

**BEFORE THE OFFICE OF STATE ADMINISTRATIVE HEARINGS
STATE OF GEORGIA**

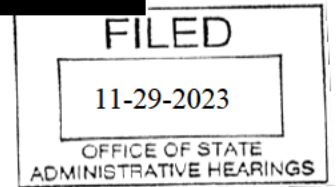
R ■ M ■ ■ ■ ■ ■ ■ ■ ■ ,
Petitioner,

v.

DHS, DIVISION OF FAMILY AND
CHILDREN SERVICES,
Respondent.

Docket No.: ■ ■ ■ ■ ■ ■ ■ ■
-OSAH-DFCS-M-OTHER-36-
Schroer

Agency Reference No.: ■ ■ ■ ■ ■ ■ ■ ■



INITIAL DECISION

I. INTRODUCTION

Petitioner R ■ M ■ ■ ■ ■ ■ requested a hearing after the Department of Human Services, Division of Family and Children Services (hereinafter “Respondent” or “DFCS”) denied her application for the new Medicaid Pathways program. On October 31, 2023, the parties participated in a pre-hearing conference with the undersigned administrative law judge of the Office of State Administrative Hearings (“OSAH”) and agreed that the material facts, which are summarized below, are not in dispute. For the reasons stated below, DFCS’s action is **AFFIRMED**.

II. STIPULATIONS OF MATERIAL FACTS

1.

Petitioner is sixty-four years old. She lives with her husband, who is elderly and disabled. According to Petitioner, she cannot work outside the home because she provides full-time care for her husband. In addition, Petitioner contends that she also is disabled, but she acknowledged that she has not applied for disability benefits and has not been determined to be disabled by the Social Security Administration or the State of Georgia.

2.

On August 21, 2023, Petitioner applied for a new Medicaid class of assistance known as the

Medicaid Pathways program, which is described in further detail below. Her application was denied the same day because she did not meet the qualifying activities requirement for the program.

3.

During the pre-hearing conference, Petitioner argued that her care for her husband in their home should be considered a qualifying activity. In addition, she argued that the Pathways eligibility criteria discriminate against her because she is unable to participate in a qualifying activity due to her caregiving responsibilities and her disability.

III. CONCLUSIONS OF LAW

1.

This matter concerns Respondent's denial of Petitioner's application for Medicaid benefits. Therefore, Petitioner bears the burden of proof. Ga. Comp. R. & Regs. 616-1-2-.07. The standard of proof is a preponderance of the evidence. Ga. Comp. R. & Regs. 616-1-2-.21.

2.

The Medicaid program was created in 1965 "for the purpose of providing federal financial assistance to States that choose to reimburse certain costs of medical treatment for needy persons." Miller v. Wladyslaw Estate, 547 F.3d 273, 277 (5th Cir. 2008) (quoting Harris v. McRae, 448 U.S. 397, 201 (1980)); see Social Security Act, 42 U.S.C § 1396 et seq. ("the Act"). If a state elects to participate in the Medicaid program, it must obtain approval from the Secretary of the Department of Health and Human Services ("the Secretary") of a plan specifying the programs and services it will offer using Medicaid funds. See 42 U.S.C. § 1396a; see also Pharm. Research & Mfrs. of Am. v. Walsh, 538 U.S. 644, 650 (2003). Certain programs are mandatory under the Act, such as inpatient hospital services and laboratory and X-ray services, and other services may be funded through Medicaid "at the option of the State." 42 U.S.C. §§ 1396a(a)(10)(A)(i), 1396d(a)(1), (3),

(4); see Skandalis v. Rowe, 14 F.3d 173, 175 (2d Cir. 1994); Susan J. v. Riley, 254 F.R.D. 439, 446 (M.D. Ala. 2008). In addition, participating states are only required to cover “certain discrete categories of needy individuals – pregnant women, children, needy families, the blind, the elderly, and the disabled.” Georgia v. Lasure, No. 2:22-CV-6, 2022 U.S. Dist. LEXIS 149167 (S.D. Ga. Aug. 19, 2022) (quoting Nat’l Fed’n of Indep. Bus. V. Sebelius, 567 U.S. 519, 575 (2012) (citing 42 U.S.C. § 1396a(a)(10))).

Georgia’s Pathways Program

3.

Participating states may apply for a “waiver” from the Centers for Medicare and Medicaid Services (“CMS”) in order to fund an “experimental, pilot, or demonstration project, which, in the judgment of the Secretary, is likely to assist in promoting the objectives of” the Act. 42 U.S.C. § 1315(a). In 2019, the Georgia legislature authorized DCH to submit a waiver request, on or before June 30, 2020, to CMS under “Section 1115 of the federal Social Security Act, which may include an increase in the income threshold up to a maximum of 100 percent of the federal poverty level.” O.C.G.A. § 49-4-142.3. In late 2019, DCH sought a waiver from CMS to implement a demonstration project it called the “Georgia Pathways” program, which would provide benefits to individuals who were not previously eligible for Medicaid. Lasure, 2022 U.S. Dist. LEXIS at *6.

The demonstration, called “Georgia Pathways,” has three requirements. *First*, the applicant must earn less than 100% of the federal poverty line (technically 95%, with a 5% household “income disregard”). *Second*, the applicant must complete and report a minimum of eighty hours of “qualifying activities” – meaning employment, job training, community service, or certain kinds of education – in the previous month, and then maintain the pace each month to maintain eligibility. And *third*, applicants earning above fifty percent of the federal poverty line must pay a small monthly premium. (\$7.00 for participants with incomes of fifty to eighty-four percent of the poverty line, \$11.00 for participants with incomes of eight-five to ninety-five percent of the poverty line).

Id. at *7-8 (citations omitted).

4.

CMS approved Georgia Pathways on October 15, 2020. In approving the program, CMS found, among other things, that “the qualifying hours requirement was ‘attainable’ and approved the steps Georgia took ‘to include protections to ensure that individuals can reasonably be expected to meet the requirements.’” Id. at *9. According to the court in Lasure, CMS considered concerns about the potential for disparate impact to people with health issues, explaining that it required Georgia to monitor any such impacts and report them to CMS, which reserved the right to require Georgia to submit a corrective action plan to address any disparate impacts. Id. at *10. Following the 2020 election, a new administration at CMS notified Georgia that it was considering rescinding its approval of the qualifying activities and premium requirements in the Georgia Pathways program, and CMS formally withdrew its approval of those requirements on December 23, 2021. Id. at *14-16. Georgia sued CMS in January 2022, and while the parties litigated this issue, Georgia “paused” implementation of the program. Id. at*16, 19-20.

5.

On August 19, 2022, the United States District Court for the Southern District of Georgia found that CMS’s rescission of its approval of the Georgia Pathways program was arbitrary and capricious, and set it aside. Id. at *63. Thereafter, Georgia resumed its Pathways implementation efforts, and effective July 1, 2023, the State began offering Medicaid benefits under a new class of assistance referred to as “Pathways.” See Medicaid Manual, available at <http://odis.dhs.ga.gov> (hereinafter Medicaid Manual), at Section 2195.¹ Under Section 2195, the basic eligibility criteria for Pathways are as follows:

- Adults between age 19 through 64
- U.S. citizens or lawful permanent residents
- Valid Social Security Number

¹ Section 2195 of the Medicaid Manual is attached hereto as ALJ Exhibit 1.

- Georgia resident and not incarcerated
- Assignment of any available third-party liability
- Not eligible for any other Medicaid class of assistance

The Medicaid Manual also identifies financial eligibility criteria based on household income, as well as “non-financial eligibility criteria,” which include the “qualifying activities” requirement.

See ALJ Ex. 1.

Qualifying Activities Requirement

6.

