

**FAMILY MEDICAID SUCCESS FUNCTIONS  
TABLE OF CONTENTS**

<b>STAT SCREEN – FINANCIAL RESPONSIBILITY CODE</b> .....	3
Coding an SSI recipient .....	3
Coding a Married Minor Living with Parents and a Spouse (minor does not have a child) .....	3
Coding a Minor Caretaker (living with parents, minor is not married).....	4
Coding a Minor Caretaker (living with parents, minor is married).....	5
Coding a Minor Caretaker (living with parents, minor is married) (cont.) .....	5
Coding a Non-Parent Caretaker and Spouse .....	6
Coding a Stepparent.....	6
Coding an SSI Parent.....	7
Budgeting GAP Child Support .....	7
Entering Spousal Support .....	7
Coding for TMA and 4MEx cases.....	8
Coding for LIM EMA cases with all Undocumented Immigrants .....	8
Removing an Enumeration Sanction .....	9
Processing Overdue Renewals.....	9
Coding Citizenship/Identity on DEM2 screen.....	10
Coding 30 1/3 in RSM cases .....	13
Coding deprivation on DEM1 for LIM cases .....	14
Completing APID screen in LIM cases when DCSS has already been made .....	14
Newborn eligible child living with a female relative/caretaker other than the mother .....	14
Newborn eligible child living with a male relative/caretaker.....	15
Reasonable Opportunity Period (ROP) for Citizenship.....	15
Verification of citizenship is not provided, but verification of identity is .....	15
Verification of identity is not provided but verification of citizenship is .....	16

Neither verification of citizenship nor identity are provided.....	16
Reasonable Opportunity Period (ROP) for Qualified Immigrants .....	16
Accessing and Printing Reports in GAMMIS .....	16
Entering Dependent Care Expenses when A/R incurs transportation expenses.....	17
Linking SUCCESS client IDs with GAMMIS member IDs .....	17
Processing EMA cases in SUCCESS .....	18
Coding valid value of unearned income at renewal.....	18
Accessing the Georgia Registry of Immunization Transactions and Services (GRITS) system.....	18
Aligning a Medicaid Renewal with Another Program .....	19

## FAMILY MEDICAID SUCCESS FUNCTIONS

**STAT SCREEN – FINANCIAL RESPONSIBILITY CODE**

Include all related household members (for example, father of an unborn child, spouse of a non-parent caretaker, etc.) on the STAT screen.

The financial responsibility code must be entered correctly in order for the CAFI and deeming/allocating budgets to be correct.

If during application processing it is determined that an individual(s) originally registered as PN should not/will not be included in the AU/BG, it is necessary to change his/her Financial Responsibility code depending on the case circumstances and relationship. CMD any individuals excluded from the AU.

**Example:** Mom, her spouse, mom's child, and the mutual child of mom's & her spouse apply for LIM. During application processing it is determined that the spouse's income exceeds the LIM limit for an AU of 4. However Mom and her child are potentially LIM eligible. It is necessary to recode spouse as 'ST' to allow for deeming, and recode the mutual child as 'NM' and delete from AU/BG with a 500 level code.

If a step-parent is coded as 'ST' in an F22 case, the amount of deemed income will be reflected on the CAFI screen but is correctly excluded from the final budget calculation.

**Example:** Mom, her boyfriend, mom's child, and the mutual child of mom & her boyfriend apply for LIM. During application processing it is determined that the boyfriend's income exceeds LIM limits for an AU of 4. However Mom and her child alone are potentially LIM eligible. It is necessary to recode the boyfriend and the mutual child as 'NM' and delete from the AU/BG with a 500 level code..

Coding instructions for specific living and budgeting situations and for other SUCCESS workarounds are in the chart below.

IF the function is	THEN complete the following actions:
<b>Coding an SSI recipient</b>	<ol style="list-style-type: none"> <li data-bbox="488 1188 1317 1220">1. An adult SSI must be coded as financial responsibility 'NM'.</li> <li data-bbox="488 1226 1461 1329">2. An only child who is a SSI recipient must be coded as 'SI' in order for SUCCESS to issue LIM and TMA to his/her parent(s) or adult caretaker relative.</li> </ol> <p data-bbox="488 1335 1390 1402"><b>NOTE:</b> These cases do not close when the child in the AU turns 18. A report will be generated monthly to track these cases.</p>
<b>Coding a Married Minor Living with Parents and a Spouse (minor does not have a child)</b>	<p data-bbox="488 1409 1471 1623">For a LIM application made for a married minor by his/her parents*, both the spouse and parents of the minor are financially responsible for the minor. The spouse of the minor must be coded 'SC', which will allow for deeming from the spouse. The spouse, however, is not included in the LIM AU. The parent(s) of the minor must be coded 'PN', which will include the parent(s) in the LIM AU.</p> <ol style="list-style-type: none"> <li data-bbox="488 1635 1463 1814">1. For a RSM application, both the spouse and parent(s)* of the minor are financially responsible for the minor. The parent(s) of the minor must be coded 'RP', which will include the parent(s) in the BG. The spouse of the minor must be coded 'SC', which will allow for deeming from the spouse.</li> </ol> <p data-bbox="440 1833 1313 1864"><b>NOTE:</b> This is the only situation in which deeming applies in RSM.</p>

