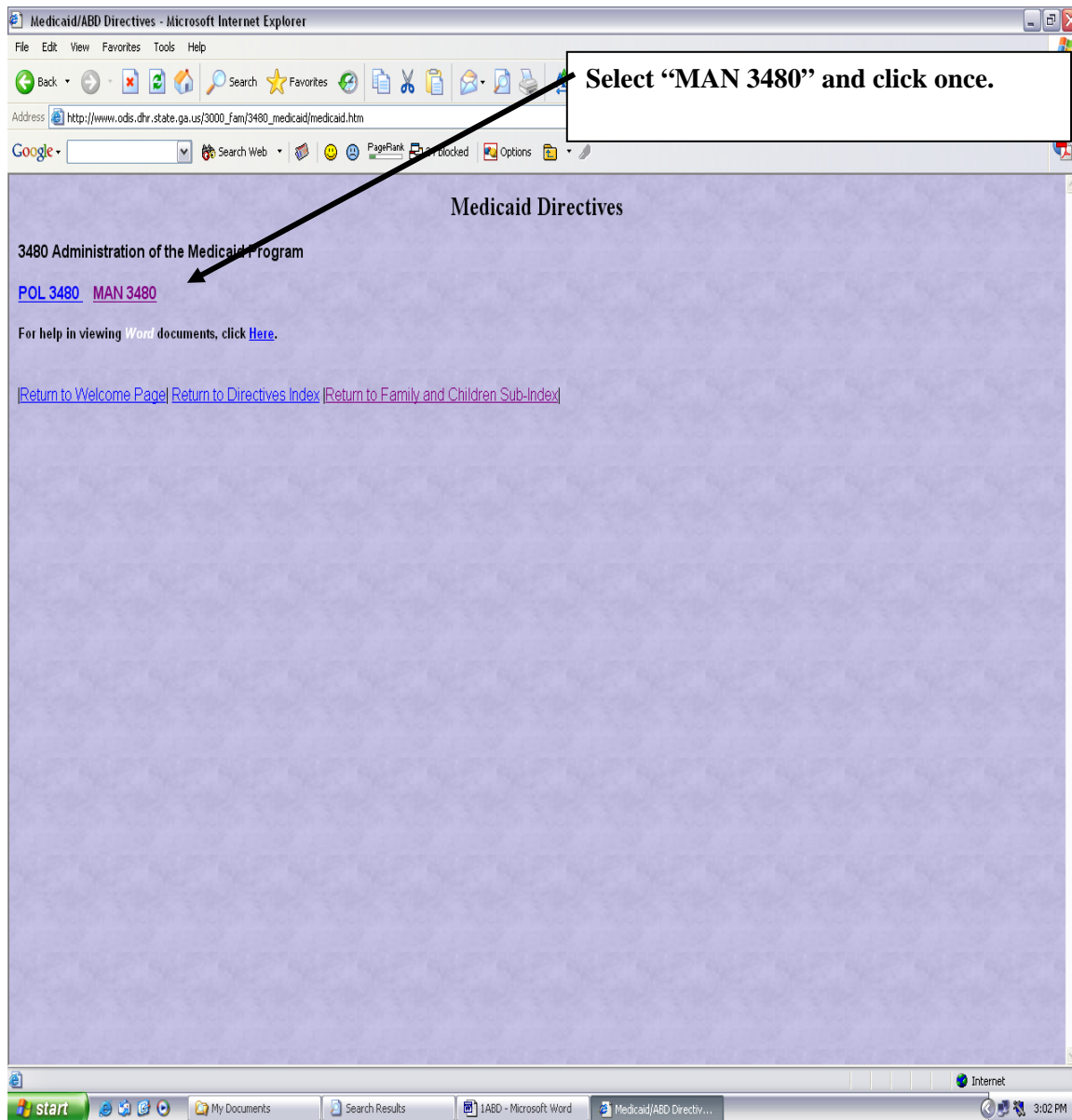
The screenshot shows a Microsoft Internet Explorer browser window titled "Family&Children - Microsoft Internet Explorer". The address bar displays the URL: http://www.odis.dhr.state.ga.us/3000_fam/FamilyChildren.htm. The main content area contains a table with two columns: a list of links and a corresponding range of page numbers. A black arrow points to the "Medicaid" link in the table.

RESERVED	3360-3389
TANF	3390-3419
Food Stamps	3420-3449
Claims	3450-3479
Medicaid	3480-3539
Childcare and Parent Services	3540-3569
RESERVED	3570-3599
Future Use	3600-3899
Social Services Case Documentation	3902



Step 5: Select MAN 3480 and click once

If asked whether you want to ‘open’ or ‘save’ the file, always select ‘open’.





Step 6: Scroll to the section of the policy manual you want to review, then click on it. Once you have clicked on the policy section, use the scroll bar to move up and down.

To return to the Table of Contents or the Family and Children Directives Sub-Index to choose another program, click the “Back” button.

http://www.odis.dhr.state.ga.us/3000_fam/3480_medicaid/MAN3480.doc - Microsoft Internet Explorer

File Edit View Insert Format Tools Table Go To Favorites Help

Back Forward Stop Reload Home Search Favorites

Address http://www.odis.dhr.state.ga.us/3000_fam/3480_medicaid/MAN3480.doc

Google Go Bookmarks 30 blocked Check AutoLink AutoFill Send to Settings

Search Web Messenger My Yahoo! Yahoo! Finance Mail News Shopping

Department of Human Resources
Online Directives Information System

Index: MAN3480
Revised: 04.01/2007
Review: 04.01/2009

SUBJECT: Administration of the Medicaid Program

MEDICAID MANUAL TABLE OF CONTENTS

Chapter	Section	Subject
2000		GENERAL MEDICAID INFORMATION
	2000	General Program Overview
	2001	Computer Matches Overview
	2002	Income and Eligibility Verification System
	2003	Internal Revenue Service (IRS) and Beneficiary Earnings Exchange Records System (BEERS) Information System
	2004	Clearinghouse
	2005	SSN Validation
	2010	Confidentiality
	2011	Health Information Portability and Accountability Act of 1996
	2015	Mandated Reporting
	2020	Americans with Disabilities Act
	2025	Title VI/Section 504 Civil Rights
	2030	Georgia Health Partnership Overview



THE DEPARTMENT OF HUMAN RESOURCES SERVICE MODEL



OUR MISSION:

To strengthen Georgia's families – supporting their self-sufficiency and helping them protect their vulnerable children and adults by being a resource to their families, not a substitute.

VALUES:

- Do not accept welfare and total dependence on government for any family.
- Expect adults to work.
- Be a resource and support, not a substitute, for families.
- Expect every consumer to invest/participate in their own recovery.
- Serve people as close to home, family and community as possible.
- Give customers as much control over getting the information they need as technologically possible.
- Use data and information to help make decisions.
- Do not accept "business as usual" – it's not good enough.
- Spend government money like it's our own.
- Treat customers as if they were our own family.
- Make it faster, friendlier, easier for people to deal with us.
- Reward our workforce for performance.
- Deliver services as if we were not the only one who could do that work.



Goals of DHR/DFCS Staff



❖ **Working/Self-Sufficient Customers:**

Increase the number of DHR families achieving self-sufficiency through work or work related activity.

❖ **Home/Community-Based Services:**

Increase the supply and use of home and community-based human services.

❖ **Technology Access:**

Increase customer and staff access to information that improves productivity.

❖ **Employee Engagement:**

Improve DHR employee engagement with customers.

❖ **Prevention:**

Increasing the number of Georgia citizens engaging in healthy, pro- social behavior.



DFCS Focus: Develop Strong Families

Developing strong families means:

- ☒ Ensuring safety, permanency and well-being for Georgia's children
- ☒ Keeping kids safe
- ☒ Keeping kids happy, healthy and learning with families and in their communities
- ☒ Keeping adults providing for their families by working, weighing options and learning to effectively problem solve
- ☒ Keeping the elderly healthy and connected to life affirming activities.

The Right Work the Right Way

- ❖ Making our services faster, friendlier and easier to all Georgians
- ❖ Incorporating values into the work we do
- ❖ Building trust by showing genuine interest in learning about and understanding the family
- ❖ Engaging customers in the most effective and efficient way
- ❖ Focusing on the entire family unit to motivate, remove barriers and weight options
- ❖ Empowering customers with options that will provide positive outcomes and produce movement in their lives to help strengthen their families.
- ❖ Working in unison with Social Service Case Managers and other organizations to secure the support and resources needed by our families.



Your Responsibility in Reporting Child Abuse or Neglect

ALL DFCS EMPLOYEES ARE REQUIRED BY LAW TO REPORT CHILD MALTREATMENT OR SUSPECTED ABUSE.

Even though your contact with a family may be limited to short office visits and telephone calls, you could observe or receive information that warrants a referral to child protective services.

ANY SUSPECTED ABUSE OR NEGLECT MUST BE REPORTED.

Your responsibility will be to report anything that you suspect is abuse. This includes but is not limited to the following:

- observing physical signs (ex., bruises, black eye) on a child during an interview.
- Observing abusive action during the interview
- Someone discloses information during the interview
- Someone discloses information during a telephone call

IF IN DOUBT, REPORT – ALWAYS ERR ON THE SIDE OF THE CHILD

CPS intake workers will screen all reports and determine whether to assign for investigation.

ALL REPORTS SHOULD BE MADE VIA TELEPHONE CALL AND FOLLOWED UP IN WRITING AS SOON AS POSSIBLE

If someone tells you of abuse during the interview or in a telephone call, connect them with the CPS intake unit at that time if possible. It is always best for the CPS worker to talk with the person who has the most knowledge. If you suspect the abuse, you need to call CPS. Always follow up in either situation with a Form 713 and route to CPS intake in your county. Keep a copy of the Form 713 for your record. If the child who is reported as being abused lives in another county, your CPS intake staff will follow up with notifying the correct county.

INCLUDE AS MUCH INFORMATION AS POSSIBLE IN THE REFERRAL

- Child's name, age and address (and current location, if different from address)
- Parent's name, address and telephone number
- Reason for the referral (observation or information disclosed)
- Reporter's name, address, telephone number and relationship to the problem

IF SOMEONE ELSE DISCLOSES THE INFORMATION THAT WARRANTS THE REFERRAL, THEY DO HAVE THE RIGHT TO REMAIN ANONYMOUS.



Collaboration Models

Family Preservation Services Pilot

The Family Preservation Services pilot was established in seventeen counties from around the state in order to develop and assess a new model for providing ongoing Child Protective Services (CPS). It was initiated in response to two pieces of data; families were involved with the CPS system longer than desired, and these same families had a higher than desired rate of recidivism into the CPS system. This data suggested that the current CPS practice model needed to be analyzed and possibly changed in order to more effectively attain positive outcomes for children and families.

The basis of the Family Preservation Model is in family centered practice and engaging community and family into our work. It incorporates Family Team Meetings and is focused on strengthening families by including them in the planning and decision-making process. Key elements and anticipated benefits of the new service delivery model include:

- Early and prompt assessment of family needs and risk issues
- Continuous assessment of risk throughout the life of the case
- Family focused Family Team meetings which identify strengths and resources early on
- Team approach engaging the family, OFI case manager, CPS investigator, Family Preservation case manager (CPS ongoing case manager) and community agencies
- Case Plan completion in less than 60 days, decreasing initial assessment time and focusing on goals to be completed and resources available
- Case Plan development with the family; focused on strengths and needs
- Community involvement leading to better relationships among agencies and more resources to families
- Informal support systems identified and engaged with the family; available to provide ongoing support once the case is closed.



- Broad monitoring plan developed
- Key relatives identified early on as supports or as safety resources if needed
- Planned exit strategy (Discharge Plan) established with the family
- Time of agency involvement with the family potentially shortened.
(Average length of Family Preservation Services: 4-5 months)

Family Resource Connection Pilot

The Family Resource Connection Pilot is being established in Regions VI and X in order to provide early intervention services to at-risk families receiving Food Stamp benefits and TANF. It was initiated in response to data indicating that both regions had a high percentage of Food Stamp cases that were also opened for ongoing child protective services. The data suggested that early assessment of risk, provision of short-term intervention and connections to family, community and agency resources might prevent later CPS involvement. Family Resource Specialists have been hired to screen Food Stamp applicants for voluntary participation in the Family Resource Connections pilot. Families participating in the pilot will receive supportive services from the DFCS Family Resource Specialist referrals to community resources.

Diversion

Diversion cases are those that may not immediately meet the criteria for a CPS investigation, but that indicate the family may need additional resources or support. Diversion workers initiate contact with the family, assess safety and risk, identify family needs, and provide appropriate services and referrals. Diversion cases are not investigations but can be reassigned as a formal investigation if more serious needs or potential risk are discovered. Diversion is an example of a collaborative model between Social Services and Office of Family Independence. Both Social Services and OFI provide connections to community resources in order to assist families to prevent CPS involvement or the need to apply for OFI services. A work group including case managers and supervisors involved in diversion has been meeting to document the various models of diversion and best practices.



Family Team Meetings

Since the summer of 2005, the Division has embraced one model of structured Family Team Meetings (FTM) and has emphasized the importance of the Family Team Meeting process in all programs of the division....from child protective services to foster care to Office of Family Independence programs. Structured Family Team Meetings involve families and their personal resources in a manner which supports the family, ensures the safety of the child, and enhances the planning process. The meeting is different from any other type of family meeting or staffing done by DFCS; it is a structured meeting, and follows a sequence of stages lasting a total of 1.5 – 2 hours. The use of FTMs has proven to be effective in changing the entire dynamic of the relationship between child welfare professionals and families and can be utilized whenever a formal plan needs to be created (e.g., Case Plan) or a key decision made (e.g., potential relative placement), regardless of program areas.

Facilitating the Family Team Meeting requires an advanced skill set, especially group facilitation skills, and is led by a “DFCS Approved” FTM Facilitator, who has gone through an extensive training and coaching process. The FTM Facilitator is supported by a Co-Facilitator, who records key planning/decision making points on Easel Pads. The long-range goal is to have every Case Manager within these areas trained and approved to a Family Team Meeting Facilitator and competent in facilitating or actively supporting/participating in Family Team Meetings.



7 Concepts / Areas of Concern

Child Vulnerability

- Child Under 4 years of age
- Child physically or mentally impaired or in need of special care?

Caregiver Capability

- Does caregiver have significant impairment in mental capacity?
- Does caregiver have history of drug or alcohol abuse?
- Was caregiver abused or neglected as a child?

Quality of Care

- Has child been denied essential medical treatment?
- Is there overall lack of physical care?

Maltreatment Pattern

- Was any child addicted or exposed to drugs or alcohol?
- Has child suffered physical injuries or sexual abuse?

Home Environment

- Is the family experiencing any recent significant stress?
- Are the conditions in and/or around the home hazardous or unsanitary?

Social Environment

- Is the family socially isolated or unsupported by extended family?
- Has any person in the home ever been a victim of spousal abuse?

Response to Intervention

- Does any caregiver deny, seem unaware of, or take the allegations less seriously than CPS?
- Is any caregiver hostile toward or refusing to cooperate with CPS?



CPS Referral Situations

Situation 1: Client comes in for a Food Stamp review and brings her two children with her. One is four and the other is six months old. Both get restless during the interview and begin crying. The client screams at the four year old to stop crying. You notice he screams and shrieks back in terror. You observe bruises on his cheeks and his arms. She picks up the baby and shakes her roughly also telling her to be quiet. You notice also that there are bruises on the baby's legs.

Action to be taken: Try to calm the client down and help with the children. Do not confront the client about her inappropriate behavior. Call CPS intake immediately after the interview and follow up with a Form 713.

Situation 2: An absent parent for one of your clients calls you because your client asked him to verify the child support he sends to her. He is angry and tells you he does not want his child receiving any public assistance because he provides for his child. He says if DFCS wants to do something they should give custody to him because he states your client uses and sells drugs and is not providing a safe place for the child to live. He says his child (age 6) has called him numerous times to come and pick the child up. When he goes there your client was "out of it".

Action to be taken: Encourage the absent parent to make the referral and transfer him to the CPS intake unit if he agrees to this. You will also need to call CPS intake. Then, follow up with a completed Form 713.

Situation 3: A mother and her three children come into your office. The mother says, "I cannot handle these kids any longer and I want you to take them!" The mother insists that DFCS take the children now. The client appears agitated and upset. She starts weeping and says she is sick. She says we must take the children.

Action to be taken: You alert your supervisor about the situation and then you call CPS intake to arrange for someone from Services to come right away and talk to the client. Follow up with a Form 713.



PROTECTING CHILDREN

How to Report Abuse or Neglect

The job of protecting children starts in the community. While certain people are required by law to report child mistreatment, anyone can make a report of suspected abuse. The sooner the authorities know about a child, the faster they can move to help.

Things to Look For

Children who are maltreated are

- often left home alone
- in the neighborhood for long periods without supervision
- frequently hungry
- dressed inadequately for the weather
- absent from school frequently
- bruised or have other marks of physical violence
- withdrawn or overly aggressive
- not receiving needed medical attention

If a relative, friend or neighbor sees one or more of these signs or suspects that the children are in danger, the situation should be reported to the county Department of Family and Children Services (DFCS).

How to Report

If a child is in immediate danger (obviously being beaten or left alone overnight, for example), the police should be called immediately. In all other cases, reports should be made to the DFCS office in the county where the child lives.

People who call to report suspected abuse do not have to be sure maltreatment has occurred. They simply report what they have seen or heard. The authorities will investigate and confirm whether or not abuse has occurred. People who call are asked to give the name and location of the child and the name of the suspected perpetrator. Reports are confidential and those who call do

not have to give their name. However, it is most helpful to the child in the long run if the reporter is willing to give his or her name and address and, if necessary, testify in court.

What Will Happen Next

If a child is under age 18 and appears to have been abused or neglected by a parent or caretaker, DFCS will begin investigating immediately.

If the child is not in imminent danger, a caseworker will visit the family within 5 days.

If the person who makes the original report wants to know what DFCS did, he or she can call the department and find out whether the maltreatment was confirmed.

Who is Required to Report Suspected Abuse or Neglect?

Georgia law requires people in certain professions to report. Mandated reporters include

- physicians, nurses and hospital personnel
- school and day care personnel
- social workers and counselors
- dentists



Division of Family and Children Services



ABD Medicaid Phase 1 Participant Guide
Introduction

May 22, 2009

Georgia Department of Human Resources
INTERAGENCY / INTEROFFICE REFERRAL AND FOLLOW-UP

DATE: _____

TO: ☐ Division of Family and Children Services
☐ Assistance Payments ☐ Medicaid/SSI
☐ Food Stamps ☐ Social Services

☐ Division of Mental Health and Mental Retardation
☐ Division of Physical Health
☐ Division of Vocational Rehabilitation
☐ Division of Youth Services
☐ Social Security Administration
☐ _____

FROM: ☐ Division of Family and Children Services
☐ Assistance Payments ☐ Medicaid/SSI
☐ Food Stamps ☐ Social Services

☐ Division of Mental Health and Mental Retardation
☐ Division of Physical Health
☐ Division of Vocational Rehabilitation
☐ Division of Youth Services
☐ Social Security Administration
☐ _____

ATTN: _____

BY: _____

RE: _____
NAME (First, Middle, Maiden, Last)

CITY _____ ZIP CODE _____

SEX _____ BIRTHDATE _____ RACE _____

P. A. CASE NO. _____

SERVICE CASE NO. _____

ADDRESS (Number, Street-Route-P.O. Box) Apt. No.

COUNTY _____ TELEPHONE (Home) (Other)

SOC. SEC. NO. _____

F. S. CASE NO. _____

SSA CLAIM NO. _____ OTHER I.D. NO. _____

☐ REFERRAL COMMENTS

☐ FOLLOW-UP COMMENTS

REPLY TO: _____
NAME

AGENCY

ADDRESS

TITLE

TELEPHONE _____ EXT. _____

PLEASE REPLY BY: _____
DATE



PA/FS COMMUNICATION

DATE: _____

I. IDENTIFICATION

TO: _____ FROM: _____

RE: _____
CASE NAME AFDC CASE NO. FS CASE NO.

PA: ☐ Applicant ☐ Recipient FOOD STAMP: ☐ Applicant ☐ Recipient

II. ADDRESS

FROM: _____

TO: _____

TELEPHONE: _____ RENT: _____

III. HOUSEHOLD GROUP

Are all household members included in Assistance Unit? ☐ Yes ☐ No If no, list members not included:

IV. ASSISTANCE UNIT

Add	Delete	Name	DOB	SSN	Relationship to Head	SSI Yes/No	FS Yes/No	AFDC Yes/No
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

V. INCOME ADD ☐ CHANGE ☐

TYPE _____ GROSS AMOUNT _____ Freq. (Wk) (B-wk) (Mo)
(Wages, SSI, CIS)

RECEIVED BY: _____ DATE RECEIVED: _____
(Client)

IF NEW JOB

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

DATE OF 1ST CHECK _____ PAY PERIOD END DATE _____

DAY OF WEEK PAID _____

CHILD CARE _____
(Child's Name) (Name of Provider)

_____ Wkly () Bi-Wkly() Mo (); day of wk _____
(Amount Paid)



ADULT PROTECTIVE SERVICES

All DFCS employees are required by law to report abuse, neglect or exploitation of disabled adults or elderly persons.

Calls that are Emergency Situations should be directed to contact 911.

Reports of abuse, neglect or exploitation of disabled adults or elder persons **(who are NOT residents of nursing homes or personal care homes)** should be directed to the **Adult Protective Services (APS) Central Intake Unit** of the Georgia Department of Human Resources, Division of Aging Services.

APS Central Intake Unit Contact Information:

- Toll-Free: (888) 774-0152
- Within Metro Atlanta local calling area: (404) 657-5250

Reports of abuse, neglect or exploitation of disabled adults or elder persons **who live in a nursing home or personal care home** should be directed to the Georgia Department of Human Resources, **Office of Regulatory Services or Long Term Care Ombudsman Program**.

Office of Regulatory Services Intake Contact Information:

- Toll-Free: (800) 878-6442
- Within Metro Atlanta local calling area: (404) 657-5728
- Submit a report online at <http://aging.dhr.georgia.gov>

Long Term Care Ombudsman Program Contact Information:

- Toll-Free: (888) 454-5826

Contact Information:

Division of Aging Services
Two Peachtree Street, NW
Suite 9385
Atlanta, Georgia 30303-3142

Phone: 404.657.5258
Fax: 404.657.5285





There are two large government agencies in Georgia responsible for Medicaid. The **Department of Community Health** (DCH) is the federally recognized Medicaid Authorizing Agency for Georgia. They are in charge of all the Medicaid for the state of Georgia. They contract out with many different agencies and companies to perform all of the many needed functions with Medicaid. Medicaid eligibility, by federal law, must be determined by either the Medicaid Authorizing Agency (DCH) or the Title IV-A (TANF) Agency (DHC/DFCS). Georgia chose to have Medicaid eligibility determined by DFCS. We complete all Medicaid eligibility determinations offered in Georgia except for the initial SSI Medicaid determinations which the **Social Security Administration** (SSA) completes (federally approved option), and we do not do the PeachCare for Kids Medicaid as PSI completes those.

The **Multi Health Net** (MHN) is the main consolidated computer system that you can access on the internet, www.ghp.georgia.gov, developed by ACS, **Affiliated Computer Systems**. This is the same company that developed our SUCCESS system. The MHN system shows all customers on Medicaid and what COA they are receiving. The 'blue screen' also shows what third party insurance the customer has, and if there is a Hospice Lock-in and/or Pharmacy Lock-in. MHN is also the system that providers interface with to submit billing request, authorizations for treatment, etc.

The MHN system maintains and updates data by receiving batches from agencies such as SSA, DFCS, and PSI. The process should work as follows: If today is Monday and we finalize something in SUCCESS it will process (batch) Monday night in SUCCESS. Once our batching is done, this information is sent to MHN, where it sits at their door Tuesday Morning. When MHN processes (batches) Tuesday night, our SUCCESS information will update into MHN and thus you will see the customer's information on MHN Wednesday. Once updated on MHN the information is then sent to ESI, **Express Scripts Inc.** ESI gives providers validation of Medicaid coverage for prescriptions for our customers and it is also where DFCS employees obtain their prescription coverage from if they have state health insurance. Once you finalize the case on SUCCESS Monday, it will show up on MHN by Wednesday, and by Friday it should be in ESI.

Should you run into emergency situations in which you finalize a case today and the customer needs prescriptions today and/or for some reason the information doesn't seem to show up on MHN as it does normally, there is a specific section in the manual for you to follow to get this taken care of immediately. Please review **MR Appendix C- Medicaid Issuance** in your manual (ODIS) and become familiar with these situations so you will know where to look for answers when situations come up with your cases.

Since three systems (SSA, DFCS and PSI) all feed information into MHN, sometimes on the same customer, MHN must decide which information takes priority. Thus SSA's information overrides SUCCESS meaning if we have data different than SSA does, then the information we send in batch to MHN will not change, nor be updated, if the SSA system does not match. SUCCESS overrides PSI. It is very important that we carefully enter information into SUCCESS and review what someone else may have entered into SUCCESS prior to you receiving the case. Sometimes MHN cannot reconcile the data and instead of choosing a set of data to update for a customer, MHN "suspends" the action. This is another reason information on SUCCESS does not show up on MHN- the information is "suspended". Suspensions can sometimes be avoided if the Case Manager takes the extra time upfront to make sure that customer information in SUCCESS is identical to that in SSA.

Georgia Health Partnership (GHP) staffs the CIC, **Customer Interaction Center**, and maintains the IVR, **Interactive Voice Response System** in addition to maintaining MHN. CIC is available by separate phone numbers for Customers, which MHN refers to as Members, and Providers. The customer's phone line is the same number we would use if we had to call, and that number is 1-866-211-0950 or 770-570-3373. The provider's number is 1-800-766-4456 or 404-298-1228. Please be careful to give out the correct numbers to customers and providers. The IVR is operational 24 hours a day, seven days a week. The CIC is operational only Monday-Friday, 8 AM to 5 PM, and there is usually a very long holding time for CIC calls.

Again, please read over **Appendix C- Medicaid Issuance** in your manual to get a more complete idea and understanding of this process. MHN access will have to be completed by your Security Manager in



your county, and you will also need to be trained on how to use MHN by your county and/or Medicaid Program Specialist.

Should you ever get a call from the state office, or your Medicaid Program Specialist, etc. and they state that DCH wants to know about a specific case, please know that means to put everything to the side and look at that case and give an immediate response. Usually this case is not receiving Medicaid and there are issues here that DCH wants you to look for and if you can complete the case please do so. DCH does not abuse this power, and remember that they pay us to do this, so should you ever get a call, which may be never, just know that it was important and that is why DCH is asking about the case.

Notes: _____



ABBREVIATIONS IN ABD MEDICAID

ABD	Aged, Blind, Disabled
AFA	Application for Assistance (<i>SUCCESS Document</i>)
AMN	ABD Medically Needy
AMNIL	ABD Medically Needy Income Level
A/R	Applicant/Recipient
AU	Assistance Unit
AV	Actual Value
BAD	Begin Authorization Date
BENDEX	Beneficiary Data Exchange
CCSP	Community Care Services Program
CHSS	Community Habilitation Support Services
CMD	Continuing Medicaid Determination
CMS	Center for Medicare and Medicaid Services
CMV	Current Market Value
COA	Class of Assistance
COLA	Cost of Living Adjustment
CSV	Cash Surrender Value
DAC	Disabled Adult Child
DAS	Disability Adjudication Section
DCH	Department of Community Health
DHS	Department of Homeland Security (formerly INS)
DMA	Division of Medical Assistance
DMP	Direct Money Payment
EDD	Eligibility Determination Document (<i>SUCCESS Document</i>)
EMA	Emergency Medical Assistance
EV	Equity Value
EW	Eligibility Worker
FBR	Federal Benefit Rate
FCI	Federal Countable Income
FPL	Federal Poverty Level
FV	Face Value
GMCF	Georgia Medical Care Foundation
HCFA	Health Care Financing Administration
HIPP	Health Insurance Premium Payment
IBON	Income Based On Need
ICF	Intermediate Care Facility



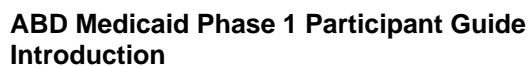
ABBREVIATIONS IN ABD MEDICAID Continued

ICF-MR	Intermediate Care Facility-Mentally Retarded
ICWP	Independent Care Waiver Program
IRA	Individual Retirement Account or Interstate Residency Agreement
ISM	In-kind Support and Maintenance
KB	Katie Beckett
LA	Living Arrangement
LIM	Low Income Medicaid
LISA	Low Income Subsidy Application
LOC	Level of Care
LOS	Length of Stay
MAO	Medical Assistance Only
MBR	Master Benefits Record
MCCA	Medicare Catastrophic Coverage Act
MIL	Minimum Income Level
MNIL	Medically Needy Income Level
MQT	Medicaid Qualifying Trust
MSS	Mandatory State Supplement
MTF	Medical Treatment Facility
NH	Nursing Home
NOW/COMP	New Options Waivered and Comprehensive Supports Waivered Program
PL	Public Law or Patient Liability
PMV	Presumed Maximum Value
POMS	Program Operations Manual System (SSI Manual)
PR	Personal Representative
QDWI	Qualified Disabled Working Individual
QI-1	Qualifying Individual
QIT	Qualified Income Trust
QMB	Qualified Medicare Beneficiary
RR	Railroad Retirement
RSDI	Retirement Survivors Disability Insurance
RSM	Right from the Start Medicaid
SCI	State Countable Income
SDX	State Data Exchange
SGA	State Grant Amount
SLMB	Specified Low Income Medicare Beneficiary



ABBREVIATIONS IN ABD MEDICAID Continued

SMEU	State Medical Eligibility Unit
SNF	Skilled Nursing Facility
SOP	Standard of Promptness
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN/SS#	Social Security Number
SUCCESS	System for the Uniform Calculation and Consolidation of Economic Support Services
TANF	Temporary Assistance for Needy Families
TPR/TPL	Third Party Resources/Liability
VA	Veteran's Administration
VA A & A	VA Aid and Attendance
VTR	Value of the One-Third Reduction



Ask Your Supervisor

[illegible]

WHAT IS MEDICAID

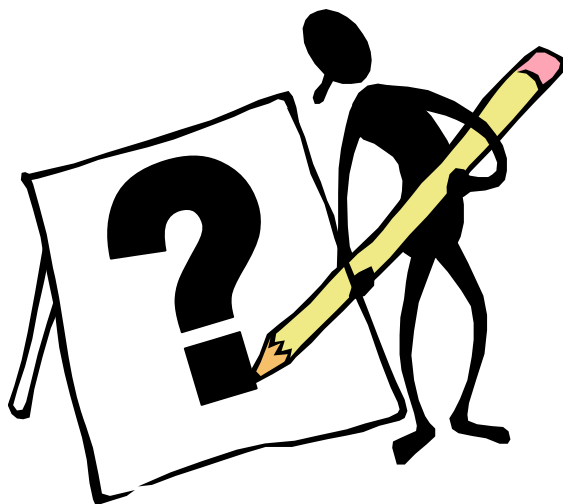





WHAT IS MEDICAID OBJECTIVES

Participants will be able to:

- Recognize individuals potentially eligible for Medicare
- Distinguish between RSDI and SSI







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www2

Welcome to Medicaid

Medicaid is a program that pays for medical assistance for certain individuals and families with low incomes and resources. This program became law in 1965 and is jointly funded by the Federal and State governments (including the District of Columbia and the Territories) to assist States in providing medical long-term care assistance to people who meet certain eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for people with limited income.