Section 2195 of the Medicaid Manual provides that applicants for Pathways must demonstrate at the time of application that they are currently engaged in at least 80 hours per month of a qualifying activity or combination of activities, which include:

- Unsubsidized employment, including self-employment
- Subsidized private sector employment
- Subsidized public sector employment
- On-the-job training
- Job readiness
- Community service
- Vocational educational training
- Enrollment in an institution of higher learning
- Enrollment and active engagement in the Georgia Vocational Rehabilitation program

Id. In addition, Section 2256 of the Medicaid Manual addresses the verification requirements for Pathways applicants to prove they meet the qualifying activities requirement,² and Chart 2256.3 gives additional information about each of the possible qualifying activities, including “community service,” which must occur “under the auspices of public or nonprofit organizations.”

7.

A Pathways applicant with a disability³ may request “reasonable modifications” to the

² Section 2256 of the Medicaid Manual is attached hereto as ALJ Exhibit 2.

³ For purposes of Pathways, the definition of disability follows the Americans with Disabilities Act (“ADA”) definition, which states that an applicant must meet any of three criteria: (1) applicant has a physical, mental, or

qualifying activities requirement, such as additional time to meet the reporting requirements (up to 90 days) or additional time for a referral to vocational rehabilitation. See ALJ Exhibit 2. In addition, an applicant may report “reasonable accommodations” made by their employer, educational institution, organization, or supervisor due to their disability that results in a reduction in the person’s work or engagement hours below the 80 hour per month minimum. Id.

8.

Once approved for Pathways, a member may request a “good cause exception” for failing to meet the qualifying activities requirement in a given month, up to 120 hours per certification year. Section 2256 identifies “acceptable” good cause exceptions, including, but not limited to, family emergency or life event; birth, adoption, foster placement, or death of an immediate family member; temporary illness or short-term injury; serious illness or hospitalization of member or immediate family; natural or human-caused disaster; temporary homelessness; COVID-19; and other reasons approved by the State. According to Section 2256, good cause exceptions cannot be accepted at the time of application, and approved Pathways members are only eligible for a maximum of 120 hours of good cause exceptions per certification year. See ALJ Exhibit 2.

Petitioner does not meet the qualifying activities criteria for the Pathways program

9.

Respondent denied Petitioner’s Pathways application because she did not provide verification that she met the qualifying activities criteria, which is a prerequisite of the waiver initially approved by CMS and ultimately upheld by the District Court. During the pre-hearing conference, Petitioner admitted that she is not employed, is not a student or engaged in job training,

sensory impairment that substantially limits one or more major life activities, or (2) the applicant has a record of such impairment, or (3) the applicant is regarded as having such as impairment. ALJ Exhibit 2.

and does not perform community service through a public or non-profit organization. The Court recognizes that applicants like Petitioner may be prevented from engaging in a Pathway's qualifying activity as defined in the Medicaid Manual because of disabilities or caregiving responsibilities. However, CMS made similar arguments when defending its decision to withdraw approval of the Pathways program,⁴ and they were rejected by the District Court in Georgia v. Lasure, which held that it was impermissible for CMS to consider factors such as "health equity" because they were not "statutory factors" under the Act. 2022 U.S. Dist. LEXIS at *43-47. According to the District Court, "even modest gains in coverage" justified CMS's initial approval of Pathways, even if the program excludes people like caregivers and the disabled, who cannot meet the qualifying activities requirement. Id. at * 54.

10.

Thus, under the holding in Georgia v. Lasure, Georgia was authorized to impose a "qualifying activities" requirement on applicants for the new Medicaid Pathways program, and Petitioner failed to meet the requirement as defined in the Medicaid Manual. Accordingly, Respondent's decision to deny Petitioner's application was proper.

IV. DECISION

In accordance with the foregoing Stipulated Material Facts and Conclusions of Law, DFCS's action is **AFFIRMED**.


⁴ CMS argued before the District Court that Georgia's work requirement was likely to have deleterious effects on beneficiaries because "the requirement is not structured to include any qualifying exemption, good cause exceptions, or credits towards required hours to accommodate caregiving obligations." 2022 U.S. Dist. LEXIS at *18-19, 43. Similarly, CMS argued that the pandemic had made it more difficult for certain groups, such as female caregivers, to comply with the Pathways work requirements, thus causing health inequities. Id. at * 45.

SO ORDERED, this 29th day of November, 2023.



Kimberly W. Schroer

Kimberly W. Schroer
Administrative Law Judge

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	2100	Effective Date:	July 2023
	Policy Title:	Pathways		
Policy Number:	2195	Previous Policy Update:	N/A	

REQUIREMENTS

Georgia designed and submitted its Pathways Section 1115 Demonstration waiver to CMS on December 23, 2019. The goal of this class of assistance (COA) is to create an opportunity for Georgians ages 19 through 64 with household incomes up to 95% of the FPL after 5% income disregard, who are not otherwise eligible for Medicaid, to gain access to affordable, quality healthcare until their income meets or exceeds 100% of the FPL, and they have access to affordable health insurance through the individual market or employer-sponsored insurance. Pathways will go into effect on July 1, 2023, and is a MAGI COA.

BASIC CONSIDERATIONS

Basic Eligibility Criteria

A/Rs must meet the following basic eligibility requirements:

- **Age** – Must be an adult age 19 through 64. Refer to Section [2255](#), Age (Family Medicaid).
- **Citizenship/Immigration Status/Identity** – A/R must be a U.S. citizen or meet immigration eligibility requirements. Refer to Section [2215](#), Citizenship/Immigration Status.
- **Enumeration** – A/R must furnish, apply for, or agree to apply for a Social Security Number (SSN) for each member, unless Good Cause for SSN is established, is penalized. Refer to Section [2220](#), Enumeration.
- **Tax Filer and Non-Tax Filer Status** – A/Rs expected to be included on the next tax return filed are potentially eligible to receive MAGI Medicaid. A/Rs that meet non-tax filer criteria are potentially eligible to receive MAGI Medicaid. Refer to Section [2245](#), Filer Status/Specified Relative Relationship.

BASIC CONSIDERATIONS (cont.)**Basic Eligibility Criteria (cont.)**

- **Residency** - AU members must be residents of Georgia and not incarcerated in a public institution. Refer to Section [2225](#), Residency.
- **Third Party Liability Requirements** – The A/R is required to provide information regarding any Third-Party Liability (TPL) available to any Potential Pathways member. The A/R must assign his/her TPL rights to DCH, unless Good Cause for TPL exists. Refer to Section [2230](#), Third Party Liability.
- Potential Pathways Member is not eligible for any other Medicaid class of assistance (Family or ABD).

NOTE: For Pathways COA, Application for Other Benefits is not a requirement. A/R should be notified of potential benefits if applicable.

Prospective Eligibility - Coverage in Pathways is prospective only and begins with the first day of enrollment in either a Medicaid Care Management Organization (CMO) or the Pathways Health Insurance Premium Payment (HIPP) program. A/Rs subject to premium payments must make their initial premium payment before they are enrolled in Pathways. A/Rs not subject to premium payments will begin coverage on the first of the month following the A/R's eligibility determination.

NOTE: There are no retroactive months or Hospital Presumptive Eligibility (HPE) for this COA. There is also no Emergency Medical Assistance (EMA) eligibility for Pathways.

Financial Eligibility Criteria

A/R must have income within the following limit:

- **Modified Adjusted Gross Income (MAGI)** - The total taxable net income of the AU must be equal to or less than the MAGI income limit of the AU size. For Pathways the household income can be up to 100% of the FPL, which includes a 5% of the FPL income disregard. After the 5% disregard and all applicable 1040 and Pre-tax deductions the A/R income must be equal to or less than 95% of the FPL. Refer to [Appendix A2](#), Financial Limits for Family Medicaid.

Prospective budgeting is used in determining eligibility for the application month and the ongoing benefit period. Data sources and/or active related programs verification is used prior to requesting verification.

Modified Adjusted Gross Income (MAGI) financial methodologies are used to calculate the monthly MAGI income used for the BG. Pre-Tax deductions and 1040 deductions are given. Refer to Section [2669](#), MAGI Budgeting.

