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HCFA ID: 7982E
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TN No. 92-02
Supersedes
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Approval Date 2-18-92  Effective Date 1-1-92
HCFA ID: 7982E
CERTIFICATION

The Attorney General hereby certifies that the agency, Georgia Department of Community Health, has been established as the single State agency with authority to administer the State of Georgia Plan for Medical Assistance under Title XIX of the Social Security Act. It is further certified that the Georgia Department of Community Health administers the Plan on a statewide basis and has authority to make rules and regulations governing the administration of the Plan. The legal source of this authority to administer the Plan and to make such rules and regulations is Act 268 of the General Assembly of Georgia known as the Department of Community Health, Board of Community Health, and Commissioner of Community Health, approved on July 1, 1999 (Ga. Laws 1999 Vol. 1 Pgs. 296-317). The Georgia Department of Community Health succeeds the Georgia Department of Medical Assistance as the single State agency authorized to administer the Plan.

THURBERT E. BAKER
Attorney General
Long Term Care Section

The Long Term Care unit is responsible for policy development and management of programs and services that are provided primarily to persons who have chronic needs whether they reside in institutions or in the community with the assistance of home and community based services. The unit covers the following programs:

- ICWP Waiver
- MRWP/NOW Waiver
- CHSS/EOP Waiver
- CCSP Waiver
- SOURCE
- Hospice
- Home Health
- Mental Health Community Services
- PASRR
- HIV Case Management
- Adult Protective Services
- At Risk of Incarceration Case Management
- Psychiatric Residential Treatment Facilities (PRTF)
- PRTF Demonstration Grant
- Nursing Homes
- Swing Beds
- Nurse Aide Training Program
- PACE
- Olmstead/Nursing Home Transition
- Money Follows the Person Grant
- Level of Care ASO
- LTC Initiatives
Long Term Care Section

Director 2

Secretary 2 – One year of general office work or one year of business school or college.

Program Director 2

Program Specialist 2 – Bachelor’s degree or licensure as a registered nurse or other health care professional and 4 years of professional experience in a health care venue.

Section Director. Oversees operation of all service programs. Serves as secretary and assistant to the Section Director and Section staff in the daily management of the program. Provides supervision to Program Specialists that are assigned to one or more programs. Independent Care Waiver Program - Oversees the operation of the program, monitoring and interpreting changes in Federal guidelines and regulations, analyzes impact on Medicaid programs, utilization costs of services and makers recommends new or revised policies and procedures. Interprets program policies and serves as a resource and DMA representative to assist providers in resolving complex problems. Analyzes the nature and scope of policy related problems; develops appropriate corrective measures. Develops implements and evaluates utilization review results to ensure quality services.

Home Health and Hospice - Oversees the operation of the program, monitoring and interpreting changes in Federal guidelines and regulations, analyzes impact on Medicaid programs, utilization costs of services and recommends new or revised policies and procedures. Interprets program policies and serves as a resource and DMA representative to assist providers in resolving complex problems. Analyzes the nature and scope of policy related problems; develops appropriate corrective measures. Develops, implements and evaluates utilization review results to ensure quality services.

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TN No: 87-10

Approval Date: 12/18/07
Effective Date: 10/01/07
Program Specialist 2 – Bachelor’s degree or licensure as a registered nurse or other health care professional and 4 years of professional experience in a health care venue.

MRWP/NOW and CHSS/COMP Waivers - Oversees the operation of the program, monitoring and interpreting changes in Federal guidelines and regulations, analyzes impact on Medicaid programs, utilization costs of services and makers recommends new or revised policies and procedures. Interprets program policies and serves as a resource and DMA representative to assist providers in resolving complex problems. Analyzes the nature and scope of policy related problems; develops appropriate corrective measures. Develops, implements and evaluates utilization review results to ensure quality services.

Mental Health, PRTF, Adult Protective Services, and HIV Case Management - Oversees the operation of the program, monitoring and interpreting changes in Federal guidelines and regulations, analyzes impact on Medicaid programs, utilization costs of services and makers recommends new or revised policies and procedures. Interprets program policies and serves as a resource and DMA representative to assist providers in resolving complex problems. Analyzes the nature and scope of policy related problems; develops appropriate corrective measures. Develops, implements and evaluates utilization review results to ensure quality services.