For more information on Medicaid:

[Medicaid Information for States and Territories](#)

[Medicaid Information for Consumers](#)

[Medicaid Index](#) (a topical listing of Medicaid subject areas)

Last Modified on Thursday, September 16, 2004

Medicaid Index

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State Programs

Hot Topics

[Medicaid Commission](#)
[Drug Rebate Reg](#)
[FY03 FMAP Leg.](#)
[Waivers](#)
[New Freedom](#)
[Medicaid HIPAA](#)

Group Issues

[Disability/Aging](#)
[Family/Children's](#)
[Dual Eligibles](#)
[Homelessness](#)

Also see:

[Medicaid FAQs](#)
[SCHIP](#)
[Medicare](#)

[Privacy & Security](#) | [Accessibility](#) | [FOIA](#) | [Help](#) | [Email Updates](#) | [CMS Careers](#)
[Health and Human Services](#) | [Medicare.gov](#) | [FirstGov](#)
 Equal Employment Opportunity Data Posted Pursuant to the No Fear Act

Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Baltimore MD 21244-1850
[CMS Telephone Numbers](#)



APPLICATION PROCESSING



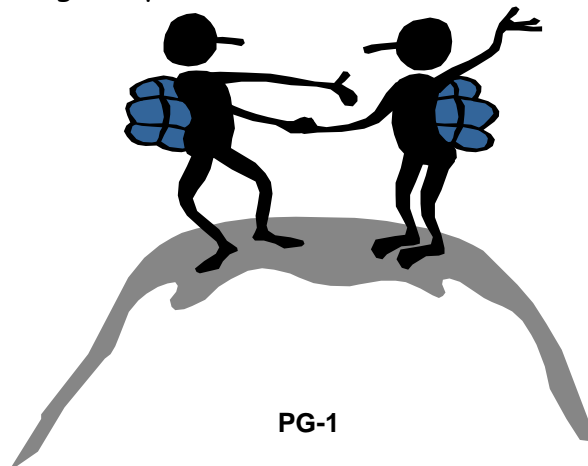
**Sections 2050, 2051, 2052, 2053, and
2060 of Medicaid Manual**



APPLICATION PROCESSING OBJECTIVES

Participants will be able to:

- Identify who may apply for ABD Medicaid.
- Recognize a location at which an application for ABD Medicaid may be made.
- Review the ABD Medicaid interview requirements.
- Recognize forms mandatory for ABD applications.
- Use mandatory forms in various application situations.
- Choose the appropriate standards of promptness for the various types of ABD applications.
- Select the retroactive months related to the ABD or SSI application month for which the applicant may request medical assistance.
- Identify the Continuing Medicaid Determination (CMD) order for ABD Medicaid applications.
- Review a Medicaid application and identify the sections that will assist the MES in determining the potential class of assistance for the A/R.





DATE OF APPLICATION CHART 45 DAY SOP

1/1 - 2/14	2/1 - 3/17	3/1 - 4/14	4/1 - 5/15	5/1 - 6/14	6/1 - 7/15
1 / 2 - 2/15	2/2 - 3/18	3/2 - 4/15	4/2 - 5/16	5/2 - 6/15	6/2 - 7/16
1/3 - 2/16	2/3 - 3/19	3/3 - 4/16	4/3 - 5/17	5/3 - 6/16	6/3 - 7/17
1 / 4 - 2/17	2/4 - 3/20	3 / 4 - 4/17	4/4 - 5/18	5/4 - 6/17	6/4 - 7/18
1/5 - 2/18	2/5 - 3/21	3/5 - 4/18	4/5 - 5/19	5/5 - 6/18	6/5 - 7/19
1/6 - 2/19	2/6 - 3/22	3/6 - 4/19	4/6 - 5/20	5/6 - 6/19	6/6 - 7/20
1/7 - 2/20	2/7 - 3/23	3/7 - 4/20	4/7 - 5/21	5/7 - 6/20	6/7 - 7/21
1/8 - 2/21	2/8 - 3/24	3/8 - 4/21	4/8 - 5/22	5/8 - 6/21	6/8 - 7/22
1/9 - 2/22	2/9 - 3/25	3/9 - 4/22	4/9 - 5/23	5/9 - 6/22	6/9 - 7/23
1/10 - 2/23	2/10 - 3/26	3/10 - 4/23	4/10 - 5/24	5/10 - 6/23	6/10 - 7/24
1/11 - 2/24	2/11 - 3/27	3/11 - 4/24	4/11 - 5/25	5/11 - 6/24	6/11 - 7/25
1/12 - 2/25	2/12 - 3/28	3/12 - 4/25	4/12 - 5/26	5/12 - 6/25	6/12 - 7/26
1/13 - /26	2/13 - 3/29	3/13 - 4/26	4/13 - 5/27	5/13 - 6/26	6/13 - 7/27
1/14 - 2/27	2/14 - 3/30	3/14 - 4/27	4/14 - 5/28	5/14 - 6/27	6/14 - 7/28
1/15 - 2/28	2/15 - 3/31	3/15 - 4/28	4/15 - 5/29	5/15 - 6/28	6/15 - 7/29
1/16 - 3/1	2/16 - 4/1	3/16 - 4/29	4/16 - 5/30	5/16 - 6/29	6/16 - 7/30
1/17 - 3/2	2/17 - 4/2	3/17 - 4/30	4/17 - 5/31	5/17 - 6/30	6/17 - 7/31
1/18 - 3/3	2/18 - 4/3	3/18 - 5/1	4/18 - 6/1	5/18 - 7/1	6/18 - 8/1
1/19 - 3/4	2/19 - 4/4	3/19 - 5/2	4/19 - 6/2	5/19 - 7/2	6/19 - 8/2
1/20 - 3/5	2/20 - 4/5	3/20 - 5/3	4/20 - 6/3	5/20 - 7/3	6/20 - 8/3
1/21 - 3/6	2/21 - 4/6	3/21 - 5/4	4/21 - 6/4	5/21 - 7/4	6/21 - 8/4
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1/23 - 3/8	2/23 - 4/8	3/23 - 5/6	4/23 - 6/6	5/23 - 7/6	6/23 - 8/6
1/24 - 3/9	2/24 - 4/9	3/24 - 5/7	4/24 - 6/7	5/24 - 7/7	6/24 - 8/7
1/25 - 3/10	2/25 - 4/10	3/25 - 5/8	4/25 - 6/8	5/25 - 7/8	6/25 - 8/8
1/26 - 3/11	2/26 - 4/11	3/26 - 5/9	4/26 - 6/9	5/26 - 7/9	6/26 - 8/9
1/27 - 3/12	2/27 - 4/12	3/27 - 5/10	4/27 - 6/10	5/27 - 7 /10	6/27 - 8/10
1/28 - 3/13	2/28 - 4/13	3/28 - 5/11	4/28 - 6/11	5/28 - 7/11	6/28 - 8/11
1/29 - 3/14		3/29 - 5/12	4/29 - 6/12	5/29 - 7/12	6/29 - 8/12
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1/31 - 3/16		3/31 - 5/14		5/31 - 7/14	



DATE OF APPLICATION CHART con't 45 DAY SOP

7/1 - 8/14	8/1 - 9/14	9/1 - 10/15	10/1 - 11/14	11/1 - 12/15	12/1 - 1/14
7/2 - 8/15	8/2 - 9/15	9/2 - 10/16	10/2 - 11/15	11/2 - 12/16	12/2 - 1/15
7/3 - 8/16	8/3 - 9/16	9/3 - 10/17	10/3 - 11/16	11/3 - 12/17	12/3 - 1/16
7/4 - 8/17	8/4 - 9/17	9/4 - 10/18	10/4 - 11/17	11/4 - 12/18	12/4 - 1/17
7/5 - 8/18	8/5 - 9/18	9/5 - 10/19	10/5 - 11/18	11/5 - 12/19	12/5 - 1/18
7/6 - 8/19	8/6 - 9/19	9/6 - 10/20	10/6 - 11/19	11/6 - 12/20	12/6 - 1/19
7/7 - 8/20	8/7 - 9/20	9/7 - 10/21	10/7 - 11/20	11/7 - 12/21	12/7 - 1/20
7/8 - 8/21	8/8 - 9/21	9/8 - 10/22	10/8 - 11/21	11/8 - 12/22	12/8 - 1/21
7/9 - 8/22	8/9 - 9/22	9/9 - 10/23	10/9 - 11/22	11/9 - 12/23	12/9 - 1/22
7/10 - 8/23	8/10 - 9/23	9/10 - 10/24	10/10 - 11/23	11/10 - 12/24	12/10 - 1/23
7/11 - 8/24	8/11 - 9/24	9/11 - 10/25	10/11 - 11/24	11/11 - 12/25	12/11 - 1/24
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7/16 - 8/29	8/16 - 9/29	9/16 - 10/30	10/16 - 11/29	11/16 - 12/30	12/16 - 1/29
7/17 - 8/30	8/17 - 9/30	9/17 - 10/31	10/17 - 11/30	11/17 - 12/31	12/17 - 1/30
7/18 - 8/31	8/18 - 10/1	9/18 - 11/1	10/18 - 12/1	11/18 - 1/1	12/18 - 1/31
7/19 - 9/1	8/19 - 10/2	9/19 - 11/2	10/19 - 12/2	11/19 - 1/2	12/19 - 2/1
7/20 - 9/2	8/20 - 10/3	9/20 - 11/3	10/20 - 12/3	11/20 - 1/3	12/20 - 2/2
7/21 - 9/3	8/21 - 10/4	9/21 - 11/4	10/21 - 12/4	11/21 - 1/4	12/21 - 2/3
7/22 - 9/4	8/22 - 10/5	9/22 - 11/5	10/22 - 12/5	11/22 - 1/5	12/22 - 2/4
7/23 - 9/5	8/23 - 10/6	9/23 - 11/6	10/23 - 12/6	11/23 - 1/6	12/23 - 2/5
7/24 - 9/6	8/24 - 10/7	9/24 - 11/7	10/24 - 12/7	11/24 - 1/7	12/24 - 2/6
7/25 - 9/7	8/25 - 10/8	9/25 - 11/8	10/25 - 12/8	11/25 - 1/8	12/25 - 2/7
7/26 - 9/8	8/26 - 10/9	9/26 - 11/9	10/26 - 12/9	11/26 - 1/9	12/26 - 2/8
7/27 - 9/9	8/27 - 10/10	9/27 - 11/10	10/27 - 12/10	11/27 - 1/10	12/27 - 2/9
7/28 - 9/10	8/28 - 10/11	9/28 - 11/11	10/28 - 12/11	11/28 - 1/11	12/28 - 2/10
7/29 - 9/11	8/29 - 10/12	9/29 - 11/12	10/29 - 12/12	11/29 - 1/12	12/29 - 2/11
7/30 - 9/12	8/30 - 10/13	9/30 - 11/13	10/30 - 12/13	11/30 - 1/13	12/30 - 2/12
7/31 - 9/13	8/31 - 10/14		10/31 - 12/14		



SOP EXAMPLES

1. Mr. Robbins applies for ABD Medicaid for his 83 year-old father on 10/16. The application must be completed by 11/29.
2. Ms. Hartley is 47 years old and is blind. She applies for ABD Medicaid on 5/12. Her application must be completed by 6/25.
3. Ms. Evans applies for ABD Medicaid for her 32 year-old son who was recently injured in a motorcycle accident. The application is received on 1/5. The application must be completed by 3/5.
4. Mr. Thompson is a patient at Candler Hospital in Savannah (Chatham County). His home is in Reidsville (Tattnall County). His daughter goes to Chatham County DFCS on 7/13 and signs an application for ABD Medicaid for Mr. Thompson. Chatham County DFCS mails the application to Tattnall County DFCS on 7/15. It is received in Tattnall on 7/17.
 - a) If Mr. Thompson is age 71, what is the SOP? 8/26
 - b) If Mr. Thompson is age 63 and applying as a disabled individual, what is the SOP according to the first scenario? 9/10
5. Mr. Thompson's daughter mailed the application to Chatham County DFCS. It was received there on 7/15 and date stamped that day. If Mr. Thompson is applying as an aged individual, the SOP would be 8/28, even if it was subsequently mailed to Tattnall County.
6. Mr. Adams applies for ABD Medicaid on 9/18. He is age 67. If the 45th day is Sunday 11/1, the application must be completed by 10/30.



ABD Medicaid Phase 1 Participant Guide
Application Processing

January 7, 2009

GWINNETT COUNTY DFCS TR103
ONE JUSTICE SQUARE
446 WEST CROGAN STREET
LAWRENCEVILLE GA 30045

GEORGIA DEPARTMENT OF HUMAN RESOURCES
Division of Family and Children Services
SUMMARY NOTIFICATION

03-002317 PAGE 1

Date: 05 06 2005

County: GWINNETT
Load: 9 C
Phone: (678) 518-5500

|||||

RECEIVED MAY 13 2005

D R M
P O BOX 3401
LILBURN GA 30048-3401

Client Number: 760018547

If you disagree with or do not understand this decision, call your caseworker. If you decide to file for a fair hearing, the back of the last page of this notice tells how to file an appeal. If you need help with the appeal, or other legal problems, you can call your local Legal Aide Office at (404) 377-0701.

PART 1. GENERAL INFORMATION ABOUT YOUR ELIGIBILITY

We made a decision about your request for assistance. This notice explains our decision. It tells you about each person and program you applied for. Please read each part of the notice.

Each program you applied for is discussed separately. If a program you applied for is not listed, we have not finished processing that part of the application. You will get another notice when we are finished.

You may call your worker at the number listed at the top of the last page if you have any questions. You also can request a Fair Hearing if you disagree with any of our decisions. The last page of the notice gives more information about your Fair Hearing rights.

Medicaid

AU Number: 121593705

Based on our records we have determined that some or all the members of your household are eligible. Please read Part 2 to find out who is eligible and when your coverage begins.

PART 2. DETAILED INFORMATION ABOUT YOUR ELIGIBILITY

3003 - NOTICE OF APPROVAL - AU 121593705

Medicaid Benefits have been approved for the people listed below:

D M 760018547P



Client Number: 760018547

PAGE 2

A form is enclosed with this notice that certifies Medicaid eligibility for all or part of this month and/or past months. Use this form to show proof of your Medicaid eligibility to medical care providers. Persons eligible for Emergency Medical Assistance will not receive a permanent card. The attached notice is their only verification of eligibility.



Client Number: 760018547 03-002318 PAGE 3

0062 - CERTIFICATION OF MEDICAID ELIGIBILITY

WINNETT County Department of Family and Children Services

FINAL DISPOSITION DATE: 05 06 05

(Providers: DO NOT submit claims until two weeks after the above date unless a copy of this form is attached to the claim.)

Payee Name : M , D R AU ID: 121593705

Payee Address : P O BOX XX01
LILBURN GA 30048-3401

This is to certify that the following individual(s) is eligible for Medical Assistance (Medicaid) for the date(S) listed below:

LIST OF ELIGIBLE PERSONS:

----- Name -----								
Last	First	M	SEX	MA ID	SSN		DOB	
M	D	R	F	760018547P	XXX-XX-XXXX		07 23 50	
Eligible 06 01 05 thru 06 30 05								



Client Number: 760018547

PAGE 4

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Client Number: 760018547

03-002319

PAGE 5

The information listed below helped us make our decision:

Your living arrangement is AT HOME.

You requested medical help for 1 person(s).

Your countable resources are valued at \$1984.65.

Your SOCIAL SECURITY BENEFIT is \$1380.00.

If a member of your household is pregnant and in need of medical assistance, contact your county Department of Family and Children Services for information on Medicaid for pregnant women.

If you think the information we used is wrong, please call your worker at the number listed above.

You may ask for a Fair Hearing if you think this decision is wrong. The Fair Hearing rules are shown on the last page of this notice.

*****END OF NOTICES*****



**ABD Medicaid Phase 1 Participant Guide
Application Processing**

January 7, 2009

GEORGIA DEPARTMENT OF HUMAN RESOURCES

Client Number: 760018547 Division of Family and Children Services
SUMMARY NOTIFICATION PAGE 6

Today's Date:	Telephone No. Where You can be Reached:	
Use this space to tell us why you want a fair hearing:		

CHECK ONE:

- ☐ I do not want to continue receiving the benefits I now receive while waiting for the hearing decision.
- ☐ I want to continue receiving the benefits I now receive while waiting for the decision. I understand that I will be required to repay the Department of Human Resources any overpayment in benefits to which I was not entitled as determined by the hearing official.

If you want a fair hearing, fill out this form, cut it off at the dotted line, and mail or bring it to your Division of Family and Children Services.

RIGHT TO A COUNTY CONFERENCE

If you are not satisfied with this decision you have the right to a conference with your county department if you so request. During the conference you may speak for yourself, be represented by legal counsel, a friend, or other spokesperson. This conference is optional and will not affect your right to a fair hearing should you request one.

RIGHT TO A FAIR HEARING

You can have a fair hearing of your case if you don't agree with our decision. At the hearing you'll have a chance to explain why you disagree. You may request a fair hearing either orally or in writing by notifying the County Division of Family and Children Services.

For TANF/Medicaid you have 30 days from the date on this form to request a hearing. If you request a hearing orally, you have 15 days from the date of your oral request to submit your request in writing.

For Food Stamps, if you request a hearing within 10 days from the date on this form, you can continue to receive food stamps at your current rate. However, if the hearing officer finds our decision was correct, your household will owe us the value of the extra food stamps you received. You can request a hearing within 90 days from the date on this form, or at any time during your certification period, whichever is longer, to dispute the current level of benefits, but you won't be able to receive food stamps at your current rate.

The hearing would be held in your county by a representative of the Department of Human Resources. You may be represented at the hearing by an attorney or other representative of your choice. Any member of our staff will furnish you any necessary forms and help you file your appeal. Free legal services may be available to you in your community. If you are interested in legal services, call the number for free legal services on the front of this form.

If you want to request a hearing or ask any questions about how a fair hearing works, please call your county Division of Family and Children Services at their phone number listed on the form or complete the attached Request for Fair Hearing and return it to your County Department.

PLEASE NOTE: If you are receiving family planning and your application has been denied or discontinued, you remain eligible for services related to family planning through this department for 3 months from the date at the top of this notice. After that time, you may continue to receive family planning services through other resources in your community. If you are interested in family planning or other services, contact your worker for information.

If you want a fair hearing, fill out this form, cut it off at the dotted lined, and mail or bring it to your Division of Family and Children Services.



**ABD Medicaid Phase 1 Participant Guide
Application Processing**

January 7, 2009

WINNETT COUNTY DFCS TR54
ONE JUSTICE SQUARE
446 WEST CROGAN STREET
LAWRENCEVILLE GA 30045

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
Division of Family and Children Services
SUMMARY NOTIFICATION**



02-009105 PAGE 1

Date: 03 29 2005

County: GWINNETT
Load: 9 C
Phone: (678) 518-5500



JI MC
3254 SARAH LOU DR
SNELLVILLE GA 30078-3180

RECEIVED MAY 17 2005

Client Number: 727008578

If you disagree with or do not understand this decision, call your caseworker. If you decide to file for a fair hearing, the back of the last page of this notice tells how to file an appeal. If you need help with the appeal, or other legal problems, you can call your local Legal Aide Office at (404) 377-0701.

PART 1. GENERAL INFORMATION ABOUT YOUR ELIGIBILITY

We made a decision about your request for assistance. This notice explains our decision. It tells you about each person and program you applied for. Please read each part of the notice.

Each program you applied for is discussed separately. If a program you applied for is not listed, we have not finished processing that part of the application. You will get another notice when we are finished.

You may call your worker at the number listed at the top of the last page if you have any questions. You also can request a Fair Hearing if you disagree with any of our decisions. The last page of the notice gives more information about your Fair Hearing rights.

Medical Assistance

AU Number: 111372017, 311372017

You applied for Medical Assistance. Based on the information contained in our records we have determined that no one is eligible at this time.

Please read Part 2 of the notice to find out why you are not eligible.

PART 2. DETAILED INFORMATION ABOUT YOUR ELIGIBILITY

0005 - NOTICE OF DENIAL AU 111372017

Your application for Medicaid has been denied for the following



ABD Medicaid Phase 1 Participant Guide
Application Processing

January 7, 2009

Client Number: 727008578

PAGE 2

months:

MARCH 2005

APRIL 2005

Reason(s) for Denial:

YOU DID NOT GIVE US THE INFORMATION WE REQUESTED.

Manual Reference: TANF SE1110, FS SE3105,
MAO CH2050

If you disagree with our decision, please see the last page of this form for information on your right to request a fair hearing.

Peachcare for Kids offers medical assistance similar to Medicaid. Children under age of 19 may be eligible for Peachcare for Kids, please call 1-877-GAPEACH (427-3224) for application information.

0005 - NOTICE OF DENIAL

AU 311372017

Your application for benefits under the Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), or Qualifying Individuals (QI1) program has been denied for the following Months:

MARCH 2005

APRIL 2005

Reason(s) for Denial:

YOU DID NOT GIVE US THE INFORMATION WE REQUESTED.

Manual Reference: TANF SE1110, FS SE3105,
MAO CH2050

If you disagree with our decision, please see the last page of this form for information on your right to request a fair hearing.

Peachcare for Kids offers medical assistance similar to Medicaid. Children under age of 19 may be eligible for Peachcare for Kids, please call 1-877-GAPEACH (427-3224) for application information.

The information listed below helped us make our decision:

Your living arrangement is HOMELESS.

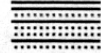
You requested medical help for 1 person(s).

Your SOCIAL SECURITY BENEFIT is \$554.00.

If a member of your household is pregnant and in need of medical assistance, contact your county Department of Family and Children Services for information on Medicaid for pregnant women.

If you think the information we used is wrong, please call your worker at the number listed above.

You may ask for a Fair Hearing if you think this decision is wrong. The Fair Hearing rules are shown on the last page of this notice.



Client Number: 727008578

02-009106

PAGE 3

*****END OF NOTICES*****



ABD Medicaid Phase 1 Participant Guide
Application Processing

January 7, 2009

GEORGIA DEPARTMENT OF HUMAN RESOURCES

Client Number: 727008578 Division of Family and Children Services PAGE 4
SUMMARY NOTIFICATION

Today's Date:	Telephone No. Where You can be Reached:	
Use this space to tell us why you want a fair hearing:		

CHECK ONE:

- ☐ I do not want to continue receiving the benefits I now receive while waiting for the hearing decision.
- ☐ I want to continue receiving the benefits I now receive while waiting for the decision. I understand that I will be required to repay the Department of Human Resources any overpayment in benefits to which I was not entitled as determined by the hearing official.

If you want a fair hearing, fill out this form, cut it off at the dotted line, and mail or bring it to your Division of Family and Children Services.

.....
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If you are not satisfied with this decision you have the right to a conference with your county department if you so request. During the conference you may speak for yourself, be represented by legal counsel, a friend, or other spokesperson. This conference is optional and will not affect your right to a fair hearing should you request one.

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For Food Stamps, if you request a hearing within 10 days from the date on this form, you can continue to receive food stamps at your current rate. However, if the hearing officer finds our decision was correct, your household will owe us the value of the extra food stamps you received. You can request a hearing within 90 days from the date on this form, or at any time during your certification period, whichever is longer, to dispute the current level of benefits, but you won't be able to receive food stamps at your current rate.

The hearing would be held in your county by a representative of the Department of Human Resources. You may be represented at the hearing by an attorney or other representative of your choice. Any member of our staff will furnish you any necessary forms and help you file your appeal. Free legal services may be available to you in your community. If you are interested in legal services, call the number for free legal services on the front of this form.

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If you want a fair hearing, fill out this form, cut it off at the dotted lined, and mail or bring it to your Division of Family and Children Services.



RETROACTIVE MEDICAID EXAMPLES: THREE MONTHS PRIOR

DFCS may determine eligibility for any of the three months for which the A/R has incurred an unpaid medical expense.

Example: An individual applied for ABD Medicaid in October 2009.

S/he has unpaid medical expenses incurred in July 2009 and September 2009.

We may determine eligibility for July and September, but **not** August (A/R did not incur a medical expense in August.)

If an A/R has applied for any type of assistance in the past, s/he may request Three Months Prior Medicaid at any time.

Example: An individual applied for ABD Medicaid in March 2008.

In October 2009, s/he requested Retroactive Medicaid for unpaid medical expenses incurred in February 2008.

Determine eligibility for February 2008.

We may use any class of assistance to determine eligibility for Three Months Prior - regardless of the type of on-going assistance for which the A/R applied.

Exceptions:

- **Retroactive Medicaid for SSI approvals** - any COA in the 2 Months Prior, but SSI Medicaid may not be used for the 3rd Month Prior.
- **QMB - Never** use QMB for 3 Months Prior.

BASIC ELIGIBILITY CRITERIA



**Section 2200 of
Medicaid Manual**



BASIC ELIGIBILITY OBJECTIVES

Participants will be able to:

- Identify the Basic Eligibility criteria required for each ABD class of assistance.
- Recognize aged, blind, or disabled individuals.
- Request verification of age from the A/R.
- Verify blindness or disability using prima facie evidence, Disability Adjudication Section (DAS) or State Medical Eligibility Unit (SMEU).
- Identify situations in which A/Rs must apply for other benefits.
- Verify the A/R's citizenship and identity by obtaining appropriate documents.
- Refer to available resources for information on the status of lawfully admitted aliens and the benefit for which they are potentially eligible.
- Obtain A/R's social security number or proof of application for one.
- Establish residency of the A/R.
- Direct A/Rs in providing information related to Third Party Resources.
- Complete appropriate forms related to establishing eligibility regarding Basic Eligibility Criteria.





ABD Medicaid Phase 1 Participant Guide
Basic Eligibility Criteria

August 28, 2008

REC 2006090 083624 H68F25E0 C30C CIPQYAC PQAC (F-C30) ***

TPQY DTE:03/31/06 SSN:257-6 - DOC:602 UNIT:DOCO PG: 001
STATUS MBR YES LOU-03/31 SSACCS NO LOU-03/30 SSR YES LOU-02/15/00
INPUT SOCIAL SECURITY NUMBER 257-6 - NAME R WHITE USRR CODE DOCO
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER 257-6 - A
INDIVIDUALS OWN SOCIAL SECURITY NUMBER: 257-6 -
MALE BORN:04/15/... ENTITLED:09/1999

P O BOX 3152 GA 31706
PAYMENT STATUS CODE: C -BENEFITS PAID
NET MONTHLY BENEFIT IF PAYABLE: \$1028.00
BENEFIT HISTORY:

DATE: GROSS BENEFIT:
12/2005 \$1166.50 CREDITED
03/2005 \$1121.20 CREDITED

MEDICARE DATA ENTITLED PREMIUM
HOSPITAL INSURANCE 09/2001
SUPPLEMENTAL INSURANCE 09/2001 \$ 88.50
DATE DISABILITY BEGAN: 03/1999

PART D PLAN NUMBER: S
PART D ENROLL START: 05/2006 PART D ENROLL STOP:
PART D PREM COLL METH TYP: N PART D PREM PAY START: 01/2006
PART D PREM STOP: PART D PREM W/H: \$.00
PART D ENROLL PENALTY: \$.00 PART D BASE PREM: \$23.80
PART D SUB RED PREM AMT: \$23.80
PART D LATE ENROLL PENALTY: \$.00
PART D SUPPLMNTL COVERAGE PREM: \$.00

INPUT SOCIAL SECURITY NUMBER 257-6 - NAME USER CODE DOCO
TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON 257-6 -
R H WHITE MALE BORN:04/15/ ELIGIBLE:08/1999
APPLICATION DATE: 08/25/1999 TYPE OF PERSON: DISABLED INDIVIDUAL
MAILING ADDRESS:

709 CORN AVE
APT A
GA 31701 3024
RESIDENCE:
709 CORN AVE

APT A

GA 31701
NET CURRENT BENEFIT FOR 03/01/2006 - FED AMT: \$0.00 STATE AMT: \$0.00
PAYMENT HISTORY OF NET BENEFITS PAID:
DATE: FEDERAL AMT: STATE AMT: TYPE OF PAYMENT:
03/01/2005 \$ 0.00 \$ 0.00 NONE MADE
PAYMENT STATUS CODE: T31 - TERMINATED BY SYSTEMS ACTION
EFFECTIVE 04/2001 31701

RECEIVED APR - 4 2006

DISABLED
INPUT SOCIAL SECURITY NUMBER 257-6 - NAME R WHITE USER CODE DOCO
INFORMATION
D O REVIEW REQUIRED
IDENTITY DISCREPANCY BETWEEN MBR & SSR:
PERSONS NAME DISCREPANT



SOCIAL SECURITY CLAIM SUFFIXES

(Or BICs - Benefit Identifying Codes)

Person's own #	DI	Supplemental Security Income (SSI)
Person's own #	A	Wage earner (person paid in - Retirement)
Spouse's #	B	Spouse benefit - living wage earner
Parent's #	C	Child benefit (parent is dead or Disabled - stops at age 18)
Deceased person's #	D	Widow/Widower
Deceased person's #	E	Benefit for young widow with minor Child (stops when youngest child turns 16)
Child's #	F	Parent benefit - drawing on child's Account
Person's own #	HA	Disability
Person's own #	J or K	Special age benefit (very few things)
Person's own #	T	Dialysis Patients Only
Deceased Person's #	W	Widow under 60 who is disabled

When a number follows the letter, more than one person is receiving benefits on that claim number. The youngest individual has the lowest number.



SOCIAL SECURITY - BENDEX INQUIRY

INQUIRY	1	BENDEX INQUIRY - BNDX	2	3	BNDX
NEXT SSN					01
Claimant Name JOHN		P NGUYEN	DOB 06 21 30	SEX M	
County 050			Beneficiary's own SSN 256 21 4987	Claimant SSN 256 21 4987	
SSA Claim Number 256 21 4987 A			Category of Assistance A		4
Agency Code 110			Old BIC	Payment Status CP	7
State Control Data	5		Date of Initial Entitlement 07 90	Date of Current Entitlement 07 90	
Mo. Benefit Payable 742.50	6		Communication Code MAT	Prev Gross Amt 150.30	8
Gross Amount Payable 742.50		9	SSI Entit/Term Dt 06 93	Status E	
Net Monthly Amount 653.00			Monthly Overpymt Deducted 0.00	End Date Overpayment 00.00	
Black Lung Acct. No. 00000000			H.I. Option Code E Amt 0.00	H.I. Date Entit/Term 06 93	
BL Entit/Term Date 00 00 BL Status		10	Disab Onset 00 00	Direct Dep C	16
BL Payment Amount 0.00		11	Trip Entit SSN		
RR Claim No	RR Status				
SMI Option Code Y	Date Entitled 06 93				
SMI Premium Amt 96.40	Date Term 00 00				
SMI Premium Payer 110		12			
SMI 3 rd Party DT Entit/Term		13			
Dual Entit SSN 000 00 000					
	14				
Message					
0020 INQUIRY COMPLETED SUCCESSFULLY					
14 - sdx 15 - wgei 16 - ucbi					

The BENDEX screen contains information about Retirement, Survivor's, Disability, Insurance (RSDI) Benefit Amount.

This is an example of a typical Bendex screen. It contains some information that is self-explanatory, some information that is not useful and some information that is relevant. The following is an explanation of what the codes for the most useful information mean.

1 SSA Claim Number – This is the claim number that was entered into SUCCESS. If the number entered into SUCCESS does not match the info in the SSA files, the number from SSA is shown.

