

Family Medicaid

Class of Assistance Desk Guide

Table of Contents

| | |
|---|-------------|
| Family Medicaid Continuing Medicaid Determination Order..... | 2 |
| Newborn Medicaid..... | 3 |
| Parent/Caretaker with Child(ren) Medicaid..... | 4 |
| Transitional Medical Assistance..... | 5 |
| 4 Months Extended Medicaid..... | 6 |
| Pregnant Women Medicaid..... | 7 |
| Children Under 19 Years of Age Medicaid..... | 8 |
| Medically Needy Medicaid | 9-10 |
| PeachCare for Kids®..... | 11 |
| Planning for Healthy Babies (P4HB)..... | 12 |

NOTE: Women’s Health Medicaid (OFI Policy Manual Section 2198) and the Federally Facilitated Marketplace are not covered in this job aid. It is important, however, that you are aware that these programs are available and make appropriate referrals.

**Continuing Medicaid Determination
Order of Eligibility**

Deemed Newborn

Parent/Caretaker with Child(ren)

TMA/ 4MEx

Children Under 19 Years of Age

Pregnant Women

PeachCare for Kids®

Family Medically Needy

Women's Health Medicaid (WHM)

Planning for Healthy Babies (P4HB)

Federally Facilitated Marketplace

**Deemed Newborn COA
OFI Policy Manual Section 2174**

| COA | Application Processing/ Mandatory Forms | Basic Eligibility | Net Income Limits And Income Considerations | Budget Type |
|---|--|--|--|-------------|
| <p>Newborn (NB) Medicaid provides Medicaid coverage to a child born to a woman who was eligible for and receiving Medicaid on the day the child was born.</p> | <p>Interview: not required</p> <p>Mandatory Forms: None</p> <p>SOP: 10 days from date of report</p> | <p>The only eligibility requirement for Newborn Medicaid is that the mother was eligible for and receiving Medicaid on the date of the child's birth. The coverage period is 13 months.</p> <p>Eligible for and receiving Medicaid is defined as follows:</p> <ul style="list-style-type: none"> • The woman's Medicaid application was filed and approved prior to the birth of the child. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • The woman's application for Medicaid was filed prior to the birth of the child, approved after the birth of the child, and the approval covered the date the child was born. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • The woman's application for Medicaid was filed and approved after the birth of the child and the approval covered the date the child was born. | <p>None</p> | <p>None</p> |

Parent/Caretaker With Child(ren) OFI Policy Manual Section 2162

| COA | Application Processing/ Mandatory Forms | Basic Eligibility | Net Taxable Income Limits Income Considerations | Financial Calculations |
|---|--|--|--|---|
| <p>Parent/Caretaker with Child(ren) provides Medicaid benefits for eligible children under the age of 19, and the eligible adult(s), who meet the tax filer or non tax filer status for the child(ren).</p> <p>Expected birth(s) included in BG. Only multiple births must be verified if needed to make eligible; otherwise count pregnant woman with one fetus.</p> | <p>Retroactive coverage allowed</p> <p>Interview: not required</p> <p>Mandatory Forms: Application DMA 285 if TPL exists Form 138 DOC HIPAA</p> <p>Mandatory Referrals Must refer to WIC if anyone is pregnant; breastfeeding, or has a child(ren) under 6 years old in AU. Health Check if under 21 years of age in AU.</p> <p>SOP: 45 days maximum; real time eligibility is preferred per ACA.</p> | <p>Assistant Unit (AU) members must meet the following basic eligibility requirements:</p> <ul style="list-style-type: none"> • Age • Application for Other Benefits • Citizenship/Immigration Status/Identity • Enumeration • Child Support Services (DCSS) • Residency • Third Party Liability Requirements | <p>Modified Adjusted Gross Income (MAGI)</p> <p>The Net total taxable income of the AU must be equal to or less than the MAGI income limit of the AU size. Allowable deductions are pre-tax, 1040 and 5% FPL.</p> | <p>Prospective budgeting is used in determining eligibility for the application month and the ongoing benefit period. If available, actual income may be used for intervening months.</p> <p>Actual income is used to determine eligibility for retroactive three (3) months prior Medicaid.</p> <p>Use data sources for taxable income; related active programs verification before requesting any verification of taxable income.</p> |