IF the function is	THEN complete the following actions:
	<p>2. The spouse is included in the RSM BG but NOT the RSM AU, even if he/she is also a minor. Eligibility for the spouse must be determined under a separate AU/BG.</p> <p>*For a non SSI parent. If the parent is receiving SSI, refer to ‘Coding an SSI parent in this chart</p>
<p><b>Coding a Minor Caretaker (living with parents, minor is not married)</b></p>	<ol style="list-style-type: none"> <li>1. For a LIM application made for a minor caretaker by his/her parent(s)*, the parent(s) are financially responsible for the minor caretaker. The parent(s) must be coded ‘PN’, which will include the parents in the AU.</li> <li>2. For a LIM application made by the parent(s)* of a minor caretaker AND his/her child, and both will be included in the same LIM AU, the minor caretaker’s parents must be coded ‘PN’ as the parent is responsible for the minor caretaker, even though the minor caretaker’s parent(s) is not responsible for the minor’s child.</li> <li>3. For a LIM application made by a minor caretaker for him/herself and his/her child, and the minor caretaker’s parent(s)* are in the home, the minor caretaker’s parent(s) are financially responsible for the minor caretaker. The parent(s) must be coded ‘PM’, which will allow for deeming, however, the parent(s) will not be included in the LIM AU.</li> <li>4. For a RSM child application made for the minor caretaker by his/her parent(s)*, the parent(s) are financially responsible for the minor caretaker. The parents must be coded ‘RP’, which will include the parents in the BG.</li> <li>5. For a RSM child application made by the parent(s)* of a minor caretaker for the minor caretaker AND his/her child, and both will be included in the same RSM AU, the minor caretaker’s parent(s) must be coded ‘RP’ because they are responsible for the minor caretaker, even though they are not responsible for the minor caretaker’s child.</li> <li>6. For a RSM child application made by a minor caretaker for him/herself, and his/her parent(s)* are in the home, the minor caretaker’s parents are financially responsible for the minor caretaker and must be coded ‘RP’.</li> <li>7. For a RSM child application made by a minor caretaker for his/her child, and the minor caretaker’s parent(s)* are in the home, the minor caretaker’s parents are NOT financially responsible for the minor caretaker’s child. For a RSM child application made by a minor caretaker for him/herself AND his/her child, but in separate AUs, and the minor caretaker’s parent(s)*s are in the home, the minor caretaker’s parent(s) must be coded ‘RP’ because they are responsible for the minor caretaker, even though they are not responsible for the minor caretaker’s child.</li> </ol> <p>*For a non SSI parent. If the parent is receiving SSI, refer to ‘Coding an SSI</p>

IF the function is	THEN complete the following actions:
<p><b>Coding a Minor Caretaker (living with parents, minor is married)</b></p>	<p>parent in this chart</p> <ol style="list-style-type: none"> <li>1. For a LIM application made for a married minor caretaker by his/her parent(s)*, and the minor's parent(s) and spouse live in the home, both the parent(s) and spouse are financially responsible for the minor. The spouse must be coded 'SC', which will allow for deeming from the spouse, however the spouse is not included in the LIM AU. The parents of the minor must be coded 'PN', which will include them in the LIM AU.</li> <li>2. For a LIM application made by the parent(s)* of a married minor caretaker for the minor AND his/her child, both the spouse and parents are financially responsible for the minor, and the minor and his/her spouse are financially responsible for their child. The minor caretaker's parents must be coded 'PN' because the parent is responsible for the minor caretaker, even though they are not responsible for the minor's child. The spouse of the minor caretaker must be coded 'PN' if he/she is the parent of the minor's child. The spouse of the minor caretaker must be coded 'SC' if he/she is NOT the parent of the minor's child.</li> <li>3. For a LIM application made by the minor caretaker for him/herself AND his/her child, and the minor caretaker's parent(s)* are in the home, the minor caretaker's parent(s) is financially responsible for the minor caretaker. The parent(s) must be coded 'PM', which will allow for deeming, however the parent(s) will not be included in the LIM AU.</li> <li>4. For a RSM child application made for a married minor caretaker by his/her parent(s)*, both the spouse and parents of the minor are financially responsible for the minor. The parents of the minor must be coded 'RP', which will include the parents in the RSM BG. The spouse of the minor must be coded 'SC', which will allow for deeming from the spouse.</li> </ol> <p><b>NOTE:</b> This is the only situation in which deeming applies in RSM. The spouse is included in the RSM BG, but NOT in the RSM AU, even if he/she is also a minor. Eligibility for the spouse must be determined under a separate AU/BG.</p> <ol style="list-style-type: none"> <li>5. For a RSM child application made by a minor caretaker for his/her child, and the minor caretaker's parent(s)* are in the home, the minor caretaker's parents are NOT financially responsible for the minor caretaker's child.</li> </ol>
<p><b>Coding a Minor Caretaker (living with parents, minor is married) (cont.)</b></p>	<ol style="list-style-type: none"> <li>6. For a RSM child application made by a minor caretaker for him/herself, and his/her parent(s)* are in the home, the minor caretaker's parents are financially responsible for the minor caretaker and must be coded 'RP'.</li> <li>7. For a RSM child application made by the parent(s)* of a married minor caretaker for the minor AND his/her child, and both will be included in</li> </ol>

