

LIST OF ATTACHMENTS

<u>No.</u>	<u>Title of Attachment</u>
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
2.1-A	Definition of an HMO that Is Not Federally Qualified
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
	* Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
	* Supplement 2 - Definitions of Blindness and Disability ( <u>Territories only</u> )
	* Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements ( <u>States only</u> )
	* Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
	* Supplement 2 - Resource Levels - Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups
	* Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
	* Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

\*Forms Provided

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TN No. 91-31  
Supersedes 87-6 Approval Date 12-18-91 Effective Date 10-1-91  
HCFA ID: 7982E

<u>No.</u>	<u>Title of Attachment</u>
* Supplement 5 -	Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
* Supplement 5a-	Methodologies for Treatment of Resources for Individuals With Incomes Up to a Percentage of the Federal Poverty Level
* Supplement 6 -	Standards for Optional State Supplementary Payments
* Supplement 7 -	Income Levels for 1902(f) States - Categorically Needy Who Are Covered under Requirements More Restrictive than SSI
* Supplement 8 -	Resource Standards for 1902(f) States - Categorically Needy
* Supplement 8a-	More Liberal Methods of Treating Income Under Section 1902(r)(2) of the Act
* Supplement 8b-	More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act
* Supplement 9 -	Transfer of Resources
* Supplement 10-	Consideration of Medicaid Qualifying Trusts--Undue Hardship
*2.6-A	<u>Eligibility Conditions and Requirements (Territories only)</u>
* Supplement 1 -	Income Eligibility Levels - Categorically Needy, Medically Needy, and Qualified Medicare Beneficiaries
* Supplement 2 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
* Supplement 3 -	Resource Levels for Optional Groups with Incomes Up to a Percentage of the Federal Poverty Level and Medically Needy
* Supplement 4 -	Consideration of Medicaid Qualifying Trusts--Undue Hardship
* Supplement 5 -	More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act
* Supplement 6 -	More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act

\*Forms Provided

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<u>No.</u>	<u>Title of Attachment</u>
*3.1-A	Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy
	* Supplement 1 - Case Management Services
	Supplement 2 - Alternative Health Care Plans for Families Covered Under Section 1925 of the Act
*3.1-B	Amount, Duration, and Scope of Services Provided Medically Needy Groups
3.1-C	Standards and Methods of Assuring High Quality Care
3.1-D	Methods of Providing Transportation
*3.1-E	Standards for the Coverage of Organ Transplant Procedures
4.11-A	Standards for Institutions
4.14-A	Single Utilization Review Methods for Intermediate Care Facilities
4.14-B	Multiple Utilization Review Methods for Intermediate Care Facilities
4.16-A	Cooperative Arrangements with State Health and State Vocational Rehabilitation Agencies and with Title V Grantees
4.17-A	Determining that an Institutionalized Individual Cannot Be Discharged and Returned Home
*4.18-A	Charges Imposed on Categorically Needy
*4.18-B	Medically Needy - Premium
*4.18-C	Charges Imposed on Medically Needy and other Optional Groups
*4.18-D	Premiums Imposed on Low Income Pregnant Women and Infants
*4.18-E	Premiums Imposed on Qualified Disabled and Working Individuals
4.19-A	Methods and Standards for Establishing Payment Rates - Inpatient Hospital Care

\*Forms Provided

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<u>No.</u>	<u>Title of Attachment</u>
4.19-B	Methods and Standards for Establishing Payment Rates - Other Types of Care  * Supplement 1 - Methods and Standards for Establishing Payment Rates for Title XVIII Deductible/Coinsurance
4.19-C	Payments for Reserved Beds
4.19-D	Methods and Standards for Establishing Payment Rates - Skilled Nursing and Intermediate Care Facility Services
4.19-E	Timely-Claims Payment - Definition of Claim
4.20-A	Conditions for Direct Payment for Physicians' and Dentists' Services
4.22-A	Requirements for Third Party Liability--Identifying Liable Resources
*4.22-B	Requirements for Third Party Liability--Payment of Claims
*4.32-A	Income and Eligibility Verification System Procedures: Requests to Other State Agencies
*4.33-A	Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
4.35-A	Criteria for the Application of Specified Remedies for Nursing Facilities
4.35-B	Alternative Remedies to Specified Remedies for Nursing Facilities
7.2-A	Methods of Administration - Civil Rights (Title VI)

\*Forms Provided

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Department of Law  
State of Georgia