Nursing Homes, ICF/MR, Swing Beds, Nurse Aide Training Program - Oversees the operation of the program, monitoring and interpreting changes in Federal guidelines and regulations, analyzes impact on Medicaid programs, utilization costs of services and makers recommends new or revised policies and procedures. Interprets program policies and serves as a resource and DMA representative to assist providers in resolving complex problems. Analyzes the nature and scope of policy related problems; develops appropriate corrective measures. Develops, implements and evaluates utilization review results to ensure quality services.

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TN No: 87-10
Approval Date: 12/18/07
Effective Date: 10/01/07
Program Specialist 2 – Bachelor’s degree or licensure as a registered nurse or other health care professional and 4 years of professional experience in a health care venue.

Community Care Services Waiver and SOURCE Programs - Oversees the operation of the program, monitoring and interpreting changes in Federal guidelines and regulations, analyzes impact on Medicaid programs, utilization costs of services and makers recommends new or revised policies and procedures. Interprets program policies and serves as a resource and DMA representative to assist providers in resolving complex problems. Analyzes the nature and scope of policy related problems; develops appropriate corrective measures. Develops, implements and evaluates utilization review results to ensure quality services. Manages the PASRR, Olmstead/Nursing Home Transition, Managed Care, and Level of Care ASO programs. Administers the Money Follows the Person grant project and reporting requirements.

Program Director 2

Strategic Development Coordinator – Bachelor’s degree and four years of experience in long-term care or health related services.

Planner 2 – Bachelor’s degree and three years of experience in long-term care or health related services.

Serves as the lead planner/researcher for the Money Follows the Person project, performing complex and comprehensive research; analyzing and evaluating the effectiveness of the project.
MEMBER SERVICES AND POLICY

PeachCare for Kids Unit

The PeachCare for Kids unit has overall responsibility for the eligibility and enrollment process as well as federal SCHIP State Plan compliance. This unit sets policy for eligibility, premium payment and member services. This unit manages the contract of our Third Party Administrator (TPA). Services provided by the TPA include development and operation of enrollment/eligibility determination system, development and maintenance of web-based application system, premium collection and processing and Member Support Center.

Quality Control Unit

The Quality Control Unit has the overall responsibility for management of the federal Payment Error Rate Measurement (PERM) process associated with both Medicaid and SCHIP. They unit also oversees the ASO accuracy reviews of 850 Medicaid eligibility reviews monthly. The unit manages the contract of our Third Party Administrator (TPA). The TPA reads Medicaid cases monthly to determine if eligibility was determined correctly.

The Quality Control Unit:

- Gathers records for PERM/ASO accuracy reviews
- Gathers and reports data on results associated with accuracy reviews
- Provide a second level review for case accuracy
- Responds to rebuttals and questions related to error findings
- Monitors the PERM sample and results for both Medicaid and SCHIP
- Composes Quality Control Communicators for DFCS corrective action

The Policy unit

The Policy unit is responsible for Federal and State family and adult legislation/policy interpretation, clarification and dissemination to State DFCS. This unit is responsible for updating the State Plan in accordance with policy. The Program Consultants also provide guidance to various organizations regarding Medicaid policy including presentations and other speaking engagements.
CUSTOMER SERVICE & RESOLUTION

This Unit is responsible for support services for all Medicaid programs. These support services includes but or not limited to Administrative Reviews, Appeals, claims resolution of a complex nature, provider enrollment assistance, prepayment reviews for various programs, all System Related requirements, i.e., ticket development requirement document, ticket testing for implementation and reference files updates.

Staff:  Director 1 (75/25) SPMP
        Administrative Secretary (75/25) SPMP
        Secretary 1 (75/25) SPMP
        1 - Program Specialist 1 (75/25)
        2 - Program Specialist 2 (75/25)
        1 - Medicaid Program Consultant
        5 - Program Associate (75/25)
        1 – Program Operations Specialist (75/25)

Director 1  Responsible for day to day operations of the Customer Service & Resolution Unit as well as:

Support:  Administrative Secretary - Serves as secretary and assistant to the Director 1 in the daily technical management of the Customer Services & Resolution Unit. Organize and coordinates the clerical operation of the Unit.