Transitional Medical Assistance OFI Policy Manual Section 2166

| COA | Application Processing/ Mandatory Forms | Basic Eligibility | Net Taxable Income Limits Income and Financial Considerations |
|--|---|--|---|
| <p>Transitional Medical Assistance (TMA) provides continued Medicaid coverage for up to 12 months for Parent/Caretaker with Child(ren) AUs that become ineligible because of changes related to Taxable earned income.</p> | <p>Interview: not required</p> <p>Mandatory Forms: None (QRFs are still sent out but not required to be returned.) Mandatory Referrals Must refer to WIC if anyone is pregnant; breastfeeding, or has a child(ren) under 6 years old in AU. Health Check if under 21 years of age in AU.</p> <p>SOP: 10 days from reported change; real time eligibility is preferred per ACA.</p> | <p>To be eligible for continued Medicaid coverage under TMA, the AU must have correctly received Parent/Caretaker with Child(ren) in three of the six months preceding the first month of Parent/Caretaker with Child(ren) ineligibility.</p> <p>An AU is potentially eligible to receive TMA for 12 months beginning with the first month following the last month of Parent/Caretaker with Child(ren) Medicaid. The first 6 months are uninterrupted even if the beneficiary does not return the 4th Month QRF information. The second 6 months must be at or below the 205% Net Taxable Income limit. Cooperation with Third Party Liability (TPL) is required at approval for TMA as well as during both 6-month review periods.</p> <p>If eligible for Parent/Caretaker at any time during TMA months return to Parent/Caretaker without a new application.</p> <p>Expected birth(s) included in BG. Only multiple births must be verified if needed to make eligible; otherwise count pregnant woman with one fetus</p> | <p>To be eligible for continued Medicaid coverage under TMA, Medicaid ineligibility must result exclusively from new or increased Modified Adjusted Gross Income (MAGI) earnings of a budget group member.</p> <p>Increased MAGI earnings includes any of the following</p> <ul style="list-style-type: none"> - new employment - increase in earnings as a result of an increase in hours worked - increase in salary or hourly wage - earnings of an eligible beneficiary added to the AU <p>Allowable deductions are pre-tax, 1040 and 5% FPL.</p> <p>NOTE: Ineligibility may be caused by new or increased earnings and a concurrent change. If the concurrent change alone caused ineligibility, the AU is ineligible for TMA</p> |

Four Months Extended Medicaid OFI Policy Manual Section 2170

| COA | Application Processing/ Mandatory Forms | Basic Eligibility | Net Taxable Income Limits Income and Financial Considerations |
|---|--|--|--|
| <p>Four Months Extended Medicaid (4MEx) provides 4 months of Medicaid coverage for a Parent/Caretaker with Child(ren) AU that becomes ineligible due to the receipt of spousal support.</p> | <p>Interview: Not required</p> <p>Mandatory Forms: None</p> <p>Mandatory Referrals Must refer to WIC if anyone is pregnant; breastfeeding, or has a child(ren) under 6 years old in AU.</p> <p>Health Check if under 21 years of age in AU.</p> <p>SOP: 10 days from reported change; real time eligibility is preferred per ACA.</p> | <p>To be eligible for continued Medicaid coverage under 4 Months Extended, the AU must have correctly received Parent/Caretaker with Child(ren) in three of the six months preceding the first month of Parent/Caretaker with Child(ren) ineligibility.</p> <p>An AU is potentially eligible to receive 4 Months Extended for 4 months beginning with the first month following the last month of Parent/Caretaker with Child(ren) Medicaid.</p> <p>If eligible for Parent/Caretaker at any time during the 4 months return to Parent/Caretaker without a new application.</p> <p>Expected birth(s) included in BG. Only multiple births must be verified if needed to make eligible; otherwise count pregnant woman with one fetus.</p> | <p>“Spousal Support” is court-ordered payment from an estranged spouse or former spouse to the other spouse for support under the terms of a court order or settlement agreement following a divorce. Payments may be in one lump sum, or in a series of monthly payments. Alimony is also termed “spousal support” or “maintenance”.</p> <p>Increased spousal support is defined as any of the following:</p> <ul style="list-style-type: none"> • the initial receipt of spousal support • an increase in the amount of spousal support received • the receipt of an additional spousal support payment. <p>Allowable deductions are pre-tax, 1040 and 5% FPL.</p> <p>NOTE: Ineligibility may be caused by new or increased Spousal Support and a concurrent change. If the concurrent change alone caused ineligibility, the AU is ineligible for 4 Months Extended</p> |