BASIC CONSIDERATIONS (cont.)**Non-Financial Eligibility Criteria**

- **Qualifying Activities** - In order to be eligible for Pathways at application, an A/R must demonstrate that they are currently engaged in at least 80 hours per month of a qualifying activity or combination of activities.

Qualifying activities include:

- Unsubsidized employment, including self-employment
 - Subsidized private sector employment
 - Subsidized public sector employment
 - On-the-job training
 - Job readiness
 - Community service
 - Vocational educational training
 - Enrollment in an institution of higher education
 - Enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation program
- **Maintaining Eligibility** – To remain eligible for Medicaid coverage through Pathways, an A/R must report their hours monthly. Reporting of hours will include an A/R's self-attestation of activity hours, accompanied by supporting documentation for verification. If an A/R fails to report their monthly hours, they will be suspended from the program unless they have a Good Cause Exception.

An A/R with evidence of meeting the hours and activities threshold for six consecutive months will be exempt from the reporting requirement, except that they will have a responsibility to report any changes in circumstance. An A/R who can provide evidence of meeting the hours and activities threshold for the six months prior to applying for Medical Assistance will also be exempt from the monthly reporting requirement, except that they will have an affirmative responsibility to inform the State of any changes in circumstance.

For more information regarding reporting requirements - Refer to Section [2256](#), Qualifying Activities Reporting

Pathways Health Insurance Premium Payment (HIPP) Program – A/Rs with access to Employer Sponsored Insurance (ESI) must enroll in the Pathways HIPP program if it is determined to be cost-effective for the State.

- **Cost-effectiveness** is defined as a savings of \$1.00 or more per year for the State. It takes in to account the cost to the State paying the A/R's cost-sharing obligations, including premiums, for the employer's insurance compared to the cost of paying Medicaid capitation rates. Cost-effectiveness will be determined by the Third-Party Liability (TPL) vendor using their proprietary formulas and processes.

BASIC CONSIDERATIONS (cont.)**Pathways Health Insurance Premium Payment (HIPP) Program (cont.)**

If the A/R is determined eligible for Pathways but is determined not to be cost-effective to enroll in ESI, the A/R will receive an approval notice from Gateway for Pathways and be enrolled into a CMO.

- **HIPP Referral Process** An A/R who reports having access to or reports being currently enrolled in ESI at application will be referred to the TPL vendor Health Management Systems (HMS) for an ESI cost-effectiveness determination if they are identified as potentially eligible for Pathways. The A/R will receive a notice informing them of this referral.

The eligibility determinations for Pathways and for ESI cost-effectiveness will occur concurrently in order to remain within the 45-day standard of promptness requirement for eligibility determination. Gateway will determine eligibility for Pathways while the TPL vendor will determine cost-effectiveness for ESI.

If the A/R is determined eligible for Pathways and is determined cost-effective to enroll in ESI, the A/R will receive an approval notice from Gateway outlining requirements for ongoing participation and next steps for enrollment with the TPL vendor.

NOTE: A/Rs enrolled in the Pathways HIPP program will have their ESI premium payments and cost-sharing obligations (including copayments & deductibles) made on their behalf by the State. **The Pathways HIPP program is not effective until Phase 2 implementation, scheduled January 1, 2024.**

Member Rewards Account – All A/Rs enrolled in Pathways, except those participating in the Pathways HIPP program, will have access to a Member Rewards Account (MRA or account). Premium payments will be deposited into the account. Additionally, A/Rs will have the opportunity to earn dollars by engaging in healthy behaviors. Funds in the account will be available to pay copayments as well as to pay for additional services not covered by Medicaid, such as vision or dental services.

NOTE: MRA program will not be effective until Phase 3 implementation, scheduled July 1, 2024.

Premium Payment and Tobacco Use Surcharges – A/Rs with income between 50% and 100% of the FPL and not enrolled in the Pathways HIPP program will be required to pay monthly premiums. Monthly premium payments are due by the 3rd of the month in order to maintain eligibility. The final deadline for a late premium payment is the 17th of the month. The monthly amount for A/Rs with income from 50% up to 85% is \$7.00 and the monthly amount for A/Rs with income from 85% up to 100% is \$11.00. A/Rs that currently consume tobacco or tobacco products on a regular basis will be subject to a tobacco surcharge.

BASIC CONSIDERATIONS (cont.)**Premium Payment and Tobacco Use Surcharges (cont.)**

A/Rs who have income less than 50% FPL or are enrolled in the Pathways HIPP program are exempt from the premium requirement. A/Rs enrolled in and for 2 months after graduation from the Technical College System of Georgia High Demand Career Initiative/HOPE Career Grant program are waived from the premium requirement.

Premiums will be deposited monthly into the Members Rewards Account (MRA).

Premium Payments at Renewal - If a member is required to pay premiums in their current certification period, their premium is due on the 3rd of the last calendar month of their certification period (with a final deadline of the 17th of the month) in order to be eligible for the following month.

Members who are newly required to pay premiums as a result of a change in income determined at the renewal process will have a one-month waiver from premium payment.

During redetermination, A/R's income will be verified in order to determine eligibility for a new certification year. If at redetermination the member's income has increased or decreased, the State will evaluate whether the member's premium contribution amount should be adjusted for the following certification year.

If the A/R's income at redetermination is between 50% and up to 100% of the FPL, the member must pay the premium for the first month of the new certification period as a condition of eligibility. If the A/R was not required to pay premiums in the prior certification year, but now has an income between 50% and up to 100% of the FPL, then they will be required to pay premiums in the new certification year. They will be notified of this change in the Redetermination Approval Notice.

NOTE: For these members, a one-month waiver for premium payment will be given to provide the member with sufficient time to receive information about the new obligation and allow for continuous coverage.

The timeline for payment of the new premium amount depends on whether the change is negative or positive for the member.

- If positive (decrease or elimination of premium), the new premium amount is owed starting in the first month of the new certification period.
- If negative (increase of new requirement to pay premium), the new premium amount is owed starting in the first of the month following expiration of timely notice or at the start of the second month, whichever

BASIC CONSIDERATIONS (cont.)**Premium Payment and Tobacco Use Surcharges (cont.)**

is later. This will provide the member with sufficient time to receive information about the new amount and adjust payment accordingly.

NOTE: Premium Payments will not be required until Phase 3 implementation, scheduled July 1, 2024.

Copayments – Copayments will be required for all A/Rs enrolled in Pathways regardless of their income, except for A/Rs enrolled in the Pathways HIPP program.

NOTE: Pathways copayments will not be required until Phase 3 implementation, scheduled July 1, 2024.

Pathways Contract – In order to be enrolled in Pathways, an A/R identified as potentially eligible must sign a contract with the State indicating their awareness of the terms of coverage, agreeing to comply with the premium payment (if applicable) and qualifying activities reporting requirement, that they may be subject to random and periodic audits, and awareness that their employer may be contacted to gather additional information on their ESI plan (if applicable).

NOTE: Pathways contract must be signed by the A/R for whom it is intended or an authorized representative they have given permission to act on their behalf. A Pathways contract must be received for each A/R who would like to be evaluated for Pathways COA.

Pathways Renewal- If the renewal is completed and submitted timely, the member will continue to be covered under Pathways until the renewal is processed, as long as they continue to meet their monthly qualifying activities requirement and premium payment (if applicable). For more information regarding the renewal process for Pathways please refer to Section [2706](#), Renewals.

NOTE: Pathways renewal process will be implemented in Phase 2, scheduled for January 2024.

Changes

All Pathways members are required to report a change in circumstance to the State which may impact their continued eligibility for the program within 10 days. During all reported changes, Pathways members will be evaluated to determine potential eligibility for all Medicaid classes of assistance other than Pathways.

In addition to reporting changes required by MAGI-Medicaid classes of assistance, Pathways members are required to report changes in:

BASIC CONSIDERATIONS (cont.)**Changes (cont.)**

- Participation in qualifying activities that would impact their eligibility for the program (e.g., reduction of hours engaged below 80-hour threshold, withdrawal from full-time enrollment in an institution of higher education, etc.)
- Employer access to ESI (e.g., gain of access to ESI that was not indicated in the Medical Assistance application)

For Changes in Qualifying Hours and Activities refer to Section [2256](#), Qualifying Activity Report.