IF the function is	THEN complete the following actions:
	<p>the same RSM AU, both the spouse and parents of the minor are financially responsible for the minor, and both the minor and his/her spouse are responsible for their child. The parents of the minor parent must be coded 'RP' because they are responsible for the minor, even though they are not responsible for the minor's child. The spouse of the minor caretaker must be coded 'RP' if he/she is the parent of the minor's child. The spouse of the minor caretaker must be coded 'SC' if he/she is NOT the parent of the minor's child. <b>NOTE:</b> This is the only situation in which deeming applies in RSM.</p> <p>8. For a RSM child application made by a minor caretaker (as a child) and his/her child and both are to be included in the same RSM case, the minor caretaker's parent(s)* must be coded 'RP' because they are responsible for the minor caretaker, even though the minor caretaker's parent(s) is not responsible for the minor caretaker's child.</p> <p>*For a non SSI parent. If the parent is receiving SSI, refer to 'Coding an SSI parent in this chart</p>
<p><b>Coding a Non-Parent Caretaker and Spouse</b></p>	<ol style="list-style-type: none"> <li>1. For a LIM application made for a child by his/her non-parent caretaker, the non-parent caretaker may or may not be included in the LIM AU, at the discretion of the AU. If the non-parent caretaker IS included in the LIM AU, he/she must be coded 'PN'.</li> <li>2. If the non-parent caretaker IS included in the LIM AU and he/she is married, the spouse of the non-parent caretaker is financially responsible for his/her spouse and must be coded 'SR', even though he/she is NOT financially responsible for the child. If a non-parent caretaker is NOT included in the LIM AU, the spouse, if included on the STAT screen should be coded 'NM'.</li> <li>3. For a RSM application made for a child by his/her non-parent caretaker, the non-parent caretaker may or may not be included in the RMS BG, at the discretion of the AU. If the non-parent caretaker IS included, he/she must be coded 'RP'.</li> <li>4. If a non-parent caretaker IS included in the RSM BG and he/she is married, because the non-parent is included only in the BG and not the AU, deeming is not applicable and the spouse of the non-parent must be coded 'NM'. If the non-parent and his/her spouse have a mutual child included in the RSM AU, both parents must be included in the BG and must be coded 'RP'.</li> </ol>
<p><b>Coding a Stepparent</b></p>	<ol style="list-style-type: none"> <li>1. For a LIM application made for a child by his/her parent, the parent must be coded 'PN'. If the parent is married to the child's stepparent (someone other than the child's biological or legal parent), the stepparent is legally responsible for his/her spouse and must be coded as 'ST' in order for deeming/allocation to occur. If the child's parent and stepparent have a mutual child (half-sibling) included in the LIM AU,</li> </ol>

IF the function is	THEN complete the following actions:
	<p>both parents must be included in the AU and must be coded 'PN'.</p> <p>For a RSM application made for a child by his/her parent, the parent must be coded 'RP'. If the parent is married to someone other than the child's biological or legal parent (stepparent), because the parent is included only in the BG and not the AU, deeming is not applicable and the stepparent must be coded 'NM'. If the child's parent and stepparent have a mutual child (half-sibling), this must be processed as a separate AU/BG, and both parents must be included in the BG and must be coded 'RP'.</p>
<b>Coding an SSI Parent</b>	<ol style="list-style-type: none"> <li>1. For a LIM application made for a child whose parent(s) receive SSI, the SSI parent(s) must be coded 'NM'. If there is no non-SSI parent in the home, and the AU elects to include a non-parent caretaker relative in the AU, the non-parent caretaker must be coded 'PN'. If the non-parent caretaker is married, the spouse must be coded 'SR' because he/she is financially responsible for his/her spouse, even though he/she is NOT financially responsible for the child. If the non-parent caretaker and spouse have a child who is included in the same AU, both the non-parent caretaker and spouse must be coded 'PN'.</li> <li>2. For a RSM application made for a child whose parent(s) receive SSI, the SSI parent(s) must be coded 'NM'. If there is no non-SSI parent in the home, and the AU elects to include a non-parent caretaker relative in the BG, the non-parent caretaker must be coded 'RP'. If the non-parent caretaker is married, because the non-parent caretaker is included only in the BG and not in the AU, deeming is not applicable and the spouse must be coded 'NM'.</li> </ol>
<b>Budgeting GAP Child Support</b>	<ol style="list-style-type: none"> <li>1. If an AU is receiving TANF and LIM, and child support is received, it is budgeted as a GAP payment, but only in the TANF case. SUCCESS does not include it in the LIM case. This can result in an AU receiving LIM incorrectly. This situation will only occur if an AU receives both TANF and LIM. In order to ensure that the LIM is approved correctly, a manual budget must be completed.</li> <li>2. Complete a manual LIM budget using Form 239. Include the GAP payment amount in the budget and give the \$50 child support disregard to the GAP amount. If Form 239 is not available locally, it can be printed locally by accessing <a href="#">Appendix F of the TANF policy manual</a>.</li> <li>3. Compare the total countable on Form 239 to the LIM income limit for the appropriate AU size. If the AU is under the LIM income limit, DOCUMENT the total countable income amount (including the GAP amount) behind the UINC screen.</li> <li>4. If the AU is over the LIM income limit, DOCUMENT this behind the STAT screen and CMD to the appropriate class of assistance.</li> </ol>
<b>Entering Spousal</b>	<ol style="list-style-type: none"> <li>1. When entering spousal support to a LIM case, in order for it to trickle</li> </ol>