2 Beneficiary's own SSN - This is the SSN for the A/R. What we call Social Security is officially named RSDI which stands for **R**etirement, **S**urvivor's, **D**isability **I**nsurance. An individual can receive RSDI because he is retired or disabled. In addition, his spouse and children can receive benefits through his account if he is retired, disabled or deceased.

3 Claimant SSN – If a child or spouse is receiving RSDI benefits through a parents' or spouses' account, this is the SSN of that person.



4

Category of Assistance – This code indicates the categorical relationship of the individual. A = aged; B = blind; D = disabled

5

Mo. Benefit Payable – This is the net amount of the RSDI payment. If the A/R ever received RSDI, there will be an amount here.

6

Gross Amount Payable – This is the gross monthly RSDI payment due before any deductions for Medicare. This is the RSDI amount that you budget in your case. Note that the gross amount usually includes cents. This payment, including the cents should be budgeted in the case.

7

Date of Initial Entitlement – This date tells us the month and year that the individual became eligible for their current benefit.

8

Prev Gross Amt – This is the amount of RSDI received prior to the most recent increase. This amount and the gross amount payable are used to determine the current cost of living adjustment.

9

SSI Entit/Term Dt and Status – The SSI entitlement/termination date indicates either the first month of SSI eligibility or the month after the last SSI payment. The status indicates whether the SSI is active or terminated. The codes A, E, and M indicate that the A/R currently receives a SSI payment. D indicates denial. Codes T through Z indicate termination of SSI.

10

SMI Option Code - This code indicates Medicare eligibility status. Codes G and Y show eligibility. Any other letters show ineligibility for Medicare.

11

Date Entitled – This is the date the individual became entitled to Medicare.

12

SMI Premium Amount – This indicates the amount of the Medicare premium deducted from the RSDI check. This is not deducted from the RSDI budget.

13

Date Term – This is the date the A/R stopped paying the Medicare premium.

14

SMI Premium Payer - This indicates who is responsible for paying the Medicare premium. If the A/R receives Medicaid, the state will pay this premium for the A/R. This is indicated by the code 110. If the A/R is responsible for the premium, then the code should be "self".

15

Direct Dep – This indicates whether there is direct deposit of the RSDI payment and the type of bank account into which the check is deposited. The codes are C for checking and S for savings.

16

Disab Onset – This is the earliest date for which a determination of the A/R's disability or blindness was made by DAS.



SSI - SDX1 INQUIRY

INQUIRY		STATE DATA EXCHANGE - SDX1		SDX1	
NEXT SSN				01	
Client Name	JOHN NGUYEN	Client ID	152 21 0698		
DOB	05 19 1950	Individual SSN	152 21 0698		
Date of Death		--SDX Transaction--			
		Date	11 23 99		
Appl Date	02 09 88	Onset Disab/Blindness	02 09 88		
Chg Dt	02 88	SSI Elig Date	02 09 88		
Pay Stat	C01	Medic Test			
Fed Liv	A	Medic Eff Dt	02 09 88		
State/Cnty	11530				
FS Appl	N	FS Stat	N	FS Input Date	03 88
TPL Cd	N				
----- STATE SUPPLEMENT -----					
Adv Pay	Bdgt Mo.	SSI/GPA	Mthly Asst		
2		262.00	262.00		
----- OVERPAYMENT -----					
Ind	Balance	Waiver Amt	Waiver Date		
Message					
----- RESOURCES -----					
House	MV	Lfe	Ins	Prop	
Z	B	Z		Z	

The State Data Exchange Screens (SDX) contain information about the Supplemental Security Income (SSI) benefit amounts. There are three SDX screens for SSI. This is a typical example of the first screen (SDX1) of SDX. The screen contains some information that is self-explanatory, some information that is not useful and some information that is relevant. The following is an explanation of what the codes for the most useful information mean.

- 1 Mrtl Sts** – This indicates the marital status of the SSI recipient. The codes are: 1 (married and living together), 3 (single, widowed or divorced) and 4 (married, but separated).
- 2 Appl Date** – This indicates the application date for SSI.
- 3 Denial Date and Appeal Date** - The denial date indicates when an SSI application has been denied. The appeal date indicates when the denial was appealed.
- 4 Onset Disab/Blindness** – This is the earliest date for which a determination of the A/R's disability or blindness was made by DAS. For SSI approvals, this date is prima facie evidence of disability.
- 5 SSI Elig Date** – This indicates the begin date of SSI eligibility.



6 Chg Dt – *The change date indicates the latest change or update to the SSI.*

7 Pay Stat - *The payment status indicates whether the recipient is currently receiving SSI. This is coded in a letter and two number format (for example, T22). But since there are dozens of these codes, you can use just the letter prefix to determine the payment status. The letter codes are:*

C – *the A/R is currently receiving SSI; usually this is coded as C01*

E – *A/R is only eligible for Medicaid, not a monetary payment*

H – *the case is in “hold” status while an action is pending*

N – *this means “non-pay” and indicates that the A/R is not receiving SSI*

S – *this means “suspense” and indicates that the A/R may be eligible for SSI, but the check is currently being withheld*

T - *this means that the SSI check has been terminated*

8 Fed Liv – *The “federal living arrangement” for the A/R in the budget month. The codes are A (own household), B (another’s household), C (parent’s household) and D (an institution).*

9 Medicd Eff Dt – *This is the effective date of Medicaid eligibility.*

10 SSI/GPA – *This indicates the SSI gross payable amount. This is the gross amount that the A/R is entitled to receive before any overpayments are withheld.*

11 Mthly Asst – *The monthly assistance is the actual amount of the SSI payment. If this payment is less than the SSI/GPA, then an overpayment is being withheld.*
Effective October 1, 2002 the monthly assistance payment amount should always be used in the budget.

12 Overpayment – *This concerns SSI overpayments. The codes for the Ind (indicator) are O (overpayment), U (underpayment) and B (both over and underpayment). The balance shows the current amount of the overpayment. The waiver indicates the amount of the overpayment that has been waived from repayment.*

13 Resources – *This concerns the resources of the A/R. The codes for house are A (owns residence) and Z (does not own home). The codes for MV, motor vehicles, are B (owns vehicle) and Z (no vehicle).*



TIPS FOR SUBMITTING SMEU REQUESTS

- ♦ Always submit a completed **Form 245** with the Social Data Report and appropriate medical records. It is important to indicate the month(s) for which eligibility is being requested, including all prior months. Please type or print information on the **Form 245** clearly. When an approval notice is received from SMEU and the reason states "As requested, disability as defined by Social Security and SSI regulations is met," eligibility has been established ongoing and for any prior months requested on the **Form 245**.
- ♦ **Form 188**, Social Data Report, needs to be as complete as possible. This is particularly important in cases where there is not an obvious disability or where there is a combination of health problems which could cause inability to work.

It is important to complete Section D on education and Section E regarding employment record. Special emphasis needs to be placed on the types of work the applicant performed for the longest period of time prior to becoming disabled. Indicate if an applicant is presently employed and complete Section H providing the amount of monthly gross income from employment.

In Section G please list all diagnoses, medical problems and recent surgeries as stated by the applicant. Include personal observations as to applicant's condition, behavior, attitude toward disability and support from family or other sources. Attempt to be specific as to the physical and/or mental limitations imposed by the disability. It is important to remember that medical records submitted with the SMEU request should support the diagnoses claimed by the applicant.

In Section H indicate all income or financial support received by the applicant.



TIPS FOR SUBMITTING SMEU REQUESTS (continued)

- ♦ Be aware that an SMEU decision cannot be made on certain diagnoses without follow-up medical records three months post the event. These diagnoses include strokes (CVA), heart attacks (CHF), by-pass grafting (CABG) and surgery performed specifically to correct a condition (e.g. fractures, tumors, MVA victims, aneurysms and hip or knee replacements). Surgery and/or rehabilitation may be curative, which could prevent the applicant from meeting the definition of disability. If follow-up medical is not submitted, SMEU will request this information before a disability decision is rendered.
- ♦ On Katie Beckett cases it would be helpful if a copy of the DMA-6 is included with the SMEU request. The DMA-6 does not have to be certified by GMCF for our purposes. Please keep in mind that a DMA-6 is not sufficient medical evidence to establish disability. Medical records must be submitted to substantiate the diagnosis on the DMA-6.
- ♦ Always send a **Form 71** to DAS on 3 Month Prior applications when SSI has been approved. If DAS determines that a person is **NOT DISABLED** in any of the three prior months requested, SMEU cannot make a ruling. We cannot override the DAS decision. We can only make a ruling if eligibility has **NOT BEEN DETERMINED** for any of the three prior months. Please include a copy of the **Form 71** completed by DAS with the SMEU request.





ABD Medicaid Phase 1 Participant Guide Basic Eligibility Criteria

August 28, 2008

Georgia Department of Human Resources

SOCIAL DATA REPORT

A. Identification: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> TANF			5. County Name <u>Fulton</u>
1. Name of Individual	EDWARD	J	6. AU ID: <u>87887877</u>
	First	Middle	7. Gender: <u>M</u> 8. Race: <u>W</u>
		Last	9. Birth date: <u>3/19/69</u>
2. Address: <u>WESLEY WOODS NURSING HOME</u>			10. Marital status: <u>SINGLE</u>
3. Individual's Status: <input checked="" type="checkbox"/> A. Applicant <input type="checkbox"/> B. Recipient			
4. Social report status: <input checked="" type="checkbox"/> A. Initial investigation <input type="checkbox"/> B. Reinvestigation			

B. Current Assistance and Benefits: (complete applicable items)

1. Public Assistance (a) to applicant NONE (b) to others in household N/A
2. Other agencies (such as DPH, VRD, Workmen's Compensation, OASDI – date of entitlement) NONE
3. Veteran: ☐ Yes ☒ No Receiving pension through Veteran's Administration: ☐ Yes ☒ No
Had hospitalization through VA? NO Date and site: _____

C. Present Conditions:

1. Living Arrangement: ☐ Alone ☐ With spouse & children ☐ With parents ☐ With non-relatives
☐ With spouse ☐ With children ☐ With relatives ☒ Nursing home or institution
2. Describe composition of household, approximate ages and health of members, type of housing, names of other Medicaid recipients: MR. KING IS IN A NH; PRIOR TO ENTERING THE NH AND HOSPITAL, HE LIVED ALONE.

D. Education:

1. Grade completed (circle one) 1 2 3 4 5 6 7 8 9 10 11 (12)
2. College or additional education (specify) BS IN PHYS. ED.; WAS PURSUING MASTER'S IN PHYS. ED.
3. Special training (describe) NONE
4. Quality of student AVERAGE 5. Reason for terminating school DIVING ACCIDENT

E. Employment Record or Homemaking: (Do not list employer's name)

Date		Part Time	Full Time	Description of work performed	Reason for leaving
From	To				
				NEVER GAINFULLY EMPLOYED;	
				VOLUNTEERED AS A LIFE GUARD	
				DURING SUMMER BREAKS.	

2. If rejected for work because of disability, explain: _____
3. Describe how disability affects homemaking and child caring roles: N/A – IN NH. IF HE EVER RETURNS TO THE COMMUNITY, WE WILL NEED A HOUSEKEEPER AND PERSONAL CARE ATTENDANT.
4. Who is responsible for homemaking and/or child care? N/A
5. Does employment of the type individual has performed exist in community? ☒ Yes ☐ No If yes, describe.
Is person doing any work now? UPON GRADUATION, HE SAYS HE HAD BEEN PROMISED TO BE HIRED AS THE TENNIS PRO AT THE COUNTRY CLUB.



ABD Medicaid Phase 1 Participant Guide
Basic Eligibility Criteria

August 28, 2008

Georgia Department of Human Resources

F. Vocational Rehabilitation:

1. Office of Rehabilitation Services status (date referred) _____ Decision and plans: _____
NOT REFERRED AT TIME OF INTERVIEW.

2. Other treatment and/or rehabilitative efforts: (Heart, Tumor, Clinics, ETMH, DPH, any Health Clinics): _____
RECEIVING THERAPY AT SHEPARD SPINAL CLINIC

G. Limitations of Activity: (Description of individual as a disabled person)

1 ☒ Bedridden ☒ Chair ☐ Housebound ☐ Ambulatory

2. Onset of present disability (please fill in date): 3/26/93

How has condition changed recently: NO CHANGE

3. Discuss all physical and mental limitations, handicaps, remaining capacities. Describe how and to what extent person does things for self, how well gets around, help required from others, usual daily activities, etc. Compare present activities to those prior to present illness. Include family's and applicant's attitude toward disability. MR. KING WAS A GRADUATE STUDENT AT UGA UNTIL 3/26/93, WHEN HE SEVERED HIS SPINAL CORD IN A DIVING ACCIDENT. HE WAS ADMITTED TO EMORY HOSPITAL ON 3/26, AND THEN WESLEY WOODS NH ON 3/28/93. HE IS 6'2" IN HEIGHT AND WEIGHED 210 PRIOR TO THE ACCIDENT; HE NOWS WEIGHS 130.

PRIOR TO THE ACCIDENT, HE WAS VERY ACTIVE, I.E., TENNIS, SWIMMING, AND BASKETBALL; HE WAS FULLY CAPABLE OF TAKING CARE OF HIS PERSONAL AND PHYSICAL NEEDS. SINCE THE ACCIDENT, HE IS UNABLE TO DO ANYTHING FOR HIMSELF: HE IS PARALYZED FROM THE NECK DOWN AND HAS BEEN TOLD THAT, "THERE IS LITTLE HOPE THAT HIS CONDITION WILL IMPROVE", HE IS RECEIVING THERAPY TO HELP HIM LEARN TO OPERATE A WHEEL CHAIR AND COMPUTER WITH THE HELP OF A SPECIAL MOUTH PIECE. HE SPENDS ABOUT FOUR HOURS A DAY IN A WHEELCHAIR: THE REMAINDER OF THE DAY IN A HOSPITAL BED. HE SPENDS HIS DAYS GOING TO THERAPY (1 HR./DAY), WATCHING TV, VISITING HIS FAMILY, AND "JUST THINKING". DURING THE INTERVIEW HE SEEMED SOMEWHAT BITTER, "WHY ME?"; YET HE HAS SOME GOALS FOR THE FUTURE: "WITH THE HELP OF A PERSONAL CARE ATTENDANT AND TRAINED MONKEY, I PLAN TO RETURN TO MY CONDO ASAP." "WHEN I LEARN TO MASTER THE COMPUTER, MAYBE I CAN FIND SOME FREE LANCE WORK - OR MAYBE I'LL BECOME A GREAT AUTHOR - WHO KNOWS?"

HIS PARENTS ARE VERY SUPPORTIVE AND ENCOURAGING; THEY VISIT HIM DAILY AND DISCUSS "THE FUTURE".

SEE ATTACHMENTS: PHYSICIANS' DIAGNOSIS AND PRONOSIS; HOSPITAL AND NH RECORDS; DMA-6

H. 1. Is person now usefully employed? (describe) NO

2. Amount of monthly gross income from above employment (include monetary value of income in kind): _____
N/A

3. Is person's pattern to perform seasonal work when available? DID VOLUNTEER WORK EVERY SUMMER SINCE HIGH SCHOOL

4. How has he managed to live since onset of disability? \$1500/MO. FROM A TRUST FUND SET UP BY GRANDFATHER

5. When and how was person first known to this agency? APPLICATION FOR ABD MEDICALLY NEEDY

Date completed: 6/10/93

Signature of Investigator E. L. Wilson

Form 188 (04/04)



GEORGIA DEPARTMENT OF HUMAN RESOURCES
REPORT OF STATE MEDICAL ELIGIBILITY UNIT

PROG: AMN

TO: BETH
FORSYTH COUNTY DFCS
P. O. BOX 21
CUMMING GA 30130-0071

REGARDING: JERRY

AGE: 57 CASE NUMB: 530531

DOB: 6/6/42 SEX: M RACE: W DATE RECEIVED BY SMEU: 12/14/99

DATE ENTERED: 12/14/99 DATE A/D: 1/26/00 A/D: A

STATUS:

☒ APPLICANT ☐ RECIPIENT

TYPE OF EXAMINATION:

☒ INITIAL EXAMINATION ☐ REEXAMINATION

UPON COMPLETION OF REVIEW OF PERTINENT MEDICAL AND SOCIAL DATA SUBMITTED ON THE ABOVE NAMED INDIVIDUAL, DECISION AS TO THE DEGREE OF BLINDNESS, INCAPACITY, OR PERMANENT DISABILITY IS REPORTED AS INDICATED BELOW:

ELIGIBLE: AS REQUESTED, DISABILITY AS DEFINED BY SOCIAL SECURITY AND SSI REGULATIONS IS MET BY THIS CLAIMANT.

INELIGIBLE:

JAN 26 2000

DATE

KATHLEEN BYERS, M.D.

STATE MEDICAL ELIGIBILITY UNIT



Aged, Blind or Disabled?

AGED? (65 or older)	
YES? →	Verify: Birth Certificate Baptismal Record State ID Social Security Records Other Documents
NO? ↓	(continue)

BLIND OR DISABLED?	
❶ Prima Facie Evidence of Disability?	
YES? →	RSDI Disability RR Disability Medicare (except 'T') SDX for SSI approval Disability is established. Proceed with eligibility determination.
NO? ↓	
❷ Disability Adjudication Section (for SSI Approved A/R Only) SSI Approved?	
YES? →	SDX Disability Onset Date Includes all Prior Months?
Yes? ↓	No? ↓
Disability is established. Proceed with eligibility determination.	Form 71 to DAS
NO? ↓	
❸ Follow procedures to establish Disability using SMEU.	



CITIZENSHIP/IDENTITY VERIFICATION

EXEMPTIONS FROM CITIZENSHIP/IDENTITY VERIFICATION REQUIREMENT:

- Persons entitled to or enrolled in Medicare
- Persons currently receiving **SSI cash benefits**
- Persons receiving Social Security disability benefits, including a disabled child, widow, or widower receiving disability benefits on the account of a worker

CITIZENSHIP VERIFICATION	
IF	THEN
A/R has a passport	Obtain the passport, no other action required to verify citizenship
A/R has Certificate of Naturalization (N-550 or N-570)	Obtain the certificate, no other action needed
A/R has Certificate of Citizenship (N-560 or N-561)	Obtain the certificate, no other action needed
A/R has none of the above	Go to the next chart

CITIZENSHIP AND IDENTITY VERIFICATION	
IF	THEN
A/R has a U.S. public birth record	Obtain the birth record AND Verification of Identity*
A data match with a State Vital Statistic Agency can be obtained	Obtain the data match AND Verification of Identity*
A/R has none of the above	See OFI Policy Manual for further options

*Acceptable documentation to verify proof of identity includes:

- A state driver's license bearing the individual's picture, the Georgia Voter Identification card issued through the County Voter Registrar's office, or the Georgia Identification Card for Voting Purposes issued by the Department of Driver's Services (www.sos.state.ga.us/elections/voter_registration).
- U.S. military card or draft record
- Identification card issued by federal, state, or local government agencies or entities; If the identification card does not contain a photograph, identifying information shall be included such as: name, date of birth, sex, height, color of eyes, and address

If the A/R doesn't have any of the above to verify identity, check the OFI Policy Manual for further options.

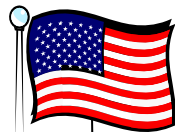
ALL applicants/recipients must be provided a copy of "Providing Verification of Citizenship for Medicaid" and sign the Declaration of Citizenship form.

Use Form 218, "Citizenship/Identity Verification Checklist" to give to the A/R or representative if actual verifications are requested. All documents verifying citizenship/identity must be either originals or copies certified by the issuing agency.



Citizenship/ Alienage

US Citizen



Verify



Not a citizen? Verify!



- Document:**
- AU's statement of alien status
 - Source of verification

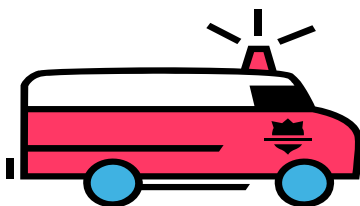
Chart 2215.1



WEB-1

Note: Follow your county's procedures for accessing.

Process Using
Emergency Medical
Assistance Criteria



Cannot/ will not
provide verification of
alien status?

US Passport to Verify US Citizenship

The Secretary of State
of the United States of America
herby requests all whom it may concern to permit the citizen/
national of the United States named herein to pass
without delay or hindrance and in case of need to
give all lawful aid and protection.

*Le Secrétaire d'Etat
des Etats-Unis d'Amérique*

*prie par les présentes toutes autorités compétentes de laisser passer
le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport
sans délai ni difficulté et, en cas de besoin, de lui accorder
toute aide et protection légitimes.*

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE

NOT VALID UNTIL SIGNED

[illegible]



Lawful Permanent Resident

U.S. IMMIGRATION
260 - ATL 4050
ADMITTED

OCT 09 2004

CLASS DV3
UNTIL 08 OCT 2005

A 56 2 VISAS

PROCESSED FOR I-551.
TEMPORARY EVIDENCE OF
LAWFUL ADMISSION FOR
PERMANENT RESIDENCE
VALID UNTIL 08 OCT 2005
EMPLOYMENT AUTHORIZED.

VISA

UNITED STATES OF AMERICA

Issuing Post Name
US CONSULATE GENERAL
LAGOS

Surname
AK

Given Name
F

Birth Date
09AUG

Passport Number
A197

Annotation
**

Gender
F

Birthplace
NRA

Nationality
NRA

IV Issue Date
15JUN2004

IMMIGRANT VISA
IV Case Number
AF71

Registration Number
15640442

Marital Status
5GL

IV Expires on
14D02

711808

VIUSAAK
A19 29<0 A 080 04 DDL 01 P1 4

Lawful Permanent Resident

RESIDENT ALIEN	
U.S. Department of Justice - Immigration and Naturalization Service	
TR	BL
NAME	
10	10
DOB	
AL 144	0
ALIEN NUMBER	
06	05 07
CARD EXPIRES	
LR	

[illegible][illegible]



I-94 INS Section 207-A Refugee Card

[illegible]

B, O, S, N, I, A

05
ADMITTED AS A REFUGEE
PURSUANT TO SECTION 207 OF
THE INA FOR AN INDEFINITE
PERIOD OF TIME. IF YOU DEPART
THE U.S. YOU WILL NEED PRIOR
PERMISSION FROM INS TO
RETURN.
EMPLOYMENT AUTHORIZED

NYC

DATE: 1996 JAN. OFF

See Other Side

STAPLE HERE

PG-19



EXAMPLES: RESIDENCY (MR 2225)

1. Mr. Bean is 30 years old and receives RSDI based on disability. He owns a homeplace in North Dakota. His wife placed him in a Georgia Nursing Home and then applied for Medicaid for him. He is mentally alert and states that he is not a Georgia resident. He plans to return to North Dakota as soon as his lawyer gets him out of the Nursing Home.

The residency requirement is not met because the applicant is capable of stating intent. He states that he is not a Georgia resident and that he is here temporarily. The MES denies the application.

2. Mr. Bean remains in the Georgia Nursing Home. One month later, Mrs. Bean reapplies for Mr. Bean. He has now lapsed into a coma as a result of trying to commit suicide.

Mr. Bean now meets the residency requirement. He is incapable of stating intent; he became "incapable" at age 18 or older; he is in Georgia; and he was not placed in the Nursing Home by an out-of-state state agency. Mrs. Bean states that he will never return home, but she and their minor children live on the homeplace.



FINANCIAL RESPONSIBILITY



**Section 2500 of
Medicaid Manual**

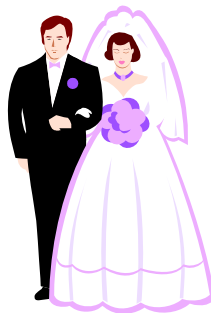
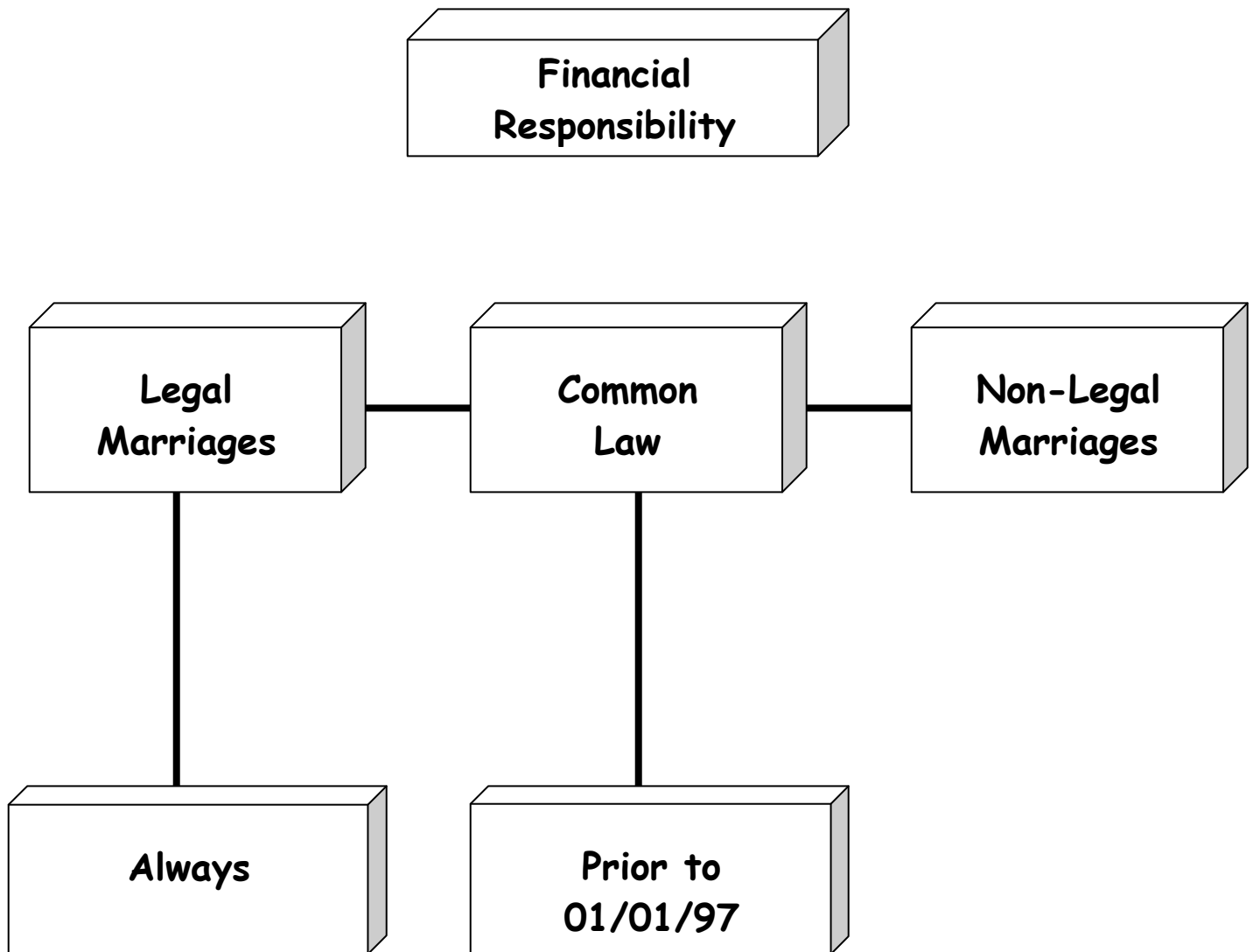


FINANCIAL RESPONSIBILITY OBJECTIVES

Participants will be able to:

- Determine when an A/R's parent's or spouse's (deemor's) resources/income is considered in the eligibility budget.
- Determine if the adult A/R is in a marital relationship.
- Review the types of income excluded from the deeming process.
- Recognize the applicant as a Medicaid individual, Medicaid couple, or Medicaid individual with an ineligible spouse.







EXAMPLES: FINANCIAL RESPONSIBILITY

Spouse ⇒ **Spouse**

Begin deeming resources/income the month after the marital relationship begins.

Example #1: Sam and Janie have been dating for several years. On May 16, they get married. The marital relationship begins in June.

Example #2: Sheila and John have lived together from June 1998 until August 2000. On August 4, 2000 they marry. The marital relationship begins in September.

Cease deeming resources/income the month after the marital relationship ends.

Example #3: Mildred and Steve are legally married. They live in LA-A. On April 7, Steve files for divorce and moves into an apartment. The marital relationship ceases effective May.

Example #4: Nancy and Dale are legally married and live in LA-B. They separated on October 21. The marital relationship ends effective November.



EXAMPLES: FINANCIAL RESPONSIBILITY (continued)

Parent(s) ⇨ Child

Begin deeming resources/income the month after the parent(s) and child begin living together in the same household.

Example #5: A child born in May is released from the hospital and begins living with his parents in June. Deeming of resources and income begins in July.

Example #6: A child is in a nursing home and is released to his/her parents' home on October 2. Deeming of resources and income begins in November.

Cease deeming resources/income the month after the month the child turns 18 or stops living in the same household with his/her parents.

Example #7: Sarah (age 12) left the home of her parents and began living with her aunt on April 11. Cease deeming resources and income in May.

Example #8: A child lives with her parents in LA-C. She turned 18 on January 13. Cease deeming parents' resources and income in February.

If a child's parents are also SSI or Medicaid A/Rs, no financial responsibility exists.

Example #9: Charlie, age 12, is blind and lives with his parents. Because of his disability, Charlie receives ABD Medicaid. For purposes of determining his ongoing eligibility Charlie is classified as a child living in LA-C. His mother receives ABD Medicaid but his father does not receive any Medicaid. Consider only his father's resources and income when determining Charlie's eligibility.

RESOURCES



**Section 2300 of
Medicaid Manual**



RESOURCES OBJECTIVES

Participants will be able to:

- define "resource"
- state the resource limit for each COA based on LA-A and B, using the provided Financial Limits
- recognize when deeming of resources is appropriate for LA-A and B

Given a non-FBR case study, participants will be able to:

- calculate the countable value of:
 - automobiles
 - home place (LA-A,B,C)
 - lump sums
 - savings and checking accounts
 - retirement funds
 - safe deposit box
 - cemetery lots
 - burial funds
 - burial contracts
 - life insurance
- state what verification will be required for each resource
- determine the value of a home place, and its impact on eligibility





EXAMPLE: EQUITY VALUE

Adam Knight (87) applies for ABD Medicaid. He wishes to receive QMB. He lives with his son and his family. His only resource is a piece of land. Although it was paid for at one time, several years ago, Mr. Knight borrowed money against it to help pay his granddaughter's college tuition. He still owes \$5,000 on the loan. You determine the CMV of real property by multiplying the assessed tax value by 2.5.

The assessed value of the property is \$3,000.

$$\begin{array}{rcl} \$3,000 & \text{assessed value} & \\ \times \ 2.5 & & \\ \hline \$7,500 & \text{CMV} & \end{array}$$

The equity value (EV) of the resource is the current market value (CMV) minus the outstanding amount of the loan, \$5,000.

$$\begin{array}{rcl} \$7,500 & \text{CMV} & \\ - \ 5,000 & \text{loan balance} & \\ \hline \$2,500 & \text{EV} & \end{array}$$





RESOURCES TREATED THE SAME IN FBR AND NON-FBR COAs

- ✓ Automobiles (MR 2308)
- ✓ Homeplace Property (LA-A,B,C)
- ✓ Lump Sums (MR 2324)
- ✓ Savings and Checking Accounts (MR 2334)
- ✓ Retirement Funds (MR 2332)



Southeastern Edition

N.A.D.A.