2 - Program Specialists 2  Provides technical assistance to Medicaid Program areas regarding policy revisions and development. Utilizes professional judgment when making determinations related to Administrative Reviews and Appeals outcome; supervises two Program Associates responsible for claims research and provider inquiry support responds.

1 - Program Specialist 1  Establishes policy, monitors compliance, train providers for the Dialysis program and; responds in writing regarding Providers Administrative Reviews and Appeals for the hospital and Ambulatory Surgical Center programs. Supervises one Program Associate responsible for prepayment review for various programs.
1 - Medicaid Program Consultant

Provides technical assistance to all Medicaid Programs areas regarding policy revisions and development. Utilizes professional judgment when making determinations related to Administrative Reviews and appeals outcome; responds in writing to Provider’s Administrative Review and/or Appeal requests. Supervise one Program Operations Specialist and two Program Associates for claims research and provider inquiry support.

Support:

Secretary 1- Prepares memoranda, types correspondence and perform other related office tasks.

5 - Program Associates

Accesses information from MMIS and conducts other research to provide information as needed by the Program Specialist 1 and 2, and the Medicaid Program Consultant; responds verbally to a large volume of provider inquiries regarding billing procedures, claims, and reimbursement inquiries.

1 - Program Operations Specialist

Provides technical assistance to program areas. Prepares basic to moderately complex reports and correspondence that requires researching information from a variety of sources. Responds verbally and/or in writing to provider inquires regarding problems with billing procedures, claim’s issues and reimbursement.
HEALTH IMPROVEMENT & WELLNESS UNIT

This unit is responsible for establishing and publishing Title XIX policies and procedures and reimbursement methodologies for certain provider services.

**Staff:**
- Director 2 (75/25) SPMP
- Administrative Secretary (75/25) SPMP
- Secretary 1 (75/25) SPMP

**UNIT:** Manages service programs (including fee schedules) for EPSDT, Family Planning, Pregnancy-Related Services, Early Intervention Case Management, Child Birth Education, Health Check Children at Risk Targeted Case Management, Pediatric Waiver (GAPP), Children’s Intervention School Services (CISS), Children’s Intervention Services (CIS), and Wellness initiatives (contracts).

**Staff**
- R.N. Program Director 2 (75/25) SPMP
- 2 R.N. Program Specialist (75/25) SPMP
- Program Specialist (50/50)
- 2 R.N. Strategic Coordinator (75/25) SPMP
- 1 NON- R.N. Strategic Coordinator (50/50)
- 4 Project Director’s 1 (50/50)

**Health Improvement and Wellness Unit**

R.N. Medicaid Director 2 oversees Operation of EPSDT for Federal CMS Coordination and Compliance, VFC, Targeted Case Management for Children-at-Risk Specialist 2 and Strategic Coordinators.

2 R.N.- Program Specialists 2 2 Program Specialists 2. Establishes Policy monitor compliance, recruit And train providers. Programs are: ESPDT, Perinatal Case Management, Family planning, GAPP (Pediatric Waiver) Pregnancy-related Services, Early Intervention, and Child Birth Education

**Support:** Administrative Clerk

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R.N.- Program Director: Programs: EPSDT, Early Intervention
Case Management, Family Planning,
Children Intervention Services (CIS)
And supervises 2 Program
Specialist 2.

R.N.- Program Specialist 2 Medicaid Program Specialist 2.
Establishes policy and monitors compliance
of the children’s Pediatric waiver (GAPP).
Serves on
Appropriate interdepartmental and
Interdivisional committees as the
department’s representative for the
Administration of this programs.