- **Failure to Report a Change-** If the State is made aware that a member failed to report a change that makes them ineligible for Pathways or any other COA, the member will be terminated effective the first day following the month timely notice expires.

A/Rs who are terminated for failure to report a change in circumstance will receive a notice that their coverage will be terminated along with information on appeals.

If it is discovered that a member has intentionally defrauded the State, the current process for referral, investigation and fraud resolution will be followed.

- **Transition from Another COA to Pathways at Change-** Existing Medicaid A/Rs age 18 or older will have the opportunity to be evaluated for Pathways when reporting a change and signing the Pathways Contract. If eligible and approved for Pathways, coverage will begin prospectively on the first of the month following authorization of the approval. A/Rs will receive a one-month waiver for premium payment (if premium payment is required) to allow for continuous coverage.
- **Targeted Advance Notice** - Gateway will identify A/Rs currently enrolled in other classes of assistance who are coming to a known termination date (due to age) and who are under 120% of the FPL and include a Targeted Advance Notice with their Change/Termination Notice. The Targeted Advance Notice will include information such as the Pathways program overview, and information on submitting a change or new application and reporting qualifying activities for consideration of coverage through Pathways.

OTHER CONSIDERATIONS

Pathways and Care Management Organizations – A/Rs enrolled in Pathways will be automatically assigned into a Care Management Organization (CMO), except A/Rs who are enrolled in ESI and determined to be cost-effective. A/Rs will have 90 days after auto-assignments to change CMOs.

Pathways Manual Audit Process - As part of ongoing operations for Pathways, auditing of enrolled members will be conducted to verify compliance with the qualifying hours and activities requirement. All Pathways members assigned to a CMO or enrolled in ESI claimed through a spouse or family member will be subject to program audits. Upon approval in Pathways, the eligibility approval notice is generated which contains language to inform the A/R of the requirement to comply with random and periodic audits to maintain coverage under Pathways.

Enrolled Pathways members within the following three categories are subject to audit:

1. Members who are required to report monthly and who have reported hours and activities.
2. Members who have completed six months of consecutive reporting and who are exempt or waived from reporting hours and activities.
3. Members who have submitted Good Cause Exception request.


NOTE: Pathways members who are enrolled in the Pathways Health Insurance Premium Payment (HIPP) program are not required to report qualifying hours and activities monthly unless the Pathways member Employer-Sponsored Insurance (ESI) is claimed through a spouse or family member. As such, they are not subject to the qualifying hours and activities compliance audit.

The Pathways Program eligibility audit process will consist of third party and/or collateral verification of the qualifying hours and activity documents submitted by the member for the most recent month available within the case. Third party verification may be obtained via work number or computer matches. Collateral contact may be made verbally by telephone or, in writing. Additionally, members who are exempt from monthly reporting are expected to have certain forms of documentation available to show their continued engagement in qualifying activity or activities. If audited, the member will need to provide documents to verify compliance with qualifying hours and activities.

OTHER CONSIDERATIONS (cont.)

Applying for Pathways – A/Rs can apply for Pathways through the following methods:

- Online through the Customer Portal at www.gateway.ga.gov
- By calling 1-877-423-4746
- In-person at a Division of Family and Children Services (DFCS) office
- By paper application

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	2200	Effective Date:	July 2023
	Policy Title:	Pathways Qualifying Activities Reporting		
	Policy Number:	2256	Previous Policy Update:	N/A

REQUIREMENTS

Pathways is an 1115 Demonstration Waiver that provides coverage to adults ages 19 through 64 with household incomes up to 95% of the Federal Poverty Level (FPL) plus the 5% income disregard if necessary and who meet all other eligibility requirements.

To be eligible for Pathways, A/Rs must also be Georgia residents, US citizens or lawful permanent immigrants, meet the threshold of 80 hours per month of qualifying activities, not be eligible for any other Medical Assistance COA, and not be incarcerated.

BASIC CONSIDERATIONS

Qualifying Activities

To be eligible for Georgia Pathways an A/R must demonstrate that they are currently engaged in at least 80 hours per month of a qualifying activity or combination of activities.

Qualifying Activities include:

- Unsubsidized employment, including self-employment
- Subsidized private sector employment
- Subsidized public sector employment
- On-the-job training
- Job readiness
- Community service
- Vocational education training
- Enrollment in an institution of higher education
- Enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation program

For definitions and acceptable verification of each QA type, please see **Chart 2256.3-Qualifying Activities** on pages 18-20 of this chapter.

BASIC CONSIDERATIONS (cont.)**Qualifying Activity Hours at Application**

A/Rs must report at least 80 hours of engagement in a qualifying activity or activities at application and provide documentation for verification that they meet the hours and activities threshold for the most recent four weeks available. The submitted four weeks must be within the eight weeks prior to the application date.

Qualifying Activities Hours Reporting

Once enrolled in Pathways, A/Rs are required to report and verify their hours and activities monthly by the 3rd of the month to maintain eligibility. The final deadline for late reporting is the 17th of the month. Exceptions to this monthly reporting are the following:

- A/Rs enrolled in the Pathways Health Insurance Premium Payment (HIPP) program (monthly reporting will be required if the Pathways HIPP A/R is not the employee that has Employer Sponsored Insurance)
- A/Rs who demonstrate having worked a minimum of 80 hours per month for the six months prior to submitting their application
- A/Rs who successfully complete six consecutive months of reporting
- Members who report and verify that they are enrolled as full-time students in an Institution of Higher Education or a Vocational Education Training program
- A/Rs enrolled and actively engaged in the GVRA VR program. Please refer to **Ongoing Pathways Eligibility for GVRA Clients** section on page 11 of this chapter for more information.

NOTE: A/Rs exempt from the monthly reporting requirement will have to report and verify hours and activities for the month prior to their renewal end date to continue coverage in the next certification period.

How to report hours and activities

A/Rs receiving Pathways may report their qualifying hours and activities through multiple channels:

- **Customer Portal (CP):** Members may attest to hours and activities for the past month and upload documentation (pdf, jpg, tiff, bmp, docx) through their CP account.
- **By Phone:** Members may call to attest to their hours and activities but will need to submit supporting documentation via one of the other allowable channels by the 17th of the month of reporting.

BASIC CONSIDERATIONS (cont.)**How to report hours and activities (cont.)**

- **In-Person:** Members may attest to hours and activities and provide documentation at a local DFCS office. Documentation must be stamped upon receipt by the 17th of the month of reporting.
- **Paper/Mail:** Members may attest to hours and activities using a standard form template with attached documentation and mail it to a local DFCS office. Mail must be post-marked by the 17th of the month of reporting.

Penalties for Failure to Report Qualifying Activities and Hours

If the A/R fails to report and verify their **prior month** qualifying activities and hours or reports insufficient hours by the 17th of the month without submitting a Good Cause Exception request, they will enter a suspension period for up to three consecutive months starting the calendar month immediately following the month in which reporting was required.

If the A/R reports and verifies their hours from the prior month up until the 17th of the third month of suspension, the member is no longer in suspension starting the first day of the calendar month following reporting.

Example: A/R failed to report their QA hours for June by July 17th .
A/R is in suspension status starting August 1st.
On October 16th A/R reported 80 QA hours for September.
Starting November 1st, A/R is now in active status.

NOTE: A/Rs may be reinstated after suspension by submitting a Good Cause Exception request.

Suspension- While in suspension:

- The A/R's claims are not paid, capitation rate is not paid, and the member is not covered.
- The member is not eligible for coverage during the suspension period retroactively.
 - a. Retroactive coverage may be allowable in limited circumstances, such as if qualifying activities are sent by mail and received after the 17th of the month, or if a member submits a hearing request and requests a continuation of benefits.