OFFICIAL USED CAR GUIDE®

DOMESTIC CARS - IMPORT CARS TRUCKS

68 Years of Service

2001 - JULY - 2001

T-32 DODGE 2001

Trade-In	BODY TYPE	Model No.	M.S.R.P.	Weight	Loan	Retail
2001 DODGE AT-AC-Continued						
	Add Rear Air Conditioning (Std. Ex. ES)					
	Add Anti-Theft/Recovery System					
	Deduct Without Power Windows					
	Deduct Without Power Door Locks					
	Deduct Without Cruise Control					
	Deduct Without Tilt Steering Wheel					
	Deduct 4 Cyl. Engine					
DURANGO-1/2 Ton-V6-4WD						
	Wagon 4D Sport (2WD)	R28	\$26850	4408		
	Wagon 4D SLT (2WD)	R28	27650			
	Wagon 4D Sport	S28	28770	4648		
	Wagon 4D SLT	S28	28770			
	Wagon 4D R/T Sport	S28	32615			
	Add Compact Disc Player (Std. R/T)					
	Add Leather Seats (Std. R/T)					
	Add Rear Air Conditioning					
	Add 7/8 Passenger Seating					
	Add Aluminum/Alloy Wheels					
	Add Anti-Theft/Recovery System					
RAM VAN 1500-1/2 Ton-V6						
	Wagon 109 6"	B15	\$21345	4591		
	Van 109 6"	B11	18895	4195		
	Van 127 6"	B11	18740	4411		
	Maxvan 127 6"	B11	20850	4500		
RAM VAN 2500-1/2 Ton-V6						
	Wagon 127 6"	B25	\$23360	5173		
	Van 127 6"	B21	20240	4757		
	Maxvan 127 6"	B21	22305	4912		
RAM VAN 3500-1 Ton-V6						
	Maxwagon 127 6"	B35	\$26385	5623		
	Van 127 6"	B31	21925	4779		
	Maxvan 127 6"	B31	22470	4949		
	Add Compact Disc Player					
	Add Power Seat					
	Add Aluminum/Alloy Wheels					
	Add Rear Air Conditioning					
	Add 11/12 Passenger Seating (2500)					
	Add Anti-Theft/Recovery System					
	Deduct Without Power Windows					
	Deduct Without Power Door Locks					
	Deduct Without Cruise Control					
	Deduct V8 Engine					
	Deduct Without Air Conditioning					
DODGE PICKUP-1/2 Ton-V6						
	Sweptline 6 1/2'	L26*	\$13770	3389		
	Sweptline R/T Sport 6 1/2'	L26	18610	3850		
	Club Cab 6 1/2'	L22*	17095	3617		
	Quad Cab Sport 5 1/2'	L22	22175	4075		
	Quad Cab Sport 5 1/2'	L2A*	19465	4151		
	Add SLT Trim (Ex. R/T, Sport)					
	Add Sport Trim (Ex. R/T, Quad)					
	Add 4 Wheel Drive					
	Add Compact Disc Player					
	Add Power Seat					

SEE PAGE T-2 FOR ADDITIONAL OPTIONS
2001 JULY 2001

T R U C K S



EXAMPLE: AUTOMOBILES (FBR & NON-FBR)

Mary Barlow, a non-FBR A/R, owns two automobiles, a Buick (CMV = \$4875/ owes \$0, EV = \$4875) and a VW (CMV = \$3500, owes \$3,150, EV = \$350). We can fully exclude ONE automobile used for transportation per household.

Determine the lowest countable resource value of Ms. Barlow's automobiles.

- If the Buick is totally excluded, we must count full equity value of the VW.

Buick	\$ 0
VW	<u>\$350</u>
Countable resource value =	\$350

- If the VW is totally excluded, we must count full equity value of the Buick.

VW	\$ 0
Buick	<u>4875</u>
Countable resource value =	\$4875

So the choice that benefits Ms. Barlow the most is exclusion of the Buick and counting EV of the VW.





EXAMPLES: HOMEPLACE (FBR & NON-FBR)



Example #1

Mrs. Evelyn Fryer (65) is applying for ABD Medically Needy. She considers herself a Georgia resident but when her husband retires in about two years, they are going to return to her homeplace in Alabama. The homeplace in Alabama has an EV of \$70,000 and is currently vacant. Since the home is not in the state of Georgia and Mrs. Fryer is not in LA-D, the home may only be excluded from resources if the A/R's spouse or dependent relative is residing in the home. The house is vacant, so its full EV of \$70,000 must be counted toward Mrs. Fryer's resource limit.

Later, Mrs. Fryer's daughter, Emily (27) begins residing in the home while she is in college. She is not working and could not afford to pay rent elsewhere. In this case, the home will be excluded from resources since a dependent relative is residing in the home.

Example #2

Mr. George Wood (68) is applying for QMB. He recently had hip surgery and is residing with his daughter while he recovers. He owns his own home, which is located in Georgia and has an EV of \$85,000. He states in writing that he intends to return to his home when his recovery is complete. The homeplace will be excluded from resources in this case since the A/R has stated his intent to return to the homeplace.



ABD Medicaid Phase 1 Participant Guide Resources

May 28, 2009

Bank of America

Bank of America, N.A.
Customer Service
P.O. Box 4899
Atlanta, GA 30302-4899



H

Page 3 of 3
Statement Period
01-20-01 through 02-15-01
Number of checks enclosed: 17
B 12 0 C 12 000504

Account Number: 0000 [REDACTED]

[REDACTED]
[REDACTED]

Regular Checking Subtractions

Checks Posted

Check Number	Date Posted	Amount(\$)	Check Number	Date Posted	Amount(\$)	Check Number	Date Posted	Amount(\$)
2755	02-01	25.00	2783	01-25	163.00	2789	02-13	50.00
2777*	01-26	7.00	2784	02-07	50.00	2791*	02-15	150.00
2779*	01-23	25.65	2785	02-05	4.50	2792	02-14	150.00
2780	01-23	245.96	2786	02-06	220.18	2793	02-15	50.00
2781.	01-25	1,605.75	2787	02-13	912.00	2795*	02-13	100.00
2782	01-26	50.00	2788	02-13	1,569.00			

Total Checks Posted

\$5,378.04

The asterisk shows a break in the check number order. Your check may have been in a previous statement or may still be outstanding.

Other Subtractions

Date Posted

Amount(\$)

IDS Amex Mpls MN;Des = auth Pmt ;ID = 200101260 [REDACTED]	01-30	166.67
Eff Date: 010130;Indn: [REDACTED]		
IDS Amex Mpls MN;Des = auth Pmt ;ID = 200102131 [REDACTED]	02-15	166.67
Eff Date: 010215;Indn: [REDACTED]		

Total Other Subtractions

\$333.34

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	1,035.94	01-29	1,223.71	02-07	757.36
01-22	3,267.59	01-30	1,057.04	02-08	3,320.00
01-23	2,995.98	02-01	1,032.04	02-13	689.00
01-25	1,227.23	02-05	1,027.54	02-14	539.00
01-26	1,170.23	02-06	807.36	02-15	172.33



EXAMPLE: SAVINGS FBR & NON-FBR

Aimee Rayner is an ABD Medicaid recipient under the QMB COA. She reports she owns the following financial instruments:

- \$1000 savings account which she owns with her sister, who is an ABD Medicaid recipient also.
- \$500 CD she owns with her son, Mark. Either she or Mark can withdraw funds from the account without the permission of the other. This means the account is unrestricted (Aimee or Mark).

The amount from these accounts that will be counted toward Mrs. Rayner's resource limit is \$1000. Since she and her sister are both Medicaid recipients, half of the account they own together is counted, \$500. The entire amount of the CD she owns with her son is counted because she has unrestricted access to the account, and Mark is not a Medicaid recipient.





TREATMENT OF RESOURCES IN NON-FBR COAs DIFFERENT FROM FBR COAs

- ✓ Safe Deposit Box (MR 2333)
- ✓ Cemetery Plots (MR 2311-5, 2311-1 defines a burial plot as a burial space item)
- ✓ Burial Funds (MR 2312)
- ✓ Burial Contracts and Burial Space Items (only A/R and spouse) (MR 2311)
- ✓ Life Insurance Policies (MR 2323)





EXAMPLES: BURIAL FUNDS (NON-FBR)

Example #1:

Lawrence Reys designated the value of a piece of land to cover both his and his wife's burials. The land is currently valued at \$22,000. Since there is no limit to the amount that can be designated for burial, Mr. Reys may designate the entire \$22,000 for the burials. However, only \$20,000 may be excluded (\$10,000 for Mr. Reys and \$10,000 for Mrs. Reys); provided they have no other burial resources that include life insurance policies or burial contracts. The remaining \$2,000 is counted toward Mr. Reys' resource limit.

If Mr. Reys were to designate the land for burial retroactively at a time when it was valued under \$20,000, the entire value of the land would now be excluded.

Example #2:

Harold Miller does not own any life insurance policies or burial contracts. He designates \$8,000 in a savings account for his burial. Over a year, the account earns \$450 in interest. At this time, Mr. Miller deposits another \$2,000 and designates it for his burial also. The total in the account is now \$10,450 and is entirely excluded. The exclusion limit is met by the \$8,000 originally designated and the \$2,000 deposit. The \$450 interest earned is not included and is not used to meet the \$10,000 burial fund exclusion limit. Nor is it counted toward Mr. Miller's resource limit.





BURIAL EXCLUSION DOCUMENTATION

BURIAL FUNDS: Attach copy of Form 985. If totally excluded, do not count interest accrued. **None**

LIFE INSURANCE POLICIES: Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:

Value + accrued interest

(Use only if unable to use for Burial Exclusion allowance.)

\$ 10,000

\$ 0

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ 10,000

Total

\$ 0

Total

NOTE: If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.

Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ 0

Total of Burial Funds: \$ 10,000

Total of FV of Life Insurance: \$ 0

Total Burial Assets: \$ 10,000

k. **Burial Exclusion Allowance:** 10,000

Contracts used for Burial Exc. \$ _____

Burial Funds used for Burial Exc. \$ 10,000

FV of Life Ins. used for Bur. Exc. \$ _____

Actual amt. designated for Burial \$ 10,000

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____

Does this amount combined with other assets exceed the resource limit?

Burial Funds (2nd column h. above) _____

☐ Yes ☐ No

CSV of Life Insurance (i. above): _____

Total countable burial assets: _____

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded.

Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

Add text to the notice if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."



EXAMPLES: BURIAL CONTRACTS NON-FBR

Example #1:

Juanita Godfrey (73) applies for a non-FBR COA. She has three burial contracts. Each is revocable but is not itemized. Each has a current refund value of \$2500. One is for herself, one is for her husband, Edward, and the other is for her son, Carl.

Since the contract is not itemized, you must consider the entire refund value of all three contracts (\$7,500). The contracts, in combination with any burial funds and life insurance, may be excluded if her total burial assets do not exceed \$10,000.







BURIAL EXCLUSION DOCUMENTATION

BURIAL FUNDS: Attach copy of Form 985. If totally excluded, do not count interest accrued. **None**

LIFE INSURANCE POLICIES: Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:

Value + accrued interest

(Use only if unable to use for Burial Exclusion allowance.)

\$ 7,500

\$ 0

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ 7,500

\$ 0

Total

Total

NOTE: If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.

Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ 0

Total of Burial Funds: \$ 7,500

Total of FV of Life Insurance: \$ 0

Total Burial Assets: \$ 7,500

k. **Burial Exclusion Allowance:** 10,000

Contracts used for Burial Exc. \$ _____

Burial Funds used for Burial Exc. \$ 7,500

FV of Life Ins. used for Bur. Exc. \$ _____

Actual amt. designated for Burial \$ 7,500

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____

Does this amount combined with other assets exceed the resource limit?

Burial Funds (2nd column h. above) _____

☐ Yes ☐ No

CSV of Life Insurance (i. above): _____

Total countable burial assets: _____

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded.

Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

Add text to the notice if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."



EXAMPLES: BURIAL CONTRACTS NON-FBR (Continued)

Example #2:

Herbert Matthews (82) applies for a non-FBR COA on 9/12/09. He owns a burial contract with Peace Funeral Home. The burial contract is revocable, itemized, and paid in full. He paid for the contract March 2002. Review the copy of Mr. Matthews burial contract located on the next page.

In the box below, list the items provided by the contract.

Item	Value
Total Value at Time of Purchase	

The current refund value of the contract is \$5000 (verified by telephone contact with John Harris, the Funeral Director). The refund value of the burial space items in their burial contracts (casket, gravesite and gravesite preparation, and the perpetual care of the gravesite) is excluded. The refund value of the non-burial space items (flowers, funeral home rental and body preparation, and minister's fee) must be determined based on the formula given on the Burial Asset Exclusion form. Follow the steps on MR 2311-4 to determine the current resource value of the non-burial space items to include in computing the burial exclusion limit.

ABD Medicaid Phase 1 Participant Guide Resources

Charges are only for those items that are used. If we are required by law to use any items, we will explain the reasons in writing.

If you selected a funeral which requires embalming, such as funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangement such as a direct cremation or immediate burial. If we charged for embalming, we will explain why.

May 28, 2009

FUNERAL PURCHASE AGREEMENT

PEACE FUNERAL HOME, INC.

1010 Main Street
Allstown, Georgia 36232
(478) 495-5555

Services of Funeral Director and Staff _____

Additional Services _____

Embalming _____
(may not be required by law)

Other care of deceased _____

Facilities for visitation _____ night(s) at _____

Funeral Services: Church, Chapel, Graveside Memorial, Other \$300

Use of facilities and equipment \$500

Equipment for ceremony Elsewhere (Residence) _____

Other _____

Transfer of body _____

Funeral Coach _____

Family Car _____

Other Automotive Equipment, Utility, Flower Van \$

Other Gravesite preparation \$500

TOTAL Professional Services \$1300

MERCHANDISE as selected Casket \$1000

Vault _____

Alternative suitable Enclosure _____

Clothing _____

Urn Sales _____

Acknowledgement cards _____

Register book _____

Other memorial supplies Perpetual care \$800

TOTAL MERCHANDISE \$1800

ITEMS INVOLVING CASH ADVANCES

To permit us to render a better service we have advanced the money on these for your convenience. We charge for our services in buying these items.

OTHER SERVICES PROVIDED**Obituary Notices**

One town _____

Second town _____

Third town _____

Other _____

Additional Mileage (Auto) _____

Cemetery Charges _____

Grave Equipment _____

Sales Tax (7%) _____

Extra Cemetery Charge _____

Cremation _____

Transportation _____

Long Distance Calls _____

Clergy \$50

Music _____

Flowers \$250

Beautician _____

Death Certificates _____

Other Funeral Home _____

Airline Transportation _____

Other _____

TOTAL CASH ADVANCES \$300

SUMMARY OF CHARGES

(1) Professional Services \$ 1300

(2) Merchandise \$ 1800

(3) Other Services Provided \$ 300

TOTAL (1,2,3) \$ 3400

(4) Items ordered later
Both parties agree any items ordered later shall become a part of this agreement and shall be inserted herein
TOTAL (1,2,3,4) \$ _____

SERVICE MERCHANDISE DISCOUNT OF _____ IF SERVICES ARE PAID IN FULL

BY _____

In consideration of the services, merchandise and cash advance set forth above, the undersigned, jointly and severally promise to pay to the order of Peace Funeral Home the sum of \$ 3400 under the following

terms immediately
This is a cash transaction and penalty of at a % per month on the unpaid balance for unanticipated late payment may be charged effective the first day of the month following the due date. In the event of default, we agree to pay all the costs of collection including reasonable attorney fees.

Relationship to deceased _____

Herbert Matthews 3/4/02 S.S. # 987-65-4321

1240 Capital Street Allstown Georgia 36236
Address City State Zip Code

Signature of Co-signer with Purchase Address _____

The above purchaser/signee who represents hereby that he/she has legal authority and doing so hereby requests Norris Funeral Home and/or agents, employees to embalm the above named deceased individual in accordance with customary funeral and embalming procedures and practices, and/or remove all necessary medical devices.

LEGAL CEMETERY OR CREAMATORY REQUIREMENTS COMPELLING THE PURCHASE OF ANY ITEMS EXPLAINED _____

REASON FOR EMBALMING EXPLAINED: _____

Open casket requested above purchaser signature, visitation, health, out of state

We agree to furnish all services, merchandise and cash expenditures indicated above but we MAKE NO WARRANTY OF FITNESS OR MERCHANTABILITY of the merchandise expressed or implied. The only warranties available, if any, are the expressed written warranties of the manufacturers of the merchandise.

By John Harris 3/4/02



BURIAL EXCLUSION
FBR or NON-FBR
(Underline which)

Complete form for each A/R & spouse, as needed. Application/Review date: 9/12/2009

Herbert Matthews

BURIAL CONTRACT:

a. Name of Funeral Home : Peace Funeral Home Phone #: 404-678-4292

b. Contract owned by A/R or Spouse? ☒ Yes ☐ No If no, who owns: _____

c. Is contract itemized? ☒ Yes ☐ No

d. Is contract designated for A/R or spouse? ☒ Yes ☐ No

e. Is contract paid in full? ☒ Yes ☐ No If yes, list purchase price: \$ 3400 Date: March 2002

f. Determine the value of the part paid in full burial items. List below:

Burial Space Item	\$ Value
Gravesite Preparation	500
Casket	1000
Perpetual Care	800
Total	2300

g. Subtract \$ amount in F from \$ amount in E.

As of: E – F = Countable non-burial space amt.
Date 9/12/2009 \$ 3400 – 2300 = \$ 1100

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & NOT paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are PAID for may be designated for burial. Any PAID for NON burial space items are a countable resource.



BURIAL EXCLUSION DOCUMENTATION

BURIAL FUNDS: Attach copy of Form 985. If totally excluded, do not count interest accrued. **None**

LIFE INSURANCE POLICIES: Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:

Value + accrued interest

(Use only if unable to use for Burial Exclusion allowance.)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____ Total

\$ _____ Total

NOTE: If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.

Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ 1,100

Total of Burial Funds: \$ 0

Total of FV of Life Insurance: \$ 0

Total Burial Assets: \$ 1,100

k. **Burial Exclusion Allowance:** 10,000

Contracts used for Burial Exc. \$ 1,100

Burial Funds used for Burial Exc. \$ 0

FV of Life Ins. used for Bur. Exc. \$ 0

Actual amt. designated for Burial \$ 1,100

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____

Does this amount combined with other assets exceed the resource limit?

Burial Funds (2nd column h. above) _____

CSV of Life Insurance (i. above): _____

☐ Yes ☐ No

Total countable burial assets: _____

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded.

Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

Add text to the notice if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."



EXAMPLES: LIFE INSURANCE POLICIES (NON-FBR)

Example #1: Martina Gunner (82) is applying for Hospital Medicaid. Her only resources are the following life insurance policies:

TYPE OF POLICY	FACE VALUE	CASH SURRENDER VALUE
Whole Life	\$5000	\$500
Term	\$21,000	\$0

The term policy will not be counted as a resource because it has no CSV. However, it will be considered first as part of the \$10,000 burial exclusion maximum. Ms. Gunner's term policy will make up the entire burial exclusion allowance. The excess \$11,000 will be subject to Estate Recovery. The CSV of the whole life policy will be counted as a resource. The countable value of Ms. Gunner's policies is \$500.

Example #2: Steve (70) and Mary (68) White are applying for a Non-FBR Medicaid. They own the following life insurance policies:

OWNER	TYPE OF POLICY	FACE VALUE	CASH SURRENDER VALUE
Steve	Whole Life	\$5000	\$600
Steve	Term	\$3000	\$0
Mary	Whole Life	\$7000	\$1200
Mary	Whole Life	\$2500	\$300

Mr. White's Term policy will not count as a resource because it has no CSV. However, the FV of this policy (\$3000) will be considered first as part of his \$10,000 burial exclusion. The CSV of Mr. White's Whole Life policy will not be counted as a resource as the FV (\$5,000) will be applied to the \$10,000 burial exclusion. Mr. White will only be able to designate an additional \$2,000 in burial funds (\$10,000 maximum less \$8,000 FV of excluded policies).

The total FV of Mrs. White's Whole Life policies (\$9,500) will be used in the burial exclusion allowance. The CSV of her Whole Life policies (\$1,500) will not be counted as a resource. Mrs. White will only be able to designate an additional \$500 in burial funds (\$10,000 maximum less \$9,500 FV of excluded policies).



BURIAL EXCLUSION
FBR or NON-FBR
(Underline which)

Complete form for each A/R & spouse, as needed. Application/Review date: _____

Martina Gunner

BURIAL CONTRACT:

- a. Name of Funeral Home: _____ Phone #: _____
- b. Contract owned by A/R or Spouse? ☐ Yes ☐ No If no, who owns: _____
- c. Is contract itemized? ☐ Yes ☐ No
- d. Is contract designated for A/R or spouse? ☐ Yes ☐ No
- e. Is contract paid in full? ☐ Yes ☐ No If yes, list purchase price \$ _____ Date: _____
- f. Determine the value of the paid in full burial items. List below:

Burial Space Item	\$ Value
Total	

- g. Subtract \$ amount in F from \$ amount in E.

As of: _____ E _____ – _____ F _____ = Countable non-burial space amt.

Date _____ \$ _____ – _____ = \$ _____

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & NOT paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are PAID for may be designated for burial. Any PAID for NON burial space items are a countable resource.



BURIAL EXCLUSION DOCUMENTATION

BURIAL FUNDS: Attach copy of Form 985. If totally excluded, do not count interest accrued. **None**

LIFE INSURANCE POLICIES: Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:

Value + accrued interest

(Use only if unable to use for Burial Exclusion allowance.)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____ Total

\$ _____ Total

NOTE: If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.

Documentation:

FV	CSV
\$ 5000 WL	\$ 500
\$ 21,000 TL	\$ 0
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals: **\$26,000** **\$500**

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ **0**

Total of Burial Funds: \$ **0**

Total of FV of Life Insurance: \$ **26,000**

Total Burial Assets: \$ **26,000**

k. **Burial Exclusion Allowance:** **10,000**

Contracts used for Burial Exc. \$ **0**

Burial Funds used for Burial Exc. \$ **0**

FV of Life Ins. used for Bur. Exc. \$ **10,000**

Actual amt. designated for Burial \$ **10,000**

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): **0**

Burial Funds (2nd column h. above) **0**

CSV of Life Insurance (i. above): **500**

Total countable burial assets: **500**

Does this amount combined with other assets exceed the resource limit?

☐ Yes ☒ No

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded.

Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

Add text to the notice if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."





BURIAL EXCLUSION DOCUMENTATION

BURIAL FUNDS: Attach copy of Form 985. If totally excluded, do not count interest accrued. **None**

LIFE INSURANCE POLICIES: Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:

Value + accrued interest

(Use only if unable to use for Burial Exclusion allowance.)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____ Total

\$ _____ Total

NOTE: If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.

Documentation:

FV	CSV
\$ 5000 WL	\$ 600
\$ 3000 TL	\$ 0
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
Totals: \$8000	600

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ **0**

Total of Burial Funds: \$ **0**

Total of FV of Life Insurance: \$ **8000**

Total Burial Assets: \$ **8000**

k. **Burial Exclusion Allowance:** **10,000**

Contracts used for Burial Exc. \$ **0**

Burial Funds used for Burial Exc. \$ **0**

FV of Life Ins. used for Bur. Exc. \$ **8,000**

Actual amt. designated for Burial \$ **8,000**

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____

Does this amount combined with other assets exceed the resource limit?

Burial Funds (2nd column h. above) _____

CSV of Life Insurance (i. above): _____

☐ Yes ☐ No

Total countable burial assets: _____

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded.

Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

Add text to the notice if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."





BURIAL EXCLUSION DOCUMENTATION

BURIAL FUNDS: Attach copy of Form 985. If totally excluded, do not count interest accrued. **None**

LIFE INSURANCE POLICIES: Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:

Value + accrued interest

(Use only if unable to use for Burial Exclusion allowance.)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____ Total

\$ _____ Total

NOTE: If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.

Documentation:

FV	CSV
\$ 7000 WL	\$ 1200
\$ 2500 WL	\$ 300
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
Totals: \$9500	\$1500

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ **0**

Total of Burial Funds: \$ **0**

Total of FV of Life Insurance: \$ **9500**

Total Burial Assets: \$ **9500**

k. **Burial Exclusion Allowance:** **10,000**

Contracts used for Burial Exc. \$ **0**

Burial Funds used for Burial Exc. \$ **0**

FV of Life Ins. used for Bur. Exc. \$ **9500**

Actual amt. designated for Burial \$ **9500**

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____

Does this amount combined with other assets exceed the resource limit?

Burial Funds (2nd column h. above) _____

☐ Yes ☐ No

CSV of Life Insurance (i. above): _____

Total countable burial assets: _____

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded.

Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

Add text to the notice if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."



EXAMPLES: LIFE INSURANCE POLICIES NON-FBR (continued)

Example #3: Chris Fowler (64) is an applicant for Nursing Home Medicaid. His only resources are the following life insurance policies:

TYPE OF POLICY	FACE VALUE	CASH SURRENDER VALUE
Whole Life	\$4500	\$1500
Term	\$5500	\$0
Whole Life	\$4500	\$2200

The term policy will not be counted as a resource because it has no CSV, however it will be considered first as a part of the \$10,000 burial exclusion maximum.

The FV of the Term policy and the FV of one whole life insurance policy will meet Mr. Fowler's maximum burial exclusion of \$10,000. We need to determine the lowest countable resource value for Mr. Fowler.

- If we totally exclude the FV of the Term policy and the FV/\$4500/CSV \$2200 policy, we must count the CSV/\$1500 of the other FV/\$4500 policy as a resource.

Type of Resource	\$10,000 Exclusion	\$2,000 Resource Limit
Term FV \$5,500	\$5,500 FV	0
Whole Life FV \$4,500	\$4,500 FV	0
Whole Life FV \$4,500		\$1,500 CSV

- If we totally exclude the FV of the Term Policy and the FV/\$4500/CSV \$1500 policy, we must count the CSV/\$2200 of the other FV/\$4500 policy as a resource.

Type of Resource	\$10,000 Exclusion	\$2,000 Resource Limit
Term FV \$4,500	\$5,500	0
Whole Life FV \$4,500	\$4,500	0
Whole Life FV \$4,500		\$2,200

The first option is more advantageous for Mr. Fowler





BURIAL EXCLUSION DOCUMENTATION

BURIAL FUNDS: Attach copy of Form 985. If totally excluded, do not count interest accrued. **None**

LIFE INSURANCE POLICIES: Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:

Value + accrued interest

(Use only if unable to use for Burial Exclusion allowance.)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____ Total

\$ _____ Total

NOTE: If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.

Documentation:

FV	CSV
\$ 4500 WL	\$ 1500
\$ 4500 WL	\$ 2200
\$ 5500 TL	\$ 0
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
Totals: \$14,500	\$3700

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ **0**

Total of Burial Funds: \$ **0**

Total of FV of Life Insurance: \$ **14,500**

Total Burial Assets: \$ **14,500**

k. **Burial Exclusion Allowance:** **10,000**

Contracts used for Burial Exc. \$ **0**

Burial Funds used for Burial Exc. \$ **0**

FV of Life Ins. used for Bur. Exc. \$ **10,000**

Actual amt. designated for Burial \$ **10,000**

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): **0**

Burial Funds (2nd column h. above) **0**

CSV of Life Insurance (i. above): **1500**

Total countable burial assets: **1500**

Does this amount combined with other assets exceed the resource limit?

☐ Yes ☒ No

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded.

Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

Add text to the notice if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

INCOME



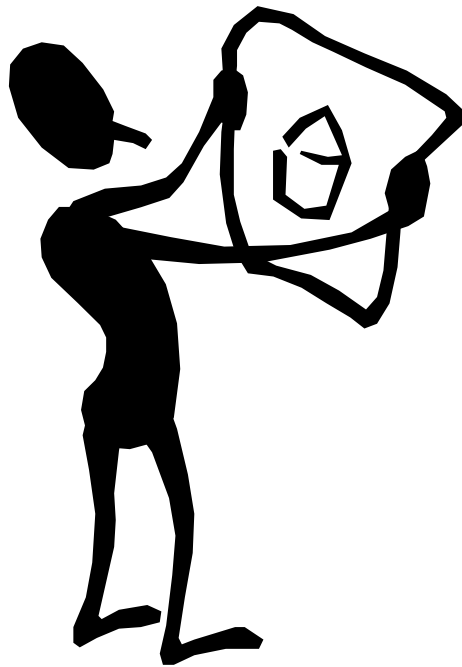
**Section 2400 of
Medicaid Manual**



INCOME OBJECTIVES

Participants will be able to:

- Identify earned and unearned income and monies received by the A/R that are not income.
- Determine how various types of income affect eligibility.
- Calculate the value of In-kind Support and Maintenance for ABD Medically Needy A/Rs in Living Arrangement A.
- Recognize the income limits for each class of assistance and living arrangement.





EXAMPLES

Income Not Counted in the Month of Receipt

Mrs. Susie Sims' RSDI check is deposited directly by SSA into Mrs. Sims' checking account every month. Her check for January was deposited directly on 12/30, because the regular date of receipt for January fell on a weekend or holiday.

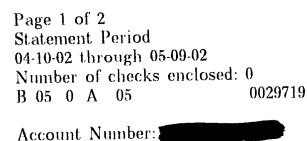
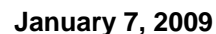
Even though her January check was available to the A/R in December, this check is considered as income for January since the check was "intended" as income for January.

Reference: 2300-1 - Resources Overview



Treatment of Vendor Payments (VP) and Cash Contributions

1. VP is NOT INCOME: A/R's son, who lives outside the household, makes \$200/month VP for A/R's car.
 2. VP is UNEARNED INCOME: A/R's son, who lives outside the household, pays \$300/month VP for A/R's rent. Count up to PMV. (Will be discussed later.)
 3. VP vs. CASH CONTRIBUTION: A/R's son, who lives outside the household, gives A/R \$300 to pay her rent. Count \$300 unearned income.
- Reference: 2405-1 & 2499-26 - Treatment of Income





Bank of America



H

Page 2 of 2
Statement Period
04-10-02 through 05-09-02
Number of checks enclosed: 0
B 05 0 A 05

Account Number: [REDACTED]

Express Account Additions and Subtractions

Date Posted	Amount(\$)	Resulting Balance(\$)	Transaction
04-11	140.00-	618.12	BkofAmerica ATM 04/10 [REDACTED] Withdrwl John C. Calhoun Orangeburg SC
04-11	40.00-	578.12	BkofAmerica ATM 04/11 [REDACTED] Withdrwl John C. Calhoun Orangeburg SC
04-15	82.00-	496.12	Suntrust 04/14 [REDACTED] Withdrwl Belz Outlet Mall St.Augustine FL
04-15	30.00-	466.12	BkofAmerica ATM 04/15 [REDACTED] Withdrwl John C. Calhoun Orangeburg SC
04-15	1.50-	464.62	Suntrust 04/14 [REDACTED] Withdrwl Belz Outlet Mall St.Augustine FL Fee
04-16	100.00 +	564.62	Overdraft Protection From [REDACTED]
04-16	477.00-	87.62	CheckCard 0415 S C State Universi Orangeburg SC [REDACTED]
04-16	5.00-	82.62	Overdraft Protection Transfer Fee
04-30	238.30 +	320.92	BkofAmerica ATM 04/29 [REDACTED] Deposit Augusta Med Ctr Augusta GA
05-01	200.00-	120.92	BkofAmerica ATM 05/01 [REDACTED] Withdrwl John C. Calhoun Orangeburg SC
05-01	10.00-	110.92	BkofAmerica ATM 05/01 [REDACTED] Withdrwl John C. Calhoun Orangeburg SC
05-01	10.00-	100.92	BkofAmerica ATM 05/01 [REDACTED] Withdrwl John C. Calhoun Orangeburg SC
05-03	10.00-	90.92	BkofAmerica ATM 05/02 [REDACTED] Withdrwl SC State College Orangeburg SC
05-06	20.00-	70.92	BkofAmerica ATM 05/05 [REDACTED] Withdrwl Peach Orchard Augusta GA
05-06	10.00-	60.92	BkofAmerica ATM 05/03 [REDACTED] Withdrwl SC State College Orangeburg SC
05-09	5.00-	55.92	Monthly Maintenance Fee

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	758.12	04-16	82.62	05-03	90.92
04-11	578.12	04-30	320.92	05-06	60.92
04-15	464.62	05-01	100.92	05-09	55.92



SAMPLE FORMS/METHODS FOR VERIFYING DIFFERENT TYPES OF INCOME AND BENEFITS

INTEREST: Form 957

SOCIAL SECURITY:

- Current Award Letter, or
- Query, MBR, or
- Form 1610
- BENDEX

VA BENEFITS: Form 970

OTHER INCOME/BENEFITS: Form 990





ABD Medicaid Phase 1 Participant Guide
Income

January 7, 2009

Georgia Department of Human Resources
Resource Clearance

To: Bank of America
P.O. Box 25118
Tampa, FL 33622
From: Fulton Co. DFCS

Date: 2/14/08

Re: Pearlie B. W
Applicant/Recipient

AU Number

(deceased - John)
Spouse's Name

Address
254 - 77 - 1787
Social Security Number

Address
257 - 66 - 1518
Social security number

The above individual has applied to this agency for assistance and has given us permission, as evidenced by the signed authorization attached, to make the necessary financial investigation. We must act upon this case prior to 2-26-08 (date). Therefore, we appreciate your entering the information on resources in the section provided and returning the completed form to us at the earliest date possible.