Program Specialist 2 Medicaid Program Specialist.
Establishes policy and monitors
Compliance of the Children’s
Intervention School Services (CISS)
Serves on appropriate Inter-
Departmental and interdivisional
Committees as the Department’s
Representative for the administration
of the CISS program. Supervises 4
Project Directors who are
Responsible for auditing school
based services

Program Associate 2 administrative Clerks. Accesses
Information from computer terminals
And microfiche/ film and conducts
Other research to provide
Information as needed by
Specialists other Department staff.
Responds verbally and/or in writing
to a large volume of provider
Inquires regarding problems with
Program policies, billing procedures
and reimbursement.
HEALTH IMPROVEMENT & WELLNESS UNIT

The Health Improvement & Wellness Unit of the Division of Medical Assistance Plans is responsible for the Medicaid programs and policies for certain providers of maternal and child health services. The Division of Medical Assistance Plans is a sub-unit of the Department of Community Health, the State's health care purchasing agency. The State's Medicaid Chief appoints the Director of the Health Improvement & Wellness Unit formerly called Maternal and Child Health Section.

Staff:

Director 2 75/25 SPMP
Administrative Assistant 75/25 SPMP

Director 2 Oversees operation of all the programs.

Support:

Administrative Assistant: Serves as secretary and Assistant to the Director in the daily technical management of the section.

Secretary 1: Serves as secretary to the unit staff and under the supervision of the Administrative Assistant.

Health Improvement & Wellness

The Health Improvement & Wellness Unit is responsible for the Pregnancy Related Services (PRS), Perinatal Case Management (PCM), Childbirth Education (CBE), Family Planning, HealthCheck, Children At Risk Targeted Case Management, Pediatric Waiver (GAPP), Children's Intervention Services (CIS), Children's Intervention School Services (CISS) and Early Intervention Case Management programs. In addition to these programs, the unit manages several wellness contracts, including Georgia Enhanced Care (disease management contractors) and Georgia Medicaid Management Program (GAMMP). The Unit develops and modifies policy to ensure compliance with federal standards, state practice acts, and with advice from a variety of professional and advocacy groups. Policy staff works with IT system staff to develop computer system edits to administer the program’s policies.

The Program Specialist establishes policies, monitors program compliance, and trains providers.

Staff:

Program Director 2 75/25 SPMP
(2) Program Specialist 2 75/25 SPMP

(2) Program Associate 50/50

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Program Director 2  Directs the Community Service programs including
Pregnancy Related Services (PRS), Perinatal Case
Management (PCM), Childbirth Education (CBE),
Family Planning programs.

Wellness Staff—under direct supervision of the Director 2

(1) Clinical Member Enrollment Coordinator   75/25 SPMP
(1) Provider Network Coordinator            50/50
(1) Contract Vendor Coordinator            75/25 SPMP

Program Specialist 2  Directly oversees Children Intervention School
(CISSO Manager) Services (CISS) program and 4 Project Directors I staff.

(4) Project Director I                  50/50
DIVISION OF PHARMACY SERVICES

This division is responsible for establishing and publishing Title XIX policies, procedures, and reimbursement methodologies for certain provider services.

Staff:  Director (75/25 Pharmacist)
       Administrative Assistant (50/50)
       Medicaid Program Pharmacy Manager (75/25 Pharmacist)
       Pharmacist (part-time) (75/25 Pharmacist)
       Clinical Manager (75/25 Pharmacist)
       2 Program Associates (50/50)
       Medicaid Rebate Coordinator (75/25 Pharmacist)
       Drug Rebate Specialist (50/50)

DIRECTOR
   Responsible for the overall direction of the pharmacy unit and all operational, fiscal, and policy components

ADMINISTRATIVE ASSISTANT
   Provides administrative support to the Director of Pharmacy Services

MEDICAID PROGRAM PHARMACY MANAGER
   Communications, Banner, Web Portal
   MMIS Issue – PBM-MMIS/ IS interface point person
   Out of State Enrollment
   Policy Issues
   Reimbursement Issues; GMAC

PHARMACIST (PART-TIME)
   Supplemental Rebate Contracting
   Special Projects
   Prior Authorization/Clinical Support

CLINICAL MANAGER
   Prior Authorization Appeals
   Prior Authorization vendor management
   Clinical protocol development
   Clinical Projects

PROGRAM ASSOCIATE
   Eligibility Updates
   Pharmacy Claims Resolution
   Support Pharmacy Operations

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Supersedes  Approval Date: 12/18/07
TN No:  87-10  Effective Date: 10/01/07
MEDICAL POLICY UNIT—POSITION DESCRIPTIONS

**Director (1-FTE)**
Directs the activity of the Hospital and Physician’s Services Unit. Ensure that goals of the organizations are reflected and accomplished. Works with subordinate staff, community and advocate groups, trade organizations, and other branches of government to define objectives and goals in the area of long term care.

