

# **FAMILY MEDICAID ONLINE**



**WELCOME**

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# THE FOUNDATION FOR DEPARTMENT OF HUMAN SERVICES:

## VISION – What we strive for:

**STRONGER FAMILIES FOR A STRONGER GEORGIA**

## MISSION – What our work is every day:

**To be a valued resource for improving individual and family well-being**

## CORE FUNCTIONS – How we achieve our Vision and Mission:

- 1. Protect vulnerable Georgians from harm**
- 2. Promote self-sufficiency and independence for families and individuals**
- 3. Deliver services and manage business operations effectively and efficiently**

## VALUES – The foundation that gives strength to our efforts:

- ❖ **Professional Attitude** – Serving customer and staff in the very best way we can.
- ❖ **Rewarding Employee Experience** – a work experience rich in communication, involvement, development, engagement and responsiveness.
- ❖ **Community-Based Services** – Serving clients in their own community whenever possible.
- ❖ **Team Building** – Developing partnerships of family, community and agency; building alliances across agency lines.
- ❖ **Family-Centered work** – No matter what age or condition, our clients are part of a family and community. Our work is FAMILY CENTERED.
- ❖ **Advocacy** – This encompasses respectful, inclusive engagement with clients and their families.
- ❖ **Integrity** – We do what we say we will do.
- ❖ **Honesty** – Telling the truth – whether it's good news or bad news, we tell it like it is.
- ❖ **Leading and Improving Through Data** – We use data and information to guide continuous improvement.

## **FAMILY CENTERED PRACTICE COMPONENTS**



- ❖ Quality screening
- ❖ Engaging families to build trust
- ❖ Working with family teams (Family Team Meetings)
- ❖ Individual and family assessments
- ❖ Individualized planning and relevant services
- ❖ Continuous review and adaptation
- ❖ Safe and successful transition from DFCS involvement

## **FAMILY CENTERED PRACTICE CORE VALUES**



- Children need and deserve to grow-up safe, free, and protected from abuse and neglect.
- Children do best when they have strong families, preferably their own and when that is not possible, a stable relative, foster or adoptive family.
- All families need community support and genuine connections to people and resources.
- Families have the capacity to change with the support of individualized service responses.
- Government cannot do the job alone; community partnerships are essential to ensure child safety and build strong families.

## **COLLABORATION MODELS**

### **FAMILY PRESERVATION SERVICES PILOT**

The Family Preservation Services pilot was established in seventeen counties from around the state in order to develop and assess a new model for providing ongoing Child Protective Services (CPS). It was initiated in response to two pieces of data; families were involved with the CPS system longer than desired, and these same families had a higher than desired rate of recidivism into the CPS system. This data suggested that the current CPS practice model needed to be analyzed and possibly changed in order to more effectively attain positive outcomes for children and families.

The basis of the Family Preservation Model is in family centered practice and engaging community and family into our work. It incorporates Family Team Meetings and is focused on strengthening families by including them in the planning and decision-making process. Key elements and anticipated benefits of the new service delivery model include:

- Early and prompt assessment of family needs and risk issues
- Continuous assessment of risk throughout the life of the case
- Family focused Family Team meetings which identify strengths and resources early on
- Team approach engaging the family, OFI case manager, CPS investigator, Family Preservation case manager (CPS ongoing case manager) and community agencies
- Case Plan completion in less than 60 days, decreasing initial assessment time and focusing on goals to be completed and resources available
- Case Plan development with the family; focused on strengths and needs
- Community involvement leading to better relationships among agencies and more resources to families

- Informal support systems identified and engaged with the family; available to provide ongoing support once the case is closed
- Broad monitoring plan developed
- Key relatives identified early on as supports or as safety resources if needed
- Planned exit strategy (Discharge Plan) established with the family
- Time of agency involvement with the family potentially shortened. (Average length of Family Preservation Services: 4-5 months)

### **FAMILY RESOURCE CONNECTION PILOT**

The Family Resource Connection Pilot is being established in Regions VI and X in order to provide early intervention services to at-risk families receiving Food Stamp benefits and TANF. It was initiated in response to data indicating that both regions had a high percentage of Food Stamp cases that were also opened for ongoing child protective services. The data suggested that early assessment of risk, provision of short-term intervention and connections to family, community and agency resources might prevent later CPS involvement. Family Resource Specialists have been hired to screen Food Stamp applicants for voluntary participation in the Family Resource Connections pilot. Families participating in the pilot will receive supportive services from the DFCS Family Resource Specialist referrals to community resources.

### **DIVERSION**

Diversion cases are those that may not immediately meet the criteria for a CPS investigation, but that indicate the family may need additional resources or support. Diversion workers initiate contact with the family, assess safety and risk, identify family needs, and provide appropriate services and referrals. Diversion cases are not investigations but can be reassigned as a formal investigation if more serious needs or potential risk are discovered.

Diversion is an example of a collaborative model between Social Services and Office of Family Independence. Both Social Services and OFI provide connections to community resources in order to assist families to prevent CPS involvement or the need to apply for OFI services. A work group including case managers and supervisors involved in diversion has been meeting to document the various models of diversion and best practices.

### **FAMILY TEAM MEETINGS**

Since the summer of 2005, the Division has embraced one model of structured Family Team Meetings (FTM) and has emphasized the importance of the Family Team Meeting process in all programs of the division....from child protective services to foster care to Office of Family Independence programs. Structured Family Team Meetings involve families and their personal resources in a manner which supports the family, ensures the safety of the child, and enhances the planning process. The meeting is different from any other type of family meeting or staffing done by DFCS; it is a structured meeting, and follows a sequence of stages lasting a total of 1.5 – 2 hours. The use of FTMs has proven to be effective in changing the entire dynamic of the relationship between child welfare professionals and families and can be utilized whenever a formal plan needs to be created (e.g., Case Plan) or a key decision made (e.g., potential relative placement), regardless of program areas.

Facilitating the Family Team Meeting requires an advanced skill set, especially group facilitation skills, and is led by a “DFCS Approved” FTM Facilitator, who has gone through an extensive training and coaching process. The FTM Facilitator is supported by a Co-Facilitator, who records key planning/decision making points on easel pads. The long-range goal is to have every Case Manager within these areas trained and approved as a Family Team Meeting Facilitator and competent in facilitating or actively supporting/participating in Family Team Meetings.

## **7 CONCEPTS/AREAS OF CONCERN**

### **CHILD VULNERABILITY**

- Child under 4 years of age?
- Child physically or mentally impaired or in need of special care?

### **CAREGIVER CAPABILITY**

- Does caregiver have significant impairment in mental capacity?
- Does caregiver have history of drug or alcohol abuse?
- Was caregiver abused or neglected as a child?

### **QUALITY OF CARE**

- Has child been denied essential medical treatment?
- Is there overall lack of physical care?

### **MALTREATMENT PATTERN**

- Was any child addicted or exposed to drugs or alcohol?
- Has child suffered physical injuries or sexual abuse?

### **HOME ENVIRONMENT**

- Is the family experiencing any recent significant stress?
- Are the conditions in and/or around the home hazardous or unsanitary?

### **SOCIAL ENVIRONMENT**

- Is the family socially isolated or unsupported by extended family?
- Has any person in the home ever been a victim of spousal abuse?

### **RESPONSE TO INTERVENTION**

- Does any caregiver deny, seem unaware of, or take the allegations less seriously than CPS?
- Is any caregiver hostile toward or refusing to cooperate with CPS?