Pregnant Women
OFI Policy Manual Section 2184

| COA | Application Processing/ Mandatory Forms | Basic Eligibility | Net Taxable Income Limits Income Considerations | Financial Calculations |
|--|--|--|---|---|
| <p>Pregnant Women provides Medicaid to pregnant women who have Budget Group (BG) Taxable net income at or below 220% of the Federal Poverty Level (FPL) and who meet all other eligibility requirements.</p> | <p>Retroactive coverage allowed</p> <p>Interview: Not required</p> <p>Mandatory Forms: Application DOC HIPAA DMA 285 if TPL exists</p> <p>Mandatory Referrals Must refer to WIC Health Check if under 21 years of age.</p> <p>SOP: 10 days; real time eligibility is preferred per ACA.</p> | <p>The pregnant woman must meet the following basic eligibility requirements:</p> <ul style="list-style-type: none"> • Citizenship/Immigration Status/Identity • Enumeration • Residency • Third Party Liability Requirements • Pregnant-applicant's statement only, no medical verification is required. <p>For eligibility purposes, pregnancy begins with the month of conception and continues through the 180th day following the termination of pregnancy. Eligibility terminates at the end of the month in which the 180th day falls. Begin the 180-day count on the day of the termination of pregnancy.</p> | <p>Modified Adjusted Gross Income (MAGI)</p> <p>The total net taxable income of the AU must be equal to or less than the MAGI income limit of the AU size. Allowable deductions are pre-tax, 1040 and 5% FPL.</p> <p>A pregnant woman is budgeted as the pregnant woman and the number of unborn child(ren).</p> | <p>Prospective budgeting is used in determining eligibility for the application month and the ongoing benefit period. If available, actual income may be used for intervening months.</p> <p>Actual income is used to determine eligibility for retroactive three (3) months prior Medicaid.</p> <p>Use data sources for taxable income; related active programs verification before requesting any verification of taxable income.</p> <p>A pg woman who is correctly determined Medicaid eligible remains financially eligible from the effective month of approval through the end of the 180-day pregnancy transition period, regardless of changes in the BG income.</p> <p>NOTE: Failure to provide citizenship/immigration/identity verification by the end of the ROP or relocation out of state are the only two changes that could cause Pregnant Women COA to terminate prior to the month in which the 180th day falls.</p> |

**Children Under 19 Years of Age
OFI Policy Manual Section 2182**

| COA | Application Processing/ Mandatory Forms | Basic Eligibility | Net Taxable Income Limits Income Considerations | Financial Calculations |
|---|---|---|--|--|
| <p>Expected birth(s) included in BG. Only multiple births must be verified if needed to make eligible; otherwise count pregnant woman with one fetus.</p> | <p>Retroactive coverage allowed</p> <p>Interview: Not required</p> <p>Mandatory Forms: Application DMA 285 if TPL exists DOC HIPAA</p> <p>Mandatory Referrals Must refer to WIC if anyone is pregnant; breastfeeding, or has a child(ren) under 6 years old in AU. Health Check if under 21 years of age in AU.</p> <p>SOP: 45 days; real time eligibility is preferred per ACA.</p> | <ul style="list-style-type: none"> • Age • Enumeration • Citizenship/Immigration Status/Identity • Residency • Third Party Liability (TPL) | <p>Modified Adjusted Gross Income (MAGI)</p> <p>The total Net taxable income of the AU must be equal to or less than the MAGI income limit of the AU size. Allowable deductions are pre-tax, 1040 and 5% FPL.</p> | <p>Prospective budgeting is used in determining eligibility for the application month and the ongoing benefit period. If available, actual income may be used for intervening months.</p> <p>Actual income is used to determine eligibility for retroactive three (3) months prior Medicaid. Use data sources for taxable income; related active programs verification before requesting any verification of taxable income.</p> |