Defines and develops work plan to accomplish organizational goals. Arranges unit resources to accomplish objectives and goals. Monitors and ensures completion of tasks within defined timeframes. Serves on and/or chairs committees and task forces as requested, to represent the Department while accomplishing Department objectives. Develop Unit’s organization in such areas as personnel, budget, purchasing, organizational structure/procedures and use of resources.

Prepares and/or manages assigned budgets through sound analytical, reporting and financial management practices as directed. Works with Section Director and other Department staff to develop unit budget. Coordinates human resource activities for unit, including recruiting, orienting, monitoring and otherwise supervising staff of unit.

**Administrative Assistant (1)**
Under general to limited supervision, provides professional-level administrative support to management which requires exercise of independent judgment and initiative. Assists in the operation, management and planning of the organization, coordinates meetings and agendas; represents supervisor in both internal and external settings. May supervise administrative staff.

**Program Specialist 1 (1)**
Under general supervision reviews, monitors and ensures compliance with Medicaid policies and procedures. Provides technical and customer support, conducts training and participates in meetings for assigned program areas. May supervise clerical and/or support staff.

**Program Specialist Medical (2 RN)**
Under general supervision, reviews, monitors and ensures compliance with Medicaid policies and procedures. Provides technical and customer support, conducts training and participates in meetings for assigned program areas. This position requires a skilled medical professional, i.e., registered nurse.

**Program Specialist 2 (-1 RN and 2 non-RN’s)**
Under limited supervision monitors and interprets changes in Federal guidelines and regulations, analyzes the impact on Medicaid programs, utilization costs of services and makes recommendations for new or revised policies and procedures. Interprets program policies in the areas of responsibilities; serves as a resource and DMA representative to assist providers in resolving complex problems. May function as staff advisor to analysts in areas of responsibility and as primary point of communication with professionals and groups related to programs in area of assignment. Analyzes the nature and scope of policy related problems; develops or assists with the development of appropriate corrective measures. Develops implements and evaluates the surveillance of utilization review process to ensure quality services.

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REGULATORY REVIEW AND CONTRACT MANAGEMENT

The Regulatory Review Unit function is to ensure that State Plan amendments are filed appropriately. The unit serves as a resource to other departments by researching and interpreting regulatory requirements and assisting departments to respond to new and revised State requirements. The unit is responsible for ensuring that all Medicaid policy is produced accurately and on time. The contract management function monitors the work flow of contract initiation and execution with Medicaid third party vendors. The functions of this unit are accomplished by the Director and an operations specialist.
THIRD PARTY LIABILITY/ COB

Responsible for the identification, maintenance and recovery of third party resources liable for the medical cost of the Medicaid member. Assures that Medicaid members and providers are in compliance with existing federal and state regulations involving Medicaid and third-party resources.

Staff:  Program Director 2 (50/50)
       3- Program Specialist II (50/50)
       4 -Operations Analyst 1 (50/50)
       Program Associate (50/50)
       Clerk 2 General (50/50)
       2 -Temporary staff

Program Director 2: Oversees the development and on-going management of programs with statewide impact in health, education, social services and human resources management. Establishes program plans, budget and staffing requirements; and ensures programs are completed and meet stated objectives.