Nellie C. 404-719-6819
Signature of Case Manager / Telephone Number

Federal Regulations require that we verify resources as of the first day of the month

Does our client have checking/savings account(s) in your institution? ☒ Yes ☐ No Closed _____ (date).

If yes, please provide information requested below:

Month/Year	Balance as of First day/Month	Interest Paid During Month	Account Holder(s) as shown on Signature Card
<u>3000111228</u> Account Number			<u>Pearlie B. W.</u>
<u>2/08</u>	<u>\$ 71.05</u>	<u>\$ NONE</u>	
<input checked="" type="checkbox"/> Checking			
<input type="checkbox"/> Savings			

Month/Year	Balance as of First day/Month	Interest Paid During Month	Account Holder(s) as shown on Signature Card
_____ Account Number			
1. _____	\$ _____	\$ _____	
2. _____	\$ _____	\$ _____	
3. _____	\$ _____	\$ _____	
4. _____	\$ _____	\$ _____	

Does this person have a safety deposit box in your institution? ☐ Yes ☒ No

If yes, please give legal title of ownership: _____

Are you aware of any other deposit, loan, credit card, or trust accounts involving this person being maintained by your institution?

☐ Yes ☒ No

If yes, please describe: _____

Mary L.
Signature

Secretary
Title

Phone Number

2-24-08
Date



C87196

Social Security Administration

Retirement, Survivors and Disability Insurance

Notice of Award

Office of Disability Operations

1500 Woodlawn Drive

Baltimore, Maryland 21241

Date: July 20, 1987

Claim Number: 253 7800 HA

BOBBIE J W

APT

706 P AV

ATLANTA GA

Type of Benefit	Date of Entitlement	Monthly Benefit
--------------------	------------------------	--------------------

DISABILITY	7/87	\$355.10
------------	------	----------

WE'RE WRITING TO LET YOU KNOW THAT YOU ARE ENTITLED TO SOCIAL SECURITY BENEFITS.

THE AMOUNT OF YOUR FIRST PAYMENT IS \$355.00.

SHORTLY AFTER 8/03/87, YOU WILL RECEIVE YOUR FIRST PAYMENT WHICH WILL INCLUDE ALL BENEFITS DUE YOU THROUGH 7/87. AFTER THAT, A PAYMENT FOR \$355.00 WILL BE SENT EACH MONTH.

WE HAVE DETERMINED THAT YOU BECAME DISABLED ON 1/21/87. HOWEVER, BEFORE YOU CAN RECEIVE BENEFITS, YOU HAVE TO BE DISABLED FOR 5 FULL CALENDAR MONTHS IN A ROW.

SINCE YOUR CONDITION MAY IMPROVE, WE HAVE SCHEDULED A REVIEW FOR 12/88. AT THAT TIME, YOU WILL BE CONTACTED IF THERE ARE ANY QUESTIONS AS TO WHETHER YOUR CONDITION REMAINS SEVERE. ALSO, A REVIEW OF YOUR CLAIM MAY BE NECESSARY IF YOU RETURN TO WORK.

IF WE DO GET IN TOUCH WITH YOU, WE MAY ASK YOU TO GIVE US MORE INFORMATION OR TO TAKE A MEDICAL EXAMINATION. IF WE FIND YOU ARE STILL DISABLED, YOUR BENEFITS WILL CONTINUE. BUT, IF THE EVIDENCE OBTAINED SHOWS YOU ARE NO LONGER DISABLED YOUR BENEFITS WILL BE STOPPED.

RESPONSIBILITIES OF PEOPLE RECEIVING DISABILITY BENEFITS

TO PREVENT ANY INCORRECT PAYMENTS PLEASE NOTIFY US PROMPTLY IF:

- YOU HAVE ALREADY RETURNED TO WORK WHEN YOU RECEIVE THIS NOTICE, OR
- YOU RETURN TO WORK (REGARDLESS OF HOW MUCH YOU EARN), OR
- YOUR DOCTOR ADVISES YOU THAT YOUR CONDITION HAS IMPROVED AND THAT YOU ARE ABLE TO WORK.

OTHER EVENTS YOU NEED TO REPORT ARE LISTED IN THE ENCLOSED BOOKLET ENTITLED "YOUR SOCIAL SECURITY RIGHTS AND RESPONSIBILITIES - DISABILITY BENEFITS." IF YOU RETURN TO WORK REFER TO PAGES 11, 12 AND 13 FOR INFORMATION ABOUT HOW WORKING MIGHT AFFECT YOUR BENEFITS.



ABD Medicaid Phase 1 Participant Guide
Income

January 7, 2009

REC 2006090 083624 H68F25E0 C30C CIPQYAC PQAC (F-C30) ***

TPQY DTE:03/31/06 SSN:257-6 - DOC:602 UNIT:DOCO PG: 001
STATUS MBR YES LOU-03/31 SSACCS NO LOU-03/30 SSR YES LOU-02/15/00
INPUT SOCIAL SECURITY NUMBER 257-6 - NAME R WHITE USR CODE DOCO
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMMR 257-6 - A
INDIVIDUALS OWN SOCIAL SECURITY NUMBER: 257-6 -

MALE BORN:04/15/... ENTITLED:09/1999

P O BOX 3152

GA 31706

PAYMENT STATUS CODE: C -BENEFITS PAID
NET MONTHLY BENEFIT IF PAYABLE: \$1028.00

BENEFIT HISTORY:

DATE: GROSS BENEFIT:
12/2005 \$1166.50 CREDITED
03/2005 \$1121.20 CREDITED

MEDICARE DATA ENTITLED PREMIUM

HOSPITAL INSURANCE 09/2001

SUPPLEMENTAL INSURANCE 09/2001 \$ 88.50

DATE DISABILITY BEGAN: 03/1999

PART D PLAN NUMBER: S

PART D ENROLL START: 05/2006 PART D ENROLL STOP:

PART D PREM COLL METH TYP: N PART D PREM PAY START: 01/2006

PART D PREM STOP: PART D PREM W/H: \$.00

PART D ENROLL PENALTY: \$.00 PART D BASE PREM: \$23.80

PART D SUB RED PREM AMT: \$23.80

PART D LATE ENROLL PENALTY: \$.00

PART D SUPPLMNTL COVERAGE PREM: \$.00

INPUT SOCIAL SECURITY NUMBER 257-6 - NAME USER CODE DOCO

TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON 257-6 -

R H WHITE MALE BORN:04/15/ ELIGIBLE:08/1999

APPLICATION DATE: 08/25/1999 TYPE OF PERSON: DISABLED INDIVIDUAL
MAILING ADDRESS:

709 CORN AVE

APT A

GA 31701 3024

RESIDENCE:

709 CORN AVE

APT A

GA 31701

NET CURRENT BENEFIT FOR 03/01/2006 - FED AMT: \$0.00 STATE AMT: \$0.00

PAYMENT HISTORY OF NET BENEFITS PAID:

DATE: FEDERAL AMT: STATE AMT: TYPE OF PAYMENT:
03/01/2005 \$ 0.00 \$ 0.00 NONE MADE

PAYMENT STATUS CODE: T31 - TERMINATED BY SYSTEMS ACTION

EFFECTIVE 04/2001 31701

DISABLED

INPUT SOCIAL SECURITY NUMBER 257-6 - NAME R WHITE USER CODE DOCO

INFORMATION

D O REVIEW REQUIRED

IDENTITY DISCREPANCY BETWEEN MBR & SSR:
PERSONS NAME DISCREPANT

RECEIVED APR - 4 2006



SOCIAL SECURITY CLAIM SUFFIXES

(Or BICs - Benefit Identifying Codes)

Person's own #	DI	Supplemental Security Income (SSI)
Person's own #	A	Wage earner (person paid in - Retirement)
Spouse's #	B	Spouse benefit - living wage earner
Parent's #	C	Child benefit (parent is dead or Disabled - stops at age 18)
Deceased person's #	D	Widow/Widower
Deceased person's #	E	Benefit for young widow with minor Child (stops when youngest child turns 16)
Child's #	F	Parent benefit - drawing on child's Account
Person's own #	HA	Disability
Person's own #	J or K	Special age benefit (very few living)
Person's own #	T	Dialysis Patients Only
Deceased person's #	W	Widow under 60 who is disabled

When a number follows the letter, more than one person is receiving benefits on that claim number. The youngest individual has the lowest number.



DEVELOPING LIVING ARRANGEMENT AND ISM

Development of Living Arrangement and In-Kind Support and Maintenance is dependent upon an A/R's COA.

◆Do not develop LA or ISM for the following COAs:

- QMB
- SLMB
- QI-1

◆Develop ISM, but do *not* develop LA, for the ABD Medically Needy COA.

Complete the reverse side only of Form 969.

Living Arrangement D (LA-D)

Any A/R whose eligibility is determined using the Medicaid Cap is considered to be residing in LA-D. **Do not develop ISM for LA-D COAs.**

Living Arrangement C (LA-C)

LA-C is used to determine a child A/R's eligibility (SSI Medicaid COA) only if the following conditions are met:

- The child lives in the same household with his/her natural, step, or adoptive parent(s), and
- A parent has ownership interest in, or rental liability for, the house in which they reside together.

If the above conditions are met, **develop inside ISM only** if an adult other than the child's parents live in the household.



DEVELOPING LIVING ARRANGEMENTS AND ISM (Continued)

Always develop outside ISM for LA-C

Complete the reverse side of Form 969, if the child is determined to be LA-C.

If the child is not LA-C, treat as an adult A/R, i.e., complete both sides of Form 969 to determine if the child is LA-A or LA-B and whether or not to develop inside and/or outside ISM.

Living Arrangement A or B (LA-A or LA-B)

If an adult A/R's or a non-LA-C child's eligibility is determined under any of the following COAs, determine if the A/R resides in LA-A or LA-B.

- All FBR COAs
- ABD Medically Needy (LA-A only)

NOTE: Refer to Appendix I, ABD Medicaid SUCCESS function, for procedures to follow to make the system correctly reflect ISM.





INSTRUCTIONS FOR COMPLETING FORM 969

PART A (side 1) determines an A/R's LA.

PARTS B - D (side 2) determine how much ISM to count as unearned income for A/Rs in LA-A, LA-C and non-NH AMN A/Rs.

LIVING ARRANGEMENTS

Beginning with question number one, answer "yes" or "no". When you answer "yes" to a question, you have determined the A/R's LA.

Following the instructions under the "yes" question, turn to side 2 and compute ISM as instructed.

NOTE: For now we will be concentrating on Part A only.

If **"Yes"** is answered for **question 1**, the A/R is **LA-D**. Use the Medicaid Cap to determine eligibility. Never include ISM in an LA-D eligibility budget.

If **"Yes"** is answered for **questions 2 through 10**, the A/R is **LA-A**. Use the appropriate income limit (individual or couple) for LA-A to determine eligibility.

If **"Yes"** cannot be answered until **question 11**, the A/R is **LA-B**. Use the appropriate income limit (individual or couple) for LA-B to determine eligibility. Never include ISM in an LA-B eligibility budget.

The instructions under questions #1 through #4 are self-explanatory. Explanatory notes are included under questions #5 through #11.



Living Arrangement / In-Kind Support and Maintenance Development Guide and Summary

Name: Form 969

Part A – LIVING ARRANGEMENT (Enter “yes” or “no”. When “yes”, stop – LA established – continue . . .)

1. Is Institutionalized? _____ **LA-D** (NH, Hospital, CCSP, Hospice Care, Katie Beckett (TEFRA Waiver), ICWP, MRWP)

If “yes” **STOP:**

Do not develop ISM for any month the Medicaid cap is used to determine eligibility. Case manager should sign form above Part F on next page.

2. Is a transient? _____ **LA-A** Develop outside ISM - Complete **Parts C, D, E, and F**. Do **not** develop inside ISM.

3. Lives alone? _____ **LA-A**

If “yes”, develop outside ISM. Complete **Parts C, D, E, and F**. Do **not** develop inside ISM.

4. Lives only with spouse and/or minor children and/or deemor? _____ **LA-A**

If “yes”, develop outside ISM. Complete **Parts C, D, E, and F**. Do **not** develop inside ISM.

5. Owns own home? _____ **LA-A**

If “yes”, and if an adult other than A/R’s spouse lives in HH – develop inside ISM, **and** develop outside ISM. Complete **Parts B, C, D, E, and F**.

NOTE: An A/R is considered to have ownership interest in the homeplace if the A/R or A/R’s spouse has any of the following types of ownership:

- Full ownership (“paid for” or mortgaged)
- Joint ownership (probated or unprobated)
- Life estate interest
- Trust beneficiary

Ownership interest will be verified via a property search when resources are verified.



6. Has rental liability? _____ **LA-A**

If "yes", and if an adult other than spouse lives in HH: Develop inside ISM, **and** develop outside ISM. Complete **Parts B, C, D, E, and F**.

NOTE:

If the individual or his/her spouse has agreed to pay the landlord a specified amount periodically (monthly, weekly, etc.) as compensation for living in the property, rental liability exists. Rent does not have to be actually paid, nor does the amount paid have to be equal to the current market value for rental liability to exist. As long as the agreement to pay any specified amount of rent is in effect, rental liability exists. The MES will accept the individual's statement of rental liability if s/he lives alone or with his/her spouse and/or dependent child. The MES will verify rental liability for all other living situations.

If the landlord is the parent or the child of any member of the "renting" household, develop rental subsidy. (The difference between the CMV and what the HH actually pays is outside ISM.) This is the only time rental subsidy is developed. Obtain a written statement from the related landlord as to the CMV and the amount of rent paid the HH.

7. Lives in a PA household? _____ **LA-A**

If "yes", develop outside ISM. Complete **Parts C, D, E, and F**. Do **not** develop inside ISM.

NOTE:

The Medicaid individual/couple is said to live in a public assistance household (PA household) if each household member (including the A/R) receives one of the following types of income:

- TANF
- Bureau of Indian Affairs general assistance programs
- Payments based on need which are provided under state or local government income maintenance programs
- Payments under the Disaster Relief Act of 1974
- Payments under the Refugee Assistance Act of 1980
- Supplemental Security Income (SSI)
- Veteran's Administration (VA) benefits which are based on need (this includes VA augmentation if the VA is IBON)

Verify that each HH member receives one of the above types of PA from a current award letter or from the source (Form 990).



8. Lives with others and separately consumes and/or purchases food? _____ **LA-A**

If "yes", develop inside ISM for shelter only, **and** develop outside ISM. Complete **Parts B, C, D, E, and F**.

NOTE:

An A/R is considered to be LA-A on this basis when the A/R is receiving no food from HH members, i.e., the A/R is furnishing his/her own food or someone outside the HH is furnishing food to the A/R.

Obtain the individual's signed statement regarding separate consumption or purchase of food and verify the allegation with a knowledgeable adult member of the household other than the individual's spouse.

9. Lives with others and meets sharing? _____ **LA-A**

$$\frac{\text{Total HH Expenses}}{\text{Number in HH}} = \frac{\text{A/R's Pro Rata Share}}{\text{A/R's Contribution}}$$

Does the individual pay his pro rata share of household expenses? (Or within \$5 of his share?)

If "yes", develop outside ISM. Do not develop inside ISM if sharing exists.
Complete **Parts C, D, E, and F**.

(NOTE IS ON NEXT TWO PAGES)



NOTE:

1. To compute "Total HH Expenses," complete the last section on the reverse side of Form 969. (Follow all instructions.)
(The use of land alone is not a shelter cost. Consequently payment of trailer space rental fee that does not include water, sewer, or garbage collection is not a household operating expense for the purpose of determining sharing.)
2. Determine the "A/R's Pro Rata Share" by dividing the "Total HH Expenses" by the number of people in the HH (including children).
3. Determine the "A/R's Contribution" and subtract from the "A/R's Pro Rata Share."

If the A/R pays within \$5 of his/her pro rata share, the A/R is LA-A based on sharing.

Example:
$$\frac{\text{\$600}}{\text{Total HH Expenses}} \div \frac{3}{\text{\# in HH}} = \frac{\text{\$200}}{\text{A/R's Pro Rata Share}}$$

Work space for computing HH expenses: 1. To determine if sharing or earmarked sharing exists, and
2. When developing **INSIDE ISM**.

(Use only those amounts paid by the HH for **INSIDE ISM, SHARING, or EARMARKED SHARING**. If not paid or paid by someone outside the HH, use only for consideration of outside ISM.)

HH EXPENSES The ONLY HH Expenses to be considered:	TOTAL HH MONTHLY EXPENSE AMOUNT	AMOUNT PAID BY PEOPLE WITHIN THE HOUSHOLD	AMOUNT PAID BY PEOPLE OUTSIDE THE HOUSHOLD
Food (DO NOT count, if earmarked sharing for shelter)			
Mortgage (including insurance required by mortgage holder)			
Rent (DO NOT count, if earmarked sharing for food)			
Real Estate Property Taxes			
Heating Fuel (Other than gas or electricity)			
Gas			
Electricity			
Water			
Sewer			
Garbage Removal			
TOTAL			



What is a Contribution?

If the **A/R or A/R's spouse has ownership or rental liability**, the A/R's "contribution" consists **only** of those expenses listed on the bottom section of the reverse side of Form 969, which are furnished or paid for by the A/R or spouse.

If the A/R or A/R's spouse **does not** have ownership interest or rental liability, the A/R's "contribution" consists of any of the following which are furnished or paid for by the A/R or spouse:

- Any of the nine HH expenses listed on Form 969, plus
- Any other HH expense which benefits the entire HH, e.g., newspaper, cable tv, telephone, etc., plus
- **Any** personal expenses incurred by the person who has rental liability or ownership interest.

Example: An A/R pays the following expenses:

<u>Expense</u>	<u>A/R with OI or RL</u>	vs.	<u>A/R with no OI or RL</u>
Food	\$200		\$200
Electricity	100		100
Telephone	30		30
H of H's Doctor bill	50		50
H of H's car payment	<u>150</u>		<u>150</u>
	\$300		\$530

If this A/R **has** ownership interest or rental liability, his/her contribution is \$300.

If this A/R **does not have** ownership interest or rental liability, his/her contribution is \$530.

If you are computing "**sharing**" for a Medicaid couple, determine the pro rata share as defined above. Multiply the determined pro rata share by 2 and subtract the couple's contribution from this number. If the result is within \$5 of the pro rata share of expenses, consider the couple to be sharing.

Obtain a written statement from an adult HH member, other than the A/R's spouse, as to the amount of average monthly HH expenses and the type and amount of A/R's contribution.



10. Lives with others and meets earmarked sharing? _____ **LA-A**

$$\frac{\text{Food Expenses Only}}{\text{Number in HH}} = \frac{\text{A/R's Pro Rata Share}}{\text{A/R's Contribution}}$$

Note: A/R must pay at least pro rata share – no \$5 tolerance

$$\frac{\text{Shelter Expenses Only}}{\text{Number in HH}} = \frac{\text{A/R's Pro Rata Share}}{\text{A/R's Contribution}}$$

Note: A/R must pay at least pro rata share – no \$5 tolerance

Does the individual earmark his contribution for food or shelter? _____

If “yes”, develop inside ISM for food or shelter - complete Part B, **and** develop outside ISM- complete Parts C, D, and F.

NOTE: If the A/R is making a contribution, but not enough to be LA-A based on sharing, determine if the A/R is contributing at least his/her pro-rata share for food **or** shelter expenses.

If the A/R earmarks his/her contribution for food, divide only the food expenses, paid by the HH, by the number of HH members. If the A/R's “earmarked” contribution is equal to or more than his/her pro-rata share, he/she is LA-A based on sharing.

If the A/R earmarks his/her contribution for shelter only, divide the shelter expenses only (HH expenses #2 through #9 on Form 969, i.e., do not include food) by the number of people in the HH. If A/R's contribution is equal to or exceeds his/her pro rata share for shelter expenses, s/he is LA-A based on earmarked sharing.

Use the same verification requirements as for “sharing”. Also obtain the A/R's written statement that s/he is “earmarking” for food or for shelter.

11. Is subject to VTR? _____ **LA-B**

A/R lives in the HH of another and is furnished food and shelter by adult HH members other than spouse. Use FBR for LA-B. Do **not** develop ISM further – complete Part E.

NOTE: If you were unable to answer “yes” up to this point, the A/R is LA-B.

Use the income limit for LA-B and **do not** include any ISM as unearned income in the eligibility budget.

The income limit for LA-B is 1/3 less than the income limit for LA-A. Therefore, by using LA-B the A/R has already been charged for ISM.



CALCULATING INSIDE AND OUTSIDE ISM

There are two types of In-Kind Support and Maintenance that could be received by a Medicaid eligible individual/couple.

INSIDE ISM is ISM received from other members of the household in which the individual resides.

Develop inside ISM for a Medicaid individual/couple in LA-A only if the basis for residing in LA-A is one of the following:

- Ownership interest in the home and an adult other than A/R's spouse lives in HH
- Rental liability and an adult other than A/R's spouse lives in HH
- Separate consumption of food
- Separate purchase of food
- Earmarked sharing

Develop inside ISM for a Medicaid child in LA-C only when there are persons residing in the home other than the child and his/her parents and other minor children.

Calculate inside ISM by completing Part B of Form 969.

EXAMPLE: An A/R is LA-A based on ownership interest. Her adult sister lives with the A/R.



Part B – INSIDE ISM	INDIVIDUAL/INDIVIDUAL WITH INELIGIBLE SPOUSE	Couple
Total HH expenses paid by HH members	<u>800</u>	
Divide by # of HH members	÷ <u>2</u>	
A/R's pro rata share	= <u>400</u>	
Deduct A/R's contribution	- <u>300</u>	
Actual value of inside ISM	= <u>100</u>	

1. Determine the total household operating expenses paid by HH members **(\$800)**
2. Divide the total household operating expenses by the number of household members to determine the individual's pro rata share of household expenses **(HH of 2)**
3. Deduct the individual's or couple's contribution **(\$300)** from the individual's or couple's pro rata share to determine the AV of inside ISM. (To determine the couple's pro rata share, multiply the individual share by 2.)

OUTSIDE ISM is ISM received from someone who resides outside the household.

Develop outside ISM for all A/Rs residing in LA-A or LA-C.

Calculate outside ISM by completing Part C of Form 969.

EXAMPLE (cont.): This A/R's son, who lives next door (non-HH member), pays his mother's property taxes of \$600/year (\$50/month).



Part C – OUTSIDE ISM

Total HH expenses paid by non-HH members		<u>50 taxes</u>
Divide by # of HH members	÷	<u>2</u>
Actual value of outside ISM	=	<u>25</u>

1. Use the current market value (CMV) of the item of shelter or food paid for by someone outside of the household (\$50).
2. Deduct from the CMV any payment made by household members toward the item.
3. Divide the balance by the number of household members (2).

TOTAL ISM is calculated by completing Part D of Form 969.

Part D – TOTAL ISM (Inside and Outside ISM)		Cash to A/R with OI or RL	
Inside ISM (Part B)	<u>100</u>	Cash Contributions	<u> </u>
Outside ISM (Part C)	<u>+ 25</u>	HH Expenses	<u>- </u>
Total ISM (Actual Value)	<u>= 125</u>	Cash Contribution	<u>= </u>
Chargeable ISM – Limited to PMV	<u>125</u>		
		OI = Ownership Interest	
		RL = Rental Liability	

If both inside ISM and outside ISM are received by an individual/couple, combine the actual values of both. Use the total actual value or the presumed maximum value, whichever is less, as the value of the ISM in the budget.

Since the actual value of the total ISM is less than the PMV, the actual value (\$125) will be counted as unearned income when computing the eligibility budget.

Had the actual value exceeded the PMV, we would count the PMV as unearned income.

Georgia Department of Human Resources

Part B – Inside ISM		Individual/Individual with Ineligible Spouse	Couple
Total HH Expenses PAID by HH Members		<u>800</u>	
Divide by # of HH Members	%	<u>2</u>	
A/R's pro rata share	=	<u>400</u>	
Deduct A/R's Contribution	-	<u>300</u>	
Actual value of Inside ISM	=	<u>100</u>	

Part C – Outside ISM

Total HH Expenses PAID by non-HH members		<u>50 (son)</u>
Divide by # of HH Members	%	<u>2</u>
Actual value of Outside ISM	=	<u>25</u>

Part D – Total ISM (Inside and Outside ISM)

Inside ISM (Part II)		<u>100</u>	Cash Contributions	<u> </u>
Outside ISM (Part III)	+	<u>25</u>	HH Expense	- <u> </u>
Total ISM (Actual Value)	=	<u>125</u>	Cash Contribution	= <u> </u>
Chargeable ISM – Limited to PMV		<u>244.66/125</u>	O.I. – Ownership Interest	
			R.L. – Rental Liability	

Part E – Summary

☒ The one-third reduction does NOT apply because A/R has ownership interest

LA –A. Chargeable ISM? \$ **125.00** . Cash Contribution? \$ _____.

_____ The one-third reduction applies because _____

LA – B. Do NOT put any ISM in the Budget.

MES Signature Caseworker Date: _____

Part F – Household Expenses (To be completed by A/R or personal representative)

Work space for computing HH Expenses:

1. To determine if sharing or earmarked sharing exists, and
2. When developing **INSIDE** ISM

(Use only those amounts paid by the HH for **INSIDE ISM, SHARING, OR EARMARKED SHARING**. If not paid or paid by someone outside the HH, **USE ONLY FOR CONSIDERATION OF OUTSIDE ISM**.)

HH EXPENSES The ONLY HH Expenses to be considered:	TOTAL HH MONTHLY EXPENSE AMOUNT	AMOUNT PAID BY PEOPLE WITHIN THE HOUSEHOLD	AMOUNT PAID BY PEOPLE OUTSIDE THE HOUSHOLD
Food (DO NOT count, if earmarked sharing for shelter)	200	200	
Mortgage (Including insurance required by mortgage holder)	300	300	
Rent (DO NOT count, if earmarked sharing for food)			
Real Estate Property Taxes			50 son
Heating Fuel (Other than gas or electricity)			
Gas			
Electricity	200	200	
Water	50	50	
Sewer	50	50	
Garbage Removal			
TOTAL	800	800	50

I verify that the above is a true representation of my household expenses and what I (and my spouse) pay toward these expenses.

Signature of Applicant/Recipient or Authorized Representative: A/R's signature Date: _____

Signature of Person Paying Remainder: Son's signature Date: _____



RE: Part D of Form 969: “Cash to A/R with OI or RL”, see the following example.

EXAMPLE: An A/R who has ownership interest (OI) or rental liability (RL) receives ISM and a cash contribution

Mrs. Sims, an applicant for PICKLE (PL 94-566), owns her home. Three adult children live with her (HH of 4).

The total HH expenses paid by HH members is \$1000.

Each child pays the A/R \$400/month in cash to pay for their share of HH expenses ($3 \times \$400 = \1200).

Mrs. Sims takes the cash and pays for all of the HH expenses listed on the reverse side of Form 969 (\$1000).

She uses the additional \$200 to pay for the newspaper, cable TV and telephone. (These are not considered as a contribution, because the A/R has ownership interest.) Therefore, the A/R's contribution toward HH expenses is \$0.

NOTE: No non-HH members pay HH expenses, so there is no outside ISM. In this A/R's budget, we will include the PMV for ISM, \$200 cash, plus other income.



Georgia Department of Human Resources
Living Arrangement/In-Kind Support and Maintenance Development Guide and Summary

A/R Name: **Mrs. Sims**

Part A – Living Arrangement (Enter “Yes” or “No”. When “Yes”, STOP – LA Established – Continue...)

1. Is Institutionalized? No **LA-D** (NH, Hospital, CCSP, Hospice, TEFRA Waiver, ICWP, MRWP)

STOP: Do not develop ISM for any month the Medicaid CAP is used to determine eligibility.
Case Manager should sign form above Part F on next page.

2. Is a Transient? No **LA-A**

Develop Outside ISM – Complete Part C, Part D, Part E and Part F. Do **NOT** Develop Inside ISM.

3. Lives Alone? No **LA-A**

Develop Outside ISM – Complete Part C, Part D, Part E and Part F. Do **NOT** Develop Inside ISM.

4. Lives Only with Spouse and/or Minor Children and/or Deemor? No **LA-A**

Develop Outside ISM – Complete Part C, Part D, Part E and Part F. Do **NOT** Develop Inside ISM.

5. Owns own home? Yes **LA-A**

If an adult other than A/R's spouse lives in HH – Develop Inside ISM – Complete Part B, **AND** Develop Outside ISM – Complete Part C, Part D, Part E and Part F.

6. Has rental liability? **LA-A**

If an adult other than A/R's spouse lives in HH – Develop Inside ISM – Complete Part B, **AND** Develop Outside ISM – Complete Part C, Part D, Part E and Part F.

7. Lives in a PA Household? **LA-A**

Develop Outside ISM – Complete Part C, Part D, Part E and Part F. Do **NOT** Develop Inside ISM.

8. Lives with others and separately consumes and/or purchases food? **LA-A**

Develop Inside ISM for shelter only – complete Part B **AND** Develop Outside ISM – Complete Part C.
Also complete Parts D, E and F.

9. Lives with others and meets sharing? **LA-A**

_____ %	=	_____	_____
Total HH Expenses		A/R's Pro Rata Share	A/R's Contribution

Does the individual pay his pro rata share of household expenses? (Or within \$5.00 of his share?)
Develop Outside ISM – Complete Part C, Part D, Part E and Part F. Do **NOT** develop Inside ISM if sharing exists.

10. Lives with others and meets earmarked sharing? **LA-A**

_____ %	=	_____	_____
Food Expenses Only		A/R's Pro Rata Share	A/R's Contribution

NOTE: A/R must pay at least pro rata share – no \$5.00 tolerance.

_____ %	=	_____	_____
Shelter Expenses Only		A/R's Pro Rata Share	A/R's Contribution

NOTE: A/R must pay at least pro rata share – no \$5.00 tolerance.