BASIC CONSIDERATIONS (cont.)**Penalties for Failure to Report Qualifying Activities and Hours (cont.)**

- The member does not have access to the Member Rewards Account (MRA).

Good Cause Exception

A/Rs must attest to the hours and activities completed and submit supporting documentation validating hours and activities. If A/Rs fail to meet the threshold of at least 80 hours in a given month, they can submit a Good Cause Exception request for consideration to continue/reinstate eligibility. Good Cause Exceptions are temporary circumstances that prevent or diminish an A/R's ability to fulfill the hours and activities threshold during the reporting period.

If the Good Cause Exception is submitted timely and approved, the A/R will not enter a suspension period in the month following non-compliance with hours and activities requirements. The A/R may only request a Good Cause Exception for the prior month of activities and hours. The timeline for reporting Good Cause Exceptions is the same as for reporting qualifying hours and activities stated in previous section **Qualifying Activities Hours Reporting**.

The A/R will be allowed up to 120 hours of Good Cause Exception hours per certification year even if no longer required to report monthly. Refer to Section **"Exceptions to Six Consecutive Months of Qualifying Activity Reporting"** in this chapter for more information on exceptions to monthly report. The Good Cause Exception hours will reset upon the certification of a new Period of Eligibility (POE).

Acceptable Good Cause Exception reasons are as follows:

- Family emergency or life event
- Birth, adoption, foster placement, or death of an immediate family member
- Temporary illness/short-term injury
- Serious illness or hospitalization of member or immediate family member
- Natural or human-caused disaster
- Temporary homelessness
- COVID-19
- Other (approved by State)

NOTE: This list is not all-inclusive.

A/Rs must select one of the acceptable reasons for the Good Cause Exceptions, provide written explanations of the circumstances, indicate number of hours requested, and submit supporting documentation. A/Rs may request a maximum of 120 hours per certification period.

BASIC CONSIDERATIONS (cont.)**How to request a Good Cause Exception**

To make a Good Cause Exception request, the member must complete four requirements:

- Select a reason for the Good Cause Exception from a list of pre-defined options
- Provide a written explanation of the circumstance
- Indicate the number of hours requested for Good Cause
- Submit documentation to support the request

At the time of submitting the request, the member must attest that s/he was unable to fulfill their qualifying hours and activities due to the Good Cause reason that is selected.

The A/R may make a Good Cause Exception request at the same time as reporting their qualifying hours and activities.

If by the **3rd day of the month** a member does not report their hours or reports insufficient hours (i.e., any amount less than 80), and does not submit a Good Cause Exception request by this date, then they will receive instructions on the Good Cause Exception request process in their Monthly Qualifying Activity Incomplete Notice.

NOTE: The A/R may request a maximum of 120 hours of Good Cause Exceptions per certification year. If the cumulative total of Good Cause hours requested in a single certification year exceeds 120 hours, all subsequent requests will be denied. Members will not be able to request a Good Cause Exception if they have reached the 120-hour maximum. Good Cause Exception cannot be accepted at application.

The A/R may request a Good Cause Exception through the same channels used to report their qualifying hours and activities, as follows:

- **Customer Portal (CP):** If the A/R reports hours below the 80-hour threshold, s/he will be prompted to make an exception request.
- **By Phone:** A/R may request a Good Cause Exception over the phone but will need to submit supporting documentation via one of the other allowable channels mentioned above by the **17th day of the month** of reporting.
- **In-person:** A/R may request a Good Cause Exception in-person and provide documentation at a local DFCS office. Documentation must be stamped upon receipt by the **17th day of the month** of reporting.
- **Paper/Mail:** A/R may attest to Good Cause Exception on the standard form template (Form 996) when s/he report their hours and activities and mail the form to a local DFCS office. Mail must be post-marked by the **17th day of the month** of reporting.

BASIC CONSIDERATIONS (cont.)**How to request a Good Cause Exception (cont.)**

The A/Rs who submit a Good Cause Exception Request will be subject to audit and are informed of this requirement at initial application approval of Pathways.

If the A/R chooses the “Other” category as the reason for the Good Cause Exception request, a task will be created and routed to an eligibility worker to review and approve/deny the request.

- If the exception is denied by the eligibility worker and there are no other qualifying activities reported that meet the minimum of 80 hours for the reported month, the A/R will enter a suspension period in the month following the month of non-compliance with the hours and activities reporting requirement.
- If a Good Cause Exception that requires staff review is not reviewed timely for continued coverage in the following month, the member will maintain coverage for the following month.
 - If the member does not comply with the qualifying activities reporting in the following month, or if the Good Cause Exception request is denied by the eligibility worker, then the member will enter suspension starting from the first of the following month.
- An eligibility worker may grant Good Cause Exceptions for longer than a one-month period based on the unique needs of a member’s circumstance.
 - It may be required for a staff member to request permission from a supervisor to exceed the one-month period.

NOTE: If the A/R requests Good Cause Exception hours in an amount that exceeds the total number of Good Cause Exception hours remaining in the A/R’s certification period, all the requested Good Cause Exception hours will be denied. Example: A/R has 10 Good Cause Exception hours remaining, A/R requests 20 hours for their reporting period. All 20 requested hours will be denied due to insufficient remaining hours.

Good Cause Exception requests received during the renewal month will be determined using the hours remaining in that certification period.

Verification of Good Cause Exceptions

Acceptable documentation for Good Cause Exception requests is defined as follows:

Chart 2256.1- Good Cause Reasons and Acceptable Verification

Good Cause Reason	Acceptable Verification
Family emergency or life event	<ul style="list-style-type: none"> • Client statement with collateral contact • Clinician's note • Court papers/Legal papers • Police report/Domestic disturbance report • Jury duty selection notice
Birth, adoption, foster placement, or death of an immediate family member	<ul style="list-style-type: none"> • Birth certificate • Birth announcement • Adoption papers • Obituary • Death certificate • Caregiver placement passport (for foster placement)
Temporary illness/short-term injury	<ul style="list-style-type: none"> • Clinician's note • Employer/Supervisor statement
Serious illness or hospitalization of member or immediate family member	<ul style="list-style-type: none"> • Clinician's note • Employer/Supervisor statement
Natural or human-caused disaster	<ul style="list-style-type: none"> • Client statement with collateral contact • State-issued executive order • Federally declared disaster • Property loss statement
Temporary homelessness	<ul style="list-style-type: none"> • Client statement • Landlord letter • Lease document
COVID-19	<ul style="list-style-type: none"> • Client statement with collateral contact • Clinician's note • Employer/Supervisor statement
Other (approved by State)	<ul style="list-style-type: none"> • Client statement with collateral contact • TBD (circumstance reviewed and determined acceptable)

Six Consecutive Months of Reporting Compliance

If the A/R is compliant with reporting qualifying hours and activities timely (by the 23rd of each month) for six consecutive months of enrollment in Pathways, s/he will no longer be required to report monthly for the remainder of s/he time in Pathways.

- An A/R with evidence of meeting the hours and activities threshold for six consecutive months will be exempt from the reporting requirement, except that they will have a responsibility to report any changes in circumstance.
- An A/R who can provide evidence of meeting the hours and activities threshold for the six months prior to applying for Medical Assistance will also be exempt from the reporting requirement, except that they will have a responsibility to report any changes in circumstance.

BASIC CONSIDERATIONS (cont.)

Six Consecutive Months of Reporting Compliance (cont.)

EXCEPTION: The A/R must report hours and activities from the month prior to submitting a renewal to continue coverage in the next certification year during renewal. Also, member will remain subject to random and period audits.

Reporting Qualifying Activity Hours During Renewal

A/R must complete the hours and qualifying activities reporting requirements (self-attestation and documentation for verification) for the month prior to submitting the renewal to be determined eligible for Pathways.

A/Rs who were exempt from monthly reporting due to successfully completing six months of consecutive reporting are required to report at renewal. They must report and provide documentation for verification of their hours and activities for the month prior to submitting their renewal to be determined eligible for Pathways at redetermination.