IF the function is	THEN complete the following actions:
<b>Support</b>	<p>correctly to 4MEx Medicaid, the income must be entered on UINC for the individual who receives it as “CD”</p> <ol style="list-style-type: none"> <li>SUCCESS gives both Medicaid and TANF an automatic \$50 child support disregard, so enter \$50 on the same UINC screen using valid value “OA” - this will count the income in Medicaid and TANF but not in a Food Stamps case.</li> <li>Document on REMA behind UINC “Spousal support entered as CD along with \$50 OA to correctly budget/trickle.”</li> </ol>
<b>Coding for TMA and 4MEx cases</b>	<ol style="list-style-type: none"> <li>When a LIM case trickles to either TMA or 4MEx, the MISC screen in SUCCESS needs to be correctly coded in order for the AU to receive the correct notice that states they are eligible for extended Medicaid benefits. Correct coding is also required in order for SUCCESS to properly count the number of months that the AU is eligible to receive the extended benefits, and to correctly set the next MA renewal date. Refer to Section 2166 or 2170 for procedures on determining the correct TMA or 4MEx start date.</li> <li>Code the “Extended Start Dt” field with the 1st month that the AU is eligible for TMA or 4MEx. This will automatically sent the next renewal date to the proper month.</li> <li>Code the “MA COA Cor” field with a “Y” so the system will send out the correct notice. Please note that if the “Y” is not entered within 30 days of the system trickling to TMA or 4MEx, an alert will be generated to remind the worker to review the AU for continued eligibility under this COA. If this field has not been populated with a “Y” when SUCCESS is ready to send the first QRF for TMA cases, it will automatically enter a “Y” in the field. However, the AU will not receive the correct notice of eligibility for extended Medicaid benefits.</li> <li>For cases trickling due to spousal support, enter the following “note” (PF13 on CAFI) when confirming eligibility: “Please note: ineligibility for your LIM coverage was due to an increase in spousal support rather than child support income. All the other information in the above notice is correct.”</li> </ol>
<b>Coding for LIM EMA cases with all Undocumented Immigrants</b>	<ol style="list-style-type: none"> <li>Currently SUCCESS does not allow an EW to process a LIM EMA application if all household members are undocumented immigrants. If an EW attempts to process these cases with everything coded correctly, SUCCESS will deny the LIM for having no eligible members. In order to process these cases correctly, specific coding must be completed on the STAT screen.</li> <li>Code one of the children as ‘SI’ in the financial responsibility field on the STAT screen. SUCCESS will read this as having an SSI child in the household, and will allow the LIM EMA to be approved</li> </ol> <p>Thoroughly document behind the STAT screen that this workaround has been done so that anyone reviewing the case knows that the ‘SI’ coded child is not actually an SSI recipient.</p>

IF the function is	THEN complete the following actions:
<b>Removing an Enumeration Sanction</b>	<ol style="list-style-type: none"> <li>1. In order to remove a previous enumeration sanction at application, the application must be finalized before attempting to remove the sanction.</li> <li>2. Once the application is finalized, go in under “R” (interim change) and change the financial responsibility for the sanctioned individual from ‘SA’ to ‘PN’.</li> <li>3. Remove the 258 code from the individual’s line and enter a penalty end date that is prior to the application date. Follow these steps for each individual month, including intervening and ongoing months.</li> <li>4. In cases where the reduction in AU/BG size due to the sanctioned individual causes the case to trickle to another COA, a “dummy” child needs to be added to the case prior to finalization. Add a child called “unborn” with a fictitious DOB and finalize the case as normal. In “R”, follow the steps above to remove the sanction, remove the “dummy” child and confirm the changes. <b>NOTE:</b> The entire process listed in Step 4 <u>must</u> be done the same day to prevent the nightly batch cycle from creating a GAMMIS ID for the “dummy” child.</li> <li>5. To remove a sanction on an active case, go in under “R” and change the financial responsibility for the sanctioned individual from ‘SA’ to ‘PN’.</li> </ol> <p>Remove the 258 code from the individual’s line and enter a penalty end date prior to the current benefit month. Confirm the changes and the sanction will be removed.</p>
<b>Processing Overdue Renewals</b>	<ol style="list-style-type: none"> <li>1. Using option “R”, process the overdue renewal that has been initiated.</li> <li>2. When finalizing the renewal, the renewal end date will move up 6 months. If the renewal is now current, you are done. If the end date is still overdue, proceed to step 3.</li> <li>3. Close case ongoing with reason 552, and override the SUCCESS notice on the CAFI screen.</li> <li>4. Using option “M”, reinstate the case for the ongoing month.</li> <li>5. Using option “R”, process the renewal as in step 1.</li> <li>6. Finalize the renewal. Continue following these steps until the renewal date is current. Make sure to always override the SUCCESS notice when closing the case to avoid any confusion on the part of the a/r. These steps can and should all be done the same day. There is no need to allow for a batch cycle in between.</li> </ol> <p>The worker should document behind NARR that the overdue renewal is being completed. Documentation on all other SUCCESS and REMA screens should</p>

IF the function is	THEN complete the following actions:
	<p>reflect the most current information obtained from the a/r. If the worker does not have current information, a verification checklist should be sent requesting any required information or verification.</p>
<p><b>Coding Citizenship/Identity on DEM2 screen</b></p>	<p>The following is a list of the valid values that be used to code citizenship and identity. These are acceptable for Medicaid based on verification documents that are currently allowed by policy. Since Medicaid has the most stringent verification requirements, these valid values are acceptable for and should be used for all eligibility programs.</p> <p><b><u>CITIZENSHIP VALID VALUES</u></b></p> <p><b>PS</b> (US Passport)</p> <ol style="list-style-type: none"> <li>1. Current or expired U.S. Passport (not limited passports)</li> </ol> <p><b>CN</b> (Certificate of Naturalization)</p> <ol style="list-style-type: none"> <li>1. Certificate of Naturalization (N-550 or N0570)</li> <li>2. Certificate of Citizenship (N-560 or N-561)</li> </ol> <p><b>TR</b> (Tribal/American Indian Record)</p> <ol style="list-style-type: none"> <li>1. American Indian card (I-872) issued by the Dept. of Homeland Security with the classification “KIC”</li> <li>2. Certificate of Indian blood or other U.S. American/Alaska native tribal document.</li> </ol> <p><b>SM</b> (SSI/Medicare)</p> <ol style="list-style-type: none"> <li>1. Persons currently receiving SSI</li> <li>2. Persons receiving Social Security Disability or Medicare.</li> </ol> <p><b>Please note that for identity these A/R’s should be coded as “GI” as identity is not a requirement for this group.</b></p> <p><b>BC</b> (Birth certificate)</p> <ol style="list-style-type: none"> <li>1. A U.S. birth certificate or data match with state vital records.</li> </ol> <p><b>GM</b> (Government/Civil Service Record)</p> <ol style="list-style-type: none"> <li>1. U.S. public birth record showing birth in one of the U.S. states, District of Columbia, American Samoa, Swain’s Island, Puerto Rico if born on or after 1/13/1941, Virgin Islands if born on or after 1/17/1917, Northern Mariana Islands if born on or after 11/4/1986 or Guam if born on or after 4/10/1899.</li> <li>2. Certification of Report of Birth (DS-1350) issued by the Dept. of State.</li> <li>3. United States Citizen Identification card (I-197 or I-179)</li> <li>4. Official Military Record showing U.S. place of birth.</li> </ol> <p>5. Early school record showing a U.S. place of birth. The school record</p>