THURBERT E. BAKER  
ATTORNEY GENERAL

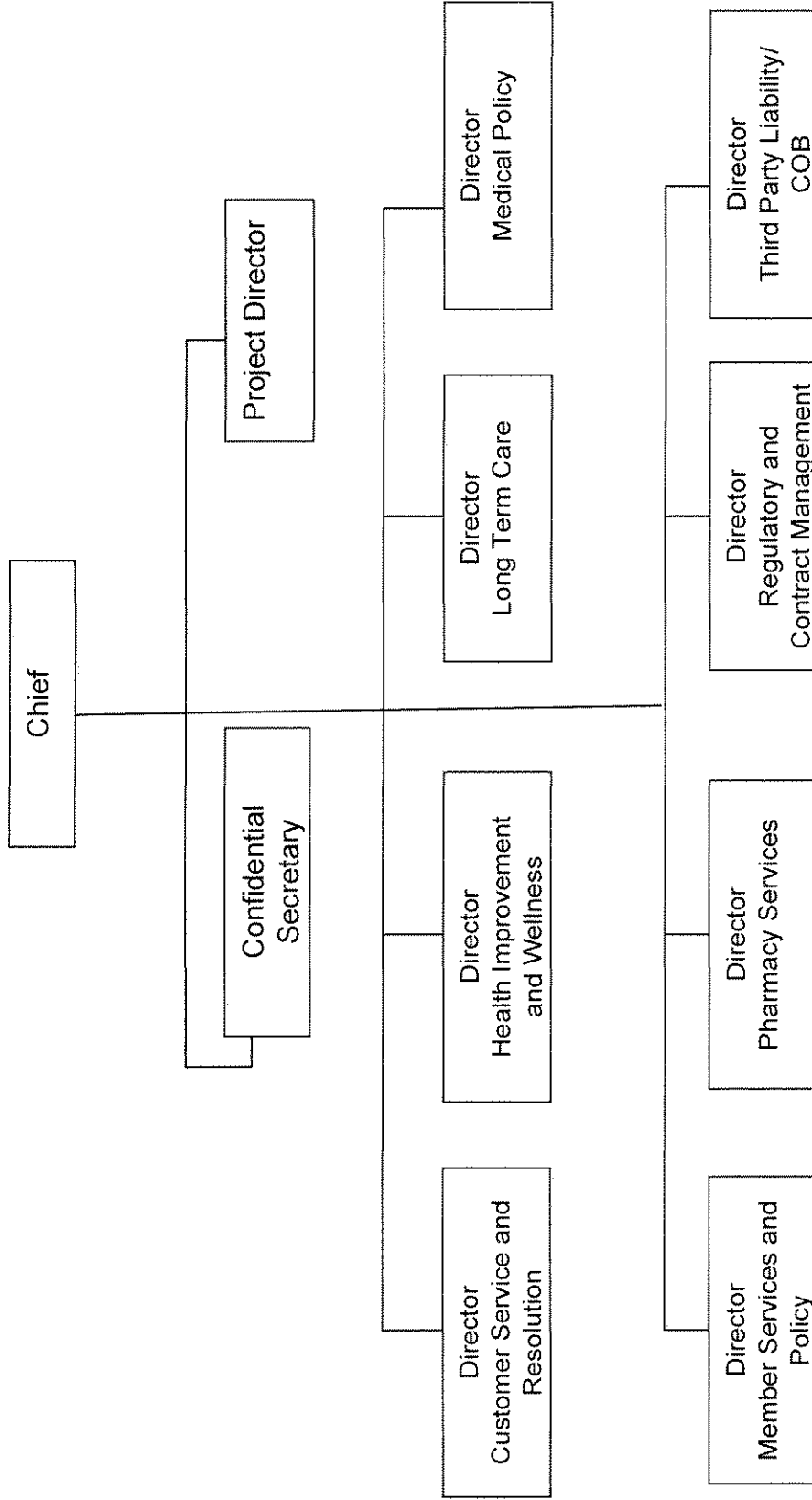
40 CAPITOL SQUARE SW  
ATLANTA GA 30334-1300