# PROTECTING CHILDREN BROCHURE

## PROTECTING CHILDREN

The Division of Family and Children Services at Work

Every child needs to be treasured, protected and nurtured. Unfortunately, some parents can't — or won't — care for their children. When they neglect or abuse them, some one must step in to ensure the children's safety. The community, the police, the courts and state and local agencies share this responsibility.

In Georgia, the Division of Family and Children Services (DFCS) has a special role as the state agency designated to protect children and strengthen families.

Many people misunderstand, or do not know, how DFCS does its job. Here is the way Georgia's Child Protective Services system (CPS) works.

Where do children go who must be removed from their homes?  
If it is a crisis situation, the child may go to an emergency shelter. Then, about half of the children are placed with relatives and half with foster parents. DFCS evaluates all potential homes. Foster parents are screened and trained and receive financial aid to help with the cost of the child's care.

Is there more child abuse and neglect now than in the past?  
After reaching all-time highs nationwide in the early 1990s, reports have decreased significantly. Many families whose problems are poverty-related (lack of adequate clothing, food or housing) are referred by DFCS to community resources for the help they need, so they do not enter the CPS system. This allows DFCS to address the cases where actual abuse and neglect have occurred and to concentrate its efforts on the most troubled families.

What rights do children have?  
DFCS believes that children have the right to grow up in a stable home in a safe and healthy environment and not to be abused or neglected.

What happens if a child is still being neglected or is abused again?  
If conditions do not improve, DFCS may go to court to seek temporary custody of the child. If custody is granted, DFCS places the child in a safe environment (for example, with a relative or foster family) while continuing to work with the parents to help them resolve their problems.

If the family does not improve, what is the next step?  
DFCS petitions the court to terminate parental rights and make the child available for adoption.

Does Georgia emphasize keeping the family unit together at all costs?  
No. The most important consideration is the safety and protection of the child. Both state and federal laws have set clear guidelines for quicker termination of parental rights in cases where families show no improvement and to ensure that children remain in foster care no longer than necessary. For example, when parents refuse or repeatedly fail to complete drug treatment successfully or do not follow improvement goals, DFCS is required to develop a permanency plan for their children and seek early termination and adoption.



If you think a child is being hurt or neglected whom do you call?  
The Department of Family and Children Services is in every county. You simply call their local office and give them the name and location of the child. Your report is confidential. While you do not have to give your name to make a report, it can be more helpful for the child if you are willing to tell who you are and to testify in court if necessary. If you believe a child is in immediate danger, call the police. They will contact DFCS.

What is considered child abuse or neglect?

- Physical abuse is injury to a child under age 18 by a parent or caretaker which results in bruises, welts, fractures, burns, cuts or internal injuries.
- Neglect is the failure of the parent or caretaker to see that a child is adequately supervised, fed, clothed or housed.
- Sexual abuse occurs when a parent or other adult uses a child under age 18 for sexual stimulation.

What type of maltreatment is most reported?

Neglect makes up the bulk of the reports and the majority of substantiated cases. Lack of adult supervision is the most common type of neglect. Physical abuse is the next most reported and substantiated type of maltreatment, followed by sexual abuse.

What happens when you call DFCS to report suspected abuse or neglect?

The worker first determines whether the call is about the maltreatment of a child under 18 by a parent or caretaker. Reports that fall within these guidelines are investigated by DFCS investigators, frequently along with the police.

The law requires DFCS to notify the police of every report. About 60 percent of the reports received require an investigation. The remainder are referred to other agencies, such as the local police, health department or school system for assistance.

How soon after a report is made does the worker begin the investigation?

In-person response time ranges from within 24 hours to five days, depending on the nature of the allegation, the age of the child and the severity of the allegation.

What happens in an investigation?

- Generally, the CPS worker
- checks other DFCS offices to see if there have been previous reports on this child or on the alleged perpetrator.
  - visits the child at home or school to observe and talk with him or her directly.
  - meets with the family to discuss the allegations.
  - talks with anyone who may have information about the child and the family situation, including relatives, neighbors, friends, school personnel, and physicians.
- The main concern throughout the investigation is the safety of the child.

Once an investigation is completed, how does the worker make a decision?  
There are two possible outcomes of an investigation. The report is substantiated or unsubstantiated.

- Substantiated — means that more than half of the facts gathered indicate that the child has been abused or neglected.
- Unsubstantiated — means that there is not enough evidence to prove that the child has been mistreated.

If a report is substantiated, does DFCS automatically remove the child from the home? No. A child may be taken from home by the police if he or she is in immediate danger. If there appears to be an ongoing risk to the child, DFCS may petition the juvenile court to remove the child.

Under what conditions may DFCS remove children who are not in immediate danger? If the CPS staff determine that it is not safe for a child to remain at home (for example, when very young children are left home alone), then DFCS will file a petition with the juvenile court for a hearing to decide whether the agency will be granted temporary custody.

What happens to children who are left with their families after DFCS has confirmed abuse or neglect?

Families are rated as low-, moderate- or high-risk based on the nature and extent of their problems (substance abuse, no social support, violence). The most intensive services (more in-person visits by the case manager) are provided to the high-risk families as this has been shown to reduce repeat abuse and neglect. Case managers visit the family regularly and link them with other services to strengthen the family and address the causes of maltreatment.

What kinds of services are offered to these families?

- referral for alcohol and drug treatment
- referrals for employment and child support
- parenting education
- counseling
- in-home parent aides
- child care

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## ***ADULT PROTECTIVE SERVICES***

All DFCS employees are required by law to report abuse, neglect or exploitation of disabled adults or elderly persons.

**Calls that are Emergency Situations should be directed to contact... 911.**

Reports of abuse, neglect or exploitation of disabled adults or elder persons (**who are NOT residents of nursing homes or personal care homes**) should be directed to the **Adult Protective Services (APS) Central Intake Unit** of the Georgia Department of Human Resources, Division of Aging Services.

### **APS Central Intake Unit Contact Information:**

- Toll-Free: (888) 774-0152
- Within Metro Atlanta local calling area: (404) 657-5250

Reports of abuse, neglect or exploitation of disabled adults or elder persons **who live in a nursing home or personal care home** should be directed to the Georgia Department of Human Resources, **Office of Regulatory Services or Long Term Care Ombudsman Program.**

### **Office of Regulatory Services Intake Contact Information:**

- Toll-Free: (800) 878-6442
- Within Metro Atlanta local calling area: (404) 657-5728
- Submit a report online at <http://aging.dhr.georgia.gov>

### **Long Term Care Ombudsman Program Contact Information:**

- Toll-Free: (888) 454-5826

### **Contact Information:**

Division of Aging Services  
Two Peachtree Street, NW  
Suite 9385  
Atlanta, Georgia 30303-3142

Phone: 404.657.5258  
Fax: 404.657.5285



## **CUSTOMER SERVICE BEHAVIORAL STANDARDS**



**GREET** your customers promptly and courteously.

**LISTEN** and verify your understanding of the customer's needs.



**HELP** customers with your answers and actions.

**HONOR** your commitments in a timely manner.



## **TEN RULES FOR PROVIDING QUALITY CUSTOMER SERVICE**

### **1) GREET THE CUSTOMER IMMEDIATELY**

- Call the customer by a courtesy title (Mr., Mrs., Ms.) and use his or her last name
- Make immediate eye contact
- If you are busy, acknowledge the customer's presence with a nod or a smile
- An immediate greeting only takes a second, but it puts the customer at ease and gets you started on the right foot