IF the function is	THEN complete the following actions:
	<p>must show the name of the child, date of admission to the school, the date of birth, and names and places of birth of the applicant's parents.  <b>Please note that "GM" must be used as "SR" is not valid in Medicaid due to a policy change that took place after the initial SUCCESS change request had been submitted.</b></p> <p>6. Federal or State Census record showing U.S. citizenship or U.S. place of birth.</p> <p><b>NR</b> (Naturalization Record)</p> <ol style="list-style-type: none"> <li>1. Consular Report of Birth Abroad of a U.S. citizen (FS-240) or Certification of Birth Abroad (FS-545)</li> <li>2. Northern Mariana identification card (I-873) or Collective Naturalization for those who lived in the Northern Mariana Islands.</li> </ol> <p><b>AD</b> (Adoption Decree)</p> <ol style="list-style-type: none"> <li>1. Final Adoption Decree</li> </ol> <p><b>DR</b> (Statement signed by Physician or Midwife)</p> <ol style="list-style-type: none"> <li>1. Medical (clinic, doctor or hospital) record indicating a U.S. place of birth and was created at least 5 years before the initial application date.</li> </ol> <p><b>FY</b> (Documents created 5 years before application for Medicaid and shows place of birth)</p> <ol style="list-style-type: none"> <li>1. Extract of hospital record on hospital letterhead indicating a U.S. place of birth established at the time of the person's birth and was created at least 5 years before the initial application date. (for children under 16, the document must have been created near the time of birth or 5 years before the date of application)</li> <li>2. Life or health insurance record showing a U.S. place of birth and was created at least 5 years before the initial application date.</li> <li>3. Religious record recorded in the U.S. within 3 months of birth showing the birth occurred in the U.S. and showing either the date of birth or individual's age at the time the record was made. The record must be an official record recorded with the religious organization (entries in a family bible are not considered religious records),</li> <li>4. Institutional admission papers from a nursing home, skilled nursing care facility or other institution indicating a U.S. place of birth and was created at least 5 years before the initial application date.</li> <li>5. Other document that shows a U.S. place of birth and that was created at least 5 years before the application for Medicaid. These include Seneca Tribal census report, Bureau of Indian Affairs tribal census records of the Navajo Indians, a U.S. vital statistics official notification of birth registration.</li> </ol>

IF the function is	THEN complete the following actions:
	<p><b>AF</b> (Affidavit)</p> <ol style="list-style-type: none"> <li>Used as a last resort. Please refer to 2215-3 of the Medicaid manual for requirements.</li> </ol> <p><b>Use of any other valid values will result in denial or termination of Medicaid benefits. Other valid values should only be used if the citizenship documentation received is not acceptable for the Medicaid program but is acceptable in Food Stamps or TANF.</b></p> <p><b><u>IDENTITY VALID VALUES</u></b></p> <p>The identity field is only a requirement for Medicaid cases. The valid values are as follows:</p> <p><b>DL</b> (Driver's license)  <b>TR</b> (American Indian or Tribal documents)  <b>MI</b> (Military ID)  <b>GI</b> (Government issued ID)  <b>SI</b> (School Identification)  <b>PS</b> (U.S. Passport with limitations)  <b>SR</b> (School Record)  <b>HR</b> (Hospital Record)  <b>DC</b> (Daycare or nursery school record)  <b>AF</b> (Affidavit signed by parent) <b>This includes the declaration of citizenship for children under 16.</b></p> <p><b><u>ORIGINAL DOCUMENT FIELD</u></b></p> <p>The original document field must be coded with a "Y" in order for Medicaid to be approved. Coding with an "N" will result in Medicaid eligibility being terminated or denied. Please refer to Section 2215-8 for information on the use of original documents for verification.</p> <p><b><u>CODING FOR FAILURE TO VERIFY CITIZENSHIP/IDENTITY</u></b></p> <p>If an A/R fails to verify their citizenship, the citizenship field should be coded as "UA" and the system will remove the A/R from the AU and will change their financial responsibility to "UE". If someone fails to verify their identity, the identity field should be coded as "UA" and the financial responsibility will change to "UE". If original documents are not provided as verification, this field should be coded as "N" and the financial responsibility will change to "UE". <b>If citizenship/identity is not verified for a child in a LIM case, or original documents are not provided as verification, the child should be coded with a denial code of 511 on the STAT screen once the DEM2 screen is coded, which will remove the child from the AU. Please note that if citizenship/identity is not verified for a child in an RSM or FM Medically Needy case, the financial responsibility will change to "RP" instead of "UE" so the child remains in the budget group.</b></p>