CERTIFICATION

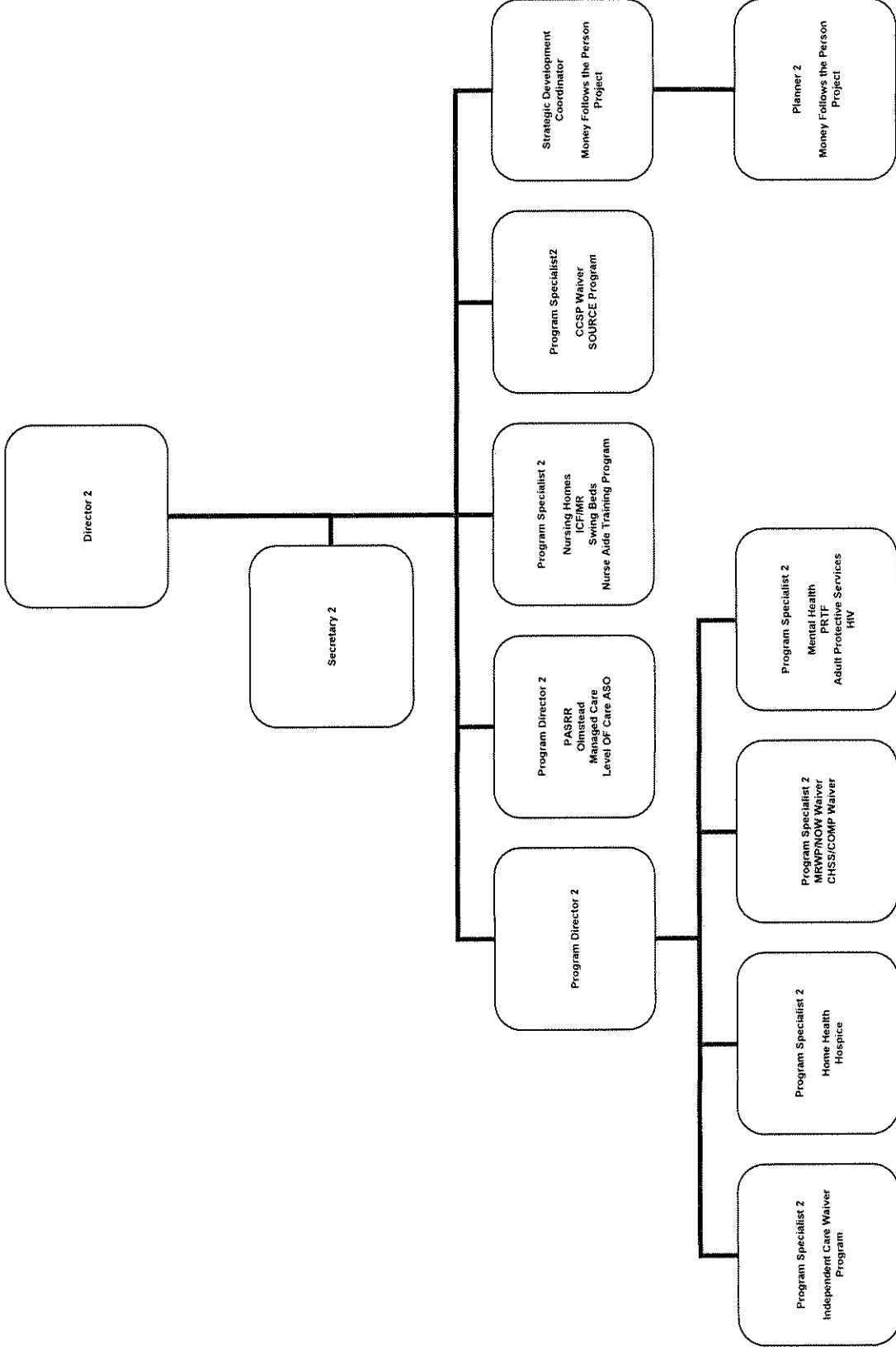
The Attorney General hereby certifies that the agency, Georgia Department of Community Health, has been established as the single State agency with authority to administer the State of Georgia Plan for Medical Assistance under Title XIX of the Social Security Act. It is further certified that the Georgia 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      DATE  
Attorney General