NOTE: Members who successfully completed six months of reporting during a prior certification period will not be required to do ongoing reporting for the new certification period upon eligibility redetermination.

For members who are reporting monthly at the time of redetermination, the month reported within their renewal will count towards their six consecutive months of reporting required to be exempt from ongoing monthly reporting in the future.

The member must continue to report their hours and activities and provide documentation for verification each month until six consecutive months of reporting and verification are met. The six months of consecutive reporting may span across certification periods.

Six Consecutive Months Counter

The qualifying activities 6-month reporting counter will:

- track completion of six consecutive months of reporting for members who are required to complete monthly reporting.
- be set at 0 for initial intake
- be set at 0 following any termination authorized for Pathways. This includes any subsequent re-opening, reinstatement, or new application for Pathways.

NOTE: This will occur regardless of how long the gap in coverage is and regardless of if they had previously met the six months of consecutive reporting.

The qualifying activities and hours submitted prior to the eligibility determination as part of the Medical Assistance application do not count towards the qualifying activities 6-month reporting counter, except:

BASIC CONSIDERATIONS (cont.)

Six Consecutive Months Counter (cont.)

- If an A/R demonstrates having worked a minimum of 80 hours per month for the six consecutive months prior to submitting their Medical Assistance application.

If A/R is granted a Good Cause Exception, the qualifying activities 6-month reporting counter pauses and continues with the same count after the month in which the Good Cause Exception has been granted.

If A/R enters a suspension period at any time, the qualifying activities 6-month reporting counter resets.

If A/R enters a new certification year but has not submitted hours and activities timely for six consecutive months, the qualifying activities 6-month reporting counter will continue with the same count in the new period.

If A/R is granted a Reasonable Accommodation from their employer/supervisor of a reduction in hours, the qualifying 6-month reporting counter will continue to increment for each month the reduction in hours applies if they are compliant with reporting requirements.

NOTE: This includes if a member has a reduction in hours equal to or exceeding the 80-hour requirement (i.e., a reduction to zero hours).

Exceptions to Six Consecutive Months of Qualifying Activity Reporting

There are circumstances in which the A/R is not subject to the six consecutive months of qualifying activity reporting requirement. They are not subject to this requirement; they will receive a Change Notice for Reporting Requirements. This notice will be customized according to the below table.

Chart 2256.2- Change Notice for Reporting Requirements

Qualifying Activity Status	Reporting Status	Change Notice
Member completes 6 consecutive months of reporting compliance	•Reporting requirement met	• Informs member that ongoing monthly reporting is no longer required
Member is enrolled in an Institution of Higher Education / Vocational Education program full time	• Reporting is not required for duration of full-time enrollment	• Informs member that ongoing monthly reporting is not required for their duration of full-time enrollment
Member is no longer enrolled in an Institution of Higher Education / Vocational Education program full time	• Reporting is required (if 6-month reporting requirement has not been met)	• Informs member that they have an ongoing monthly reporting requirement since they are no longer enrolled full-time
Member is enrolled in GVRA	• Reporting is not required for duration of enrollment	• Informs member that the ongoing monthly reporting is not required for their duration of enrollment and active engagement
Member is no longer enrolled in GVRA	• Reporting is required (if 6-month reporting requirement has not been met)	• Informs member that they have an ongoing monthly reporting requirement since they are no longer enrolled full-time
Member is the employee with ESI access and is enrolled in Pathways HIPP Program (Phase 2)	• Reporting is not required while in Pathways HIPP Program	• Informs member that ongoing monthly reporting is not required also long as are in the Pathways HIPP program
Member is the employee with ESI access and is no longer enrolled in Pathways HIPP Program (Phase 2)	• Reporting is required (if 6-month reporting requirement has not been met)	• Informs member that they have an ongoing monthly reporting requirement since they are no longer enrolled in Pathways HIPP

BASIC CONSIDERATIONS (cont.)**Reporting Exception if Six Consecutive Months of Employment Verified at Application**

If the applicant is determined eligible for Pathways and provides verification of completing a minimum of 80 hours total (not on average) of employment during the most recent six consecutive months prior to application for which verification is available, then the A/R will be exempt from reporting.

NOTE: The last four weeks of reporting submitted must fall within the eight weeks preceding the application submission date.

Applicants will have the opportunity to report and provide verification for the most recent six consecutive months of employment prior to application for which verification is available.

- **CP/Paper:** If the applicant indicates in their application that they participated in employment with a start date that is greater than six months from the time of application submission, they will be directed to provide more information on their participation at the time of application.
- **CP/Paper:** If the applicant **does not** provide documentation for verification of six consecutive months of employment at the time of application, they will be reminded of this outstanding verification via a Verification Checklist (VCL) if they are authorized eligible for Pathways.

If the A/R successfully submits six months of documentation at application or after notified via a VCL, they will be notified in their Approval Notice that they are not required to participate in six consecutive months of qualifying hours and activity reporting upon enrollment.

If the A/R fails to submit the six months of documentation within a reasonable timeframe, they are no longer considered for a reporting exception. Failure to submit six months of documentation upfront is optional and not required, so it does not impact their eligibility for Pathways ongoing. They will be notified in their Approval Notice that they are required to participate in six consecutive months of qualifying hours and activity reporting upon enrollment.

NOTE: If six consecutive months of employment can be verified for the applicant via Work Number, then they will also be waived from the reporting requirement upon enrollment in Pathways. The Work Number interface should be checked prior to sending a VCL.

Changes in Qualifying Hours and Activities

Fluctuations in the A/R's community engagement, either in number of hours or types of activities, is not considered a change in circumstances. This does not need to be reported if the A/R still meets the requirements of the program of at least 80 hours/month of engagement in qualifying activities.

BASIC CONSIDERATIONS (cont.)**Changes in Qualifying Hours and Activities (cont.)**

Normal fluctuations include the following:

- Minor changes in hours worked due to scheduling changes made by the employer
- Vacation/sick leave taken within a calendar month
- Short-term academic breaks (e.g., President's Day, Spring Break) taken within a calendar month

NOTE: The above list is not all-inclusive.

In the event the A/R incurs a change in their qualifying activities that results in not meeting the minimum hours threshold of 80 hours/month, the A/R has a responsibility to report this as a change in circumstance. The A/R may submit a Good Cause Exception request (if applicable).

Pathways Reasonable Modification

To qualify for Pathways, A/Rs must report at least 80 hours per month of engagement in a qualifying activity or activities before eligibility can be approved. All applicants must verify they meet the qualifying activities and 80 hours threshold for the most recent four weeks available within the eight weeks prior to an application.

If any Pathways Medical Assistance applicant or member with a disability who is no longer able to perform any work, education, or Qualifying Activity needs assistance to meet the 80-hour Pathways Qualifying Activities requirement in a month, the applicant or member with a disability can make the following Reasonable Modification requests that are specific to Pathways Qualifying Activity:

- (1) Additional time to meet the reporting requirements at application (applies to Pathways applicants);
- (2) Additional time for a referral to GVRA (applies to Pathways applicants and members).

Please see **Chart 2256.4- Reasonable Modifications vs. Reasonable Accommodations** at the end of this chapter (page 21-22) as a quick reference to understanding Reasonable Modification requests.

Eligibility Workers will process, review, and make decisions on Pathways applicant and member requests for Reasonable Modifications specific to Pathways qualifying hours and activities requirement. See the following examples:

BASIC CONSIDERATIONS (cont.)**Pathways Reasonable Modification (cont.)**

Example 1: If an eligibility worker grants a Pathways *applicant's* Reasonable Modification request for “additional time to meet reporting requirements at application,” this means that the worker would provide the applicant up to 90 additional days to meet the reporting requirements.

Example 2: If an eligibility worker grants a Pathways *member's* Reasonable Modification request for “additional time for a referral to GVRA” due to a disability, this means that the worker would allow the member to maintain Pathways coverage for up to 90 days while the member engages in GVRA’s intake process.