### **2) GIVE THE CUSTOMER YOUR UNDIVIDED ATTENTION**

- Let the customer know that his or her situation is your number one priority at that time
- Don't act disinterested or bored
- Pay attention to the customer and show that you consider him or her to be important
- Don't try to handle two customers at one time
- Practice good listening skills so you can discuss key points, answer questions, and make appropriate referrals

### **3) MAKE THE FIRST 30 SECONDS COUNT**

- The first 30 seconds belong to the customer, not to you
- Don't force customers into the same mold; recognize that each individual and situation is unique
- Give each customer a chance to communicate his or her needs clearly in the first 30 seconds

### **4) BE NATURAL, NOT PHONY OR MECHANICAL**

- Don't give the customer the standard or routine answers to questions
- Express genuine interest and concern
- Avoid the "have-a-nice-day-next" attitude

### **5) BE ENERGETIC AND CORDIAL**

- Approach each contact with a customer as a new event
- When answering the telephone, keep in mind that the customer can't see you and your voice is the only means you have of making a good impression
- Pace yourself as you work

**6) BE THE CUSTOMER'S AGENT**

- Make the commitment to help solve the customer's problem
- Know who is responsible for various duties within your organization so you can make appropriate referrals
- Be willing to apologize to a customer if the situation calls for it – even if you are not the one who made the mistake
- Think of your job as a matter of solving problems for the customer, not just performing a set of tasks

**7) THINK! USE YOUR COMMON SENSE**

- It's okay to think for yourself
- If the answer isn't "in the manual", stop and think things over
- Try to think beyond the limits of habit, tradition, and standard procedures
- Look for new ways to do things that will be beneficial to your customers

**8) BE FLEXIBLE**

- Don't allow the rules or procedures to become a barrier to helping the customer
- If you are in doubt, check with your supervisor about a new way to solve a customer's problem

**9) MAKE THE LAST 30 SECONDS COUNT**

- The last impression a customer leaves with is just as important as the first impression
- Remember that we are here to serve our customers
- Offer a bit of helpful information; let the customer know what to expect, and what information is needed
- Make the contact a positive experience

**10) TAKE GOOD CARE OF YOURSELF**

- You can take good care of your customers by taking good care of yourself
- Everyone has a bad day now and then, but the key to your success is to keep those feelings in check and not let those feelings impact the quality of service you provide
- Pay attention to your feelings throughout the day and keep yourself in a positive frame of mind
- When you are feeling good, you transmit that energy and optimism to your customers as well as to your co-workers

## NON-VERBAL COMMUNICATION IN CUSTOMER SERVICE

Use the **S-O-F-T-E-N** formula:

**S**mile:



**O**pen space: Don't put anything between you and the other person.

**F**orward lean: Sends the message that you care about what the person has to say.

**T**erritory: Do not invade the other person's space.

**E**ye contact: Make eye contact as often as possible, particularly when speaking to another person.

**N**od: Nodding occasionally conveys to the other person that you are listening and interested in what they have to say.

Adapted from PML ASSOCIATES, Inc.  
Human Resource/Management Consulting  
Greenwood, SC

# TIPS FOR POSITIVE TELEPHONE INTERVIEWS



Smile before answering the phone

Sit up straight

Speak at a comprehensive rate

Use moderate volume

Change voice pitch and inflection

Maintain a clear tone

# CREATING A POSITIVE TELEPHONE IMPRESSION

## CONDUCTING TELEPHONE INTERVIEWS

<b>DO...</b>	<b>DO NOT...</b>
<ul style="list-style-type: none"><li>▪ Prepare for the call</li></ul>	<ul style="list-style-type: none"><li>▪ Have loud noises in the background</li></ul>
<ul style="list-style-type: none"><li>▪ Identify yourself to the customer</li></ul>	<ul style="list-style-type: none"><li>▪ Eat food or chew gum</li></ul>
<ul style="list-style-type: none"><li>▪ Tell the customer why you are calling</li></ul>	<ul style="list-style-type: none"><li>▪ Use DFCS jargon</li></ul>
<ul style="list-style-type: none"><li>▪ Ask for the individual with whom you would like to speak using their formal name</li></ul>	<ul style="list-style-type: none"><li>▪ Put the phone down/hang up the phone hard</li></ul>
<ul style="list-style-type: none"><li>▪ Listen and paraphrase back</li></ul>	
<ul style="list-style-type: none"><li>▪ Make notes during the call</li></ul>	
<ul style="list-style-type: none"><li>▪ Ask permission before placing someone on speaker phone</li></ul>	
<ul style="list-style-type: none"><li>▪ Summarize the call</li></ul>	
<ul style="list-style-type: none"><li>▪ Ask for additional questions and if additional assistance is needed before ending the call</li></ul>	

## **STANDARD DHS TELEPHONE GREETING:**

Hello \_\_\_\_\_ (state your Division or office name), this  
is \_\_\_\_\_ (your name), may I help you?

Example: "Hello, Clarke County Department of Family and Children Services, this is Darren Chester, may I help you?"

**Write down how you will answer the phone in your office:**

## **TELEPHONE TECHNIQUES:**

- The telephone should be answered by the second ring.
- Put a smile on your face when talking. That smile will be "heard" by the caller.
- Adjust your rate of speech to match the caller.
- If you must put someone on hold, ask, "May I place you on hold while I get that information for you?" Make sure you wait for their answer before pressing the button.
- Never keep someone holding for more than 30 seconds. If necessary pick back up and explain any delay and give the caller an opportunity to hang up and have you call them back.

## **EXPERIENCING CUSTOMER SERVICE EXERCISE**

Think about the experiences you have had in your own life as a customer during the past few months in any place such as a store, restaurant, etc.

### **EXAMPLES OF BAD SERVICE:**

- a) What did the person(s) do, or not do, that made it so awful or disappointing? Please be specific.
  
- b) What should they have done differently?
  
- c) How can we use this in our own work?

### **EXAMPLES OF GOOD/EXCELLENT SERVICE:**

- a) What did the person(s) do, or not do, that made the service so exceptional? Please be specific.
  
- b) How can we use this in our own work?

# **FAMILY MEDICAID ONLINE**



**MEDICAID INTRODUCTION**

# OBJECTIVES

By the end of this module, participants will

- Become familiar with Family Medicaid
- Learn about the services Family Medicaid provides
- Learn what a Class of Assistance (COA) is
- Become familiar with the Continuing Medicaid Determination process
- Be introduced to each Family Medicaid COA and the groups covered

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# ASSISTANCE PROGRAMS AVAILABLE IN GEORGIA

**TANF – Temporary Assistance for Needy Families** provides assistance to needy families to help them become self-supporting through employment, pursuing child support and preventing out-of-wedlock pregnancies. Cash assistance is conditional upon compliance with work requirements and personal responsibilities. Families with children under 18 (and some 18 years) must be in financial need. This program is administered in Georgia by the Division of Family and Children Services (DFCS). A more detailed explanation of TANF follows this page.

**SSI – Supplemental Security Income** provides a monthly check and Medicaid to aged (age 65 or older), blind or disabled individuals who are in financial need. SSI may act as “supplement” to other income, or it may be the only income the individual receives. Disabled children may also receive SSI unless their parents have too much income. SSI is administered in all states by the Social Security Administration and funded entirely by the federal government.

**GA – General Assistance** provides assistance for disabled individuals not receiving SSI or families who are threatened with eviction. This is a county-funded program available only in certain counties in Georgia. Eligibility rules and types of assistance offered are different in each county. GA applications are processed by the county Division of Family and Children Services.