Program Specialist II: Monitors and interprets changes in Federal guidelines and regulations, analyzes the impact on Medicaid programs. Makes recommendations for new and revised policies and procedures. Interprets program policies in the areas of responsibilities; serves as a resource and Division of Medical Assistance representative to assist providers in resolving complex problems. Serves as primary point of communication with professionals and group related programs in areas of assignment. Analyzes the nature and scope of policy related problems. Develops or assists with the development of appropriate corrective measures

Operations Analyst 1: Gathers, compiles and analyzes data in relation to program area(s). Participates in the assessment of program operations. Prepares statistical and narrative reports. Monitors and ensures program compliance. Provides technical assistance to staff.

Approved Date: 12/18/07  Effective Date: 10/01/07
Program Associate: Serves as liaison between the program/administrative/technical operation, program management and customer. Researches and analyzes program/operation data. Maintains financial related records of the program/operation. Establishes and maintains filing and record-keeping systems in support of program/operation.

Clerk 2 General: Performs administrative and advanced clerical duties in support of unit or program area. Interprets, explains and applies pertinent laws, rules, regulations, policies, procedures, standards and guidelines.

Temporary Staff: Performs administrative and clerical duties
The state agency is the medical assistance unit. A description of the organization and functions of the agency is in Attachment 1.2-A.
GEORGIA DEPARTMENT OF MEDICAL ASSISTANCE
SKILLED PROFESSIONAL MEDICAL PERSONNEL
July 1, 1991

OPERATIONS

PLANNING & COORDINATION

R.N.

Medicaid Policy Coordinator.
Responsible for assuring that
the policy used in any of the
program areas reflects current
medical and health standards and
conforms to the Department's total
quality management plan.

DIVISION OF PROFESSIONAL SERVICES

PHARMACY UNIT

R. Ph.

Medicaid Policy Coordinator.
Oversees operation of pharmacy,
drug formulary, drug utilization
review program, drug rebate program
and pharmacy investigative functions.

R.Ph.

Pharmacist. Reviews complex pharmacy
billing, reviews medical records
documentation and assesses medical
necessity and quality of care
of services provided in all Medicaid
program areas related to pharmacy.

R.Ph.

Pharmacist. Maintains drug formulary.
Issues approval/denial for drugs
not on formulary.

Physician

Consultant. Reviews administration
of Clozapine.

Support:

2 Administrative Clerks
Senior Secretary
INDIVIDUAL PRACTITIONER'S SECTION

R.N.

Medicaid Program Analyst III.
Establishes policy and medical
coverage determinations for physician,
podiatry, nurse practitioner,
and vision care programs. Determines
computer modifications necessary
to implement changes in policies
and assure compliance with federal
regulations. Supervises MPA II's
in physician services unit.

R.N.

Medicaid Program Analyst II.
Monitors compliance for physician,
podiatry and nurse practitioner
programs. Monitors precertification
for individual practitioners and
reviews the appeals using medical
judgement. Performs provider
relations, medical liaison and
review functions for physician
services.

R.N.

Medicaid Program Analyst II.
Monitors compliance for vision
care services. Performs medical
liaison and reviews functions
for physician services programs.
Reviews and determines Maximum
Allowable Payment Schedules and
Allowances for Injectable Drug
List. Performs prior approval
for office surgery, office visits,
nursing home visits, and vision
care services. Performs prepayment
review for multiple surgeries,
mandatory outpatient surgery abortions,
stereotizations and for providers
on prepayment review.

Dentists

5 Consultants. Issues prior approval
for dental services.

Physician

Consultant.

TRANSMTTAL 9-32
APPROVED 11-20-91
EFFECTIVE 11-1-91
Supersedes 7-98
DIVISION OF MATERNAL AND CHILD HEALTH

DIRECTOR'S OFFICE

R.N.

Division Director. Oversees operation of all service programs.

Support:

Administrative Secretary.

MATERNAL AND CHILD HEALTH SECTION:

R.N.


Support:

Administrative Clerk

DIVISION OF COMMUNITY SERVICES

DIRECTOR'S OFFICE

R.N.

Division Director. Oversees operation of all service programs.

Support:

Administrative Secretary. Serves as secretary and assistant to the Division Director in the daily technical management of the Division.
COMMUNITY SERVICES SECTION

R.N. Medicaid Policy Coordinator. Oversees the operation of home health, durable medical equipment, orthotics & prosthetics, emergency and non-emergency transportation and mental health clinic programs.

