

## 2174 - NEWBORN MEDICAID

<b>POLICY STATEMENT</b>	Newborn (NB) Medicaid provides Medicaid coverage to a child born to a woman who was eligible for and receiving Medicaid in Georgia on the day the child was born.
<b>BASIC CONSIDERATIONS</b>	<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. Eligibility begins with the birth month, regardless of when the agency is notified of the birth.</p>
<b>Receiving Medicaid</b>	<p>A child is eligible for Newborn Medicaid if born to a woman 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 woman receiving Emergency Medical Assistance.</p> <p><b>EXCEPTIONS:</b> 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 as presumptive does not cover labor and delivery.</p> <p>Eligible for and receiving Medicaid is defined as follows:</p> <ul style="list-style-type: none"><li>• The woman's Medicaid application was filed and approved prior to the birth of the child. OR</li><li>• 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. OR</li><li>• 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.</li></ul>

**BASIC  
CONSIDERATIONS  
(cont.)****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. Refer to [Appendix J](#)-Family Medicaid SUCCESS Functions for instructions on how to process a Newborn case when the child no longer lives with the mother.

**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. 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 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.

**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 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 the child becomes ineligible for Newborn Medicaid for this reason, the child's eligibility under this COA can never be reinstated.

The mother or guardian 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 the Division of Child Support Services (DCSS). However, the mother must be advised that DCSS 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 DCSS office. Refer to [Section 2250](#), Division of Child Support Services.

**BASIC  
CONSIDERATIONS  
(cont.)**

**Third Party  
Resources**

The mother or guardian 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 DCH. 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<sup>TM</sup> application and information on the PeachCare for Kids<sup>TM</sup> 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 or guardian.
- Approve Newborn Medicaid for the child on the system.
- 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. Refer to [Appendix J](#)-Family Medicaid SUCCESS functions for instructions.
- Terminate Newborn Medicaid following timely notice at any time the child 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<sup>TM</sup> 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 or guardian'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 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.