Does the individual earmark his contribution for food **OR** shelter?
If “Yes”, Develop Inside ISM for Food **OR** shelter – Complete Part B **AND**
Develop Outside ISM – Complete Parts C, D and F.

11. Is subject to VTR? **LA-B**

A/R lives in the HH of another and is furnished food **AND** shelter by adult HH members other than spouse.
Use FBR for LA-B. Do **NOT** develop ISM further – Complete Part E.



Georgia Department of Human Resources

Part B – Inside ISM		Individual/Individual with Ineligible Spouse	Couple
Total HH Expenses PAID by HH Members		<u>1000</u>	
Divide by # of HH Members	%	<u>4</u>	
A/R's pro rata share	=	<u>250</u>	
Deduct A/R's Contribution	-	<u>Ø</u>	
Actual value of Inside ISM	=	<u>250</u>	

Part C – Outside ISM		
Total HH Expenses PAID by non-HH members		<u>Ø</u>
Divide by # of HH Members	%	<u>4</u>
Actual value of Outside ISM	=	<u>Ø</u>

Part D – Total ISM (Inside and Outside ISM)		Cash to A/R with O.I. or R. L.	
Inside ISM (Part II)	<u>250</u>	Cash Contributions	<u>400 x 3 = 1200</u>
Outside ISM (Part III)	+ <u>Ø</u>	HH Expense	- <u>1000</u>
Total ISM (Actual Value)	= <u>250</u>	Cash Contribution	= <u>200</u>
Chargeable ISM – Limited to PMV	<u>244.66/250</u>	O.I. – Ownership Interest	
		R.L. – Rental Liability	

Part E – Summary

☒ The one-third reduction does NOT apply because ownership interest

LA – A. Chargeable ISM? \$ 244.66. Cash Contribution? \$ 200.

☐ The one-third reduction applies because _____

LA – B. Do NOT put any ISM in the Budget.

MES Signature Caseworker Date: _____

Part F – Household Expenses (To be completed by A/R or personal representative)

Work space for computing HH Expenses:

1. To determine if sharing or earmarked sharing exists, and
2. When developing **INSIDE ISM**

(Use only those amounts paid by the HH for **INSIDE ISM, SHARING, OR EARMARKED SHARING**. If not paid or paid by someone outside the HH, **USE ONLY FOR CONSIDERATION OF OUTSIDE ISM**.)

HH EXPENSES The ONLY HH Expenses to be considered:	TOTAL HH MONTHLY EXPENSE AMOUNT	AMOUNT PAID BY PEOPLE WITHIN THE HOUSEHOLD	AMOUNT PAID BY PEOPLE OUTSIDE THE HOUSEHOLD
Food (DO NOT count, if earmarked sharing for shelter)	<u>300</u>	<u>300</u>	
Mortgage (Including insurance required by mortgage holder)	<u>500</u>	<u>500</u>	
Rent (DO NOT count, if earmarked sharing for food)			
Real Estate Property Taxes			
Heating Fuel (Other than gas or electricity)			
Gas			
Electricity	<u>200</u>	<u>200</u>	
Water			
Sewer			
Garbage Removal			
TOTAL	<u>1000</u>	<u>1000</u>	

I verify that the above is a true representation of my household expenses and what I (and my spouse) pay toward these expenses.

Signature of Applicant/Recipient or Authorized Representative: Mrs. Sims Date: _____

Signature of Person Paying Remainder: _____ Date: _____



ISM for LA-C, Disabled Children is developed for SSI DMP Trial Budgets, 3 Months Prior (using SSI regs.), and Medically Needy.

EXAMPLE: A child lives with parents who have rental liability; child is LA-C. The household consists of child, parents, and an adult uncle (HH of 4).

Inside ISM to LA-C Child

The HH members pay \$400/month for HH expenses (food and shelter). Each HH member's pro rata share is \$100 ($400 \div 4$). Therefore, the parents' combined pro rata share is \$200. The parents contribute \$250 towards HH expenses; the uncle contributes \$150; and the child A/R contributes \$0.

Apply the \$250 contributed by the parents to their combined \$200 pro rata shares. There is a \$50 surplus (in excess of their \$200 pro rata share); apply this \$50 surplus to the child A/R's \$100 pro rata share. The child is therefore receiving \$50 inside ISM from the uncle, i.e., an adult other than a deemor.

This child A/R's grandfather rents the home to the child's father for \$100/month. The CMV of the home is \$500. The HH is receiving \$400/month in rental subsidy, i.e., each HH member is receiving \$100/month outside ISM ($\$500 - 100 \text{ paid} = 400 \div 4 = 100$ each).

Total ISM to LA-C, Disabled Child

Inside ISM	\$50
Outside ISM	<u>100</u>
Total ISM	\$150

When a child lives with parent(s) in the HH of another, i.e., an adult HH member other than a parent has ownership or rental liability, use the same procedures as used in the above example; in this situation the child will be LA-A or LA-B.



If a child lives with parents - no other adults in the HH - and parents have ownership or rental liability:

- Do **NOT** develop inside ISM, but
- Develop outside ISM.

If adults other than parents live in the HH:

- Develop inside ISM **and**
- Outside ISM.





A/R RECEIVES FOOD AND/OR SHELTER IN LIEU OF WAGES

EXAMPLES:

1. ISM Treated as Unearned Income

Mr. Ira Berg, 67, lives alone (LA-A). He applied for SSI/DMP in March. He then came to DFCS to apply for Medicaid for the prior month of February (SSI Medicaid COA).

In February, he received \$300 gross RSDI and rent-free shelter in lieu of wages. He is the caretaker on his employer's chicken farm. He is required to live on the farm in exchange for the rent-free shelter. His employer verified that if he were to rent the house, which includes furnished utilities, he would charge \$500/month (CMV).

In this situation, the rent-free shelter would be counted as unearned income up to the PMV.

2. ISM Treated as Earned Income

Same situation as above, except the employer gave the A/R a choice of receiving either \$500/month in wages or the rent-free shelter. Also, living on the farm is not a requirement for employment. The A/R chose rent-free shelter in lieu of wages.

If this were the case, the \$500 (CMV of rent-free shelter) is treated as earned income and as such, it would be entitled to the earned income deduction:

\$500.00
- <u>65.00</u>
435.00
- <u>217.50 (1/2)</u>
\$217.50 net earned



ISM EXAMPLES

EXAMPLE #1: MRS. LARSON

Mrs. Larson is the A/R.

One Household Member

Applying for ABD Medically Needy

Rents her home

No Inside ISM

Outside ISM \$400 - Her son pays rent directly to the
Landlord. A/R pays all other expenses.

Charge Actual Value (AV) or Presumed Maximum Value (PMV)



ISM EXAMPLES (continued)

EXAMPLE #2: MRS. LARSON

Mrs. Larson is the A/R.

One Household Member

Applying for ABD Medically Needy

Owns her home

No Inside ISM

Mrs. Larson's son gives her \$400/month to pay her mortgage

No Outside ISM

Contribution of \$400 counted as unearned income



ISM EXAMPLES (continued)

EXAMPLE #3: MARY & TODD WILLIAMS

Mary and Todd Williams own their home.

Mrs. Williams is applying for ABD Medically Needy.

5 Household Members (includes Mr. and Mrs. Williams, their son, and Mrs. Williams' Aunt and Uncle)

Mary Williams is the A/R.

Expenses are:

Mortgage	\$400
Electricity	\$110
Food	<u>\$500</u>
Total	\$1010

Pro rata share:

$$\$1010 \div 5 = \$202$$

Consider \$5 tolerance

\$197 minimum meets sharing

She pays \$200, therefore she is not charged Inside ISM.

There is no Outside ISM.

ELIGIBILITY BUDGETING



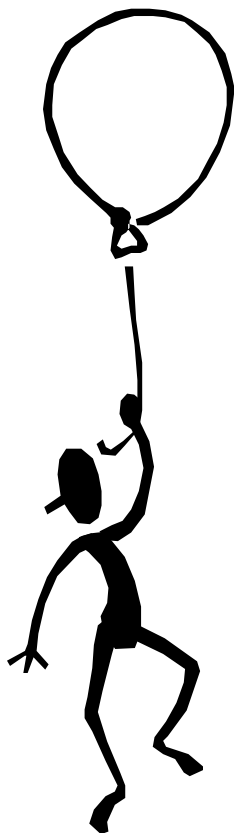
**Section 2504 and 2505 of
Medicaid Manual**



ELIGIBILITY BUDGETING OBJECTIVES

Participants will be able to:

- Choose the appropriate budget based on the A/R's living arrangement, marital status and class of assistance.
- Apply the allowable deductions and income exclusions to the A/R and deemor's countable income.
- Calculate countable income.





EXAMPLES: COUNTABLE INCOME

1. Mr. Griffin applied for RSDI and was denied because SSA determined he was not disabled. He engaged an attorney to assist with his appeal process. Ultimately he was approved for RSDI and received a lump sum of \$1700. His attorney fee was \$600. Countable income was \$1100 from this lump sum and was budgeted in the month it was received.
2. Ms. Yamato is a Naturalized U.S. citizen. Prior to moving to the U.S., she worked for a large Japanese corporation. She receives a small retirement check from that corporation. Budget the amount received converted to U.S. dollars minus the cost of converting the funds to U.S. currency.
3. Mr. Ledbetter works 20 hours per week at Burger King, but he states he receives only about \$50 per week. When Burger King was contacted, they verified total weekly wages as \$115; withholdings as \$12.65 per week and a garnishment imposed by a local store of \$50 per week. Mr. Ledbetter's net income is \$52.35. Countable income is \$115 per week. Mr. Ledbetter's withholding of \$12.65 per week is not deducted from gross income.
4. Mrs. Tate is a retired school teacher. She occasionally tutors her neighbor's children. She states that they pay her twice a month when she works and verifies the following income from her last four pay periods: \$110, \$35, \$75, \$15. Mrs. Tate states that she normally receives \$75 per pay period. Multiply \$75 X 2 and budget \$150 per month.
5. Mrs. Floyd receives a disbursement from a trust fund bi-monthly. She receives \$600 each payment. Additionally, she receives a retirement income of \$275 per month. Budget \$875 in the months she receives the trust disbursement and \$275 in the alternate months.

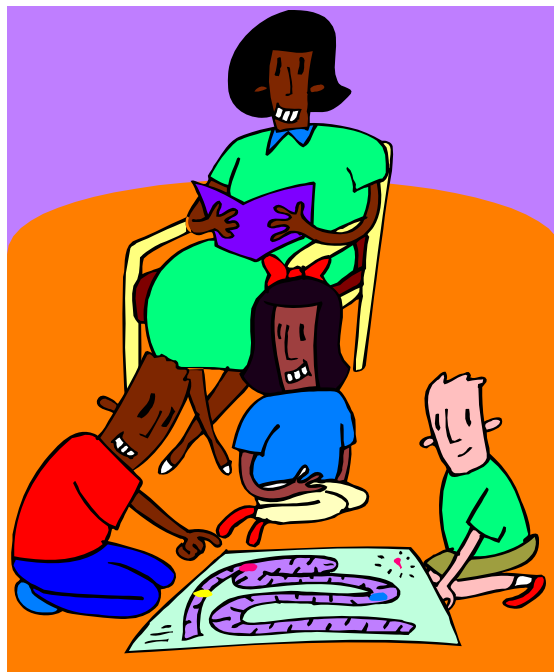


EXAMPLES: COUNTABLE INCOME (Continued)

6. Mrs. Barnes kept her friend's children three times in April. She works on an "as needed" basis (not scheduled). She is paid \$2 per hour. (She worked one hour each time.)

This \$6 earned income received in April is excluded as irregular income because it was unscheduled and the total is less than the \$30 per quarter earned income limit. Mrs. Barnes also received an unpredicted \$15 gift in April. This, too, is excluded as irregular income because it was unpredictable and does not exceed the \$60 per quarter unearned income limit.

7. Mr. Miller has an interest-bearing checking account. He verifies the interest received as \$4.23 monthly. Do not budget this income.
8. Mrs. Martin has an interest bearing checking account. She verifies the interest received as \$21.40 per month. Do not budget this income.





EXAMPLE: APPLICATION OF INCOME DEDUCTIONS

The purpose of this example is to illustrate the sequence in which some of the income deductions are applied. The individual in this example is eligible for SSI (from Social Security Administration).

Jim is a 16 year old, disabled child A/R. He lives with his grandmother (no deemed income), and he pays his pro-rata share of HH expenses (no inside ISM). Jim has just finished the 10th grade; he plans to return to school in September. He started to work in June (his first job). Jim's countable income computation for June through December is as follows:

UNEARNED: June through December

Child Support	\$24.00
=	<u>8.00</u> (1/3 child support deduction)
	16.00
=	<u>20.00</u> (general deduction)
-	4.00

EARNED: June, July August

Student Child Earnings	\$700.00
=	<u>400.00</u> (student child deduction)
	300.00
=	<u>4.00</u> (remainder of general deduction)
	296.00
=	<u>65.00</u> (earned income deduction)
	231.00
=	<u>115.50</u> (one-half remainder)
	\$ 115.50 (countable earned income)



EXAMPLE: APPLICATION OF INCOME DEDUCTIONS (Continued)

Jim has used \$1200 of his \$1620 yearly student child earned income deduction (\$400 in each of the three months).

EARNED: September

Student Child Earnings	\$300
	<u>- 300</u> (student child deduction)
	0 (countable unearned income)

Jim has now used \$1500 (\$1200 + \$300) of his \$1620 yearly student child earned income deduction.

EARNED: October

Student Child Earnings	\$300.00
	<u>- 120.00</u> (student child deduction \$1620 - 1500)
	180.00
	<u>- 4.00</u> (remainder of general deduction)
	176.00
	<u>- 65.00</u> (earned income deduction)
	111.00
	<u>- 55.50</u> (one-half remainder)
	55.50



EXAMPLE: APPLICATION OF INCOME DEDUCTIONS (Continued)

The \$1620 yearly student child earned income deduction is exhausted for this calendar year. We may resume deducting up to \$400/month in January. Jim does continue to be entitled to the \$65 + $\frac{1}{2}$ earned income deductions.

EARNED: November and December

Student Child Earnings	\$300.00
- <u>4.00</u> (remainder of general deduction)	
	296.00
- <u>65.00</u> (earned income deduction)	
	231.00
- <u>115.50</u> (one-half remainder)	
	115.50 (countable earned income)



Q TRACK CLASSES OF ASSISTANCE



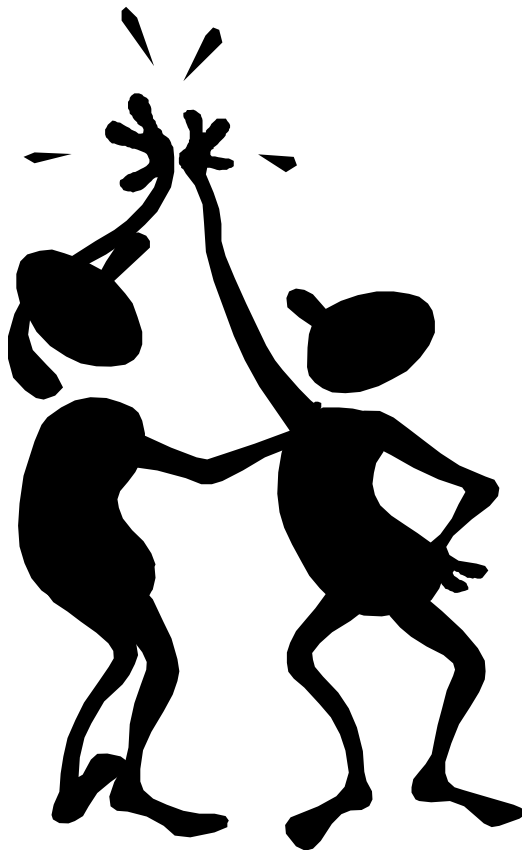
**Sections 2143 - 2147 of
Medicaid Manual**



Q-TRACK OBJECTIVES

Participants will be able to:

- Identify individuals eligible for assistance under the Q-Track COAs.
- Determine basic and financial eligibility for Q-Track COAs.
- Choose the correct Q-track COA.
- Complete the appropriate Q-track budget.
- Identify situations in which A/Rs are "dually entitled."





EXAMPLES: Q TRACK

Complete with the class the following examples using the Burial Exclusion Form for Resources and the Form 172 to determine the appropriate Q Track COA:

Q TRACK INDIVIDUAL BUDGETING EXAMPLES

Example 1: Mary Smith, age 69, receives \$600 in RSDI and \$300 in private retirement benefits.

Example 2: Tom Mullins, age 32 and disabled, receives \$825 in Railroad Retirement disability benefits and \$200 in retirement benefits from the state. He reported a checking account for \$300.00.

Q TRACK COUPLE BUDGETING EXAMPLES

Example 1: Frank and Mary Williams is an aged couple. Frank has \$350 RSDI retirement and \$420 in retirement benefits. Mary has \$225 in RSDI retirement.

Example 2: Marty and Evelyn Byrd, ages 67 and 65 respectively are retired. Marty has \$730 in Railroad Retirement (retirement) and works part time at McDonald's earning \$400 a month. Evelyn receives \$280 in RSDI retirement. They receive \$400 a month in unearned rental income.

Example 3: Mike and Mary Kay Brinson is an aged couple. Mike receives \$900 in RSDI and \$550 in retirement benefits from GE. Mary Kay has no income. They both receive Medicare Parts A and B. They both report a Life Insurance Policy with Prudential Life with a FV of \$10,000 each and CSV of \$500.



EXAMPLES: Q TRACK (Continued)

Q TRACK SPOUSE TO SPOUSE DEEMING BUDGETING EXAMPLES

Example 1: Romeo Donatello is 68 years old and married to Jessica, who is 40. Their son Donnie is age 15 and lives at home. Romeo receives \$150 in RSDI retirement and \$300 in retirement from the bakery. Jessica is still working and earns \$1000 a month. Donnie has a paper route and earns \$250 a month.

Example 2: Walt West is disabled and is married to Barbara. Barbara works and earns \$1437 a month. Walt is applying for Q Track and receives \$800 a month from RSDI disability. They have one child living in the home who has no income.

Example 3: Harry Sims is retired and age 70. He is married to Sally. Harry receives \$300 a month in RSDI retirement and \$600 monthly from his IRA. Sally receives \$200 a month in VA Compensation because her son from a previous marriage died from a service related cause. She also works for DFCS and earns \$1000 a month. Harry reports a joint checking account with a balance of \$1000. He also reports a Term Life Insurance Policy of \$50,000. Sally reports a Whole Life Insurance Policy with a FV of \$20,000 and a CSV of \$1000.



How Do You Identify the Appropriate COA?

1. *Is the A/R potentially eligible for SSI/DMP or TANF/DMP or Family Medicaid?*

Yes: Refer to SSA if Federal Countable Income is less than the appropriate FBR.

- Consider the Q-Track COAs.
- Consider the SSI COA for 3 months prior to the SSI or ABD Medicaid application month.
- Refer to the appropriate worker if the A/R appears to be eligible for TANF and/or Family Medicaid and wishes to apply for either.

FBR

No: Continue

2. *Has the A/R ever received SSI?*

Yes: Continue to question #3.

No: The A/R is ineligible for the following COAs:

- ◆ Pickle (PL 94-566)
- ◆ Disabled Adult Child (PL 94-643)
- ◆ Disabled Widow(er) 50-59
- ◆ Widow(er) 60-64 (PL 100-203)

Continue to question #8.

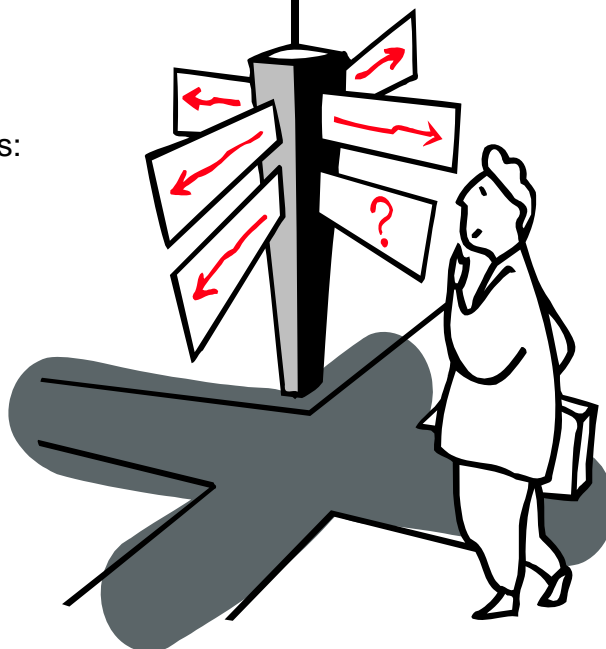
3. *Is the A/R currently receiving RSDI?*

Yes: Continue to question #4.

No: The A/R is ineligible for the following COAs:

- ◆ Protected (PL 92-603)
- ◆ Pickle
- ◆ DAC
- ◆ Disabled Widow(er) 50-59
- ◆ Widow(er) 60-64

Continue to question #9.





How Do You Identify The Appropriate COA? (Continued)

4. *Was SSI terminated for any reason after 4/77?*

Yes: Consider the Pickle COA.

No: The A/R is ineligible for the Pickle COA. Continue.

5. *Is the A/R an individual who:*

- Is age 18 or older
- Is receiving RSDI on parents' RSDI account (RSDI claim number ends with a BIC that includes "C"), and
- Had SSI terminated on or after 7/1/87 due to initial entitlement to or an increase in RSDI income.

Yes: (to all of the above): Consider the Disabled Adult Child COA.

No: Continue

6. *Is the A/R a widow(er) who:*

- Is age 50-59,
- Is receiving RSDI W/W disability benefits (RSDI claim number ends with BIC that includes "W"),
- Applied for RSDI W/W benefits prior to age 60,
- Had SSI terminated on or after 1/1/91 due to initial receipt of W/W benefits and
- Is ineligible for Medicare Part A?

Yes (to all of the above): Consider the Disabled Widow(er), COA.

No: Continue.

7. *Is the A/R a Disabled widow(er) who:*

- Is age 60-64,
- Is receiving RSDI Widow(er) benefits (RSDI claim number ends with a BIC that includes "D"),
- Applied for RSDI W/W benefits at age 60 or older, and
- Is ineligible for Medicare Part-A?

Yes (to all of the above): Consider the Widow(er), 60-64 COA.

No: Continue.

FBR



How Do You Identify The Appropriate COA? (Continued)

8. *Did the A/R receive RSDI and AABD or AFDC in 8/72?*

Yes: Consider the Protected COA.

No: Continue.

FBR

9. *Is the A/R, or has the A/R been, hospitalized?*

Yes: Consider the Hospital COA.

No: Continue.

10. *Is the A/R in a nursing home?*

Yes: Consider the following COAs in this order:

- ◆ Nursing Home (NH)
- ◆ Hospice in the NH (Institutionalized Hospice)
- ◆ QMB
- ◆ SLMB
- ◆ QDWI

No: Continue

11. *Is the A/R receiving Hospice Care services?*

Yes: Consider the Hospice Care (HC) or Institutionalized Hospice COA.

No: Continue.

12. *Is the A/R receiving waived services while residing in the community?*

Yes: Consider CCSP, ICWP, NOW/COMP

No: Continue.

LA-D



How Do You Identify The Appropriate COA? (Continued)

- 13. Is the A/R less than 18 years of age, residing in the community, and is appropriate for nursing home placement?**

Yes: Consider Katie Beckett or CCSP

No: Continue

NOTE: Kate Beckett COA is available to children from birth through the month the child turns age 19.

At this point we have ruled out all COAs which provide full Medicaid coverage. Now we'll continue to the "Limited Coverage" COAs.

LA-D

- 14. Is the A/R either receiving or entitled to Part A Medicare without cost, and does the A/R have net income less than or equal to the QMB income limit?**

Yes: Consider the QMB COA.

No: Continue

- 15. Is the A/R either receiving or entitled to Part A Medicare without cost, and does the A/R have net income less than the SLMB income limit?**

Yes: Consider the SLMB COA.

No: Continue

- 16. Is the A/R either receiving or entitled to Part A Medicare without cost, and does the A/R have net income less than the QI-1 income limit?**

Yes: Consider the QI-1 COA.

No: Continue.

Q-Track



How Do You Identify The Appropriate COA? (Continued)

17. *Is the A/R :*

- Under age 64;
- Entitled to, but not receiving RSDI disability benefits due to earned income, and
- Receiving Part A Medicare

Yes: (to all of the above): Consider the QDWI COA.

No: Continue.

Q-Track

18. *Does the A/R (and/or A/R's dependents) have unpaid and/or recurring medical expenses not paid by TPR?*

Yes: Consider the ABD Medically Needy COA. Also consider the Q-Track while A/R is in suspense and waiting to meet Spenddown.

No: A/R is ineligible for ABD Medicaid, consider other types of Medicaid and/or referrals to other community-based agencies

AMN



SELECTING THE APPROPRIATE CLASS OF ASSISTANCE (CHILDREN)

The following ABD Medicaid COAs are available to children:

- SSI (three months prior)
- Katie Beckett (through the month the child turns 19)
- Community Care Services Program (CCSP)
- ABD Medically Needy (AMN)
- Pickle
- Former SSI Disabled Children
- Nursing Home (NH)
- Hospice
- Institutionalized Hospice
- Hospital

Don't forget other Family Medicaid COAs such as Right from the Start Medicaid (RSM) and Low Income Medicaid (LIM).



**ABD MEDICALLY NEEDY
(AMN)
CLASS OF ASSISTANCE**



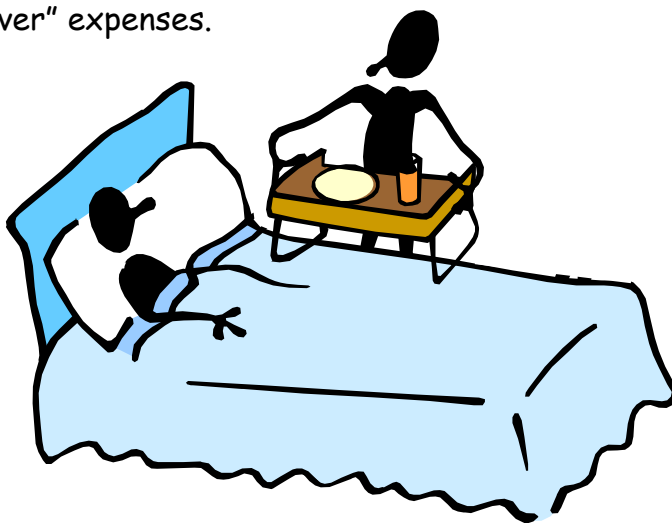
**Sections 2150 of
Medicaid Manual**



ABD MEDICALLY NEEDY OBJECTIVES

Participants will be able to:

- Determine basic and financial eligibility for the ABD Medically Needy de facto and spenddown cases.
- Use the ABD Medically Needy income level.
- Identify budget periods and review periods.
- Calculate the spenddown amount.
- Identify "whose bills" and "which bills" to use.
- Complete the spenddown budget using Form 238.
- Calculate the "First Day Liability."
- Identify the "Begin Authorization Date."
- Identify the "break-even bill."
- Complete Form 400, "Medically Needy First Day Liability Authorization for Reimbursement."
- Budget "rollover" expenses.





EXAMPLE 1: REVIEW PERIOD AND BUDGET PERIODS

A. Review Period (RP) – 6 months

Begins: First day of application month
Ends: Last day of the sixth consecutive month

EXAMPLE:

Applies: 10/10
RP Begins: 10/1
RP Ends: 3/31

B. Budget Periods (BP) – Each month of the six-month review period is a separate one-month BP.

Begins: First day of each month
Ends: Last day of each month

EXAMPLE:

Budget Periods

10/1 - 10/31
11/1 - 11/30
12/1 - 12/31
1/1 - 1/31
2/1 - 2/28
3/1 - 3/31



EXAMPLE 2: REVIEW PERIOD AND BUDGET PERIODS

A. Review Period (RP) – 6 months

Begins: First day of application month
Ends: Last day of the sixth consecutive month

EXAMPLE:

Applies: 6/5 and requests all prior months
RP Begins: 6/1
RP Ends: 11/30

B. Budget Periods (BP) – Each month of the six-month review period is a separate one-month BP.

Begins: First day of each month
Ends: Last day of each month

EXAMPLE:

Budget Periods:

3/1 - 3/31
4/1 - 4/30
5/1 - 5/31
6/1 - 6/30
7/1 - 7/31
8/1 - 8/31
9/1 - 9/30
10/1 - 10/31
11/1 - 11/30



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INQUIRY

NOTICE CONTENT - NCON

NCON
006 MOR

Client Name JANE

DOE

Client ID 000059969

Medicaid Spenddown

AU Number: 000076327

You or someone in your household has too much income to get Medicaid now or for a past period. You can still get Medicaid if you have medical bills that you owe or have recently paid. We can deduct these bills from the excess income. This process is called Medicaid spenddown. We will grant Medicaid when the bills have used up all the excess income.

Part 2 of the notice explains more about how spenddown works. It tells you which members qualify and how much excess income they have. It also gives information about the kinds of bills you can

Message

Page: 1 Document Name: untitled

INQUIRY

NOTICE CONTENT - NCON

NCON
007 MOR

Client Name JANE

DOE

Client ID 000059969

deduct. Please read the spenddown information in Part 2 of the notice.



Page: 1 Document Name: untitled

INQUIRY

NOTICE CONTENT - NCON

NCON
008 MO

Client Name JANE

DOE

Client ID 000059969

PART 2. DETAILED INFORMATION ABOUT YOUR ELIGIBILITY

Page: 1 Document Name: untitled

INQUIRY

NOTICE CONTENT - NCON

NCON
009 MO

Client Name JANE

DOE

Client ID 000059969

0024 - SPENDDOWN

Your income is too high for you to receive Medicaid right now. To be eligible, you must 'spenddown' your excess income of \$313.00 with medical bills that you are responsible for paying. You can use medical bills that you still owe, medical insurance premiums, or any medical bills incurred in a month for which you are trying to meet your spenddown.

When your spenddown is met, your eligibility for Medicaid will begin, and it will continue through the last day of the month. You must meet your spenddown again each month in order to become eligible for Medicaid. You can send in your medical bills as they are incurred.

Message



Page: 1 Document Name: untitled

INQUIRY

NOTICE CONTENT - NCON

NCON
010 MOR

Client Name JANE

DOE

Client ID 000059969

Your case will be active, waiting for you to spenddown your excess income each month, through 03/97. This is the month in which we will schedule a review of your case. We will send you a notice of the appointment date and time or a form to fill out and return. Your case will terminate after this time if we have not completed a review of your case.

You must report any change in your situation to your worker, such as a change in marital status, income, bank accounts and other resources, or the number of persons living in your household. Any change in your situation might affect your eligibility.

If you think our decision is wrong, you may request a Fair

Message

Page: 1 Document Name: untitled

INQUIRY

NOTICE CONTENT - NCON

NCON
011 MOR

Client Name JANE

DOE

Client ID 000059969

Hearing. The Fair Hearing rules are on the last page of this notice.



ABD Medicaid Phase 1 Participant Guide
ABD Medically Needy

September 17, 2008

INQUIRY

NOTICE CONTENT - NCON

NCON
001 MORE

Client Name ADDIE [REDACTED]

Client ID 002182 [REDACTED]

FORSYTH COUNTY DFCS
P.O. BOX 21
CUMMING GA 30130-0021

Date: 11 03 2000

County: FORSYTH
Load: 516A
Phone: (770) 781-6700

ADDIE [REDACTED]
[REDACTED]
CUMMING GA 30040-9136

Client Number: 002182 [REDACTED]

If you disagree with this decision, you can call your local Legal
Aid Office for help with an appeal or other legal problems at
(800) 745-5717.