IF the function is	THEN complete the following actions:
	<p><b><u>CODING FOR REFUSAL TO VERIFY CITIZENSHIP/IDENTITY</u></b></p> <p>If an A/R refuses to verify their citizenship/identity, the citizenship field should be coded “NV” and the system will remove the A/R from the AU and will change their financial responsibility code to “RV”. This person would be considered a penalized AU member.</p> <p><b><u>CODING OF CITIZENSHIP/IDENTITY WHEN A/R HAS A FS CASE AND HAS ASSERTED GOOD CAUSE</u></b></p> <p>If an A/R asserts good cause for not verifying citizenship/identity in the Food Stamp case, the “original document” field on DEM2 should be coded as “N”, which will change the A/R’s status to “UE” in the Medicaid case, but will not affect the Food Stamp case.</p> <p><b><u>CODING OF CITIZENSHIP/IDENTITY FOR NEWBORNS</u></b></p> <p>Per current Medicaid policy, verification of citizenship/identity is not required for children under age 1 who are deemed newborn eligible. For those children, the fields on DEM2 should be coded as follows:                      Citizenship-“GM”    Original Document- “Y”    Identity-“AF”                      Document REMA behind DEM2 as follows: “Child deemed newborn”, and include AU ID of the Medicaid case in which the child’s mother was receiving at the time of birth. If verification is done by PeachCare for Kids® MMIS match, Document behind DEM2 as follows: “Newborn file verifies Citizenship/Identity”.</p> <p><b><u>CODING OF CITIZENSHIP/IDENTITY WHEN SVES MATCH IS USED (PEACHCARE FOR KIDS® REBOUNDS ONLY)</u></b></p> <p>If citizenship/identity for a PeachCare for Kids® rebound has been verified by the SVES match, the DEM2 screen should be coded as follows:                      Citizenship-“GM”    Original Document-“Y”    Identity-“GI”                      Document REMA behind DEM2 as follows: “SVES match verifies citizenship/identity”.</p>
<p><b>Coding 30 1/3 in RSM cases</b></p>	<p>The RSM line on the ERN1 screen allows the 30 1/3 deduction to be entered for RSM cases that are eligible for the deduction. Refer to 2655-5 for information on when the deduction is allowable. The RSM row allows the EW to enter a “Y” for the indicator field, which will trigger SUCCESS to allow the deduction. This function is only allowed for RSM cases as SUCCESS automatically gives the deduction if it is needed in LIM cases.</p> <p>For application processing, cases registered as F01 with earned income that cause a trickle to RSM cannot have the 30 1/3 data entered during finalization. Once the application is finalized, the RSM 30 1/3 data can be entered during the interim change process.</p> <p>For ongoing cases, if the “Y” code is entered in the “Ind” field and no data is</p>

IF the function is	THEN complete the following actions:
	<p>entered in the counter field, SUCCESS will apply the deduction. The system will increment the counter by one on the Month End cycle. The counter will then show a "1" for the ongoing month. A number should only be entered in the "Cntr" field if any months of 30 1/3 were previously used in the LIM case. Coding the correct number in the "Cntr" field will allow the EW to ensure that the correct number of months of the deduction are allowed</p>
<p><b>Coding deprivation on DEM1 for LIM cases</b></p>	<p>Deprivation must be coded correctly on the DEM1 screen in order for LIM cases to approve and for the DCSS referral to be completed. The following valid values should be used to code the deprivation field:</p> <ul style="list-style-type: none"> <li>A- absence of one parent</li> <li>B- absence of two parents</li> <li>F- financial need (should be used only in a two parent LIM household or if the absent parent has TPL on the child(ren).</li> <li>X- death of one parent</li> <li>Z- death of two parents</li> </ul>
<p><b>Completing APID screen in LIM cases when DCSS has already been made</b></p>	<p>Current SUCCESS programming requires that an APID screen be completed when a case is reopened, even if a referral has previously been done. This must be done for each non-custodial parent of each child in the LIM AU.</p> <p>When completing the APID screens on a reopened case, the name of the non-custodial parent(s) and any new pertinent information should be entered on the APID and any other appropriate AP screens. DO NOT enter "already referred" or any similar statement as this will cause matching problems and duplicate ID's in the \$TARS system.</p>
<p><b>Newborn eligible child living with a female relative/caretaker other than the mother</b></p>	<p>Current SUCCESS programming does not allow the child in a Newborn case to have a relationship code other than "CH". Use the following steps to process a Newborn case when the child lives with a female relative/caretaker:</p> <ol style="list-style-type: none"> <li>1. Register an F15 case, including only the female relative/caretaker and the newborn child.</li> <li>2. On the STAT screen, code the financial responsibility of the female relative/caretaker as "NM", just like the head of household is coded in a normal F15 case.</li> <li>3. Code the child with relationship code "CH", and code the financial responsibility "PN".</li> <li>4. On the "REMA" screen, behind STAT, document as follows: <b>"The child in this case is Newborn eligible. This child is the (grandchild, niece, nephew, etc.)of the head of household. Due to system limitations, it is not possible to code the relationship correctly"</b>.</li> <li>5. Complete "O", "P", and "Q" following normal F15 procedures. Make sure to code the living arrangement on DEM1 as "AH", and the citizenship field as "GM" and identity field as "AF" on DEM2.</li> </ol> <p>Complete a Continuing Medicaid Determination (CMD) in the month the child turns one year old using standard procedures.</p>