(Note: To meet the Pathways Qualifying Activity requirement with this Reasonable Modification, the Pathways member is responsible for complying with the GVRA intake process, enrollment, and participation.)

In addition to the Reasonable Modification types listed above, Pathways applicants and members are afforded the same access to Reasonable Modifications that are available for all categories of Medicaid. (For examples, please refer to Medicaid Manual Policy Section [2020, Americans with Disabilities Act/Section 504](#)). If an applicant or member needs a Reasonable Modification or Communication Assistance, the applicant or member should contact his or her caseworker or call DFCS at 404-657-3433 or DCH at 678-248-7449. The applicant or member may also make the request online at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>. If the applicant or member is deaf, hard-of-hearing, deaf-blind or have difficulty speaking, s/he can call DFCS at the numbers above by dialing 711 (Georgia Relay).

The definition of disability used in Pathways follows the Americans with Disabilities Act (ADA) definition which states that an A/R meet any of the following three criteria:

- the A/R has a physical, mental, or sensory impairment that substantially limits one or more major life activities,
- the A/R has a record of such impairment, or
- the A/R is regarded as having such an impairment.

NOTE: Please refer to Medicaid Manual Policy Section [2020, Americans with Disabilities Act/Section 504](#). The Pathways definition of disability differs from the ABD definition of disability, which uses the Social Security Administration (SSA) definition of disability.

BASIC CONSIDERATIONS (cont.)

Pathways Reasonable Modification (cont.)

The eligibility worker will contact the potential Pathways eligible A/R to determine next steps for the applicant's/member's Reasonable Modification request for Pathways qualifying hours and activities. The eligibility worker will:

- Explain the qualifying activities and hours requirements for the Pathways program and collect additional information from the A/R that may be needed.
- Provide information and resources to help the A/R get engaged with an activity.
- Allow for additional time (up to 90 days from request) for the A/R to show compliance before making an eligibility determination, if necessary.
- Provide a referral to GVRA Vocational Rehabilitation Program, if applicable.

Interview for Reasonable Modification for Pathways Qualifying Activity Requests

The eligibility worker will attempt to reach the A/R following the current practice of conducting two unscheduled telephone attempts prior to scheduling an interview with the A/R who is requesting a Reasonable Modification for Pathways qualifying hours and activities due to a disability. If the A/R is not reached after two telephone attempts, the eligibility worker will schedule an interview. The A/R will receive a notice with their scheduled interview time and contact information for the assigned eligibility worker. The notice will indicate that failure to complete the interview will result in a denial for Pathways Medicaid.

If the A/R is not reached after the scheduled interview, the eligibility worker may deny their application.

NOTE: If a potential Pathways eligible A/R who has attested to having a disability and is not currently meeting the qualifying hours and activities threshold and did not request a Reasonable Modification for qualifying hours and activities, the eligibility worker – during the Pathways interview – is to inquire whether the A/R needs a Reasonable Modification because they are unable to meet qualifying hours and activities required for Pathways due to a disability. If the A/R declines or otherwise fails to indicate the need for a Reasonable Modification because they are unable to meet qualifying hours and activities required for Pathways due to a disability, then the application will be denied and referred to the Federally Facilitated Marketplace (FFM).

BASIC CONSIDERATIONS (cont.)**Providing Reasonable Modification for Pathways Qualifying Activity Requests at Application**

If the A/R reports that they are able to meet the qualifying hours and activities for Pathways eligibility, the eligibility worker will offer information on potential resources available to help the A/R get engaged with employment, education, training, or volunteer activities, if needed.

The A/R's Medical Assistance application will pend for up to 90 days to allow the A/R to demonstrate compliance of four weeks of engagement with the qualifying hours and activities threshold. If the A/R submits verification of compliance with the Pathways hours and activities requirement within the 90 days, the eligibility worker will approve the application for Pathways. If the A/R fails to submit verification of compliance with the Pathways hours and activities requirement within 90 days, the application will be auto denied.

Referral to GVRA

If the A/R reports that they are unable to meet the qualifying hours and activities requirement due to their disability, the eligibility worker will offer a referral to the GVRA Vocational Rehabilitation Program to assist the A/R with coming into compliance. If the A/R accepts the referral, the eligibility worker will make a referral to GVRA. The worker will obtain verbal consent prior to the referral that the individual consents to a referral to GVRA.

The Standard of Promptness (SOP) for processing of Pathways A/Rs who have been referred to GVRA is 90 days from the date of authorization of a referral to GVRA. A Pathways application will remain in "Eligible – Pending GVRA Enrollment Status" until the member's referral to GVRA is dispositioned as enrolled or denied.

If an A/R is determined **eligible** and **enrolled** in services for GVRA, Gateway automatically updates the Medical Assistance application to indicate enrollment in GVRA, which is a qualifying activity for Pathways. If GVRA enrollment status is received manually, a worker will be able to update the case with GVRA enrollment information. The A/R will be enrolled in Pathways effective the first of the month following receipt of the eligibility determination and enrollment from GVRA, or the month following receipt of initial premium payment, if applicable.

NOTE: If an A/R is currently active on Pathways and reports a change or during renewal state s/he is no longer able to continue to meet the qualifying activity hours due to a disability and is requesting a Pathways Reasonable Modification and accepts a referral to GVRA, the A/R would maintain his/her current Pathways eligibility until an enrollment determination is received from GVRA.

If an A/R is determined **ineligible** and therefore not enrolled for GVRA, upon receipt of this information Gateway will authorize a denial for Pathways and a denial notice will be sent. The denial notice will specify that an A/R is not eligible for Pathways for failure to meet the hours and activities threshold and that the agency has been informed of their denial from GVRA. The denial notice will include information regarding other workforce development

BASIC CONSIDERATIONS (cont.)**Referral to GVRA (cont.)**

resources, which is provided to all applicants who are denied for failure to meet the qualifying activities requirement.

If an A/R has been **pending** for Pathways due to a referral to GVRA, the A/R will continue to pend for Pathways until an enrollment status is received from GVRA.

Ongoing Pathways Eligibility for GVRA Clients

A/Rs who are eligible for Pathways due to being enrolled in GVRA will be considered to be meeting the monthly hours and activities requirements for Pathways if they remain in compliance with the terms of the GVRA program. Enrollment in GVRA is considered a qualifying activity for Pathways. Enrolled A/Rs **will not** be required to report on monthly activities if they remain in compliance with the terms of the GVRA program. GVRA will notify Gateway through an interface (if consent was granted by A/R) when a Pathways program participant is no longer an active client with GVRA, either due to graduation from the program or due to disenrollment.

GVRA will send information to Gateway (if consent was granted by A/R) when a client is disenrolled from the GVRA Vocational Rehabilitation Program, if the A/R has not completed the six consecutive months of reporting requirement, Gateway will issue a notice informing the member that they are no longer an active client of GVRA and will need to come into compliance with the Pathways requirements through engagement in other qualifying activities in order to maintain eligibility.

NOTE: The potential Pathways eligible A/R must consent to the release of their personal information to GVRA for the purpose of validating their enrollment in GVRA before Gateway can make any automated updates to the A/R's case received from an interface with GVRA. For A/Rs who do not consent to the release of their information to GVRA, they will be responsible for providing all changes in their GVRA enrollment status to DFCS. A/Rs who are no longer enrolled in GVRA will have a one-month waiver from reporting Pathways qualifying activities and hours, after which, if they fail to report engagement they will be suspended from Pathways.

BASIC CONSIDERATIONS (cont.)**Ongoing Pathways Eligibility for GVRA Clients (cont.)**

If the A/R was enrolled in GVRA for at least six months prior to transitioning to Pathways, this fulfills the six consecutive months of reporting requirement. They will be exempt from the requirement to report qualifying hours and activities ongoing. They will not report qualifying activities until Pathways redetermination.