**DIVISION OF MEDICAL ASSISTANCE**



# LONG TERM CARE SECTION

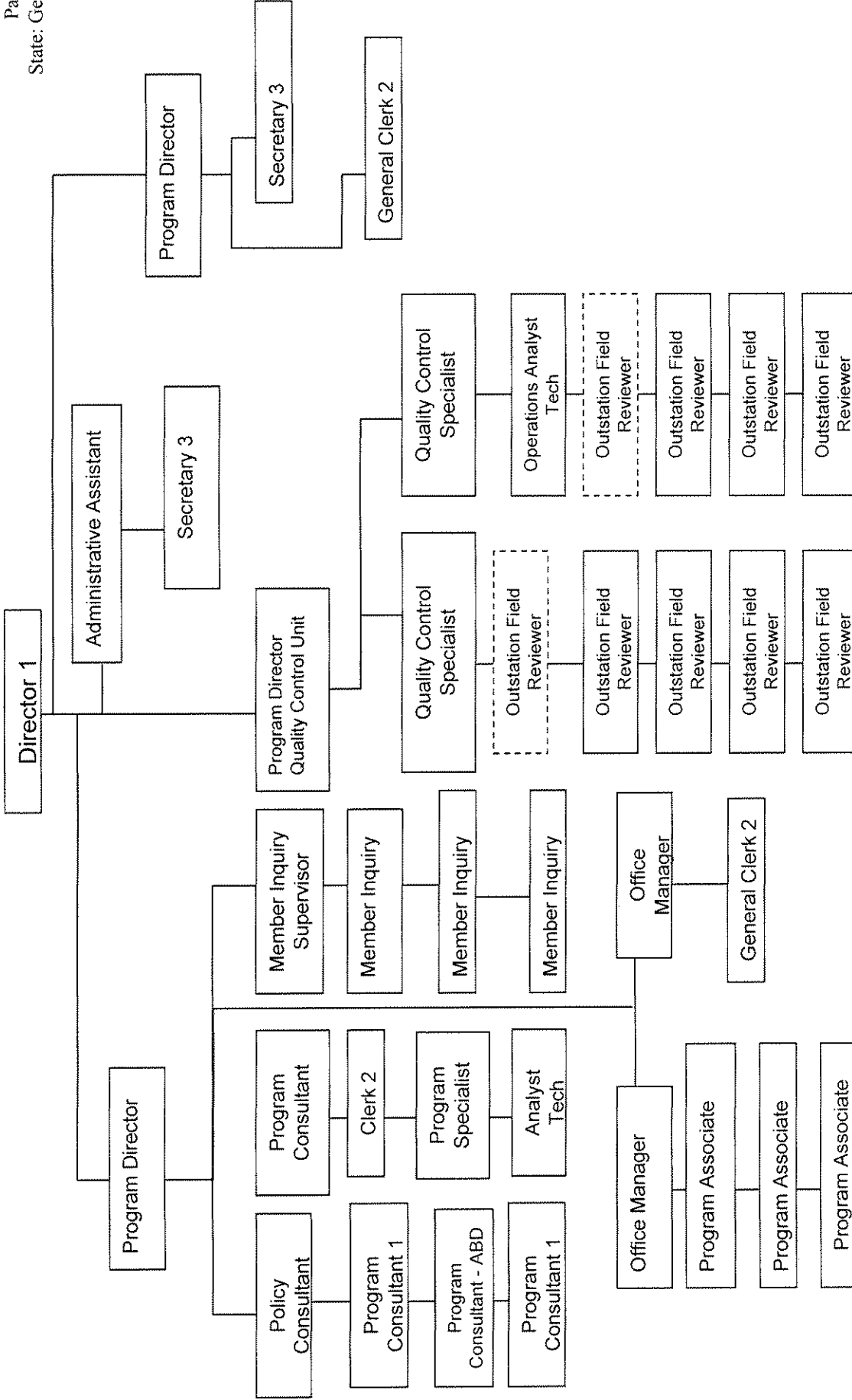


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# MEMBER SERVICES AND POLICY