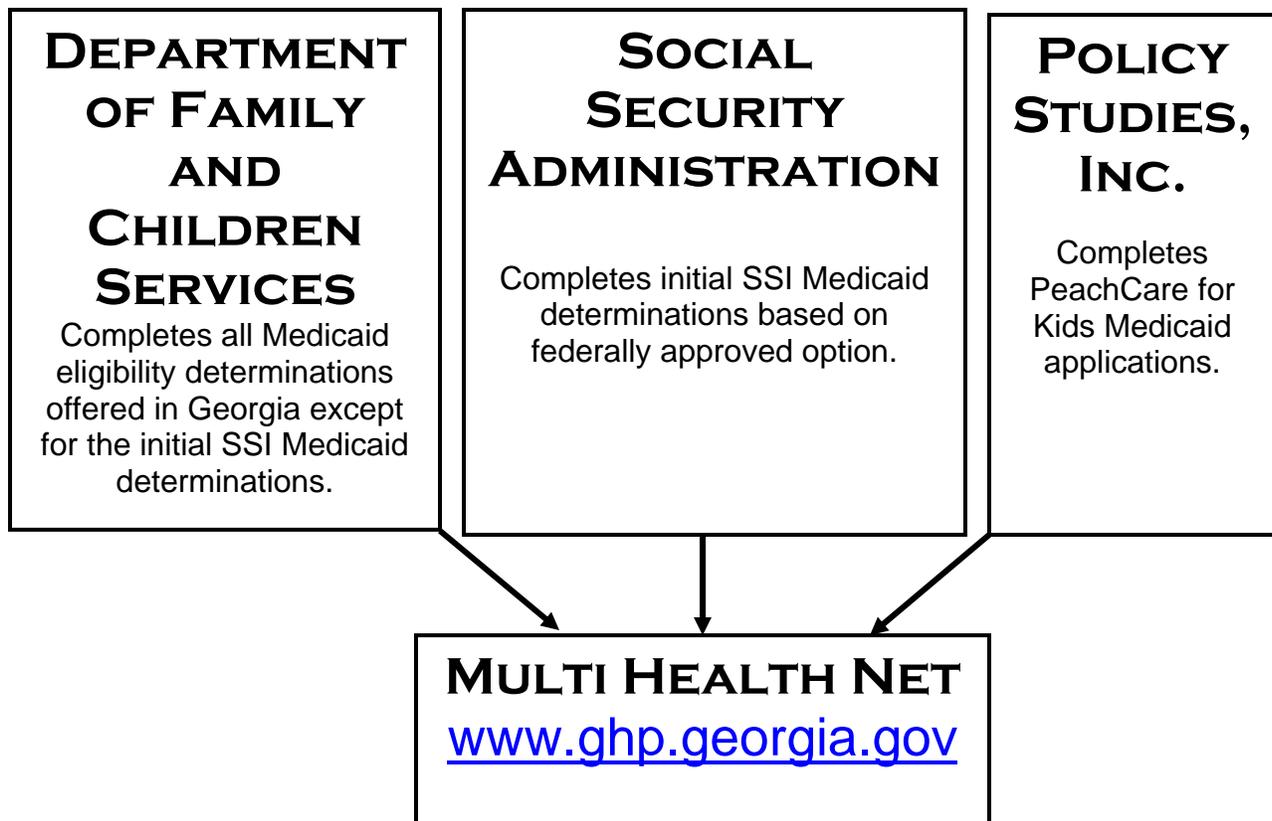
**RRP – Refugee Resettlement Program** provides cash, medical assistance, and social services for up to eight months to Refugee families who are in financial need based on TANF standards. The program is federally funded and administered in Georgia by the Division of Family and Children Services.

**Energy Assistance** provides financial assistance for low-income families to help pay for the cost of heating and cooling their homes. Energy Assistance is administered in Georgia by the Community Action Agencies. It is funded with money provided by the federal government and voluntary contributions to utility companies.

**Medical Assistance Programs** provides Medicaid to persons who meet certain requirements. Certain “Classes of Assistance” are listed and explained in the following pages. This is not a complete list.

## DEPARTMENT OF COMMUNITY HEALTH

The Department of Community Health is the federally recognized Medicaid Authorizing Agency for Georgia. They are in charge of all the Medicaid for the state of Georgia. They contract out with many different agencies and companies to perform all of the many needed functions with Medicaid. Medicaid eligibility, by federal law, must be determined by either the Medicaid Authorizing Agency (DCH) or the Title IV-A Agency (DFCS). Georgia chose to have Medicaid eligibility determined by DFCS.



The Multi Health Net is the main consolidated computer system that displays all customers on Medicaid and what class of assistance they are receiving. It also displays any third party insurance. This is the system that providers interface with to submit billing requests, authorizations for treatment, etc. The MHN system receives data from agencies such as SSA, DFCS and PSI. It generally takes approximately two days for the data to reach the MHN system. In the event that the data does not display by the second day, review **Appendix C – Medicaid Issuance** in the Online Policy Manual at [www.odis.dhr.georgia.gov](http://www.odis.dhr.georgia.gov)

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## **MEDICAID GENERALLY COVERS THE FOLLOWING:**

- ✓ Inpatient hospital services with the following restrictions:
  - ✗ one daily physician's visit
  - ✗ one pre-operative in-patient day
  - ✗ no reimbursement for Friday, Saturday or day-before-holiday admissions, except for emergencies
- ✓ Outpatient services with the following restrictions:
  - ✗ visits must be medically justified
  - ✗ services are limited to hospitals with organized outpatient clinics
- ✓ X-ray and laboratory services
- ✓ Prescriptions, drugs and supplies with the following restrictions:
  - ✗ 6 prescriptions per child per month and 5 prescriptions per adult per month unless the physician receives pre-approval from DMA for more than the limit
  - ✗ drugs must be on the approved list authorized by DMA
  - ✗ AUs must use the same pharmacy throughout the month for all individuals listed on the Medicaid card
- ✓ Physician's services with the following restrictions:
  - ✗ 12 physician office visits per AU member per fiscal year
  - ✗ services necessary for the diagnosis or treatment of illness or injury
  - ✗ family planning services; limited to two per AU member per fiscal year
  - ✗ voluntary sterilization
  - ✗ Healthcheck services for individuals under 21
  - ✗ Vaccinations only if directly related to treatment of an injury or direct exposure
- ✓ The charge for Supplementary Medical Insurance for those eligible for Medicaid and Medicare
- ✓ Emergency Ambulance services
- ✓ Orthotic/Prosthetic services
- ✓ Whole blood
- ✓ Limited Psychological services
- ✓ Limited dental services

**NOTE: The above list is not all-inclusive. The Medicaid provider has a comprehensive list of services covered by Medicaid.**

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# MEDICAL ASSISTANCE PROGRAM

## Family Medicaid Classes of Assistance

- \* **Newborn Medicaid (NB)** provides Medicaid coverage to a child born to a mother who was eligible for and receiving Medicaid under any class of assistance in Georgia on the day the child was born. A child is eligible for NB 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.
- \* **Low Income Medicaid (LIM)** covers adults and children who meet the financial eligibility based on income and resource limits. In addition, LIM is available for families who choose to receive only Medicaid rather than cash assistance (TANF), or choose to receive their child support rather than TANF, or do not wish to comply with the Personal Responsibilities or the Work Requirements of the TANF Family Service Plan.
- \* **Transitional Medical Assistance (TMA)** provides Medicaid for up to 12 months to families for whom LIM is terminated because of increased or new earnings from employment. TMA uses 185% of the Federal Poverty Level as the income limit for eligibility. This program is to help transition families into full independence.
- \* **Four Months Extended Medicaid Because of Child Support (4MCS)** provides continued Medicaid eligibility when a LIM AU becomes ineligible for LIM because of the receipt of child support. The AU may receive four months of extended Medicaid.
- \* **Right from the Start Medicaid (RSM)** covers children and pregnant women who are not eligible for LIM. Eligibility covers pregnant women who have income less than or equal to 200% of Federal Poverty Level (FPL), children under age 1 who have income less than or equal to 185% of the Federal Poverty Level (FPL) and children from age 1 through 6<sup>th</sup> year birth month who have income less than or equal to 133% of FPL. It also covers children age 6 through age 18 who have income less than or equal to 100% of the Federal Poverty Level. This program was created to help reduce infant mortality in the U.S. and to give young children the “right start” in life. It allows many families the safety net of medical coverage for children while they continue to financially support themselves.