MEDICALLY NEEDED PREGNANT WOMAN OR CHILD
OFI Policy Manual Section 2196

| COA | Application Processing/ Mandatory Forms | Basic Eligibility | Income and Financial Considerations |
|--|--|--|---|
| <p>(FM-MN) provides Medicaid coverage for children under 19 years of age and for pregnant women whose BG Net Taxable income exceeds limits for all Family Medicaid COAs and PeachCare for Kids®.</p> | <p>Retroactive coverage allowed</p> <p>Interview: Not required</p> <p>Mandatory Forms: Application DMA 285 if TPL exists DOC HIPAA</p> <p>Mandatory Referrals</p> <p>Must refer to WIC if anyone is pregnant; breastfeeding, or has a child(ren) under 6 years old in AU.</p> <p>Health Check if under 21 years of age in AU.</p> | <p>FM-MN is available to pregnant women who meet any of the following conditions:</p> <ul style="list-style-type: none"> • The budget group (BG) Net Taxable income exceeds the Pregnant Women income limit. • The pregnant woman would be eligible for Parent/Caretaker upon the birth of the child except the BG Net Taxable income exceed the Parent/Caretaker limits. <p>FM-MN is available to children under 19 years of age who meet any of the following conditions:</p> <ul style="list-style-type: none"> • The child's BG income exceeds Child Under 19 and PeachCare for Kids® Net Taxable income limits. • The child would be eligible for Parent/Caretaker except for excessive Net Taxable income. • The child is in foster care with income exceeding Parent/Caretaker, CWFC, Child Under 19 and PeachCare for Kids® limits. | <p>Medically Needy budget groups must meet resource eligibility criteria. Proof of medical expense(s) is required.</p> <p>Income and expenses are budgeted prospectively for each one-month budget period in the six-month renewal period.</p> <p>Spenddown (SD) eligibility is determined when the BG's net countable income is greater than the MNIL for the BG size and is offset by the incurred medical expenses of the BG. Resources must be less than or equal to the FM-MN resource limit.</p> <p>If the BG's net countable income for the budget period exceeds the MNIL for the BG size, the excess amount is the SD.</p> <p>The SD must be met before the AU is approved for FM-MN.</p> <p>The SD is met by subtracting allowable medical expenses of the BG members from the SD until the SD is zero.</p> <p>When the SD is met, the case is considered FM-MN SD eligible and the AU members are approved for Medicaid effective the day the SD is met. Eligibility continues through the end of the month.</p> |

| | | | |
|--|------------------------|--|--|
| | SOP: 45 Days | Non financial Eligibility Criteria: <ul style="list-style-type: none">• Age• Application for Other Benefits• Enumeration• Citizenship/Immigration Status/Identity• Residency• Third Party Liability (TPL) | |
|--|------------------------|--|--|

PEACHCARE FOR KIDS®

| COA | Application Processing/ Mandatory Forms | Basic Eligibility | Net Taxable Income Limits Income Considerations | Financial Calculations |
|--|---|--|---|--|
| <p>PeachCare for Kids® provides medical insurance for children under 19 years of age who are financially ineligible for Medicaid.</p> <p>NOTE: Children must be uninsured for two months prior to applying for PeachCare for Kids®. This does not include Medicaid coverage. Children who have involuntarily lost coverage due to a parent losing a job or an employer dropping coverage for dependent children are exempt from this.</p> | <p>Retroactive coverage allowed</p> <p>Interview: Not required</p> <p>Mandatory Forms: The applicant can apply for PeachCare for Kids® online at https://gateway.ga.gov or via paper application form. Children over income for Medicaid who are potentially eligible for PeachCare for Kids® will have eligibility for PeachCare determined when the application for Medical Assistance is processed.</p> | <ul style="list-style-type: none"> • Age • Enumeration • Citizenship/Immigration Status/Identity • Residency | <p>Countable income must be less than or equal to 247% of the FPL and more than the appropriate Medicaid FPL based on the child's age. Refer to ODIS Family Medicaid Appendix A2, Financial Limits for Family Medicaid.</p> <p>A monthly premium must be paid in order to receive PeachCare for Kids®. Premiums are calculated on a sliding scale based on household income, ranging from \$11 to a family maximum of \$72.</p> | <p>Prospective budgeting is used in determining eligibility for the application month and the ongoing benefit period. If available, actual income may be used for intervening months.</p> <p>Use data sources or information from related active programs for taxable income before requesting verification.</p> |

PLANNING FOR HEALTHY BABIES (P4HB)

| COA | Application Processing/ Mandatory Forms | Basic Eligibility | Net Income Limits And Income Considerations | Services |
|---|---|---|---|---|
| <p>Planning for Healthy Babies (P4HB) is a Medicaid program that offers family planning services for eligible women in Georgia between the ages of 18 and 44 who are at or below 200% FPL, not otherwise covered by insurance (including Medicare), and not receiving coverage under another Medicaid category.</p> | <p>Retroactive coverage not allowed.</p> <p>Interview: Not required</p> <p>Mandatory Forms: Application HIPAA</p> <p>Applications may be submitted online at https://gateway.ga.gov or via printed application form available at www.p4hb.org.</p> <p>NOTE: A woman receiving P4HB that becomes pregnant may have a continuing Medicaid Determination (CMD) to Pregnant Woman Medicaid.</p> | <ul style="list-style-type: none"> • Age • Residency • Citizenship/Immigration Status/Identity | <p>Countable income must be less than or equal to 200% of FPL based on family size.</p> <p>Deductions:</p> <ul style="list-style-type: none"> • \$90 earned income disregard • \$50 child support disregard | <p>P4HB provides family planning services; inter-pregnancy care (IPC) services, including primary care case management, for eligible women who have delivered a very low birth weight baby (VLBW) as of 1/1/2011; and Resource Mother services.</p> |