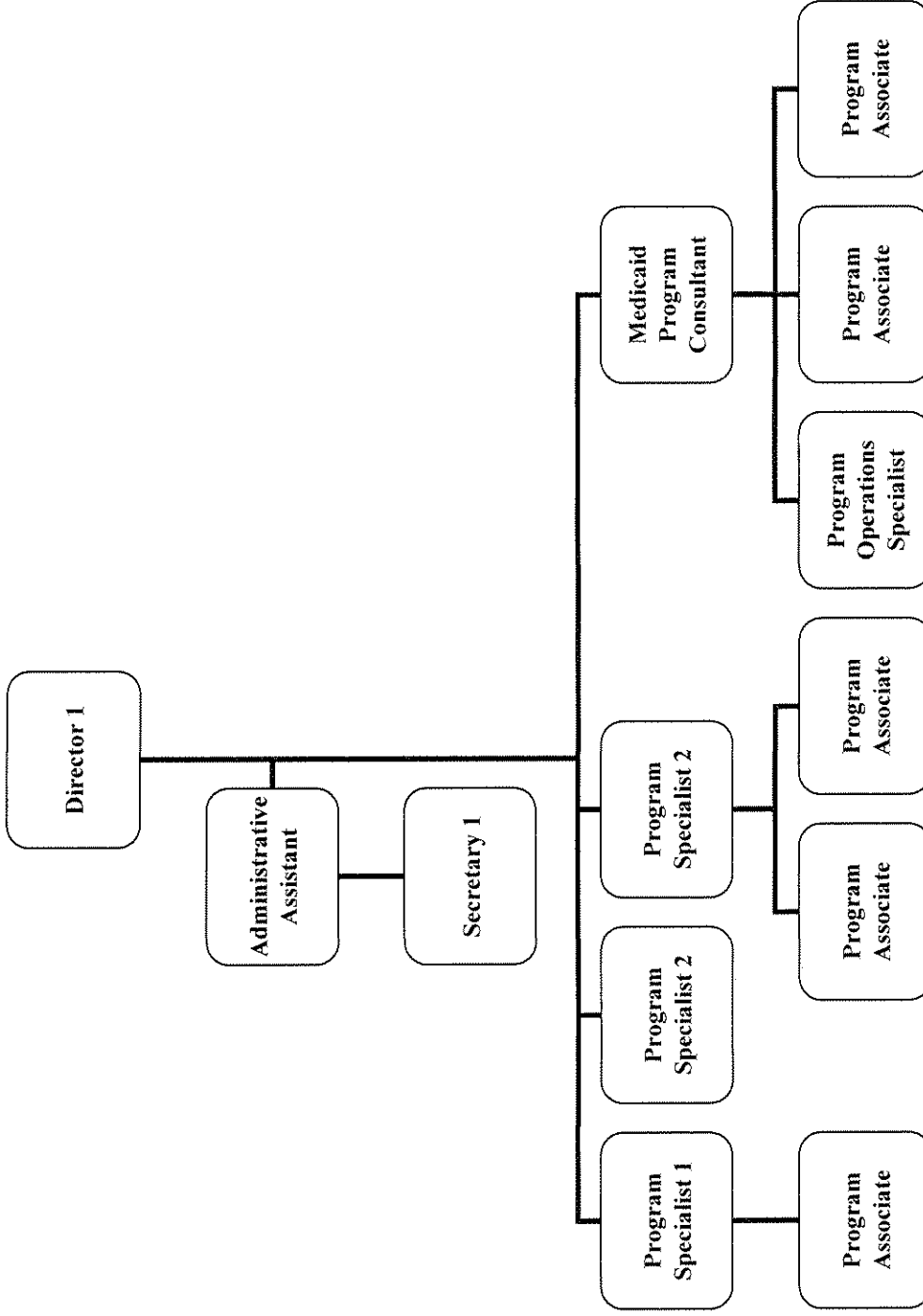
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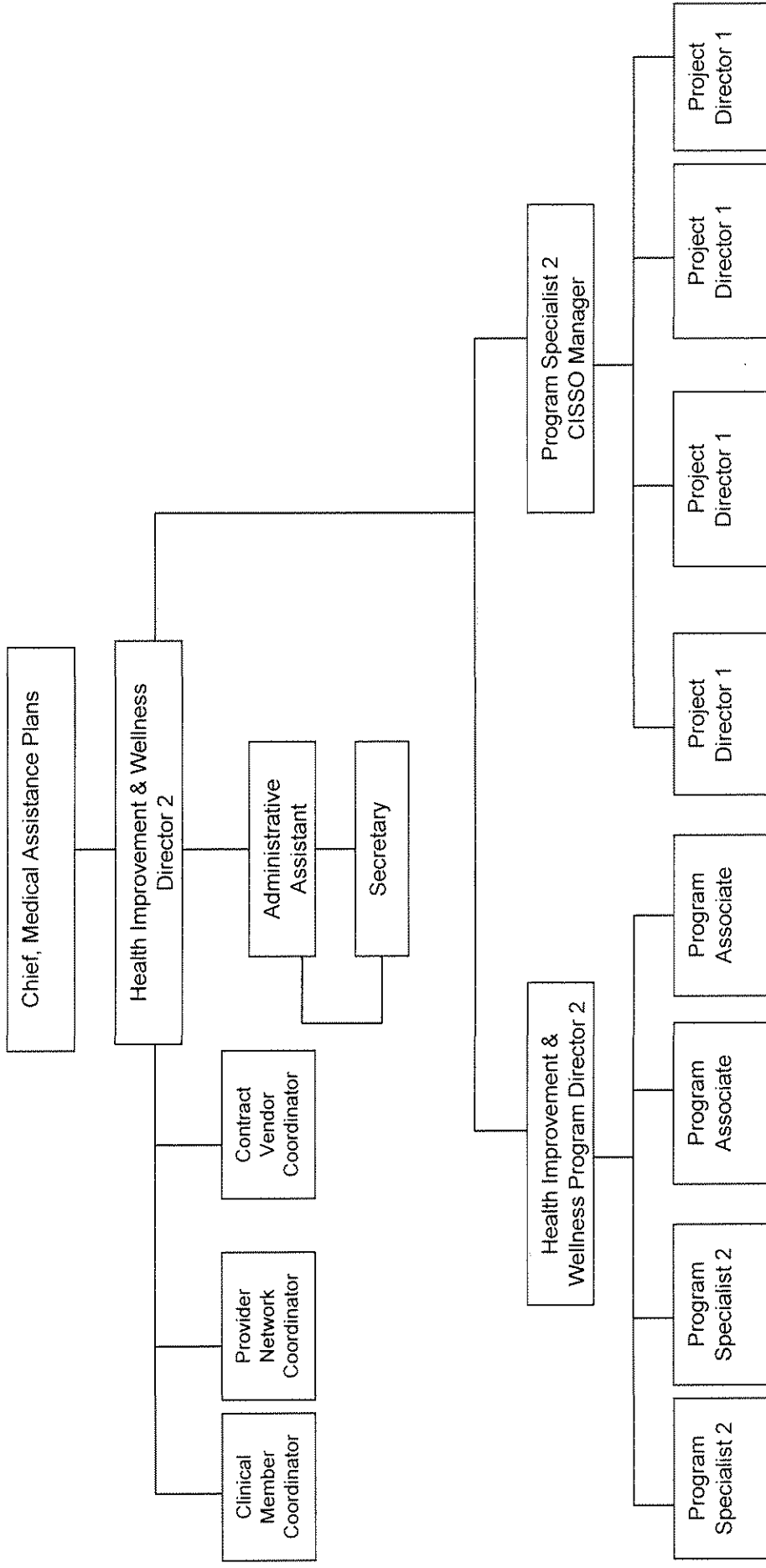
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TN No: 95-012