Reasonable Accommodations for Pathways Members

If an A/R is already enrolled in Pathways and develops a condition which is temporary and prohibits their monthly compliance with the qualifying hours and activities, they may request a Good Cause Exception from the qualifying hours and activities. For more information about Good Cause Exception please refer to section located within this chapter labeled Good Cause Exception. However, if the A/R develops a physical or mental impairment that substantially limits one or more major life activity, the A/R may report a **Reasonable Accommodation** from their employer, educational institution, organization, or supervisor to maintain their current activity.

Reasonable Accommodations for Pathways only refers to changes made by an employer/supervisor/institution for an A/R with a disability to allow the person to work or engage in an activity. The A/R must request a Reasonable Accommodations directly from the employer/supervisor/institution or through GVRA. DFCS staff do not collect verification of disabilities for a Reasonable Accommodation nor make determinations on the types of Reasonable Accommodations that area necessary for the Pathways applicant/recipient to be able to engage in a qualifying activity.

The only circumstance in which DFCS needs to be informed about a Reasonable Accommodation made between the employer/supervisor/institution and the Pathways A/R is if the member has reduced work/engagement hours and will be unable to meet the minimum of 80 hours/month required for Pathways eligibility. In this circumstance, the A/R will report and provide verification of the Reasonable Accommodation granted by his or her employer/supervisor/institution and the eligibility worker will reduce the A/R's monthly minimum qualifying activities and hours requirement to maintain ongoing Pathways eligibility accordingly.

Reporting/Requesting Reasonable Modifications and Reasonable Accommodations

To maintain eligibility, Pathways members must report a change in circumstance and request a Reasonable Modification or report that they were granted a Reasonable Accommodation that allows them to work fewer than 80 hours per month, using the same channels available for submitting Good Cause Exception requests (i.e., phone, mail, in-office, online portal).

Please see **Chart 2256.4- Reasonable Modifications vs. Reasonable Accommodations** at the end of this chapter (page 21-22) for an overview of how these terms are used for the Pathways program and as a quick reference to understanding Reasonable Modification requests and Reasonable Accommodations granted by employers/supervisors/institutions.

Chart 2256.3- Qualifying Activities

Qualifying Activity	Definition	Acceptable Verifications
Employment	<p>Full or part-time employment in the public or private sector that is not subsidized by a public program.</p> <p>Employment in the private sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.</p> <p>Employment in the public sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.</p>	<p>Work number</p> <p>Pay stubs</p> <p>Written statement from source/employer</p> <p>Gross earnings (if hourly pay is known)</p> <p>Timesheet</p>
Self-Employment	Earnings from an individual's own business or self-employment work, as opposed to wages or salary from an employer. Some examples include but are not limited to owning one's own business, cutting grass, collecting cans for recycling, babysitting, selling food items, taxi/food delivery service, etc.	Signed Standardized Work/Participation Calendar from member indicating hours engaged (Member may fill in a standardized worksheet template indicating total weekly hours worked per client/activity; OR submit a snapshot of their actual work calendar from the reporting month (e.g., Photo of ledger of appointments or Screenshot of calendar with work activities)
On-the-job-training	Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work, and that provides knowledge and skills essential to the full and adequate performance of the job.	Statement from supervisor sponsoring the OJT
Job Readiness	Activities directly related to the preparation for employment, including life-skills training,	Signed statement from Recognized Agency or

	<p>GED course enrollment, resume building, and habilitation or rehabilitation activities, including substance use disorder treatment. Rehabilitation activities must be determined to be necessary and documented by a qualified medical professional.</p> <p>An inpatient hospital stay is considered a habilitation or rehabilitation activity under job readiness only at initial application. For each day of an inpatient hospital stay, an applicant may claim 4 hours towards their monthly Qualifying Activities requirement.</p>	<p>Community Resource indicating hours engaged. (Recognized agencies include Georgia Department of Labor Career Center, Workforce Development Board, Georgia Vocational Rehabilitation Agency, Goodwill, and other agencies as authorized by the State)</p> <p>Signed statement from habilitation/rehabilitation institution verifying hours in last four weeks</p>
<p>Community Service</p>	<p>Structures programs and embedded activities in which an individual performs work for the direct benefits of the community under the auspices of public or nonprofit organizations. Approved community service programs are limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural development, welfare, recreation, public facilities, public safety, and childcare. Georgia will consider, to the extent possible, the prior training, experience, and skills of an individual in making appropriate community service assignments.</p>	<p>Signed Standardized Work/Participation Calendar</p> <p>Signed statement on organization letterhead from supervisor verifying hours</p>
<p>Vocational Education Training</p>	<p>Organized education programs that are directly related to the preparation of individuals for employment in current or emerging occupations. Course hour requirements for vocational education training shall be determined by the Department of Community Health (DCH).</p>	<p>Official course enrollment for the current semester from the office of the Registrar</p> <p>Copy of class schedule for the current semester</p>
<p>Enrollment in an Institution of Higher Education</p>	<p>Enrolled in and earning course credit at a college, university, or other institution of higher learning. A full-time academic workload, as determined by the Department of Community Health (DCH), will meet the requirements for 80 hours of qualifying activities in the month. For individuals not enrolled full-time, DCH shall determine the associated number of qualifying hours based on the course load when compared to</p>	<p>Official course enrollment for the current semester from the office of the Registrar</p> <p>Copy of class schedule for the current semester</p>

	full-time. The student's workload may include any combination of courses, work, research, or special studies that the institution considers contributing to an individual's full-time status.	
Enrollment and active engagement in the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation program	Enrolled in and compliant with the requirements of the Georgia Vocational Rehabilitation Agency (GVRA) Vocational Rehabilitation program. Individuals who are accepted in the program whose IEP is under development, or who comply with the terms of their IEP once completed, will satisfy the requirements of 80 hours of qualifying activities in the month.	<p>Signed statement from GVRA, dated within four weeks of submission by the applicant</p> <p>Enrollment letter dated within four weeks of submission by the applicant</p> <p>Active status through agency interface (only if available)</p>

Chart 2256.4- Reasonable Modifications vs. Reasonable Accommodations

	Reasonable Modifications (All Programs)	Reasonable Modifications (Additional for Pathways)	Reasonable Accommodations
Use in Program	Available for all customers who indicate they have a disability and request a Reasonable Modification to apply for or stay compliant once enrolled for Medical Assistance.	Available for Pathways applicants and members who indicate they have a disability which prevents them from meeting the minimum qualifying hours and activities and request a Reasonable Modification	An agreement made between an employer/institution and a Pathways member that enables them to work or engage in an activity
Who Grants Request	All DFCS OFI Staff	OFI Eligibility Staff	Employer/Institution/Supervisor

<p>Types Available</p>	<p>Examples of the types of Reasonable Modifications available to all Medical Assistance Applicants and Members (not a complete list):</p> <ul style="list-style-type: none"> • Sign language interpreter • Cued speech interpreter • Oral interpreter • Tactile interpreter • Email • Face to face interview • Electronic communication • Teletypewriter (TTY) • Braille • Large print • Video Relay • Telephonic signature • Telephonic apps/renewals • Telephone call reminder of deadlines 	<p>Additional types of Reasonable Modification available for Pathways:</p> <ul style="list-style-type: none"> • Pending the Pathways application up to an additional 90 days for the applicant to have additional time to report compliance with the qualifying hours and activities prior to determination • Pending the Pathways application up to 90 days while the applicant is referred and going through GVRA intake • Providing continued coverage up to 90 days while an enrolled Pathways member (who can no longer work/engage) is referred and going through GVRA intake. 	<p>Several types of Reasonable Accommodations may be made by the employer/institution to enable the A/R with a disability to engage (such as job restricting, low-tech roles, equipment)</p> <p>Only one type of Reasonable Accommodation needs to be reported to the Pathways Medicaid program:</p> <ul style="list-style-type: none"> • If the Reasonable Accommodation provided by the employer/institution is a reduction in hours the A/R is able to work/engage, which results in them not being able to meet the 80 hours/month required to maintain enrollment in Pathways
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