- \* **Medically Needy Medicaid** provides Medicaid to children and pregnant women who cannot qualify for Medicaid any other way. This program allows the family to “spenddown” excess income with their medical expenses as a means of becoming Medicaid eligible. It provides support for the working family which has too much income to be eligible for RSM but also has high medical bills. This class of assistance will not be covered in this training session.
  
- \* **Child Welfare Foster Care Medicaid (CWFC)** provides Medicaid coverage for a child who is in placement for whom DFCS has partial or total responsibility and who also has been determined ineligible for IV-E Foster Care. Eligibility for CWFC Medicaid is based on LIM basic eligibility requirements with some exceptions and LIM income and resource requirements. This class of assistance will not be covered in this training session.

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# MEDICAL ASSISTANCE PROGRAM

## Aged, Blind, or Disabled Medicaid Classes of Assistance

\* **“Public Law” Medicaid** can continue Medicaid coverage for individuals who had previously been eligible for Medicaid due to receipt of SSI, but who became ineligible for this program, and consequently became ineligible for Medicaid, due to either an initial entitlement to Retirement, Survivors, Disability Insurance (RSDI) or an increase in RSDI.

\* **Institutionalized/Home-Based Program** covers aged, blind or disabled persons who are in an institution or home-based program for 30 continuous days. This program uses an income limit that is 3 times the Supplemental Security Income (SSI) limit. It includes individuals in a hospital or nursing home as well as other individuals.

**Hospital Medicaid** covers aged, blind or disabled persons who are in a hospital for 30 days or in a nursing home. This program uses an income limit that is 3 times the SSI income limit.

**Hospice Care Medicaid** provides Medicaid to terminally ill persons who wish to receive services at home or in a Medicaid participating nursing home from a hospice care provider. This type of Medicaid uses the same income and resource limits as listed above.

***Katie Beckett Medicaid** provides Medicaid to blind or long-term disabled children at risk of entering an institution. This Medicaid coverage allows the child to be cared for at home rather than having to enter a nursing home. To determine eligibility for Medicaid under Katie Beckett, consideration of the parents' income and resources is “waived”. Only the **child's** monthly income and resources are considered.*

\* **“Waiver” Classes of Assistance** provides additional services above what regular Medicaid pays. Each program defines what expenses are covered.

**Community Care Services Program Medicaid (CCSP)** provides coverage to persons who wish to receive treatment under the Community Care Services Program at home rather than enter a nursing home.

***Mental Retardation Waiver Program (MRWP)/Community Habilitation Support Services (CHSS)*** are designed to provide in-home and community-based services to Medicaid eligible mentally retarded and developmentally disabled individuals who do not receive Medicaid benefits under a cash assistance program.

**Independent Care Waiver Program (ICWP)** provides Medicaid for individuals who meet criteria for Nursing Home placement, but remain at home. These individuals are severely physically disabled or have traumatic brain injuries. These individuals need more care than can be provided by CCSP.

\* **Q-track Classes of Assistance** provide limited benefits to Medicare eligible individuals.

**Qualified Medicare Beneficiaries (QMB)** acts as a medical coverage supplement to persons on Medicare. The income limit is 100% of the Federal Poverty Level (FPL) and the resource limit is twice the SSI limit. QMB pays the Medicare premium, deductible, and co-payment for Medicare recipients.

**Specified Low-Income Medicare Beneficiary (SLMB)** is a class of Medicaid assistance that pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet certain financial criteria, but whose income or resources make them ineligible for Medicaid.

**Qualifying Individuals – 1 (QI-1)** is a class of assistance that pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet financial criteria based on a percentage of the FPL. The eligibility criteria are identical to SLMB except that the coverage is time-limited depending on available State funds and the income limit is higher than the SLMB limit.

\* **ABD Medically Needy Medicaid (AMN)** provides Medicaid for the aged, blind or disabled who cannot qualify for Medicaid any other way. This program allows the individual or family to “spenddown” excess income with their medical expenses as a means of becoming Medicaid eligible.

# CMD ORDER FAMILY MEDICAID



**NEWBORN – F15**



**LIM – F01**



**TRANSITIONAL MEDICAL  
ASSISTANCE (TMA) – F07**



**FOUR MONTHS MEDICAID  
CHILD SUPPORT – F09**



**RIGHT FROM THE START MEDICAID Pg (RSM Pg) – P01  
RIGHT FROM THE START MEDICAID CHILD (RSM CHILD) – F22**



**PEACHCARE FOR KIDS**



**MEDICALLY NEEDY Pg – P99  
MEDICALLY NEEDY CHILD – F99**

# **FAMILY MEDICAID ONLINE**



**ASSISTANCE UNITS**

# OBJECTIVES

By the end of this module, participants will

- Become familiar with the definition of a LIM AU
- Become familiar with the degree of relationship requirement in LIM
- Become familiar with the steps for determining the LIM AU
- Explore special situations regarding the LIM AU composition

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## **DEGREES OF RELATIONSHIP FOR LIM** **(MR 2245)**

The following relationships are within the specified degree to apply for LIM for a child:

◆ Parents (birth, legal adoption or step)

◆ Grandparents (up to great-great-great)

◆ Siblings (whole, half or step)

◆ Aunts/Uncles (up to great-great)

◆ Nieces/Nephews (up to great-great)

◆ First cousin

◆ First cousin once removed (child of first cousin)

◆ Spouses of above (even if marriage is terminated due to death or divorce)

*EXCEPTION: Spouse of stepparent or stepsibling is not within the specified degree of relationship.*

Relationship is established by one of the following:

◆ Birth

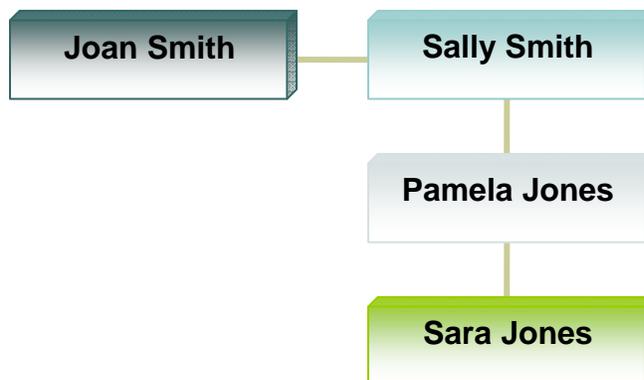
◆ Marriage

◆ Legal Adoption

## TRACING DEGREES OF RELATIONSHIP (MR 2245)

Relationship can be established by A/R statement, but the relationship needs to be traced and documented.

For example, “Joan Smith is the great-aunt of Sarah Jones” is not sufficient documentation. Instead, diagram the relationship with the names of the people involved.