# CUSTOMER SERVICE AND RESOLUTION

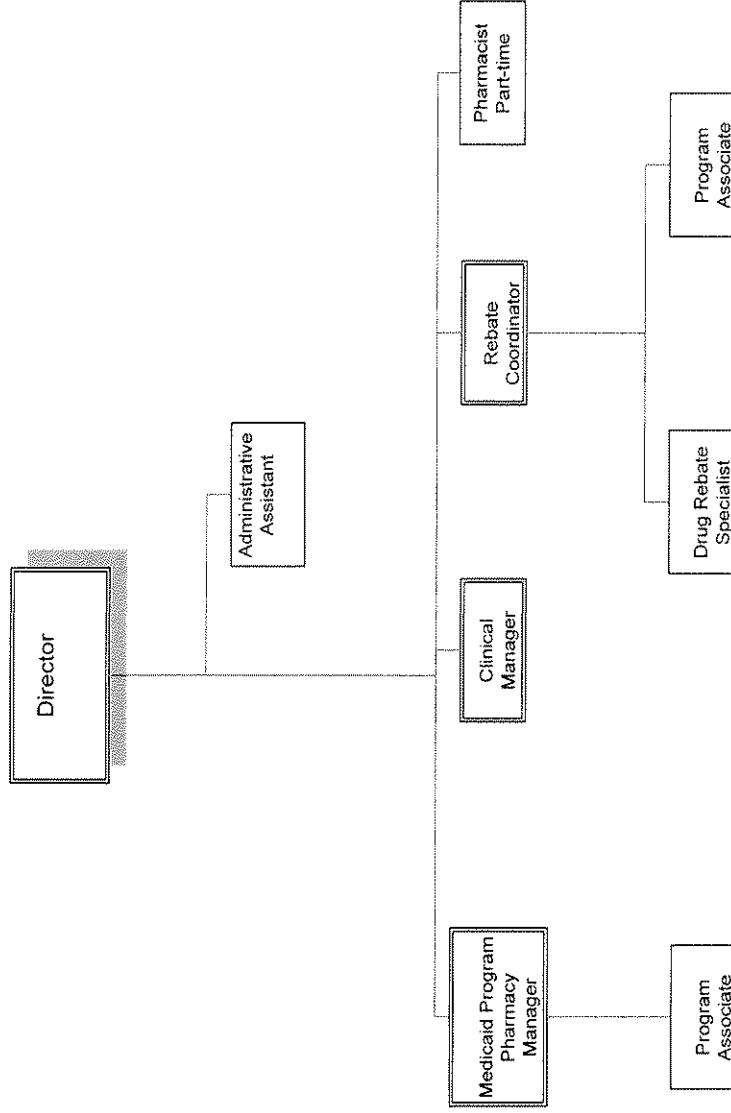


# HEALTH IMPROVEMENT & WELLNESS UNIT



# PHARMACY UNIT

Wednesday, August 08, 2007

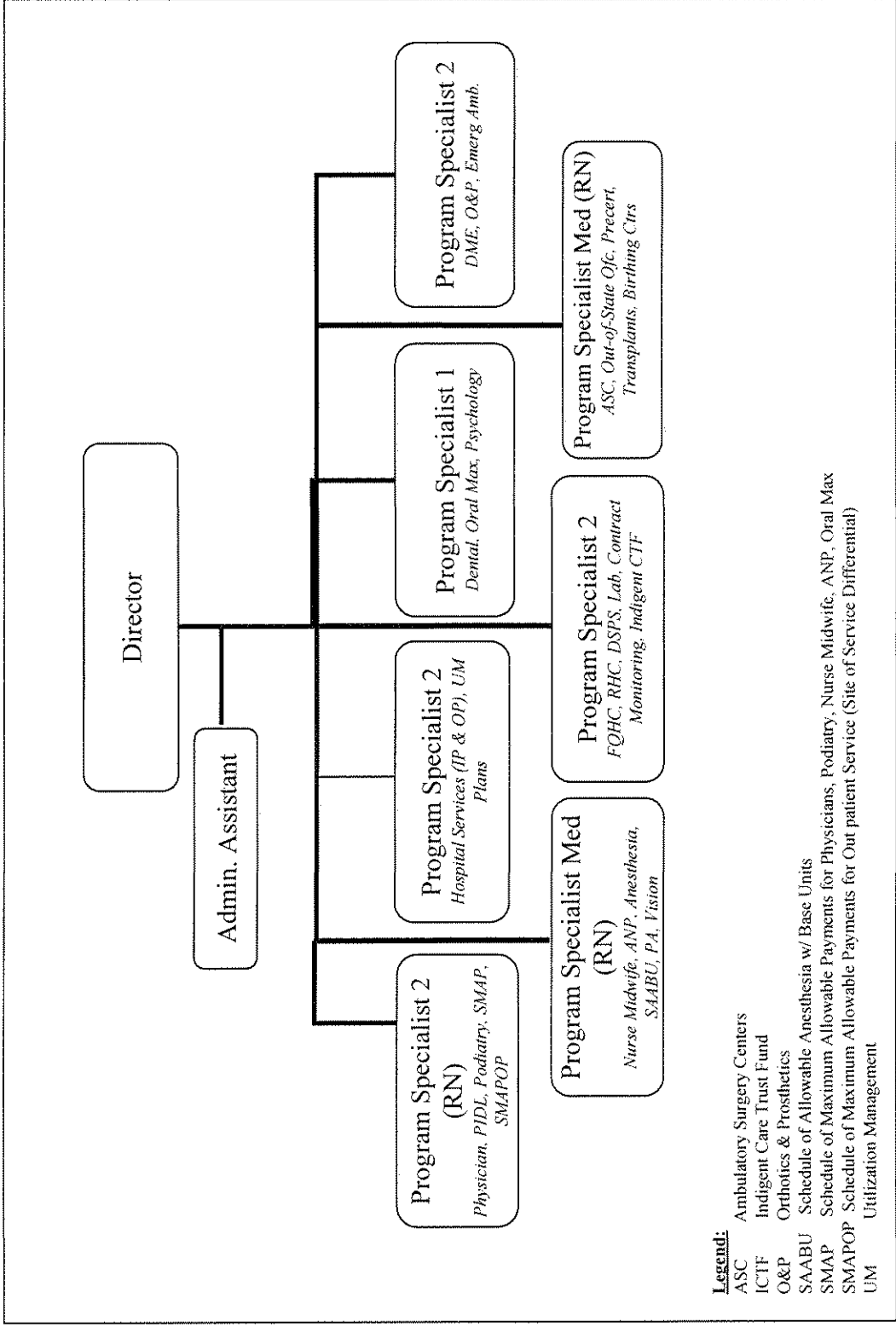


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# MEDICAL POLICY



**Legend:**  
 ASC Ambulatory Surgery Centers  
 ICTF Indigent Care Trust Fund  
 O&P Orthotics & Prosthetics  
 SAABU Schedule of Allowable Anesthesia w/ Base Units  
 SMAP Schedule of Maximum Allowable Payments for Physicians, Podiatry, Nurse Midwife, ANP, Oral Max  
 SMAPCP Schedule of Maximum Allowable Payments for Out patient Service (Site of Service Differential)  
 UM Utilization Management

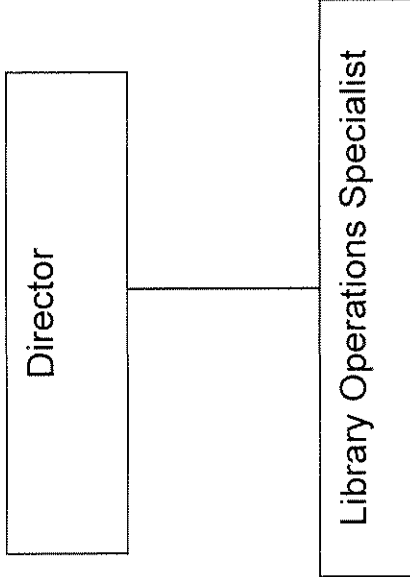
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**REGULATORY AND CONTRACT MANAGEMENT**

