

2174 - NEWBORN MEDICAID

POLICY STATEMENT	Newborn (NB) Medicaid provides Medicaid coverage to a child born to a mother who was eligible for and receiving Medicaid in Georgia on the day the child was born.
BASIC CONSIDERATIONS	<p>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, as long as the child lives with the mother continuously. Eligibility begins with the birth month, regardless of when the agency is notified of the birth.</p>
Receiving Medicaid	<p>A child is eligible for Newborn Medicaid if born to a mother eligible for and receiving Medicaid under any class of assistance (COA), including Supplemental Security Income or any Aged, Blind and Disabled COA, or to a mother receiving Emergency Medical Assistance.</p> <p>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 child born to a woman who is receiving presumptive eligibility Medicaid is not eligible for Newborn Medicaid.</p> <p>Eligible for and receiving Medicaid is defined as follows:</p> <ul style="list-style-type: none">• The mother's Medicaid application was filed and approved prior to the birth of the child.OR• The mother'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.OR• The mother's application for Medicaid was filed and approved after the birth of the child and the approval covered the date the child was born.

**BASIC
CONSIDERATIONS
(cont.)**

**Living
Arrangements**

The child meets the requirements of living with the mother for the following month(s):

- the month of birth and subsequent months, as long as the child lives in the home with the mother continuously,
- the month of birth, even if the child is placed in foster care or is relinquished for adoption, or if the child dies during the first month
- the month of birth and subsequent months when the child is continuously hospitalized from birth, as long as the mother has not relinquished control of the child or the state has not determined that the child has been abandoned.

**Request for Newborn
Medicaid Coverage**

The request for Newborn Medicaid may be made by the mother 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 the Multi-Health Network (MHN), or by contacting a DFCS Call Center.

If the request for Newborn Medicaid is made by the mother or the provider, coverage is approved effective the month of birth. To continue Medicaid beyond the month of birth, the child's ongoing living arrangements must be established. The mother's statement of the child's living arrangements is acceptable, unless questionable.

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

The hospital confirms that the child is/will be living with the mother. There is no reason to contact the mother for that information if the child is on the newborn list, unless DFCS has information to the contrary.

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

**BASIC
CONSIDERATIONS
(cont.)**

**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.

**Ongoing
Eligibility**

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

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

- the child no longer lives with the mother
- the child no longer lives in Georgia.

If the child becomes ineligible for Newborn Medicaid for one of these two reasons, the child's eligibility under this COA can never be reinstated.

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

Periodic reviews are not required.

**Child Support
Services**

The absent parent of a child receiving Newborn Medicaid is not referred to Child Support Services (CSS). However, the mother must be advised that CSS services are available to her. If the mother is interested in receiving these services, she must be provided with written information on how to contact the local CSS office. Refer to [Section 2250](#), Child Support Services.

**BASIC
CONSIDERATIONS
(cont.)**

**Third Party
Resources**

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

**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.

If the child is not eligible for Medicaid under any COA, a PeachCare for Kids application and information on the PeachCare for Kids program must be provided to the family.

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.
- Establish the child's ongoing living arrangements by contact with the mother.
- Approve Newborn Medicaid for the child on the system.
- Continue Newborn Medicaid for the child if s/he continues to live with the mother.
- Terminate Newborn Medicaid following timely notice at any time the child ceases to live with the mother or ceases to live in Georgia.

**PROCEDURES
(cont.)****Continuing Medicaid
Determination**

Complete a CMD in the last month of Newborn Medicaid eligibility.

If the child is not eligible for Medicaid under any COA, provide the AU with a PeachCare for Kids application and information on the PeachCare for Kids program.

**DOCUMENTATION AND
VERIFICATION**

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 mother's or the Medicaid provider's statement of the child's date of birth, unless questionable.

Accept the mother's statement of the child's living arrangements unless questionable. If questionable, refer to [Section 2245](#), Living with a Specified Relative, for methods of verification.

Document the following information in the case record:

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