If the client statement is questionable, then request verification of relationship.

If there is no relationship, then a child may still be eligible for Medicaid via RSM where relationship is not a requirement.



## OPTIONAL EXERCISE: AUs

In the following situations, determine the LIM AU.

1. Ms. Robins applies for LIM for herself and her two children, ages 8 and 10. There are no other household members.
2. Ms. Walker lives with her boyfriend Miles and their child Max, age 11. Ms. Walker applies for LIM for herself and Max.
3. Mr. Ralph Charles lives with his wife Betty, their mutual son John, age 5, and Mr. Charles' son from a previous marriage William, age 15. Mr. Charles applies for LIM for himself and William only.
4. Ms. Carla Sanders, age 18, lives with her mother Wilma Sanders. Carla has a 19-month-old daughter living in the home. Also in the home is Carla's 16-year-old brother Frank. Wilma and Frank receive LIM. Carla applies for LIM for her daughter. Could Carla have a separate LIM AU?  
  
Who would the Case Manager include in Carla's LIM AU?
5. Ms. Chandra Phillips lives with her son Mike (3) and her boyfriend Peter. She applies for LIM for Mike. Who would the Case Manager include in the LIM AU?
6. Ms. Mary Cooper lives with her son Thomas (18), her daughter Misty (16), and son Bill (12). Ms. Cooper applies for LIM for herself and her children. Who would the Case Manager include in the LIM AU?
7. Ms. Soo Li Nakimoto receives LIM for herself and her son Lee (7). She calls to report that her niece Kim (9) moved in with her and she would like to add her to her LIM case. Can Kim be added to Ms. Nakimoto's case?

8. Mr. Randall Sanchez receives LIM for himself, his daughter Marie (17), and his son George (14). Mr. Sanchez calls to report that Marie has had a baby and he would like to remove her from his case, as she will be placing an application for herself and her daughter. Can Marie have a separate LIM case?
9. Mrs. Pamela Henderson lives with her husband Billy, her son from a previous marriage Kendal (6), Mr. Henderson's daughter from a previous marriage Selena (3), and their mutual child Margaret (1). Ms. Henderson applies for LIM for everyone. Who would be included in the LIM AU?
10. Ms. Rhonda Thompson (19) applies for LIM for herself and her sister Sarah (10). Who would the Case Manager include in the LIM AU?
11. Ms. Karen Bernard (26) applies for LIM for her two nieces Tonya (12) and Tisa (12). Ms. Bernard states that she does not wish to be included in the AU. Who would the Case Manager include in the LIM AU?
12. Ms. Dorothy Day receives SSI. She applies for LIM for her daughter Tasha (4) and her first cousin Lisa (3). Who would the Case Manager include in the LIM AU?
13. Ms. Alice Kennedy is legal guardian to Stacey (3) and Joe (5) Smith. The children's mother was Ms. Kennedy's best friend and is now deceased. Ms. Kennedy applies for Family Medicaid. Are Ms. Kennedy and the children eligible for LIM?
14. Mr. Troy Bennett (63) lives with his wife Linda (63) and their grandchildren Nancy (7) and Cindy (4). Nancy and Cindy are sisters. Mr. Bennett applies for LIM for everyone. Who would be included in the LIM AU(s)?



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# EXERCISE KEY: AUS

In the following situations, determine the LIM AU.

1. Ms. Robins applies for LIM for herself and her two children, ages 8 and 10. There are no other household members.  
**Ms. Robins and her two children**
2. Ms. Walker lives with her boyfriend Miles and their child Max, age 11. Ms. Walker applies for LIM for herself and Max.  
**Ms. Walker, Miles and Max**
3. Mr. Ralph Charles lives with his wife Betty, their mutual son John, age 5, and Mr. Charles' son from a previous marriage William, age 15. Mr. Charles applies for LIM for himself and William only.  
**Mr. Charles and William**
4. Ms. Carla Sanders, age 18, lives with her mother Wilma Sanders. Carla has a 19-month-old daughter living in the home. Also in the home is Carla's 16-year-old brother Frank. Wilma and Frank receive LIM. Carla applies for LIM for her daughter. Could Carla have a separate LIM AU?  
**Yes**  
  
Who would the Case Manager include in Carla's LIM AU?  
**Carla and her 19-month-old daughter**
5. Ms. Chandra Phillips lives with her son Mike (3) and her boyfriend Peter. She applies for LIM for Mike. Who would the Case Manager include in the LIM AU?  
**Ms. Phillips and Mike**
6. Ms. Mary Cooper lives with her son Thomas (18), her daughter Misty (16), and son Bill (12). Ms. Cooper applies for LIM for herself and her children. Who would the Case Manager include in the LIM AU?  
**Ms. Cooper, Misty and Bill**
7. Ms. Soo Li Nakimoto receives LIM for herself and her son Lee (7). She calls to report that her niece Kim (9) moved in with her and she would like to add her to her LIM case. Can Kim be added to Ms. Nakimoto's case?  
**Yes**

8. Mr. Randall Sanchez receives LIM for himself, his daughter Marie (17), and his son George (14). Mr. Sanchez calls to report that Marie has had a baby and he would like to remove her from his case, as she will be placing an application for herself and her daughter. Can Marie have a separate LIM case? **No**
9. Mrs. Pamela Henderson lives with her husband Billy, her son from a previous marriage Kendal (6), Mr. Henderson's daughter from a previous marriage Selena (3), and their mutual child Margaret (1). Ms. Henderson applies for LIM for everyone. Who would be included in the LIM AU?  
**Everyone: Mr. and Mrs. Henderson, Kendall, Selena, and Margaret**
10. Ms. Rhonda Thompson (19) applies for LIM for herself and her sister Sarah (10). Who would the Case Manager include in the LIM AU?  
**Ms. Thompson and Sarah**
11. Ms. Karen Bernard (26) applies for LIM for her two nieces Tonya (12) and Tisa (12). Ms. Bernard states that she does not wish to be included in the AU. Who would the Case Manager include in the LIM AU?  
**Tonya and Tisa only**
12. Ms. Dorothy Day receives SSI. She applies for LIM for her daughter Tasha (4) and her first cousin Lisa (3). Who would the Case Manager include in the LIM AU?  
**Tasha and Lisa**
13. Ms. Alice Kennedy is legal guardian to Stacey (3) and Joe (5) Smith. The children's mother was Ms. Kennedy's best friend and is deceased. Ms. Kennedy applies for Family Medicaid. Are Ms. Kennedy and the children eligible for LIM? **No. Legal guardian is not within the degree relationship. Consider RSM.**
14. Mr. Troy Bennett (63) lives with his wife Linda (63) and their grandchildren Nancy (7) and Cindy (4). Nancy and Cindy are sisters. Mr. Bennett applies for LIM for everyone. Who would be included in the LIM AU(s)?  
**There could be two LIM AUs. Mr. Bennett could receive with Nancy or Cindy in one AU and Mrs. Bennett could receive in a separate AU with either Nancy or Cindy.**

