

## 2160 – FAMILY MEDICAID OVERVIEW

<b>POLICY STATEMENT</b>	Family Medicaid provides Medicaid benefits for low income families and individuals who are not receiving SSI and may or may not be receiving TANF. Benefits are provided through a variety of classes of assistance (COA's), each with its own specific eligibility criteria.
<b>BASIC CONSIDERATIONS</b> <b>Basic Eligibility Criteria</b>	<p>Family Medicaid Assistance Units (AU's) must meet specific Basic Eligibility Criteria:</p> <ul style="list-style-type: none"> <li>• age</li> <li>• application for other benefits</li> <li>• citizenship/alienage</li> <li>• cooperation with CSS</li> <li>• enumeration</li> <li>• identity</li> <li>• living with a specified relative</li> <li>• residency</li> <li>• third party resources</li> </ul> <p>Each COA has different exceptions to the Basic Eligibility Criteria. Refer to Section 2200, Basic Eligibility Criteria and to each COA in this chapter.</p> <p>A pregnant woman who is eligible for and receiving Medicaid under any Family Medicaid COA or SSI on the date the pregnancy terminates is eligible to continue to receive 60 days of pregnancy transition Medicaid. The 60-day count begins on the day of the termination of pregnancy. Medicaid continues through the last day of the month in which the 60<sup>th</sup> day falls.</p> <p>Medicaid coverage under any Family Medicaid COA or SSI is continued for a pregnant woman who, after approval becomes financially ineligible solely because of new income or a change in income of any BG member. The pregnant woman remains eligible for Medicaid for the remainder of the pregnancy, including the 60-day pregnancy transition. Refer to Section 2720, Continuous Coverage for a Pregnant Woman.</p> <p>Eligibility for Medicaid in any Family Medicaid COA can begin with the month of application and can include up to three months prior to the month of application. All points of eligibility for that COA must be met in each of the three prior months. Refer to Section 2053, Retroactive Medicaid.</p>

<b>Basic Eligibility Criteria (cont.)</b>	<p>Under certain conditions, Medicaid may cover services rendered to Medicaid-eligible Georgia residents who are out of state when medical services are provided. Procedures for qualifying for out-of-state coverage are found on the back of the Medicaid card.</p>
<b>Financial Eligibility Criteria</b>	<p>All Family Medicaid cases are budgeted using prospective income and expenses.</p> <p><b>EXCEPTION:</b> Eligibility for three months prior Medicaid is determined using actual income and expenses. If available, actual income may be used for intervening months.</p> <p>For Family Medicaid COA's, if resources of the BG are within the applicable resource limit at any time during a month, the AU is resource-eligible for that month.</p> <p><b>NOTE:</b> There is no resource requirement for RSM, TMA and 4MCS COAs.</p> <p>A Family Medicaid case that is ineligible because of financial reasons for one month only is suspended, not terminated. Refer to Chapter 2700, Case Management Overview, Sections 2712, 2714, 2715 and 2716.</p> <p>The parents remain financially responsible for a minor child who lives with them, even if the child is married, divorced or widowed.</p> <p><b>EXCEPTION:</b> If a pregnant minor applies for RSM PgW, her parents' income is not considered in determining RSM eligibility.</p>
<b>OTHER CONSIDERATIONS:</b>	<p>Family Medicaid applications are accepted at the following sites:</p> <ul style="list-style-type: none"> <li>• county DFCS offices</li> <li>• RSM Project or DFCS outreach locations</li> <li>• Public health departments</li> <li>• Public medical facilities</li> <li>• Federally funded health care centers</li> <li>• disproportionate-share hospitals</li> </ul> <p>Refer to Section 2050, Application Processing.</p>

<b>Presumptive Eligibility</b>	<p>Presumptive Eligibility (PE) is determined by Qualified Providers (QPs) certified by the Division of Medical Assistance (DMA). PE is a temporary eligibility determination and is available only to pregnant women to cover the cost of prenatal care. If the pregnant woman is determined eligible for PE, a temporary Medicaid Certification is issued by the QP. An abbreviated RSM application and other forms are completed concurrently and routed to DFCS for processing. In some counties, the application is completed by a Right From the Start Medicaid (RSM) Project outreach worker. Refer to Sections 2050, Application Processing and 2184, RSM Pregnant Woman for additional information regarding PE.</p>
<b>PROCEDURES</b>	<p>The Medicaid application process begins with a request for assistance and ends with notification to the AU of the eligibility decision. Refer to Section 2050, Application Processing for additional information.</p> <p>A <b>Continuing Medicaid Determination</b> (CMD) is required before denying a Medicaid application or terminating Medicaid under the current COA. A CMD is the determination of Medicaid eligibility under all COA's. Refer to Section 2050, Application Processing and Section 2700, Ongoing Case Management for additional information.</p> <p>At application and review, contact the A/R to inquire if any AU member is pregnant. If an AU member is pregnant, schedule a follow-up contact with the pregnant woman during the month prior to the <b>Estimated Delivery Date</b> (EDD).</p> <p><b>Referrals</b></p> <p>Refer all Medicaid recipients under age 21 to the county health department for health check services. Refer to Section 2700, Referrals for additional information.</p> <p>Refer the following to the county health department for services under the <b>Women, Infant and Children (WIC) Program</b>:</p> <ul style="list-style-type: none"> <li>• pregnant women</li> <li>• women who are breast feeding through the first twelve months after the birth of a child</li> <li>• children under age five</li> <li>• post-partum women for six months from the termination of pregnancy</li> </ul> <p>Refer to Section 2985, WIC Services for additional information.</p>