IF the function is	THEN complete the following actions:
<p><b>Newborn eligible child living with a male relative/caretaker</b></p>	<p>Current SUCCESS programming does not allow the head of household in a Newborn case to have a gender other than “female”. Use the following steps to process a Newborn case when the child lives with a male relative/caretaker:</p> <ol style="list-style-type: none"> <li>1. Register an F22 case, including only the male relative/caretaker and the newborn child. DO NOT add this child to an existing RSM case or include any other children in this case.</li> <li>2. On the STAT screen, code the financial responsibility of the male relative/caretaker as “NM”, just like the head of household is coded in an F15 case.</li> <li>3. Code the child with the correct relationship code (child, grandchild, nephew, etc.) for the living situation, and code the financial responsibility as “PN”.</li> <li>4. On the “REMA” screen behind STAT, document as follows: <b>“The child in this case is Newborn eligible. Due to system limitations, it is not possible for this child to be in an F15 case because he/she lives with a male caretaker. This child is eligible through the month in which he/she turns 1. The 6 month renewal will be completed as a dummy renewal.”</b></li> <li>5. Complete “O”, “P”, and “Q” following normal F15 procedures. Make sure to code the living arrangement on DEM1 as “AH”, and the citizenship field as “GM” and identity field as “AF” on DEM2.</li> <li>6. Create an alert as a reminder to complete a dummy renewal when the 6 month renewal comes due using the following steps:             <ol style="list-style-type: none"> <li>a) From the SUCCESS main menu, select D and press ENTER.</li> <li>b) From the Alerts submenu DMEN, type A to select “Create Worker Generated alert” and press ENTER.</li> <li>c) Type the data in the required fields and press ENTER. (NOTE: The alert codes for worker-generated alerts are 450-489). The alert should be scheduled to display on the 15<sup>th</sup> of the month prior to the renewal date, and should have a due date no later than the 5<sup>th</sup> day of the renewal month.</li> </ol> </li> <li>7. The system will still send out a renewal letter and form for the 6 month renewal. If the form is returned, file in the record and label as “Newborn only”.</li> <li>8. Be sure to complete the dummy renewal by the 5<sup>th</sup> of the renewal month to prevent the renewal warning notice from being mailed to the A/R. Completing the dummy six month renewal will set the next renewal in the month the child turns one year old.</li> </ol> <p>Complete a Continuing Medicaid Determination (CMD) in the month the child turns one year old.</p>
<p><b>Reasonable Opportunity Period (ROP) for Citizenship</b></p>	
<p>Verification of citizenship is not provided, but verification of identity is</p>	<ol style="list-style-type: none"> <li>1. Enter “C” in the citizenship field on DEM2</li> <li>2. Enter “GC” in the verification field</li> <li>3. Enter valid value for identity provided in the ID field</li> <li>4. Document that citizenship was declared for the individual and that “reasonable opportunity” is being given.</li> </ol>

IF the function is	THEN complete the following actions:
	Generate an alert for the third month following the month of approval to follow up on citizenship/identity verification.
Verification of identity is not provided but verification of citizenship is	<ol style="list-style-type: none"> <li>1. Enter “C” in the citizenship field on DEM2</li> <li>2. Enter “GC” in the verification field</li> <li>3. Enter “AF” in the identity field</li> <li>4. Document actual verification provided for citizenship but that no verification of identity was provided and “reasonable opportunity” is being given.</li> <li>5. Generate an alert for the third month following the month of approval to follow up on citizenship/identity verification.</li> </ol>
Neither verification of citizenship nor identity are provided	<ol style="list-style-type: none"> <li>1. Enter “C” in the citizenship field on DEM2</li> <li>2. Enter “GC” in the verification field</li> <li>3. Enter “AF” in the identity field</li> <li>4. Document that neither verification of citizenship nor identity was provided and “reasonable opportunity” is being given.</li> <li>5. Generate an alert for the third month following the month of approval to follow up on citizenship/identity verification.</li> </ol>
<b>Reasonable Opportunity Period (ROP) for Qualified Immigrants</b>	<p>When entering the case in SUCCESS providing ROP to a qualified immigrant:</p> <ol style="list-style-type: none"> <li>1. On DEM2 – enter either “D” or “X” in the Citizenship field; enter “GC” in the Verf field; no valid value is required for Orig Cert or ID; Document “A/R declared qualified immigrant status, ROP given”</li> <li>2. On ALAS – enter “AF” in Elig Stat field and “CS” in Verf field.</li> </ol> <p>When the AU returns verification of qualified immigration status, update the verification fields on DEM2 and ALAS as appropriate.</p>
<b>Accessing and Printing Reports in GAMMIS</b>	<ol style="list-style-type: none"> <li>1. Login at <a href="http://www.mmis.georgia.gov">www.mmis.georgia.gov</a> with your GAMMIS user name and password.</li> <li>2. On the Georgia Medicaid Homepage select “Web Portal”.</li> <li>3. Once in the portal, go to the box near the bottom of the page and select “DFCS”. When the pop-up box asks “Would you like to switch the current selected Trading Partner?” select “OK”.</li> <li>4. On the next page select “Reports” then select “County Reports”.</li> <li>5. In the “Reports” section, choose the report you want to view from the drop-down box. Enter the dates of service you are inquiring about and select “Search”, located in the bottom right hand corner of the box.</li> <li>6. Select the report and click on it to open it. The reports open in PDF format so Adobe Acrobat must be loaded onto your computer to access the reports.</li> <li>7. Once the report opens go to the “Search” box located on the PDF toolbar and type <b>COUNTY:</b> (<i>your county # and name</i>). When your report appears, notice the number of the first page of the report, also located on the toolbar. Now scroll to the last page containing information on your county. For example, County: 044 Dekalb begins on page 50 and</li> </ol>