# **FAMILY MEDICAID ONLINE**



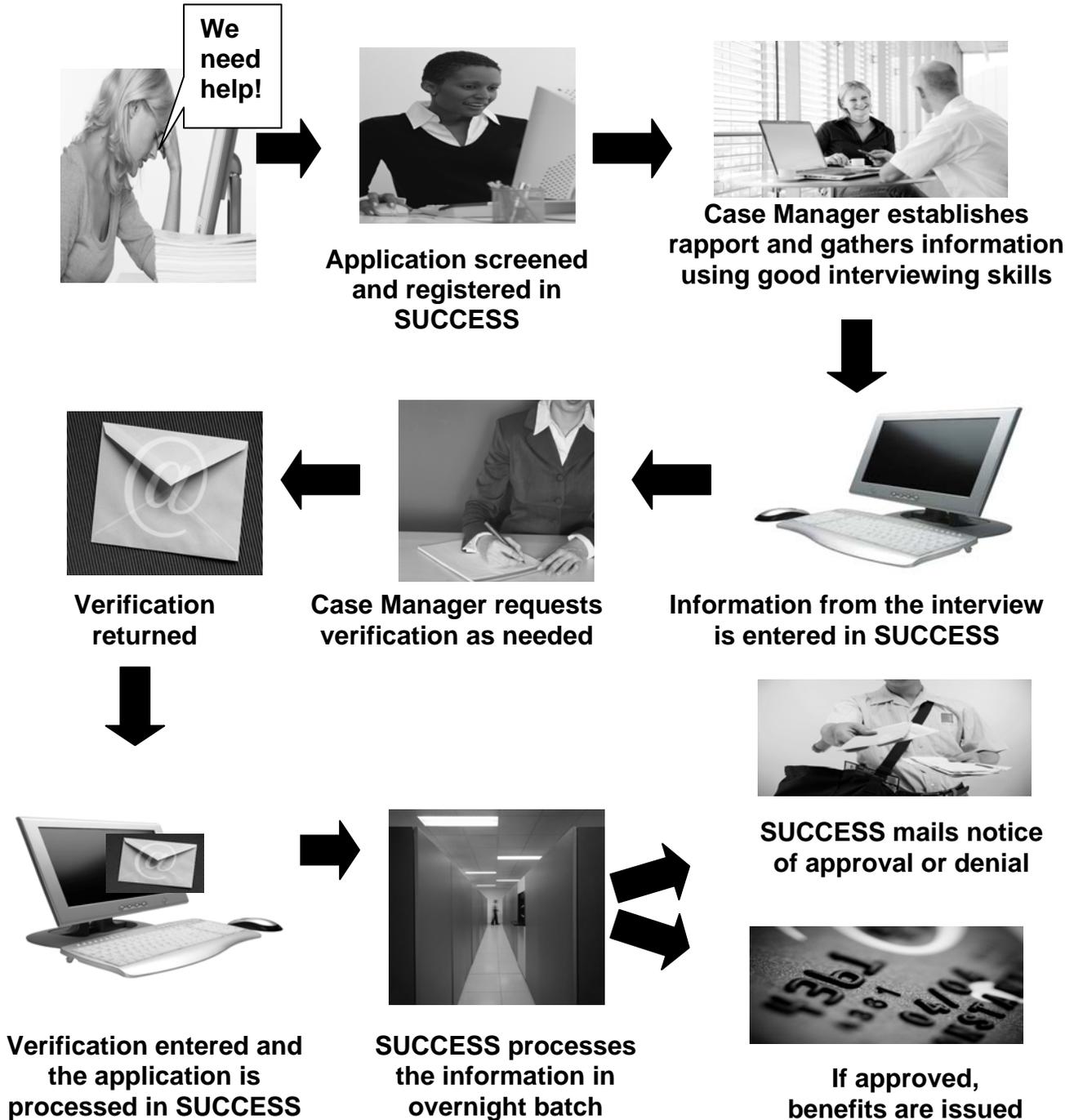
**APPLICATION PROCESSING**

# OBJECTIVES

By the end of this module, participants will

- Become familiar with the methods of application for LIM
- Determine the Standard of Promptness (SOP) for a Medicaid application
- Determine when Medicaid eligibility will begin
- Determine in which months an AU may be eligible for Retroactive Medicaid
- Become familiar with Health Check Services and WIC
- Become familiar with verification requirements in LIM
- Become familiar with when eligibility for Medicaid must be redetermined

## OVERVIEW OF THE APPLICATION PROCESS





# APPLICATION FORMS

**94 Medicaid Application**

**222 Medicaid Review Form**

**297 Application for TANF, Food Stamps, or  
Medical Assistance**

**632W Women's Health Medicaid Application**

**700 Application for Medicaid & Medicare  
Savings for Qualified Beneficiaries**

**PeachCare for Kids**

**Internet Medicaid Application**

**Women's Health Review Form**

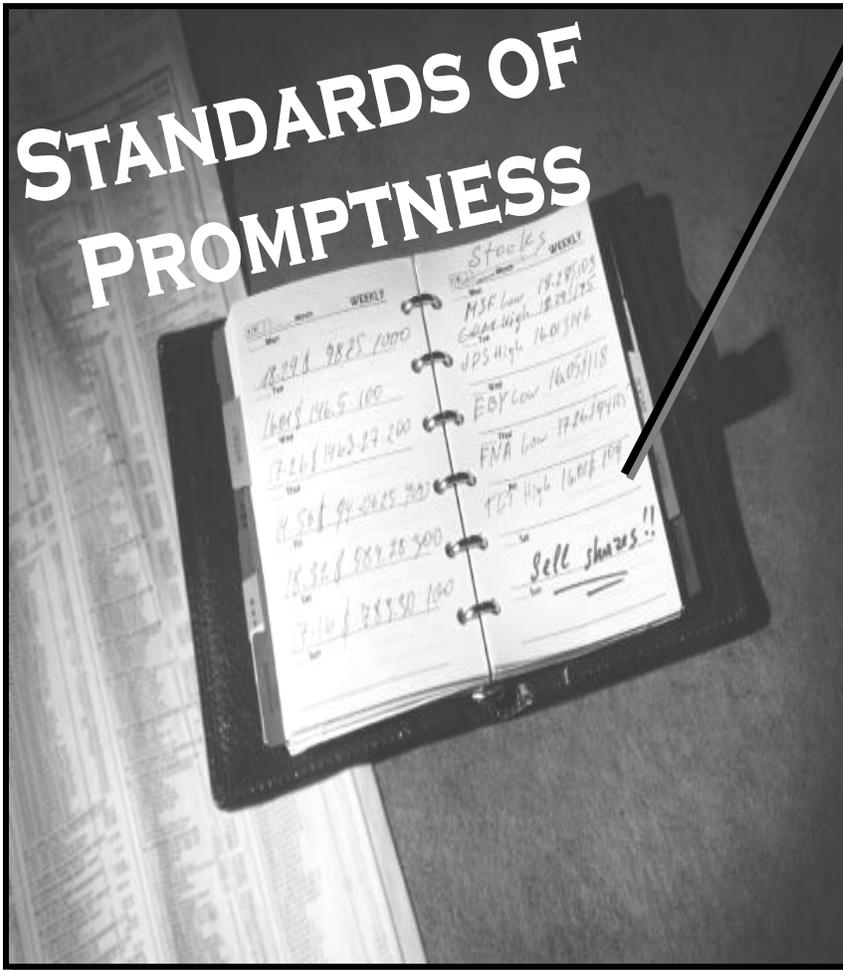
**LISA – Low Income Subsidy Application**

**AFA – SUCCESS Application for Assistance**

A face-to-face interview is **NOT** a requirement of any  
Medicaid Class of Assistance (COA).