INQUIRY

NOTICE CONTENT - NCON

NCON
003 MORE

Client Name ADDIE [REDACTED]

Client ID 002182 [REDACTED]

PART 1. GENERAL INFORMATION ABOUT YOUR ELIGIBILITY

We made a decision about your request for assistance. This notice
explains our decision. It tells you about each person and program
you applied for. Please read each part of the notice.

Each program you applied for is discussed separately. If a
program you applied for is not listed, we have not finished
processing that part of the application. You will get another
notice when we are finished.

You may call your worker at the number listed at the top of the
last page if you have any questions. You also can request a Fair
Hearing if you disagree with any of our decisions. The last
page of the notice gives more information about your Fair Hearing
rights.



ABD Medicaid Phase 1 Participant Guide
ABD Medically Needy

September 17, 2008

INQUIRY

NOTICE CONTENT - NCON

NCON
005 MORE

Client Name ADDIE [REDACTED]

Client ID 002182 [REDACTED]

Medicaid

AU Number: 143023 [REDACTED]

Based on our records we have determined that some or all the members of your household are eligible. Please read Part 2 to find out who is eligible and when your coverage begins.

INQUIRY

NOTICE CONTENT - NCON

NCON
006 MORE

Client Name ADDIE [REDACTED]

Client ID 002182 [REDACTED]

PART 2. DETAILED INFORMATION ABOUT YOUR ELIGIBILITY

1003 - NOTICE OF APPROVAL - AU 143023 [REDACTED]

You are eligible for Medicaid effective 12/01/00.

Based on information we now have, you are eligible for the following periods:

12/01/00 through 12/31/00

You will receive Medicaid for the people listed below:

ADDIE [REDACTED]

002182 [REDACTED] P

If you need Medicaid for additional months, you must submit enough medical bills to spenddown your excess income of \$398.00 per month.



INQUIRY

NOTICE CONTENT - NCON

NCON

009 MORE

Client Name ADDIE

Client ID 002182

The information listed below helped us make our decision:

Your living arrangement is AT HOME.

You requested medical help for 1 person(s).

Your rent per month is \$28.33.

Your SOCIAL SECURITY BENEFIT is \$735.00.

If a member of your household is pregnant and in need of medical assistance, contact your county Department of Family and Children Services for information on Medicaid for pregnant women.

If you think the information we used is wrong, please call your worker at the number listed above.

You may ask for a Fair Hearing if you think this decision is wrong. The Fair Hearing rules are shown on the last page of this notice.



VERIFICATION OF THIRD PARTY PAYMENTS

The MES must try to obtain verification of the amount that a third party will pay on a bill.

The MES can request the applicant to provide verification from the third party or from the provider if the charge is reimbursed at a standard rate.

If verification cannot be obtained, the MES shall examine the insurance policy and subtract the **minimum** that the applicant would be required to pay under the terms of the policy.

Without verification, allow the minimum amount a third party resource will pay.

EXAMPLE: A Medicare recipient applies for AMN. He furnished a doctor's bill of \$27.08. The doctor does not accept assignment of Medicare, and the A/R has not received "Your Explanation of Medicare Benefits". Therefore, the MES allows the minimum to meet spenddown: \$5.42 ($.20 \times \$27.08 = \5.42).

Later the A/R provides MES with "Your Explanation of Medicare Benefits", which verifies that Medicare approved \$24.40 of the \$27.08 billed amount. Medicare will pay 80 % of the "approved amount" ($.80 \times \$24.40 = \19.52). The A/R is responsible for the remainder ($\$27.08 - 19.52 = \7.56)

The MES must recompute the spenddown, using \$7.56, instead of the minimum of \$5.42 used originally.

September 17, 2008

MEDICARE PART B
PO BOX 2018
SAVANNAH, GA 31402-2018

THIS IS NOT A BILL
Explanation of Your
Medicare Part B Benefits

GA-14-12985:

**GA**

Summary of this notice dated November 9, 1999

Total charges:	\$ 27.08
Total Medicare approved:	\$ 24.40
We paid your provider:	\$ 0
Your total responsibility:	\$ 27.08

Your Medicare number is:

Details about this notice (See the back for more information.)

BILL SUBMITTED BY: ALBANY UROLOGY CLINIC PC,
Mailing address: 1950 PALMYRA RD ALBANY GA 31701-1575

<u>Dates</u>	<u>Services and Service Codes</u>	<u>Charge</u>	<u>Approved</u>	<u>Below</u> a,b
Oct. 19,	Control number 5272-2008-72000 KELVIN LANE M.D.			
	Office/outpatient visit, est [99212]	\$ 27.08	\$ 24.40	
			+	
	Total	\$ 27.08	\$ 24.40	

Notes:

a Medicare cannot pay you for the money you must pay each year for the Medicare Part B deductible. See the explanation below for the amount you have now paid toward the deductible. See #4 on the back.

b Your provider did not accept assignment.

c The approved amount is based on the fee schedule.

d The approved amount is based on the cost at which this drug/test can be bought by your provider.

e Medicare pays the full approved amount. The deductible does not apply.

f Payment for the laboratory test is based on a fee schedule.

IMPORTANT: If you have questions about this notice, call Medicare Services at (912)928-2412 or toll free 1-800-727-6827 or see us at 12052 Middeground Road, Savannah, GA. You will need this notice if you contact us.

To appeal our decision, you must WRITE to us before February 23, 2000 at P O Box 3018, Savannah, GA 31402-3018. See #2 on the back.



Important Information You Should Know About Your Medicare Part B Benefits

This part of the notice answers some questions about receiving Medicare payments. If you have other questions, see your copy of *The Medicare Handbook* or call us for more information.

1. What should I do if I have questions about this notice?

If you have questions about this notice, call, write, or visit us and we will tell you the facts that we used to decide what and how much to pay. Turn to the front of this notice; our address and phone number are on the bottom of the page.

2. Can I appeal how much Medicare paid for these services?

If you do not agree with what Medicare approved for these services, you may appeal our decision. To make sure that we are fair to you, we will not allow the same people who originally processed these services to conduct this review.

However, in order to be eligible for a review, you must write to us within 6 months of the date of this notice, unless you have a good reason for being late (for example, if you had an extended illness which kept you from being able to file on time).

Turn to the front of this notice; the deadline date and our address are on the bottom of the page. It may help your case if you include a note from your doctor or supplier (provider) that tells us what was done and why.

If you want help with your appeal, or if you have questions about Medicare, you can have a friend or someone else help you. There are also groups, such as legal aid services, who will provide free advisory services if you qualify. In addition, volunteers at Medicare peer counseling programs in your area can also provide you with assistance. If you would like more information on how to get in touch with a counselor, contact us at the address or phone numbers on the bottom of the front page of this notice.

3. How much does Medicare pay?

The details on the front of this notice explain how much Medicare paid for these services. See your copy of *The Medicare Handbook* for more information about the benefits you are entitled to as a beneficiary in the Medicare Part B program. If you need another copy of the handbook, call or visit your local Social Security office.

Medicare may make adjustments to your payment. We may reduce the amount we pay for services by a certain percentage (Balanced Budget Law). If your provider accepted assignment, you are not liable

to pay the amount of this reduction. We pay interest on some claims not paid within the required time.

All Medicare payments are made on the condition that you will pay Medicare back if benefits are also paid under insurance that is primary to Medicare. Examples of other insurance are employer group health plans, automobile medical, liability, no fault or workers' compensation. Notify us immediately if you have filed or could file a claim with insurance that is primary to Medicare.

4. How can I reduce my medical costs?

Many providers have agreed to be part of Medicare's participation program. That means that they will always accept the amount that Medicare approves as their full payment. Write or call us for the name of a participating provider or for a free list of participating providers.

A provider who accepts assignment for covered services can charge you only for the part of the annual deductible you have not met and the copayment which is 20 percent of the approved amount.

If you are treated by one of these doctors, you can save money. See *The Medicare Handbook* for more information about how you can reduce your medical costs.

Generally a doctor who has not accepted assignment may not charge more than 115 percent of the Medicare approved amount for services provided in 1993 or later. This is known as the limiting charge. Contact us if assignment was not accepted, and you think your doctor charged more than the limiting charge.

Some states have laws that could further reduce your medical costs. Please see the *Medicare Handbook* published in 1993 or later for more information.

5. How can I use this notice?

You can use this notice to:

- o Contact us immediately if you think Medicare paid for a service you did not receive;
- o Show your provider how much of your deductible you have met;
- o Claim benefits with another insurance company. If you send this notice to them, make a copy for your records.



Control number 5272-2008-72800

Your Medicare number is:

More details about this notice

GENERAL INFORMATION ABOUT MEDICARE:

If you change your address, please contact the Social Security Administration by calling 1-800-772-1213.

Effective June 16, 1997, Cahaba Government Benefit Administrators, a Division of Blue Cross and Blue Shield of Alabama, will become the Medicare Carrier for Georgia. The telephone number and address for your new carrier will remain the same as the ones on this notice, and Medicare services provided to you will not be affected.

Here's an explanation of this notice:

Of the total charges, Medicare approved	\$ 24.40	Your provider did not accept this amount.
Less amount for services paid at 100%	- 0	
Amount eligible for deductible and copay	\$ 24.40	
Less the deductible applied	- 0	You have now met \$100.00 of your \$100.00 deductible for 199
Approved amount less deductible	\$ 24.40	Medicare pays 80% of this total.
Your 20%	- 4.88	You pay 20% of the approved amount.
Amount after deductible and your 20%	\$ 19.52	
Plus approved amount for 100% payment	+ 0	These services are paid at 100%.
Medicare owes	\$ 19.52	
We are paying you	\$ 19.52	
Of the total bill	\$ 27.08	
Less what Medicare owes	- 19.52	
Your total responsibility	\$ 7.56	The provider may bill you for this amount.

IMPORTANT: If you have questions about this notice, call Medicare Services at (912)928-2412 or toll free 1-800-727-882 or see us at 12852 Middleground Road, Savannah, GA. You will need this notice if you contact us.

To appeal our decision, you must **WRITE** to us before February 23, 2009 at P O Box 3818, Savannah, GA 31402-3818. See #2 on the back.



ABD Medicaid Phase 1 Participant Guide
ABD Medically Needy

August 28, 2008

Section D

Complete ONLY for Spend-Down Cases

Budget Period 10-01-XX Through 10-31-XX
Mo/Day/Yr Mo/Day/Yr

DOCUMENTATION OF INCURRED MEDICAL EXPENSES								
1. Incurred By:	2. Type of Bill	3. Method of Verification	4. Medical Expenses				5. Income Excess \$ <u>313</u>	6. Future Spend-down Medical Deduction
			Date Incurred	Amount	Paid Unpaid (P/U)	Amount Applied		
A/R	Mdcare	SSA	10-01	96.40	P	96.40	216.60	
A/R	Dr.	bill	10-19	7.56	U	7.56	209.04	

Section E

Disposition:

☐ Approval: Medical "Begin Authorization Date" From _____ Through _____
Mo/Day/Yr Mo/Day/Yr

☒ Rejected: Never met deductible

Notifications:

☐ To DMA Via SUCCESS on _____ Client is obligated to pay \$ _____ toward Spend-down
☐ To Client via Notification Form. You are obligated to pay \$ _____ toward spend-down for _____
Mo/Day/Yr

Caseworker

Signature of Worker

10-19-XX

Date



ORIGINAL MEDICARE PLAN SUMMARY 2008

Part A: Hospital Insurance – Covered Services per Benefit Period ¹

Covered Service	Benefit	Medicare Pays	You Pay
Hospitalization Semi-private room, meals, general nursing and miscellaneous hospital services and supplies	First 60 days	All but \$1,024 deductible	\$1,024 deductible
	61 st to 90 th day	All but \$256/day	\$256/day
	91 st to 150 th day♦	All but \$512/day	\$512/day
	Beyond 150 days	Nothing	All costs
Post-Hospital Skilled Nursing Facility Care (In a facility approved by Medicare) You must have been in a hospital for at least 3 days and enter the facility within 30 days after hospital discharge. ²	First 20 days	100% of approved amount	Nothing
	21 st to 100 th day	All but \$128/day	\$128/day
	Beyond 100 days	Nothing	All costs
Home Health Care	Unlimited visits as medically necessary	Full cost	Nothing for Medicare approved services. 20% of Medicare-approved amount for durable medical equipment
Hospice Care	As long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs and inpatient respite care
Blood	Blood	All but first 3 pints	For first 3 pints, then 20% of Medicare –approved amount for additional pints

♦Medicare will pay for 60 Reserve Days when you are in the hospital more than 90 days during a benefit period. These 60 Reserve Days may be used only once during your lifetime. Days are not renewable.

¹ A Benefit Period begins on the first day you receive service as an inpatient in a hospital or skilled nursing facility and ends after you have been out of the hospital or skilled nursing facility for 60 days in a row. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

² Medicare and private insurance will not pay for most nursing home care. You pay for custodial care and most care in a nursing home.



ORIGINAL MEDICARE PLAN SUMMARY 2008

Part B: Medical Insurance – Covered Services per Calendar Year

Covered Service■	Benefit	Medicare Pays	You Pay
Medical and Other Services Physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, ambulance, etc.	Medicare pays for medical services in or out of the hospital. (Some insurance policies pay less – or nothing – for hospital outpatient medical services or services in a doctor's office.)	80% of Medicare approved amount (after \$135 deductible)	\$135 deductible plus 20% of balance of approved amount (plus any charge above approved amount) Certain limits and conditions apply to Mental Health Care (Outpatient)
Home Health Care	Unlimited visits as medically necessary	Full cost	Nothing for Medicare approved services. 20% of Medicare approved amount for durable medical equipment
Outpatient Hospital Treatment	Unlimited visits as medically necessary	80% of approved amount (after \$135 deductible)	Subject to deductible plus 20% of balance of approved amount
Blood	Blood	80% of approved amount (after \$135 deductible and starting with 4 th pint)	First 3 pints; also 20% of approved amount (after \$135 deductible)

¹ Once you have had \$135 of expense for covered services, the Part B deductible does not apply to any further covered services you receive the rest of the year

² You pay for charges higher than the amount approved by Medicare unless the doctor or supplier agrees to accept Medicare's approved amount as the total charge for services rendered, subject to limitations under the resource-based relative value scale

Part B premium is **\$96.40** effective January 2008 (deducted from RSDI or RRR check each month)

■ List is not inclusive. Medicare part B also helps cover some preventive services (screenings, shots, exams, etc.) to help maintain your health and to keep certain illnesses from getting worse.



ABD Medicaid Phase 1 Participant Guide
ABD Medically Needy

August 28, 2008

UPDATE SPENDDOWN MEDICAL EXPENSES - SDME SDME 01
Month 08 00 01

HOH Name Ronald H
AU ID 49314

Client ID 7050

Del	Expense Covered	Amt	V	Date Incurred	TPL Amt	A/R Bill	Exp Pd Rollover	SD Use
-----	-----------------	-----	---	---------------	---------	----------	-----------------	--------

Provider Name

Expense Type

Provider Name

Expense Type

Provider Name

Expense Type

Provider Name

Expense Type

Provider Name

Expense Type

Client Liability Amt for Breakeven Bill
More Med Exp

Message
15-lett

24-del



ABD Medicaid Phase 1 Participant Guide
ABD Medically Needy

August 28, 2008

UPDATE

LETTER DETAILS - LDTL

LDTL

AU ID 111910137 Letter Type M400 Sent Date 10 16 96

Addressee First Name **Barbara** Middle Last Name **BUSH**
Address Line 1 Line 2 Apt
Street Number Dir Name Type City Dir
00335 Peachtree St ?
City **ATLANTA** ST **GA** Zip **30322**

Regards First Name **Barbara** Middle Last Name **Bush**
Address Line 1 Line 2 Apt
Street Number Dir Name Type City Dir
00335 PEACHTREE ST
City **ATLANTA** ST **GA** Zip **30303**

Load ID 1119 Name CASE WORKER1119 Phone ? ? ? Ext
LO LO 49 OF CTY 49
Address 48 PEACHTREE STREET
City ATL ST GA Zip 00003 0303

Message 0013 1884 1896 1884 1896 1884 1897
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

14-updt



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UPDATE

LETTERS - LETT

LETT
01 Mor

P M400N

GEORGIA DEPARTMENT OF MEDICAL ASSISTANCE
2 PEACHTREE ST, NW, ATLANTA, GA 30303

P

P

P

P

P

MEDICALLY NEEDED FIRST DAY LIABILITY
AUTHORIZATION FOR REIMBURSEMENT

PATIENT'S NAME: Barbara B. Bush

PATIENT'S MEDICAID ID NUMBER: 1234567890P

BEGINNING DATE OF MEDICAID ELIGIBILITY: 01/20/19

P

(BEGIN AUTHORIZATION DATE)

P

MEDICAL SERVICE PROVIDER'S NAME: General Hospital

P

P IS THIS BILL TO BE PROCESSED WITH A CLIENT LIABILITY

P FOR THE BEGINNING DATE OF MEDICAID ELIGIBILITY?

YES ☒ NO ☐ IF YES, THE CLIENT LIABILITY FOR THIS BILL IS \$ 8.00.

P (CLIENT LIABILITY IS APPLICABLE TO COVERED SERVICES RENDERED
P BY MEDICAID ENROLLED PROVIDERS.)

Message

13-bott

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UPDATE

LETTERS - LETT

LETT
02

P PAYMENT IS MADE ONLY TO MEDICAID-ENROLLED PROVIDERS FOR COVERED
P SERVICES. SERVICES NOT COVERED BY MEDICAID OR SERVICES RENDERED
P BY A PROVIDER WHO IS NOT MEDICAID-ENROLLED MUST BE PAID BY THE
P RECIPIENT.

P

P

2/15/19

DATE COMPLETED

P

P

12345678

MEDICAID CASE NUMBER

E. Worker

EW NAME

(County Office)

COUNTY DFCS OFFICE NAME/PHONE



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UPDATE

LETTERS - LETT

LETT
01 Mo1

P M400N

GEORGIA DEPARTMENT OF MEDICAL ASSISTANCE
2 PEACHTREE ST, NW, ATLANTA, GA 30303

P

P

P

P

P

MEDICALLY NEEDED FIRST DAY LIABILITY
AUTHORIZATION FOR REIMBURSEMENT

PATIENT'S NAME: Barbara B. Bush

PATIENT'S MEDICAID ID NUMBER: 1234567890P

BEGINNING DATE OF MEDICAID ELIGIBILITY: 01/20/9-

P

(BEGIN AUTHORIZATION DATE)

P

MEDICAL SERVICE PROVIDER'S NAME: Walmart Pharmacy

P

P IS THIS BILL TO BE PROCESSED WITH A CLIENT LIABILITY

P FOR THE BEGINNING DATE OF MEDICAID ELIGIBILITY?

YES _ NO ☒ IF YES, THE CLIENT LIABILITY FOR THIS BILL IS \$ ____.

P (CLIENT LIABILITY IS APPLICABLE TO COVERED SERVICES RENDERED
P BY MEDICAID ENROLLED PROVIDERS.)

Message

13-bott

Page: 1 Document Name: untitled

UPDATE

LETTERS - LETT

LETT
02

P PAYMENT IS MADE ONLY TO MEDICAID-ENROLLED PROVIDERS FOR COVERED
P SERVICES. SERVICES NOT COVERED BY MEDICAID OR SERVICES RENDERED
P BY A PROVIDER WHO IS NOT MEDICAID-ENROLLED MUST BE PAID BY THE
P RECIPIENT.

P

P

P DATE COMPLETED

P

P

P MEDICAID CASE NUMBER

EW NAME

COUNTY DFCS OFFICE NAME/PHONE

HOSPITAL and NURSING HOME CLASSES OF ASSISTANCE



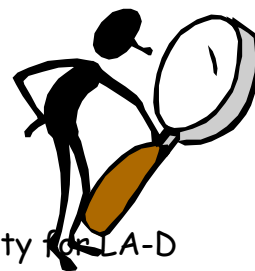
**Sections 2137, 2141, 2235, 2240,
2550, 2578, and 2581 of Medicaid
Manual**



HOSPITAL AND NURSING HOME COAs OBJECTIVES

Participants will be able to:

- Identify the Medicaid CAP COA for which an individual is eligible.
- Determine appropriate interviewing requirements for LA-D classes of assistance.
- Apply Length of Stay and Level of Care basic eligibility criteria.
- Recognize when deeming of resources is appropriate for LA-D classes of assistance.
- Calculate the countable value of:
 - Prepayment and deposits to a nursing home
 - Non-homeplace real property
 - Homeplace
- Determine the value of homeplace and its impact on eligibility for LA-D
- State what verification will be required for each resource.
- Determine resource eligibility.
- Determine when it is appropriate to complete the Medicaid CAP budget.
- Complete the Medicaid CAP budget.
- Determine basic and financial eligibility for the Hospital COA.
- Determine basic and financial eligibility for the Nursing Home COA including use of Form DMA-59.
- Determine when it is appropriate to complete a patient liability budget.
- Determine appropriate deductions allowed to complete patient liability.
- Complete the Patient Liability Budget.
- Determine the initial payment authorization date for a nursing home vendor payment.
- Recognize when a transfer of assets may have occurred.
- Calculate a transfer of assets penalty.





EFFECT OF LOS ON INCOME LIMIT

When the length of stay is met, use the Medicaid Cap to determine eligibility for any month or partial month that A/R is in LA-D.

EXAMPLE:

- A/R has \$700/month gross income
- Enters NH on 6/10; died 7/2
- LOS is met - death
- Use Medicaid Cap for both partial months (June and July)



When the LOS is not met, determine if A/R would be eligible under an "at home" class of assistance (such as AMN). Do not use Medicaid Cap to determine eligibility.

EXAMPLE: LOS NOT MET

- A/R has \$300/month gross income
- Enters hospital on 1/29
- Goes home 2/15 (LA-A)
- Applies 2/17
- LOS is not met. Since gross income is less than FBR, refer to SSA for February and ongoing.
- For January, as a Retroactive month determine eligibility under the SSI Medicaid class of assistance using FBR. (Would A/R have been eligible for SSI in his own home had he applied for SSI in January?)



EXAMPLES: DEEMING RESOURCES

Example #1: Deeming Resources from an Ineligible Spouse

When resources are deemed from an ineligible spouse, compare the total countable value of the resources to the appropriate couple resource limit for the A/R's living arrangement and COA.

Martin Salter (78) requires more care than his wife Rona (72) can give him at home. On January 7, Mr. Salter was admitted to a nursing home. On January 10, Mrs. Salter applied for ABD Medicaid on his behalf. The Spousal Impoverishment resource limit must be used to determine resource eligibility.

The couple has the following countable resources in January:

Mrs. Salter - \$10,000 in savings
 \$500 in savings bonds
 \$10,500

Mr. Salter - \$1,300 in savings

Total countable value: \$11,800 as of January 1.

Step One: Since Mr. Salter is in LA-D and has a community spouse, compare the combined resources of the couple in the month of admission to LA-D to the Spousal Impoverishment limit from the Income and Resource Limit Chart.

The combined value of the Salters' resources (\$11,800) is less than the Spousal Impoverishment limit. Continue to Step Two.

Step Two: The value of Mr. Salter's resources (\$1,300) is less than the SSI individual resource limit. The resource eligibility determination is complete.



Example #2: Deeming Resources from an Ineligible Spouse

Martha Johnson was admitted to a nursing home on April 14. Her husband, Bill, remains at home. On May 2, Mr. Johnson applies for ABD Medicaid for Martha.

The couple has the following countable resources in May:

Mrs. Johnson	\$11,400 in savings
	\$14,220 in stocks (as of May 1)
	<u>\$15,700</u> in non-homeplace property
	\$41,320
Mr. Johnson	\$17,000 in stocks
	<u>\$12,000</u> in CD
	\$29,000

Total countable value: \$70,320 as of May 1.

Step One: Since Mrs. Johnson is in LA - D with a community spouse, compare the Johnsons' combined resources to the Spousal Impoverishment limit from the Income and Resource Limit Chart. The combined countable resource value (\$70,320) is less than the Spousal Impoverishment limit. Continue to Step Two.

Step Two: Compare Mrs. Johnson's countable resource value (\$41,320) to the SSI Individual Resource Limit from the Income and Resource Limit Chart. Since the countable value of Mrs. Johnson's resources exceeds the SSI Individual limit, she will be required to transfer her resources in excess of the SSI Individual limit to her spouse. Continue to Steps Three and Four.

Step Three: Secure Mrs. Johnson's written statement of the resources she intends to transfer to her spouse by having her sign Form 129, Notification Requirements: Transfer of Assets to Spouse.

Step Four: Notify her in writing of the type and value of resources she has declared and the requirement to transfer by the first annual review. Provide her with a copy of the signed and completed Form 129.

Note: The Spousal Impoverishment resource limit is applicable for 12 months. The A/R's resources must be less than the individual limit at the first annual review.



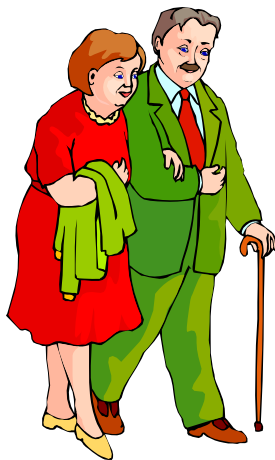
EXAMPLES: FINANCIAL RESPONSIBILITY

Cease deeming income the **month of** entry into LA-D.

Example #1 Mr. and Mrs. Walker are not legally married. They have been "holding out" as husband and wife since prior to 1/1/97. In February, Mr. Walker enters LA-D; Mrs. Walker, the A/R's ineligible spouse, remains at home (LA-A or B). Cease deeming income to Mr. Walker in February.

Example #2 Mr. and Mrs. Brown are legally married. In April, Mrs. Brown enters LA-D. Mr. Brown, the A/R's ineligible, non-estranged spouse, continues to reside in LA-A or B. Cease deeming income to Mrs. Brown in April.

Example#3 Mr. and Mrs. Blue both enter LA-D in April. Cease combining income in April. (Exception: If the couple is residing together in LA-D, and one spouse would be ineligible because his/her own income is not less than the individual Medicaid Cap, but the couple's combined income is less than the couple Medicaid Cap, continue to combine income and use the Couple Medicaid Cap.)





EXAMPLES: HOMEPLACE (FBR & NON-FBR) IN LA-D

Example #1

Virginia Barlow (72) is receiving Medicaid under the Nursing Home (NH) COA. She owns her home in North Carolina, but is in a NH in Georgia because her daughter lives here. The EV in the home is \$180,000. Since Mrs. Barlow is in LA-D, the home becomes a countable resource the first full month she is in LA-D, though the value of her home is not considered in determining the value of her resources as long as the A/R remains in LA-D and retains ownership interest. If Mrs. Barlow were to transfer the home into her daughter's name, you would determine whether a transfer of assets penalty should be imposed.



Example #2

Augusta Rich (75) is receiving Medicaid under the Nursing Home (NH) COA. He owns a home in Georgia with an EV of \$560,000. Since Mr. Rich is in LA-D and the value of the home is more than \$500,000, he is ineligible for a vendor payment to the NH. He is only eligible for NH Medicaid. If Mr. Rich were to transfer the home to his son's name, you would determine whether a transfer of assets penalty should be imposed.



AUTHORIZATION FOR NURSING FACILITY REIMBURSEMENT

DATE OF RECEIPT

FOR DMA USE ONLY

SECTION I - IDENTIFICATION	
NAME OF FACILITY Fonest Lake Manor	CITY Angusta
RECIPIENT'S NAME Betty Smith	MEDICAID PROVIDER NO. 1234567A
	SOCIAL SECURITY NO. 1 2 3 9 8 7 6 5 4
	DATE OF BIRTH 1 2 2 2 3 4
	SECONDARY ICD-9-CM 144-9
	PRIMARY ICD-9-CM 144-9
SECTION II - ADMISSION	
LEVEL OF CARE: 1-Skilled 2-IC 3-IC/MR 1	PATIENT ADMITTED FROM: A-Hospital B-Nursing Facility (NF) A
	ADMISSION DATE 0 6 1 0 0 9
	VA AID & ATTENDANCE INCLUDED: () Yes \$ () No DMA - 6 ATTACHED: () Yes () No QMB ELIGIBLE: () Yes () No
SECTION III - STATUS CHANGES	
NEW LEVEL OF CARE: 1-Skilled 2-IC 3-IC/MR 1	LOC EFFECTIVE DATE: 0 6 1 0 0 9
	PAYMENT EFFECTIVE DATES M M D D Y Y 0 6 1 0 0 9
	PATIENT INCOME M M D D Y Y 0 6 1 0 0 9
SECTION IV - TERMINATIONS	
REASON: E - INELIGIBLE F - DISCHARGED G - DIED E	EFFECTIVE DATE: M M D D Y Y 0 6 1 0 0 9
DISCHARGE DESTINATION A-Home with a Health Plan B-Hospital C-Nursing Facility (NF) D-Other B	
E-Own Home F-SNF Medicare L-Limited Stay Expired	
SECTION V - FACILITY CERTIFICATION	
I do hereby certify that the above statements are true and correct. I agree to submit to the County Department a status change request for any change in the monthly contributions by the recipient.	
Signature of Facility Administrator X Tom Hardy	
SECTION VI - AUTHORIZATION	
Signature of Assistance Payments Worker X	
DATE M M D D Y Y 0 6 1 0 0 9	
COUNTY CODE M M D D Y Y 0 6 1 0 0 9	

DMA - 59



PATIENT LIABILITY/COST SHARE BUDGET DEDUCTIONS

◇	
◇	
◇	
◇	
◇	
◇	
◇	
◇	



EXAMPLES: PROTECTION OF INCOME

Example #1: Home ⇨ NH

A/R enters the nursing home directly from home on August 7th.

You will complete a Patient Liability budget for August since this is the initial month of admission. One-half of his income is protected. Protection is based on the LA-D admission date of 8/7.

Example #2: Home ⇨ Hospital ⇨ NH

A/R enters a hospital from home on 6/5. He goes directly from the hospital to a NH on 6/15.

In this case, he was in a nursing home during his initial month of admission to LA-D. Therefore, you will complete a Patient Liability budget for June (initial month of admission), and you will protect half of the income for June.

Use the date of his initial admission to LA-D to determine the amount of income to protect (hospital - 6/5, no break from LA-D to LA-D).

Example #3: Home ⇨ Hospital ⇨ NH

A/R enters a hospital from home on 6/5. He goes directly to a nursing home from the hospital on 7/1. You will not do a patient liability budget for June, the initial month of admission. The Hospital class of assistance does not require a Patient Liability/Cost Share.

You will do a patient liability budget for July - his first month in a nursing home, but you will not protect income in July because July is not his initial month of admission into LA-D.

