

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES</b> <b>MEDICAID POLICY MANUAL</b>			
	<b>Chapter:</b>	<b>2100</b>	<b>Effective Date:</b>	<b>December 2019</b>
	<b>Policy Title:</b>	<b>Newborn Medicaid</b>		
	<b>Policy Number:</b>	<b>2174</b>	<b>Previous Policy Update:</b>	<b>MT 49</b>

## REQUIREMENTS

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.

## BASIC CONSIDERATIONS

A child is eligible for Newborn Medicaid for up to 13 months beginning with the month of birth and continuing through the month in which the child reaches age 1. Eligibility begins with the birth month, regardless of when the agency is notified of the birth.

### Receiving Medicaid

A child is eligible for Newborn Medicaid if born to a woman eligible for and receiving Medicaid under any class of assistance (COA), including PeachCare for Kids®, Supplemental Security Income or any Aged, Blind and Disabled COA (except Q-track and Spenddown in suspense status), or to a woman receiving Emergency Medical Assistance.

**EXCEPTIONS:** A child born to a woman who is in Medically Needy suspense status on the day of delivery is ineligible for NB Medicaid. Spenddown must be met on or before the date of delivery for the child to qualify for NB. A newborn would not be eligible for NB Medicaid if born to a mother receiving in a Planning for Healthy Babies® COA until a continuing Medicaid determination is completed and she is eligible for a full Medicaid class of assistance. A child born to a woman who only received Presumptive Eligibility Medicaid and was not approved for Pregnant Woman (PGW) Medicaid is not eligible for Newborn Medicaid as presumptive does not cover labor and delivery.

Eligible for and receiving Medicaid is defined as follows:

- The woman's Medicaid application was filed and approved prior to the birth of the child.

OR

- 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.

**BASIC CONSIDERATIONS (cont.)**

OR

- 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.

**Living Arrangements**

Any child born to a woman receiving Medicaid at the time of birth will remain Newborn eligible regardless of whether or not s/he continues to live with the mother. If the child enters foster care, is adopted, or ceases to live with the mother for any other reason, the existing Newborn case would need to be closed, and a separate Newborn case would need to be registered with the new guardian's name and address. A new application is not required.

**Request for Newborn Medicaid Coverage**

The request for Newborn Medicaid may be made by the parent or guardian or certain Medicaid participating providers. The request may be made by contacting DFCS in person, by telephone or in writing. Certain Medicaid providers may also request Newborn Medicaid online through GAMMIS, or by contacting a DFCS Call Center.

If the request for Newborn Medicaid is made by the parent or guardian or the provider, coverage is approved effective the month of birth. The mother's or guardian's statement of the child's living arrangements is acceptable, unless questionable.

If the provider contacts DCH directly to request Newborn Medicaid for a child, DCH establishes the child's eligibility on their system. DCH provides DFCS with a monthly listing of children that have been added to their system.

Neither an application nor an interview is required to approve a child for Newborn Medicaid.

**Dual Eligibility**

A child who is dually eligible for Newborn Medicaid and another Medicaid COA may be approved for either COA.

The agency must evaluate the family's circumstances to determine which Medicaid COA provides coverage to the maximum number of family members for the maximum length of time.

If a Newborn Medicaid eligible child receives Medicaid under another COA and becomes ineligible during any month up to and including the month the child turns 1, NB coverage can be approved for the remainder of the thirteen months, provided NB requirements have been met continuously since birth.

**BASIC CONSIDERATIONS (cont.)****Ongoing Eligibility**

The child does not have to meet any financial or non-financial eligibility requirements other than to live in Georgia in order to continue to receive Newborn Medicaid after the month of birth.

The **only** circumstance under which a child may become ineligible for Newborn Medicaid is as follows:

- the child no longer lives in Georgia.

If a child moves out of state and then returns to live in Georgia prior to age 1, Newborn Medicaid can be reinstated until the child reaches age 1.

The parent or guardian is required to report within 10 calendar days any changes, which may affect the child's eligibility for Newborn Medicaid.

Periodic renewals are not required.

**Child Support Services**

The non-custodial parent of a child receiving Newborn Medicaid is not referred to the Division of Child Support Services (DCSS). However, the parent or guardian must be advised that DCSS services are available to them. If the parent or guardian is interested in receiving these services, they must be provided with written information on how to contact the local DCSS office. Refer to Section [2250](#), Division of Child Support Services.

**Third Party Liability**

The parent or guardian of a child receiving newborn Medicaid is not required to provide information on third party liability available to the newborn. However, the agency must inquire about third party resources and submit any information obtained to DCH. Refer to Section [2230](#), Third Party Liability.

**Continuing Medicaid Determination**

A Continuing Medicaid Determination (CMD) must be completed in the last month of Newborn Medicaid eligibility.

Requirements for completion of the CMD are dependent on the information already known to the agency because of concurrent Medicaid, TANF or Food Stamp eligibility of other family members.

The CMD may require a complete review of eligibility, including a face-to-face contact, or may require only a telephone contact. The worker must evaluate the available information to determine the extent of the contact required. Refer to Section [2052](#), Continuing Medicaid Determination.

**BASIC CONSIDERATIONS (cont.)****Continuing Medicaid Determination (cont.)**

If the child is not eligible for Medicaid under any COA (including PeachCare for Kids®) please refer family to FFM.

**PROCEDURES**

Follow the procedures below when notified of the birth of a child.

- Establish that the mother was eligible for and receiving Medicaid on the day the child was born.
- Approve Newborn Medicaid for the child on the system back to the month of birth. The child's date of birth should be used as the application date.
- If the child enters foster care, is adopted, or ceases to live with the mother for any other reason, close the existing Newborn case and register a case with the new guardian's name and address. A new application is not required.
- Screen in GAMMIS to determine if child was previously receiving as a presumptive Newborn (aid category 835) If so, link Gateway client ID numbers to GAMMIS member ID numbers.
- Terminate Newborn Medicaid following timely notice at any time the child ceases to live in Georgia.

Establish the mother's Medicaid eligibility for the month of the child's birth by agency records or by the State Data Exchange for a SSI recipient.

Accept the parent's or guardian's or the Medicaid provider's statement of the child's date of birth, unless questionable.

**DOCUMENTATION AND VERIFICATION**

Document the following information in case notes:

- the child's name and date of birth,
- the Medicaid eligibility status of the mother,
- the date, how (telephone, mail, facsimile, etc.) and by whom the above information was reported.