IF the function is	THEN complete the following actions:
	<p>ends on page 65. Click on the print icon, located on the toolbar, and then select “Properties” in the upper right hand corner of the print box, then select “Landscape” and “OK”.</p> <p>8. Next, select “Pages” (on the left side of the print box) and type in the page numbers you want to print. (in the example from Step 7 pages 50-65), then click “OK”. Only the pages you selected should print.</p>
<p><b>Entering Dependent Care Expenses when A/R incurs transportation expenses</b></p>	<p>Food Stamp policy allows Dependent Care expenses that include the cost of transporting the child(ren) or other dependent to or from the provider. Since Medicaid does not allow this cost, the cost of transportation must be entered separately in SUCCESS so that it budgets in Food Stamps and not in Medicaid. Please follow the steps below.</p> <p><b>The steps MUST be done in this order or SUCCESS will not budget correctly. If a case already has dependent care entered, you must delete and reenter it in the order explained above. The transportation amount with reason code “SE” must be entered first for the system to budget correctly.</b></p> <ol style="list-style-type: none"> <li>1. On the CARE screen, enter the provider name as “Transportation”, and enter the Rsn code as “SE”. Enter the dependent’s name, and the amount, frequency, date paid, and verification source of the transportation expense.</li> <li>2. Put a “Y” in “More Providers” field and enter the correct provider name and all correct data including dependent’s name, amount of expense, frequency, date paid and verification source. The Rsn code should be “EM”.</li> </ol>
<p><b>Linking SUCCESS client IDs with GAMMIS member IDs</b></p>	<p>In order to prevent duplicate IDs in GAMMIS, SUCCESS client IDs for presumptive Newborns and presumptive pregnant women must be linked in GAMMIS. This must be done prior to the SUCCESS batch cycle running. Please follow the steps below.</p> <ol style="list-style-type: none"> <li>1. Navigate to the GAMMIS website at <a href="https://www.mmis.georgia.gov/portal/">https://www.mmis.georgia.gov/portal/</a></li> <li>2. Sign in and navigate to the Web Portal.</li> <li>3. Click on “Trading Partner ID, and then click “OK” to switch provider.</li> <li>4. Click on the “Eligibility” tab, and then click “Eligibility request”.</li> <li>5. Screen using the A/R’s name, gender, and DOB, or name, gender, and SSN. Be sure to enter dates of service.</li> <li>6. If a match is found, copy this Member ID number down and continue to next step. If no match is found, no further action is necessary.</li> <li>7. Click on the “Eligibility” tab, and then click “SUCCESS updates”.</li> <li>8. Enter the Member ID number from Step 6 in the “Member ID” box and click the “Search” button.</li> <li>9. Click on the “edit SUCCESS numbers” button, and then enter the</li> </ol>

IF the function is	THEN complete the following actions:
	<p>SUCCESS client ID number (make sure to put a “P” at the end) and SUCCESS AU number, and click “Save”.</p> <p>A message will appear stating that update has been successfully completed</p>
<p><b>Processing EMA cases in SUCCESS</b></p>	<p>To process an EMA case, register the appropriate class of assistance and complete the interview “O” process. The A/R for whom EMA is being requested must have their citizenship coded as a “U” on the DEM2 screen. To complete the EMA, the following steps must be completed in either the “P” or “R” process for each month that coverage is needed.</p> <ol style="list-style-type: none"> <li>1. On the ALAS screen, code the “Emergency Med” indicator with a “Y” for the first month the A/R has service dates.</li> <li>2. Enter the dates of service in the “BEG DT” and END DT” fields. There is room to enter up to three separate date spans in one month. The dates of service must fall within the benefit month in which you are entering the dates. For example, if service dates are 5/30-6/2, You can only enter the dates of 5/30-5/31 in the benefit month of May. The dates of 6/1-6/2 must be entered in the benefit month of June.</li> </ol> <p><b>NOTE:</b> Remove the “Y” from the Emergency Med field on ALAS for any month in which EMA is not being completed in order for SUCCESS to properly deny those months.</p> <p>Complete any required documentation, and all other required screens, and finalize the case as normal. Once finalized, the A/R will show eligible on the STAT screen with a reason code of 295.</p>
<p><b>Coding valid value of unearned income at renewal</b></p>	<p>When the A/R’s statement is accepted as verification of unearned income at renewal, follow the steps below:</p> <ol style="list-style-type: none"> <li>1. Enter “PH” (Verified by photocopy of check) as the valid value in the verification field on UINC. Document the amount and source of the last third party verification.</li> <li>2. For cases where “PH” is the correct valid value for a third party verification, additional documentation on REMA is required.</li> </ol>
<p><b>Accessing the Georgia Registry of Immunization Transactions and Services (GRITS) system</b></p>	<ol style="list-style-type: none"> <li>1. Access the website at <a href="https://www.grits.state.ga.us/production/security_ui.showLogin">https://www.grits.state.ga.us/production/security_ui.showLogin</a></li> <li>2. On the “Welcome to GRITS” screen, enter DFACS as the organization code, then enter your username and password and click “Login”.</li> <li>3. On the “Announcements” screen, go the left hand side and select “Find Student”.</li> <li>4. Under client search criteria, input as much information on the child as possible and then click “Find”.</li> <li>5. On the “Personal information” screen, all information on the child will</li> </ol>

IF the function is	THEN complete the following actions:
	<p>be displayed. On the far right hand side, click “Reports”.</p> <ol style="list-style-type: none"> <li>6. If the child exists in GRITS, the “Student Information” screen will appear. On this screen, you can check to make sure the address matches in SUCCESS. In the middle of the screen to the right, there is a “Responsible Person” option. This is a drop down box. Choose the name of the responsible person, then click the Form 3231.</li> <li>7. The Certificate of Immunization should appear. This form should have the child’s name and the Parent/Guardian name. You can print this screen for the case record.</li> </ol>
<p><b>Aligning a Medicaid Renewal with Another Program</b></p>	<p>When completing just a Medicaid renewal for a household that has a related Food Stamp or TANF case, especially at transfer in from another county, the Medicaid review end date on CAFI should be shortened, whenever possible, to align with the end date for the Period of Eligibility for the related program. This will enable SUCCESS to send out renewal notices for all programs at the same time, increase the likelihood of the household submitting the renewal information all at once, and increase efficiency in workers’ completing multiple renewals for the same household.</p> <ol style="list-style-type: none"> <li>1. Access the AU using the “R” function and initiate the Medicaid renewal, if it has not yet been initiated</li> <li>2. Update the AU data as needed, including updating verification valid values and documenting as required</li> <li>3. Confirm eligibility on ELIG</li> <li>4. On CAFI, enter a “review end date” to correspond with the related case(s) end date</li> </ol> <p><b>Note:</b> You can only shorten a period of eligibility, if you enter a date beyond the system generated date you will receive the message: 0613 END DATE CAN BE SHORTENED BUT NOT EXTENDED.</p> <p>Confirm eligibility and press &lt;enter&gt; to commit to the data base.</p>