	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	**2100**	**Effective Date:**	**February 2020**
	Policy Title:	**Children Under 19 Years of Age**		
	Policy Number:	**2182**	**Previous Policy Update:**	**MT 47**

REQUIREMENTS

Provides Medicaid to children from birth through the last day of the month in which the child turns nineteen (19) years of age.

BASIC CONSIDERATIONS

The following basic eligibility requirements must be met to qualify:

- Age . The applicant's statement of the child's date of birth may be acceptable. Refer to Section 2255, Age.

- Application for Other Benefits

EXCEPTION: Application for Supplemental Security Income (SSI) or Temporary Assistance to Needy Families (TANF) are not required.

- Enumeration

NOTE: Enumeration is not a requirement for Emergency Medical assistance (EMA). Refer to Section 2054, EMA.

Refer to Section 2215 Citizenship/Immigration/Identity

- Residency Refer to Section 2225, Residency.

- Third Party Liability (TPL)

NOTE: This includes TPL information on the reputed or legal father of an existing child.

Refer to Section 2230, TPL.

- Cooperation with the Division of Child Support Services (DCSS)

BASIC CONSIDERATIONS (cont.)

EXCEPTION: A referral to and cooperation with DCSS is **NOT** a requirement for child-only Medicaid cases. A child-only Medicaid case is defined as a Medicaid AU in which no adults are receiving Medicaid under the child's case or under any related case. An AU that contains a penalized adult is **NOT** considered a child-only case.

Refer to Section 2250, Child Support Services.

Resources are not considered in determining eligibility.

Financial Eligibility Criteria

Modified Adjusted Gross Income (MAGI) Income limits vary based on the age of the child(ren) in accordance of the Federal Poverty Level (FPL) for the BG size. Refer to Appendix A2, Financial Limits for Family Medicaid.

Verification

Verification of MAGI income is obtained in the following order:

- Agency Data Sources available and/or verified information from related active cases
- The A/R should provide verification from the payment source
- If the A/R cannot obtain the verification, the agency must request it directly from the payment source
- Verification can be obtained from a collateral source if verification cannot be provided by the payment source.

Other Considerations

The statement of the A/R may be accepted if all other attempts to verify MAGI income are unsuccessful and the A/R has cooperated with previous attempts to obtain verification. Refer to Section 2051, Verification.

PROCEDURES

Screen for Parent/Caretaker with Child(ren) Medicaid. If the applicant is eligible, approve. If not, proceed with the Children Under 19 Years of Age Medicaid.

Follow the steps below to determine eligibility for a child:

Step 1 Review the application and contact the applicant by telephone or mail if additional information is needed that is not included in the application. If no additional information is needed, proceed with the application processing.

Step 2 Determine the AU and BG. Refer to Chapter 2600, Family Medicaid Assistance Units and Budget Groups.

Step 3 Establish all points of eligibility. Accept the A/R's statement unless information known to the agency conflicts with the A/R's statement or is otherwise questionable.

Step 4 Based on tax filer or non-tax filer status, apply the appropriate FPL depending on the BG size, to determine eligibility for the child(ren). Refer to Section 2245, Filer Status/Specified Relative Relationship. Refer to Appendix A2, Financial Limits for Family Medicaid.

Step 5 Verify all MAGI income of the BG. Refer to Section 2051, Verification.

Step 6 Complete the budgeting process. Refer to Section 2669, Budgeting.

Step 7 Refer any AU with a child under the age of 5 to WIC. Section 2985.

Step 8 If eligible, approve.

If any child is ineligible, complete and document the results of a Continued Medicaid Determination (CMD) for the ineligible child(ren) prior to denial. Refer to Section 2052, CMD.

When eligibility is denied/closed because the MAGI income is above the Medicaid income limit, but at or below the PeachCare for Kids® income limit, a system CMD will be completed to PeachCare for Kids®.

When the MAGI income limit is above the PeachCare for Kids® income limit a system CMD will be completed to the Federally Facilitated Marketplace (FFM).

Renewal

Assistance may continue through the last day of the month the child reaches age 19. A renewal is completed yearly to determine continued eligibility. Refer to Section 2706, Medicaid Renewals.

Complete and document the results of a CMD for the ineligible child(ren) prior to termination of Medicaid. Refer to Section 2052, CMD.

SPECIAL CONSIDERATIONS

Inpatient Services

If a child is receiving inpatient services when the age limit for an income level is reached or when the child turns 19 years of age, eligibility continues if **all** of the following requirements are met:

- reaching age 19 or the age limit for an income level is the sole reason for ineligibility;
- inpatient services are received in a Medicaid participating hospital or nursing facility on the last day of the month in which the age or income limit is reached and the first day of the next month;
- the child remains eligible under all Children Under 19 Years of Age criteria except for age or income limit through the month in which the inpatient stay terminates.

If the child is transferred directly from one medical facility to another, the extended eligibility can continue if all other requirements are met.

NOTE: Upon discharge or if there is a break in stay in a medical facility, the lower income level must be used if the child is under 19 years of age. If the child has reached 19 years of age, s/he is ineligible upon discharge or if there is a break in stay in a medical facility. Complete and document the results of a CMD prior to termination of Children Under 19 Years of Age.

This coverage can be established in the three months prior to an application, even if the child reaches the age limit in one of the prior months, provided the above criteria are met.

Step 1 Verify the inpatient stay that continues beyond the date the child would become Children Under 19 Years of Age ineligible. Continue Children Under 19 Years of Age eligibility through the month following the date of ineligibility and for each month until the child is discharged.

Step 2 Complete and document results of a CMD on the child upon discharge from the medical facility and discontinue Children Under 19 Years of Age.

NOTE: If Children Under 19 Years of Age is terminated before the agency is notified of the inpatient services, verify that the inpatient services were received and reopen the Children Under 19 Years of Age case. Continue Children Under 19 Years of Age until the patient is discharged. Complete and document the results of a CMD prior to terminating Children Under 19 Years of Age when the child is discharged from the medical facility.