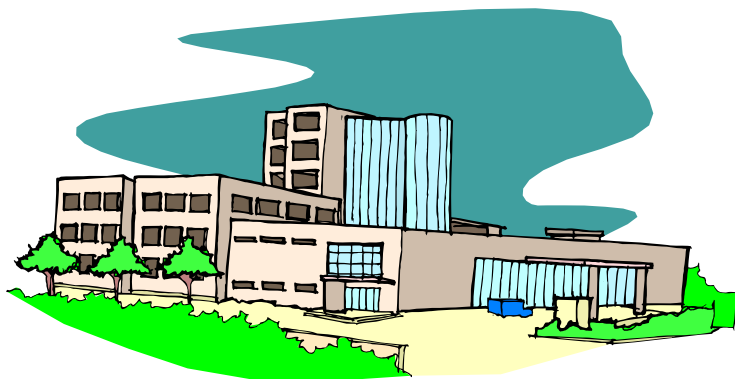


EXAMPLES: PROTECTION OF INCOME (Continued)

Example #4: NH ⇔ NH

A/R has been in Loganville Nursing Home for years. On 6/15, A/R transfers directly to Donaldson Nursing Home and remains throughout June.

No income would be protected in the month of admission into Donaldson Nursing Home - he was never in LA-A, B or C in the month of June.



Example #5: NH ⇔ HOME

A/R entered the nursing home 4 months ago following an accident and is discharged to home on 5/17. You will complete a Patient Liability budget for May protecting one-half of the income.



EXAMPLES: MEDICAID CAP and PATIENT LIABILITY BUDGETING

Example 1: Amy Henderson, age 85, was admitted to Gainesville Hospital on 5/11. She was discharged to Lakeside Nursing Home on 5/22. Ms. Henderson reported the following resources:

Checking Account: \$156.00 as of 5-1-09

Life Insurance Policy: FV \$5000, CSV \$980

Her gross income is \$250 in VA Pension and \$500 RSDI. Her Medicare premium is \$96.40. The Veterans Administration (VA) informs you that Ms. Henderson's pension will be reduced to \$90 in August. The case is finalized on 6/30.

- a. Complete a Burial Exclusion Form.
- b. Is the A/R eligible based on resources?
- c. Complete the Medicaid Cap budget(s).
- d. Complete the Patient Liability budget for the needed months.

Example 2: Allan Hillson entered Scotts Nursing Home on 3/25 from home. He has an ineligible legal spouse at home to whom he wishes to divert his income and resources. Mrs. Hillson reported the following resources:

Joint checking account (Allan and Sherry): \$850.00 as of 3-1-09

Homeplace Property (Allen and Sherry) EV \$85,000

Term Life Insurance (Allen): FV \$100,000

Term Life Insurance (Sherry) FV \$75,000

Savings Account (Allan): \$1500.00 as of 3-1-09

Vehicle (2006 Chevrolet Malibu) CMV \$16,000; owe \$6,000

Mr. Hillson has \$450 gross RSDI disability and \$825 gross retirement benefits. His wife Sherry has wages of \$1400 a month after all mandatory deductions. Mr. Hillson has a monthly Medicare premium of \$96.40 and a monthly IME of \$75 for a health insurance premium. This case is finalized on April 30.

- a. Complete a Burial Exclusion Form for A/R and spouse.
- b. Is the A/R eligible?
- c. Complete the Medicaid Cap budget.
- d. Complete the Patient Liability budget for March and ongoing.



Example 3: Mary Snowdon entered Snellsburg's Nursing Home on 8/6 from home. Ms. Snowdon reported the following resources:

Checking account: \$890.00 as of 8/1/09

Vehicle (2001 Ford Escort) CMV - \$13,000, owes 10,000

Homeplace Property: EV \$60,000

Whole Life Insurance: FV 15,000, CSV 500

She receives a retirement check of \$1200 from Gold Club and \$800 gross RSDI disability. Ms. Snowdon established a Qualified Income Trust and submitted the necessary forms. She deposits all of her income into the trust on 8/25. She pays \$96.40 in Medicare premium. Ms. Snowdon has a community spouse who receives a RSDI check of \$1500. The case is finalized on 9/27.

- a. Complete a Burial Exclusion Form
- b. Complete the Medicaid Cap budget.
- c. Complete the Patient Liability budget for the needed months.



**ABD Medicaid Phase 1 Participant Guide
Hospital and Nursing Home COAs**

June 3, 2009

Georgia Department of Human Resources
SSI Status Change

6-6-YR

Date

TO: Social Security Administration

RE:

247-16-4125

Social Security Number

P.O. Box 00

Street or P.O. Box Address

Mary E. Edwards

Name of SSI Recipient

Thomasville Ga 31792

City

State

Zip

Box 17140

Street or RFD Address

Thomasville Ga. 31792

City

State

Zip

247164125

DFCS AU #

(404) 212-4402

Phone Number

PLEASE ACCEPT THE CHANGE(S) SHOWN BELOW FOR THE ABOVE NAMED SSI RECIPIENT

☐ Special Needs Reduction -- Amount - \$ _____ - Date of Change _____
For the Reason Checked Below: Month - Year

- ☐ Paying Less For Personal Care
☐ No Longer Pays For Personal Care Attendant
☐ Not Furnishing Food For Personal Care Attendant
☐ Payments For Personal Care Attendant Could Not Be Verified
☐ Needs Of Ineligible Spouse Removed From Recipient's Budget

☒ Recipient Institutionalized

☒ Title XIX Institution

☐ Other Institution

Entered

Thomasville Health Care

Name of Nursing Home or Other Institution

Box 17140

Street or P.O. Box Address

6-2-YR

Month- Day- Year
Date Entered Institution

Thomasville GA. 31792

City

State

Zip

☒ Change of Address
Old Address 124 3rd St., Thomasville, GA. 31792

- ☐ Beneficiary Deceased Date of Death _____
☐ Change in Income or Resources (Specify New Income or New Resources and Date of Change, If Known)

Remarks:

FROM: Thomasville County

Dept. of Family & Children Services

1010 W. Broad St.

Street or P.O. Box Address

Thomasville GA 31790

City

State

Zip

E. Worker

Signature-Authorized Official

ABD MES

Title

(404) 250-6000

Phone Number



EXAMPLES: TRANSFER OF ASSETS PENALTIES

Example #1:

Mrs. Beck entered a NH, and applied for ABD 5/23/09. In 1991, she gave her daughter \$100,000 and put \$500,000 into a trust for her granddaughter. In this situation, a transfer of assets penalty would not be imposed because the transfer occurred prior to OBRA '93.

Example #2:

Mr. Garr is applying 5/26/09 for the NH COA and is requesting a vendor payment. In July 2008, he sold his nephew a vacant lot for \$2000. The CMV of the lot is \$8000. The lot is not income producing; therefore, it would not have been an excluded resource. Because Mr. Garr sold the lot for less than the CMV, a transfer penalty will be developed. The transfer took place after 2/8/06, so the penalty will be calculated based on DRA '05 policy. See the worksheet on PG-15.

Example #3:

Mrs. North applied 5/10/09 for the NH COA. Last month her husband withdrew \$10,000 from his account and gave it to their grandson. Because the transfer occurred before Mrs. North was approved for ABD Medicaid, a transfer penalty will be developed. If Mr. North had transferred the funds after Mrs. North's approval, no penalty would be imposed. The transfer took place after 2/8/06, so the penalty will be calculated based on DRA '05 policy. See the worksheet on PG-16.

Example #4:

Mrs. Gaines applied 1/2/09 for NH COA. In 1/2006, she transferred her home place to her daughter. The value of the home at the time of the transfer was \$150,000. The transfer took place before 2/8/06, so the penalty will be calculated based on OBRA '93 policy. See the worksheet on PG-17.

Example #5:

Mrs. Harris applied 5/2/09 for NH COA. In 3/2006, she transferred her home place to her daughter. The value of the home at the time of the transfer was \$150,000. The transfer took place after 2/8/06, so the penalty will be calculated based on DRA '05 policy. See the worksheet on PG-18.



DRA '05 TRANSFER POLICY FOR APPLICANTS/RECIPIENTS
(Effective 2/8/06)
Mr. Garr

Step 1 Subtract the compensation received from the FMV of the transferred resource.

- a. 8000 FMV of transferred asset
- b. - 2000 Compensation received
- c. = 6000 Uncompensated value

Step 2 Divide the uncompensated value by the NH Private Pay Billing Rate (NH PP BR)*.

- a. 6000 (1.c)
- Divided by
- b. 4916.55 (NH PP BR)
 - c. = 1.2 months of penalty including partial months**

Step 3. Multiply the NH PP BR by the number of **FULL** months' penalty found in 2. c.

- a. 4916.55 (NH PP BR)
- b. X 1 (2.c) # of **FULL** months' penalty **without** the fraction
- c. = 4916.55 dollar value of the full months' penalty

Step 4. Subtract the value of the full months' penalty from the uncompensated value of the Transferred asset.

- a. 6000 (1.c) uncompensated value of the transferred asset
- b. - 4916.55 (3.c) value of full months' penalty
- c. = 1083.45 partial month penalty amount

Step 5. Include the partial month penalty amount (4.c) as unearned income in the AU for the benefit month in which the partial month penalty falls.

*NH PP BR (Nursing Home private pay billing rate): the average Georgia private pay rate. Refer to Appendix A.1.

The number of months the A/R is ineligible for a nursing home/institutionalized hospice vendor payment. Medicaid eligibility is not affected for NH or Institutionalized Hospice A/Rs. However, do **not approve eligibility for CCSP, ICWP, MRWP/CHSS, non-institutionalized Hospice or Katie Beckett COAs until the **full** months' penalty period expires.

The penalty normally begins the first day of a month in which the asset(s) was transferred, or the date on which the individual is otherwise eligible for LA-D Medicaid, whichever is later. There is **NO** limit to the number of months a penalty may last.

THIS PENALTY WILL BEGIN MAY 2009 (IF OTHERWISE ELIGIBLE), JUNE 2009 THE REMAINDER OF 1083.45 WILL BE BUDGETED.



DRA '05 TRANSFER POLICY FOR APPLICANTS/RECIPIENTS
(Effective 2/8/06)
Mrs. North

Step 1 Subtract the compensation received from the FMV of the transferred resource.

- d. 10000 FMV of transferred asset
e. - 0 Compensation received
f. = 10000 Uncompensated value

Step 2 Divide the uncompensated value by the NH Private Pay Billing Rate (NH PP BR)*.

- b. 10000 (1.c)
Divided by
b. 4916.55 (NH PP BR)
c. = 2.033 months of penalty including partial months**

Step 3. Multiply the NH PP BR by the number of **FULL** months' penalty found in 2. c.

- d. 4916.55 (NH PP BR)
e. X 2 (2.c) # of **FULL** months' penalty **without** the fraction
f. = 9833.10 dollar value of the full months' penalty

Step 4. Subtract the value of the full months' penalty from the uncompensated value of the Transferred asset.

- d. 10000 (1.c) uncompensated value of the transferred asset
e. - 9833.10 (3.c) value of full months' penalty
f. = 166.90 partial month penalty amount

Step 5. Include the partial month penalty amount (4.c) as unearned income in the AU for the benefit month in which the partial month penalty falls.

*NH PP BR (Nursing Home private pay billing rate): the average Georgia private pay rate. Refer to Appendix A.1.

The number of months the A/R is ineligible for a nursing home/institutionalized hospice vendor payment. Medicaid eligibility is not affected for NH or Institutionalized Hospice A/Rs. However, do **not approve eligibility for CCSP, ICWP, MRWP/CHSS, non-institutionalized Hospice or Katie Beckett COAs until the **full** months' penalty period expires.

The penalty normally begins the first day of a month in which the asset(s) was transferred, or the date on which the individual is otherwise eligible for LA-D Medicaid, whichever is later. There is **NO** limit to the number of months a penalty may last.

THIS PENALTY WILL BEGIN MAY 2009 (IF OTHERWISE ELIGIBLE), AND CONTINUE THROUGH JUNE. THE REMAINDER OF 166.90 WILL BE COUNTED IN JULY 2009.



OBRA '93 TRANSFER POLICY FOR APPLICANTS/RECIPIENTS
(Effective 8/11/93)

Mrs. Gaines

Step 1 Subtract the compensation received from the CMV of the transferred resource.

a. 150,000.00 value of transferred resource

b. - 0 compensation received

c. 150,000.00 uncompensated value (enter on line 2.a)

Step 2 Compute penalty.

a. 150,000.00 (1.c) divided by 4916.55 (NH PP BR*) = 30.509 months penalty**

*NH PP BR (Nursing Home private pay billing rate): the average Georgia private pay rate. Refer to Appendix A.1.

The number of months the A/R is ineligible for a nursing home/institutionalized hospice vendor payment. Medicaid eligibility is not affected for NH or Institutionalized Hospice A/Rs. However, do **not approve eligibility for CCSP, ICWP, MRWP/CHSS, non-institutionalized Hospice or Deeming Waiver COAs until the penalty period expires.

The penalty normally begins the month in which the transfer occurred. There is **NO** limit to the number of months a penalty may last.

TRANSFER OCCURRED JANUARY 2006. PENALTY MONTHS WOULD HAVE BEEN JANUARY 2006 THROUGH JUNE 2008. NO REMAINDER WILL BE COUNTED. THIS TRANSFER WILL JUST BE DOCUMENTED IN THE RECORD.



DRA '05 TRANSFER POLICY FOR APPLICANTS/RECIPIENTS
(Effective 2/8/06)

Mrs. Harris

Step 1 Subtract the compensation received from the FMV of the transferred resource.

g. 150,000 FMV of transferred asset

h. - 0 Compensation received

i. = 150,000 Uncompensated value

Step 2 Divide the uncompensated value by the NH Private Pay Billing Rate (NH PP BR)*.

c. 150,000 (1.c)

Divided by

b. 4916.55 (NH PP BR)

c. = 30.509 months of penalty including partial months**

Step 3. Multiply the NH PP BR by the number of **FULL** months' penalty found in 2. c.

g. 4916.55 (NH PP BR)

h. X 30 (2.c) # of **FULL** months' penalty **without** the fraction

i. = 147,496.50 dollar value of the full months' penalty

Step 4. Subtract the value of the full months' penalty from the uncompensated value of the Transferred asset.

g. 150,000 (1.c) uncompensated value of the transferred asset

h. - 147,496.50 (3.c) value of full months' penalty

i. = 2503.50 partial month penalty amount

Step 5. Include the partial month penalty amount (4.c) as unearned income in the AU for the benefit month in which the partial month penalty falls.

*NH PP BR (Nursing Home private pay billing rate): the average Georgia private pay rate. Refer to Appendix A.1.

The number of months the A/R is ineligible for a nursing home/institutionalized hospice vendor payment. Medicaid eligibility is not affected for NH or Institutionalized Hospice A/Rs. However, do **not approve eligibility for CCSP, ICWP, MRWP/CHSS, non-institutionalized Hospice or Katie Beckett COAs until the **full** months' penalty period expires.

The penalty normally begins the first day of a month in which the asset(s) was transferred, or the date on which the individual is otherwise eligible for LA-D Medicaid, whichever is later. There is **NO** limit to the number of months a penalty may last.

THIS PENALTY WILL BEGIN MAY 2009 (IF OTHERWISE ELIGIBLE), AND CONTINUE THROUGH OCTOBER 2011. THE REMAINDER WILL BE COUNTED IN NOVEMBER 2011.



**ABD Medicaid Phase 1 Participant Guide
Hospital and Nursing Home COAs**

June 3, 2009

CHEROKEE COUNTY DFCS
P.O. BOX 826
CANTON GA 30114-0826

**GEORGIA DEPARTMENT OF HUMAN RESOURCES
Division of Family and Children Services
SUMMARY NOTIFICATION**

01-000058 PAGE 1

Date: 05 28 1998

County: CHEROKEE
Load: 040A
Phone: (770) 720-3619
Legal Aid Phone: (770) 535-5717

|||||
MEADOWBROOK MANOR OF WOODSTOCK
FOR GRACE
105 ARNOLD MILL ROAD
WOODSTOCK GA 30188-5027

Client Number: 055000981

PART 1. GENERAL INFORMATION ABOUT YOUR ELIGIBILITY

We made a decision about your request for assistance. This notice explains our decision. It tells you about each person and program you applied for. Please read each part of the notice.

Each program you applied for is discussed separately. If a program you applied for is not listed, we have not finished processing that part of the application. You will get another notice when we are finished.

You may call your worker at the number listed at the top of the last page if you have any questions. You also can request a Fair Hearing if you disagree with any of our decisions. The last page of the notice gives more information about your Fair Hearing rights.

MEDICAID FOR NURSING HOME CARE

AU NUMBER: 009000645

You applied for Medicaid on April 16, 1998. Based on our records we have determined that you are eligible. Please read Part 2 of this notice to find out when your coverage begins and how much you must pay toward the cost of your care.

PART 2. DETAILED INFORMATION ABOUT YOUR ELIGIBILITY

0003 - NOTICE OF APPROVAL - AU 009000645

You are eligible for Medicaid effective 04/01/98. You will continue to receive Medicaid unless there is a change in your situation.

Based on information we now have, you are eligible for the following months:
04/98



Client Number: 055000981

PAGE 2

05/98

You will receive benefits for the people listed below:

GRACE

055000981P

A form is enclosed with this notice that certifies your Medicaid eligibility for this month and any past months. Use this form to show proof of your Medicaid eligibility to medical care providers. You should begin receiving a regular monthly Medicaid care next month from the Department of Medical Assistance.

You are eligible for payment by the Department of Medical Assistance (Medicaid) of your nursing home care.

Based on the information we now have, you must pay the amounts listed below toward the cost of your nursing home care. If your situation changes, the amount you are required to pay may change.

04/98 \$887.00

05/98 \$.00

*****END OF NOTICES*****

WAIVERED CLASSES OF ASSISTANCE



**Sections 2131-2133, 2135, 2139,
2240, & 2550 of Medicaid Manual**



WAIVERED COA OBJECTIVES

Participants will be able to:

- Identify "waivered" services.
- Recognize the Hospice Care Communicator.
- Apply basic and financial policy to determine Medicaid eligibility for Hospice Care and Institutional Hospice Classes of Assistance.
- Recognize the Community Care Communicator and the Community Care Level of Care Placement Instrument.
- Identify the care coordination date and the service date for the Community Care Services Program (CCSP) recipients.
- Apply basic and financial policy to determine Medicaid eligibility for the Community Care Services Program.
- Recognize the NOW/COMP Communicator (Form 1008).
- Apply basic and financial policy to determine Medicaid eligibility for the NOW/COMP Classes of Assistance.
- Determine when it is appropriate to complete a cost share budget and when to complete a patient liability budget.
- Complete the Medicaid CAP budget
- Complete Patient Liability/Cost Share budget
- Identify applicants for Katie Beckett Class of Assistance.
- Apply basic and financial policy to determine Medicaid eligibility for the Katie Beckett Class of Assistance
- Complete and route forms for Katie Beckett application.
- Complete the Parent to Child Deeming Budget when appropriate.





EXAMPLES: TRANSFER OF ASSETS PENALTIES

Example #1:

Miss Free applied for the Hospice COA 1/25/09. She jointly owned an unrestricted savings account with her brother. The account contained \$20,000. January 2006 her brother withdrew the funds in the account to buy himself a car. A penalty would be developed unless undue hardship is proven. Miss Free did not rebut that the funds were hers, but she states that she did not give consent for her brother to withdraw the funds. Since she is applying 1/25/09, the transfer occurred within the 36 month look back period. Based on the date of the transfer, this penalty would be calculated using OBRA '93 rules. See the worksheet on PG-3.

Example #2:

Mr. James is applying for CCSP 5/20/09. Two months ago, Mr. James made a \$20,000 withdrawal and used the money to pay off the mortgage on his home. A transfer penalty would not be developed because the money was used to pay off a valid debt.



OBRA '93 TRANSFER POLICY FOR APPLICANTS/RECIPIENTS (Effective 8/11/93)

Miss Free

Step 1 Subtract the compensation received from the CMV of the transferred resource.

a. 20,000.00 value of transferred resource

b. - 0 compensation received

c. 20,000.00 uncompensated value (enter on line 2.a)

Step 2 Compute penalty.

a. 20,000.00 (1.c) divided by 4916.55 (NH PP BR*) = 4 months penalty **

*NH PP BR (Nursing Home private pay billing rate): the average Georgia private pay rate. Refer to Appendix A.1.

The number of months the A/R is ineligible for a nursing home/institutionalized hospice vendor payment. Medicaid eligibility is not affected for NH or Institutionalized Hospice A/Rs. However, do **not approve eligibility for CCSP, ICWP, MRWP/CHSS, non-institutionalized Hospice or Deeming Waiver COAs until the penalty period expires.

The penalty normally begins the month in which the transfer occurred. There is **NO** limit to the number of months a penalty may last.

TRANSFER OCCURRED JANUARY 2006, PENALTY MONTHS WOULD HAVE BEEN JANUARY, FEBRUARY, MARCH, AND APRIL 2006. THIS TRANSFER WILL JUST BE DOCUMENTED IN THE RECORD.



EXAMPLES: INCOME PROTECTION

Example 1: A/R enters CCSP on February 17th (Beginning Date of Care Coordination). Her service date is February 20th. You will complete a cost share budget for February. Protect all income based on the LA-D admission date of 2/17.

Example 2: A/R has received CCSP for three years. He decides that he does not need these services any longer. He is discharged on 10/6. Protect all income based on his discharge date of 10/6.



HOSPICE CARE COMMUNICATOR

TO/FROM: Vista Hospice (hospice care agency)
(circle one) Our Medicaid provider # is _____

TO/FROM: Walton (county DFCS office)
(circle one)

RE: Lisa Green 1030 Logan Street
(patient name) (patient address)
688-11-2233 03/14/30
(Social Security number) (Date of birth)

Section I (to be completed by hospice care agency)

☒ The above-named patient elects to receive hospice care services beginning 6/1/09. The certification period extends from 6/1/09 through 8/29/09.

☐ The above-named patient revokes hospice care or is otherwise discharged from Hospice care effective _____. Destination _____.

☒ The patient's doctor certified on 6/1/09 that the patient's life expectancy is anticipated to be six months or less.

☐ The patient is admitted to hospice care in a nursing home as of _____.

☐ The patient is discharged from hospice care in a nursing home as of _____.

Betty Carter 6/6/09
(Signature of Director) (Date)

Section II (to be completed by county DFCS office)

☐ The above named patient has been determined Medicaid eligible effective _____, and the Medicaid ID# is _____.

☐ The above-named has been denied/terminated Medicaid effective _____.

☐ Since this patient is admitted to hospice care in a nursing home, the monthly patient liability amount is \$ _____, effective _____.

☐ The monthly patient liability amount is changed to \$ _____, effective _____, and \$ _____, effective _____.

☐ Other: _____

(Signature of Caseworker)

(Date)



APPENDIX F
MR/DD WAIVER PROGRAM COMMUNICATOR
MAO DETERMINATION

Participant Name _____			County _____	MHID # _____
Address _____			Soc. Sec. # _____	Medicaid # _____
City _____	State _____	Zip Code _____	Date of Birth _____	(Area Code) Phone # _____
Provider _____			Phone # _____	

SECTION I COMPLETED BY PLANNING LIST ADMIN/SUPPORT COORDINATOR

_____ Date participant was determined eligible for New Options Waiver (NOW)/Comprehensive Supports Waiver (COMP)

Signature: _____ Date _____

SECTION II COMPLETED BY PLANNING LIST ADMIN/SUPPORT COORDINATOR (check those which apply)

- _____ Participant currently resides in an ICF-MR which receives Medicaid reimbursement for his/her services.
Please compute cost share. Discharge Date: _____
NOW/COMP Enrollment Date: _____
- _____ Participant currently resides in the community and does not receive Medicaid. Please determine eligibility and cost share. Date services begin: _____
- _____ Participant is currently receiving MAO. Please compute cost share.
- _____ Participant needs annual re-determination of MAO status and cost share.
- _____ Participant requires a home visit for application. (Reason in Remarks)

Signature: _____ Phone No. _____ Date _____

SECTION III COMPLETED BY DFACS CASEWORKER

_____	Date participant applied for MAO	ELIGIBILITY DATE: _____
\$ _____	Participant's cost share	Effective Date: _____
\$ _____	Participant's cost share due to liability change	Effective Date: _____
_____ Date participant was determined INELIGIBLE. (Reason in Remarks)		

Signature: _____ Phone No. _____ Date _____

SECTION IV COMPLETED BY NOW/COMP PLANNING LIST ADMIN/SUPPORT COORDINATOR

This member has been released from the NOW/COMP effective _____, for the following reason.

Signature: _____ Phone No. _____ Date _____

SECTION V COMPLETED BY NOW/COMP SUPPORT COORDINATOR OR DFACS CASEWORKER

REMARKS:



EXAMPLE: CCSP COUPLE COST SHARE BUDGETING

Bob and Jean Mashburn are an elderly couple admitted to CCSP as a couple on 9/14. Their Beginning Date of Care Coordination and service date is 9/14. Bob receives a gross RSDI income of \$815 and \$340 in VA A & A. Jean receives \$640 gross RSDI. They pay Medicare premiums of \$96.40 each. They also have a joint health insurance policy and pay a quarterly premium of \$75. They split the premium. Their cases are brought to final on October 10.

- a. Complete the Medicaid CAP budgets.
- b. Complete the Cost Share budgets for September through the ongoing month.





EXAMPLE: NOW/COMP COST SHARE BUDGETING

George Fox entered NOW/COMP case management from LA-A on 2/5 and received a waived service on 2/20. His gross income is \$1016.00 RSDI disability. He pays a Medicare premium of \$96.40. The case is finalized on 3/1.

- a. Complete the Medicaid CAP budget.
- b. Complete the Cost Share for February through the ongoing month.



PARENT TO CHILD DEEMING EXAMPLE

Bonnie Butler is age 13 and is disabled. On March 10, Bonnie's mother applied for Katie Beckett class of assistance for her. Bonnie lives with her parents and two ineligible siblings. Bonnie's father earns \$6500 per month. Neither Bonnie, her mother, nor her siblings have income.



EMERGENCY MEDICAL ASSISTANCE



Section 2054 of Medicaid Manual



EMERGENCY MEDICAL ASSISTANCE OBJECTIVES

Participants will be able to:

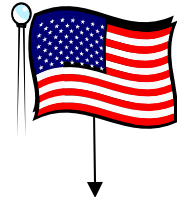
- Identify individuals who are potentially eligible for Emergency Medical Assistance.
- Recognize Form 526 and the dates emergency medical services were received.
- Apply the basic and financial policy to determine an individual's eligibility for EMA under the appropriate Medicaid class of assistance.





Citizenship/ Alienage

US Citizen



Verify



Not a citizen? Verify!



- Document:**
- AU's statement of alien status
 - Source of verification
 - SAVE (WEB-1) Verification

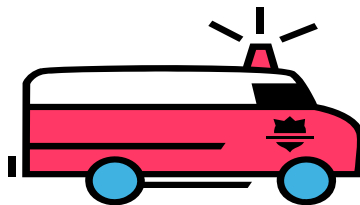
Chart 2215.1



WEB-1

Note: Follow your county's procedures for accessing.

Process Using
Emergency Medical
Assistance Criteria



Cannot/ will not
provide verification of
alien status?

CLASSES OF ASSISTANCE REVIEW





CLASSES OF ASSISTANCE REVIEW OBJECTIVES

Participants will be able to:

- Successfully participate in the ABD Jeopardy Activity as a review of basic eligibility criteria, resources, and income.
- Use all of the factors involved in the eligibility determination process, and be able to determine the following based on the given scenarios:
 - The class of assistance (COA) using the CMD order;
 - The month(s) of potential eligibility;
 - Whether the A/R meets all the basic eligibility criteria for the COA;
 - The financial responsibility and when to begin/cease deeming;
 - The countable resources for the particular COA including completing the Burial Exclusion Form as appropriate;
 - The countable income, including In-Kind Support and Maintenance (ISM) for the appropriate COA;
 - The appropriate eligibility budget(s) to select and how to correctly complete it;
 - If the COA is AMN, the spenddown amount, the breakeven bill, the First Day Liability amount (if any), the Begin Authorization Date, Form 400, etc.;
 - If the COA is NH, IH, CCSP, or NOW/COMP, the patient liability or cost share amount(s), including adjusted gross income, diversion, IMEs, Medicare premiums, protection of income, and personal needs allowances;
 - The "Payment Authorization Date" and "Payment Termination Date" to be entered into SUCCESS for the appropriate COA; and
 - If a transfer of assets has occurred and how to compute the penalty when appropriate.



OVERVIEW OF FBR COAs



**SECTIONS 2111,2113,
2115,2116,2117,& 2119
OF MEDICAID POLICY MANUAL**



OVERVIEW OF FBR COAs OBJECTIVES

Participants will:

- Be given a brief introduction to the Federal Benefit Rate (FBR) classes of assistance and how they differ from the Non-FBR classes of assistance that have been presented in this course.
- Be able to recognize certain "flags" that may indicate a potential FBR case.
- Be able to use the policy manual and other handouts to seek further assistance from their supervisors or co-workers when they have a potential FBR case.

CLOSING

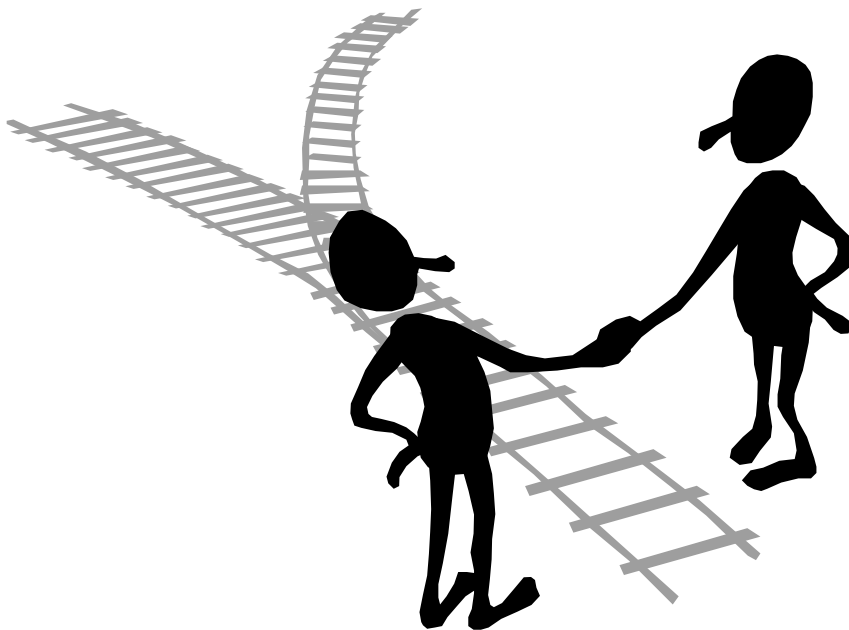




CLOSING OBJECTIVES

Participants will be able to:

- Reflect on what they have learned during Phase I ABD Medicaid Policy Training.
- Discuss "Ownership" of learning and transfer of learning to the job.
- Discuss their abilities to perform their job.
- Identify resources they can continue to use in performance of their duties (i.e., policy manual, SUCCESS User Manual, on-line help, etc.)
- Discuss preparation for Phase II ABD Medicaid SUCCESS Training.





TABB Close FORM

One of the most difficult things to do in any learning situation is to implement the ideas that were presented. Often this is because so many valid ideas are presented that it is nearly impossible to do something about each one – or even to remember what all of them were. This form can help you break the barriers of inertia and march toward achievement! The key is to focus on the most important idea presented and to decide to act on it.

T: What is the most important *Thing(s)* you learned from this session?

A: What *Action(s)* would you like to take on that idea?

B: What *Barrier(s)* stands in the way of your taking action?

B: What are the results, rewards, and *Benefit(s)* you would receive if you did take action?

Promise yourself that you will take action on what you have learned. Write all promises as positive statements. Write the goal and a way to reward yourself on your calendar, day planner, or a sheet of paper. Send an alert to yourself or an email reminder at the end of thirty days.