Attachment 1.2A  
Page viii  
State: Georgia

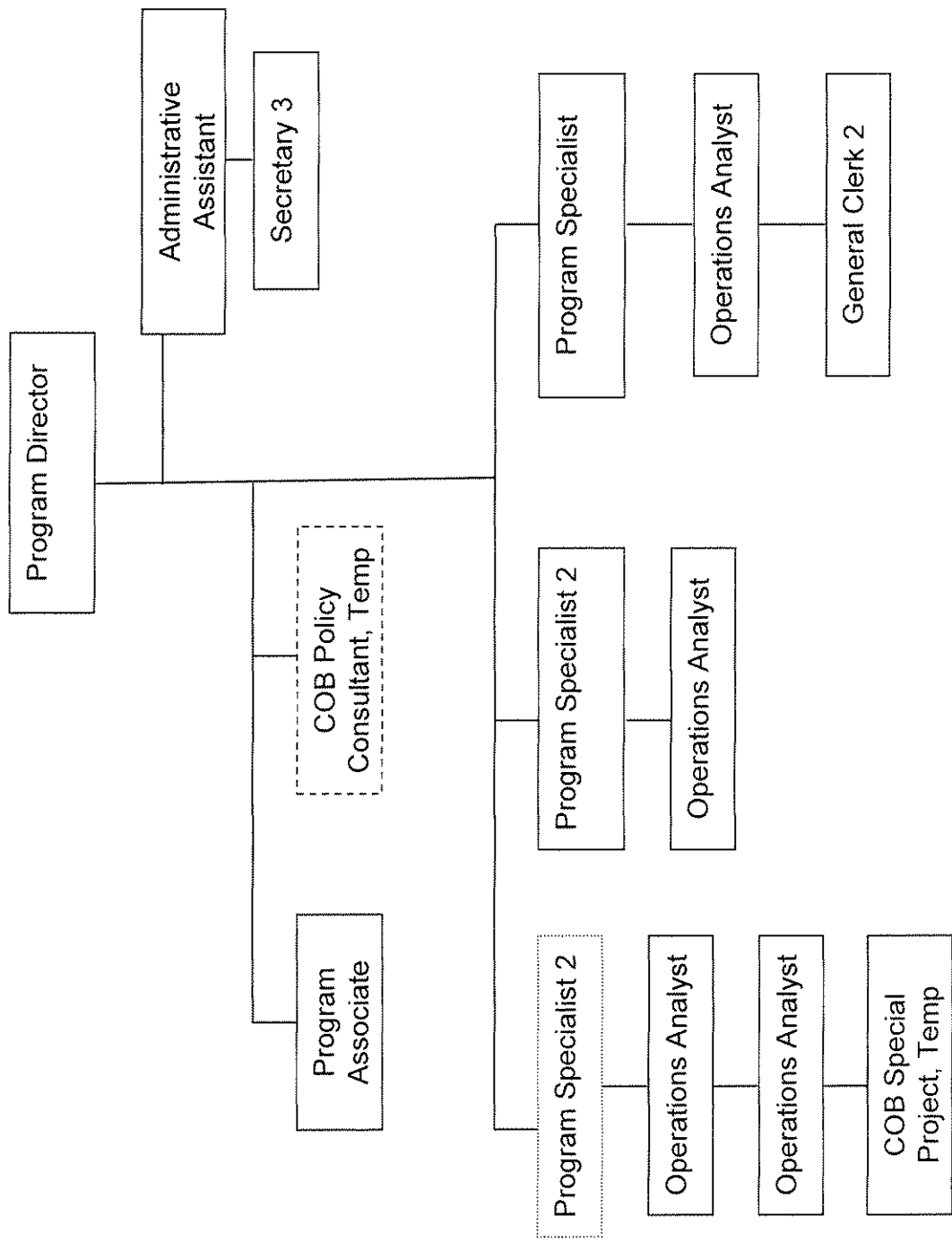


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# THIRD PARTY LIABILITY/ COB



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**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/COMP 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

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Long Term Care Section

Director 2

Section Director. Oversees operation of all service programs.

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

Serves as secretary and assistant to the Section Director and Section staff in the daily management of the program.

Program Director 2

Provides supervision to Program Specialists that are assigned to one or more programs.

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.

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 makes 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.

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.

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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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 makes 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.

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.

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 makes 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.

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.

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 makes 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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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 makes 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.

Program Director 2

Manages the PASRR, Olmstead/Nursing Home Transition, Managed Care, and Level of Care ASO programs.

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

Administers the Money Follows the Person grant project and reporting requirements.

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.

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**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.

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**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

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.





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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**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.

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**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.

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TN No: 87-10

Approval 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

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TN No: 07-013

Supersedes

Approval Date: 12/18/07

Effective Date: 10/01/07

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TN No: 87-10

The state agency is the medical assistance unit. A description of the organization and functions of the agency is in Attachment 1.2-A.

TRANSMITTAL 87-10  
APPROVED 7-21-87  
EFFECTIVE 7-1-87

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

TRANSMITTAL 91-28  
APPROVED 10-3-91  
EFFECTIVE 7-1-91  
SUPERSEDES 90-2



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, sterilizations and for providers on prepayment review.

Dentists

5 Consultants. Issues prior approval for dental services.

Physician

Consultant.

TRANSMITTAL 9/32  
APPROVED 11-20-91  
EFFECTIVE 11-1-91  
SUPERSEDES 9/28

Podiatrist

Consultant.

Optometrist

Consultant.

Support:

2 Administrative Clerks  
Principal Clerk

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.

Medicaid Policy Coordinator. Oversees operation of EPSDT, Family Planning, Perinatal Case Management, Pregnancy-Related Services, Early Intervention Case Management Program, Educational Initiative, Day Treatment for Pregnant Women.

R.N.

2 Medicaid Program Analysts II. Establish policy, monitor compliance, recruit and train providers for EPSDT, Perinatal Case Management, Family Planning, Pregnancy-Related Services, Day Treatment for Substance Abusing Pregnant Women.

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.

TRANSMITTAL - 91-28  
Appr. 10-3-91  
EFF. 7-1-91  
Supersedes 90-22

TRANSMITTAL 91-28  
APPROVED 10-3-91  
EFFECTIVE 7-1-91  
SUPERSEDES 90-22

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.

TRANSMITTAL 91-32  
APPROVED 11-20-91  
EFFECTIVE 11-1-91  
Supt & SEBts 91-28

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

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.

TRANSMITTA: 91-28  
APPROVED 10-3-91  
EFFECTIVE 7-1-91  
SUPERSEDES (New)

R.N.

Medicaid Program Analysts II.  
Reviews complex hospital and physician  
billing, reviews medical records  
documentation and assesses medical  
necessity and quality of care  
of services provided in all Medicaid  
program areas.

Support:

Principal Secretary  
Senior Secretary  
Administrative Clerk

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

TRANSMITTAL 91-32  
APPROVED 11-28-91  
EFFECTIVE 11-1-91  
SUPERSEDES 91-28

HEALTH CENTERS AND CLINICS

R.M.T.

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

TRANSMITTAL 91-32  
APPROVED 11-20-91  
EFFECTIVE 11-1-91  
SUPERSEDES NEW

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

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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.

TRANSMITTAL 91-31  
APPROVED 12-18-91  
EFFECTIVE 10-1-91  
SUPERSEDES 78-5