R.N. Medicaid Program Analyst III. Establishes policy, monitors compliance, and provides liaison for home health services. Also, supervises the Utilization Review staff who have responsibility for performing on-site reviews for the Home Health Services Program.

R.N. Medicaid Program Analyst II. Establishes policy, issues prior approvals and monitors compliance for Durable Medical Equipment and Orthotics & Prosthetics services.

R.N. (UR) Medicaid Program Analyst II. Performs utilization review for Home Health services. Reviews patient records and performs in-home assessments for compliance with state and federal regulations as well as for quality assurance.

R.N. Medicaid Program Analyst I. Establishes policy, issues prior approvals and monitors compliance for Durable Medical Equipment and Orthotics & Prosthetics services.

Support: Administrative Clerk. Prepares prior authorizations for review by the Program Analysts. Accesses information from computer terminals and researches microfiche/film to provide information as needed by Program Analysts or other Department staff. Responds both verbally and/or in writing to a large volume of provider inquiries regarding problems with program policies, billing procedures, claims and reimbursement.

TRANSMISSION 7/32
APPROVED 11-20-91
EFFECTIVE 11-1-91
SUBJECTS 9/28
WAIVERED SERVICES SECTION

R.N.

Medicaid Program Analyst III. Establishes policy and monitors compliance of the Model Waiver Program. Also, supervises the Utilization Review staff who have responsibility for performing on-site reviews for all programs in the Waivered Services Unit.

R.N. (UR)

5 Medicaid Program Analysts II. Utilizing professional judgement and appropriate criteria, conducts on-site utilization reviews for Model Waiver and Community Care Services Programs to determine compliance with state and federal regulations, medical necessity and quality of client services.

Support:

Senior Secretary. Prepares memoranda, types correspondence, reports, forms, narratives and performs other related office tasks. Organizes and coordinates the clerical operation of the unit.

DIVISION OF PROGRAM COMPLIANCE

UTILIZATION REVIEW SECTION

R.N.

Medicaid Policy Coordinator. Oversees all utilization review programs; serves as departmental liaison and expert on UR protocols for physicians and hospitals.

R.N.

Medicaid Program Analyst III. Supports technical development and enhancements on issues involving medical necessity and quality of care.
DIVISION OF INSTITUTIONAL POLICY AND REIMBURSEMENT

HOSPITAL POLICY SECTION

R.N.  Medicaid Program Analyst III.
Establishes policy, monitors compliance, provides liaison for hospital services.

R.N.  Medicaid Program Analysts II.
Responsible for hospital utilization review.

Support:  Senior Secretary

NURSING FACILITY POLICY SECTION

R.N.  Medicaid Program Analyst III.
Establishes policy, monitors compliance, provides liaison for nursing facility services.

R.N.  Medicaid Program Analyst II.
Responsible for nursing facility quality assurance and standards.

Support:  Senior Secretary

SWING-BED, HOSPICE POLICY SECTION

R.N.  Medicaid Program Analyst III.
Establishes policy for hospice and swing-bed programs. Responsible for precertification program and out-of-state services.

Support:  Administrative Clerk
MEDICAID PROGRAM ANALYST III

Establishes policy and determines rates for independent labs, rural health clinics, community health centers, dialysis centers and ambulatory surgical centers. Also, resolves provider and claims payment problems.

Support:

Senior Secretary
ELIGIBILITY DETERMINATION MADE BY STATE OR LOCAL STAFF OF AN AGENCY OTHER THAN DEPARTMENT OF MEDICAL ASSISTANCE

The eligibility policy is developed by the Department of Medical Assistance and issued to the Department of Human Resources (DHR). Policy decisions are made based on Federal and State laws and Federal regulations. Eligibility determination is made through contract with the DHR. Local County Departments of Family and Children Services determine medical assistance eligibility for all non-SSI payment recipients. Determination for medical assistance eligibility is completed by eligibility caseworker staff in the local County Departments of Family and Children Services. These individuals involved in eligibility determinations also notify clients of initial eligibility and termination of medical assistance.