## FAMILY MEDICAID PROCESSING STANDARDS

CRITERION	POLICY SUMMARY
<b>PROCESSING STANDARDS (MR 2050, 2065, AND 2706)</b>	<p><b>Registration:</b> Within 24 hours of receipt by agency.</p> <p><b>SOP:</b> Disposition within 45 calendar days beginning with the date of application.</p> <p><b>Exception:</b> Pregnant women must be approved within 10 calendar days if pregnancy has not yet terminated.</p> <p><b>Reviews:</b> Must be completed by the last work day of the month in which it is due.</p>
<b>APPLICATION FORMS (MR 2065)</b>	<p>An application for <b>Medicaid</b> can be made with any of these forms:</p> <ul style="list-style-type: none"> <li>➤ Form 297 (Form 297-A and 297-M also required)</li> <li>➤ Form 94</li> <li>➤ SUCCESS Application for Assistance (AFA)</li> <li>➤ Form 222</li> <li>➤ Form 700</li> <li>➤ PeachCare for Kids application</li> <li>➤ Internet Medicaid application</li> <li>➤ Low Income Subsidy Application – SSA 1020B</li> <li>➤ Form DMA632W – Women’s Health Medicaid Application</li> </ul>
<b>MANDATORY FORMS (MR 2065)</b>	<p>Complete the following mandatory forms when processing a Family Medicaid application:</p> <ul style="list-style-type: none"> <li>➤ Eligibility Determination Document (EDD) or other written interview form</li> <li>➤ Form 216, Declaration of Citizenship</li> <li>➤ Form 5460, Notice of Privacy Practices</li> <li>➤ Form DMA-285, Third Party Liability Health Insurance (if TPL/TPR reported)</li> <li>➤ Form 138, Cooperation with Child Support Services (if a referral is required)</li> </ul>



**45 DAYS**

**LIM**

**10 DAYS**

**PREGNANT  
WOMEN**

If the SOP date falls on a weekend or holiday,  
complete the application by the last workday  
**prior to** the weekend or holiday.

## **STEPS TO DETERMINE SOP DATE**

1. If the SOP is 45 days, add 44 to the date of application
2. Subtract the number of days in the month of application
3. The result is the SOP date

NOTE: If the result in Step 3 is greater than the number of days in a month, subtract the number of days in the month following the month of application as well.

### **EXAMPLE 1**

AR applies on January 12<sup>th</sup>.

1.  $12$  (date of application) +  $44$  (SOP – day of application) =  $56$
2.  $56 - 31$  (days in month of January) =  $25$
3. The SOP is February 25<sup>th</sup>.

### **EXAMPLE 2**

AR applies on March 22<sup>nd</sup>.

1.  $22$  (date of application) +  $44$  (SOP – day of application) =  $66$
2.  $66 - 31$  (days in month of March) =  $35$
3.  $35 - 30$  (days in April) =  $5$ ; the SOP is April 5<sup>th</sup>.

## OPTIONAL EXERCISE: PROCESSING AN APPLICATION

1. List other agencies that may accept a Family Medicaid application.
2. What is the SOP for Family Medicaid applications?



Complete the following chart indicating the correct Standard of Promptness dates for Pregnant Women and other Family Medicaid applications.

Date Application Filed	Application Filed At	Date Application Received by DFCS	Application Date	Standard of Promptness	
				Pregnant Woman	Other Family Medicaid
1/2	DFCS	1/2			
2/9	County Health Department	2/10			
3/13	Public Hospital	3/19			
5/4	DFCS Office Wrong County	Correct County 5/7			
6/22	Federally-funded Health Care Center	6/23			
7/15	Private Hospital	7/20			
Application signed 8/17	Mailed to DFCS on 8/18	8/21			
9/21	Disproportionate Share Hospital	9/22			

## EXERCISE KEY: PROCESSING AN APPLICATION

1. List other agencies that may accept a Family Medicaid application.  
**DFCS, Public Health Centers, Disproportionate-share Hospitals, Public Hospitals, and Federally-funded Health Care Centers.**
  
2. What is the SOP for Family Medicaid applications?
  - ♦ **10 calendar days from the date of application for pregnant women, regardless of COA**
  - ♦ **45 calendar days from the date of application for all other Family Medicaid COAs**

Complete the following chart indicating the correct Standard of Promptness dates for Pregnant Women and other Family Medicaid applications.

Date Application Filed	Application Filed At	Date Application Received by DFCS	Application Date	Standard of Promptness	
				Pregnant Woman	Other Family Medicaid
1/2	DFCS	1/2	1/2	1/9 (1/11 is a Sunday)	2/13 (2/15 is a Sunday)
2/9	County Health Department	2/10	2/9	2/18	3/25
3/13	Public Hospital	3/19	3/13	3/20 (3/22 is a Sunday)	4/24 (4/26 is a Sunday)
5/4	DFCS Office Wrong County	Correct County 5/7	5/4	5/13	6/17
6/22	Federally-funded Health Care Center	6/23	6/22	7/1	8/5
7/15	Private Hospital	7/20	7/20	7/29	9/2
Application signed 8/17	Mailed to DFCS on 8/18	8/21	8/21	8/28 (8/30 is a Sunday)	10/2 (10/4 is a Sunday)
9/21	Disproportionate Share Hospital	9/22	9/21	9/30	11/4

**CHART 2065.1 FAMILY MEDICAID FORMS**

FAMILY MEDICAID CLASSES OF ASSISTANCE	MANDATORY			CONDITIONAL			
	Application	*Form 216- Declaration of Citizenship/Alien Status See Appendix F, Forms	Form 5460-Notice of Privacy Practices (HIPAA)	Form 138 – Child Support Services (if child has NCP)	Form 285 – Third Party Liability (if TPL/TPR reported)	Form 297-A – Rights and Responsibilities (if application was made via Form 297)	Form 297-M Medicaid Addendum (if application was made via Form 297)
Newborn Medicaid (NB)							
Low Income Medicaid (LIM)	Y	Y	Y	Y	Y	Y	Y
Transitional Medical Assistance (TMA)		Y	Y		Y		
Four Months Extended Medicaid (4MCS)		Y	Y		Y		
Right from the Start Medicaid – Pregnant Woman (RSM-PgW)	Y	Y	Y		Y	Y	Y
Right from the Start Medicaid – Child (RSM-Child)	Y	Y	Y		Y	Y	Y
Family Medicaid Medically Needy (FM-MN)	Y	Y	Y	Y	Y	Y	Y
PeachCare for Kids (PCK)	Y	Y					

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# RETROACTIVE MEDICAID

(MR 2053)

Provides coverage for the following time periods:

◆ Three Months Prior

◆ Intervening Months

Eligibility Criteria Not Required:

◆ Enumeration

◆ Application for Other Benefits

◆ Cooperation with Child Support Services

**\*NOTE: For RSM-PgW cases, the A/R can be eligible for retroactive coverage without having an unpaid medical expense. However, the A/R must have been pregnant in the prior month for which coverage is requested.**

## OPTIONAL EXERCISE: FAMILY MEDICAID REVIEWS

1. Application for Medicaid was filed 4/29; LIM was approved 5/11. When is the first review due?
2. Application for Medicaid was filed 11/5; LIM was approved 11/27. When is the first review due?
3. Application for Medicaid was file 6/5; RSM PgW was approved 6/9. When is the first review due?

<i>Weekly Planner</i>						
<b>January</b>						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
<b>February</b>						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
<b>March</b>						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
<b>April</b>						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
<b>May</b>						
S	M	T	W	T	F	S
				1	2	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
<b>June</b>						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				
<b>July</b>						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
<b>August</b>						
S	M	T	W	T	F	S
					1	
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
<b>September</b>						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
<b>October</b>						
S	M	T	W	T	F	S
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
<b>November</b>						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					
<b>December</b>						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

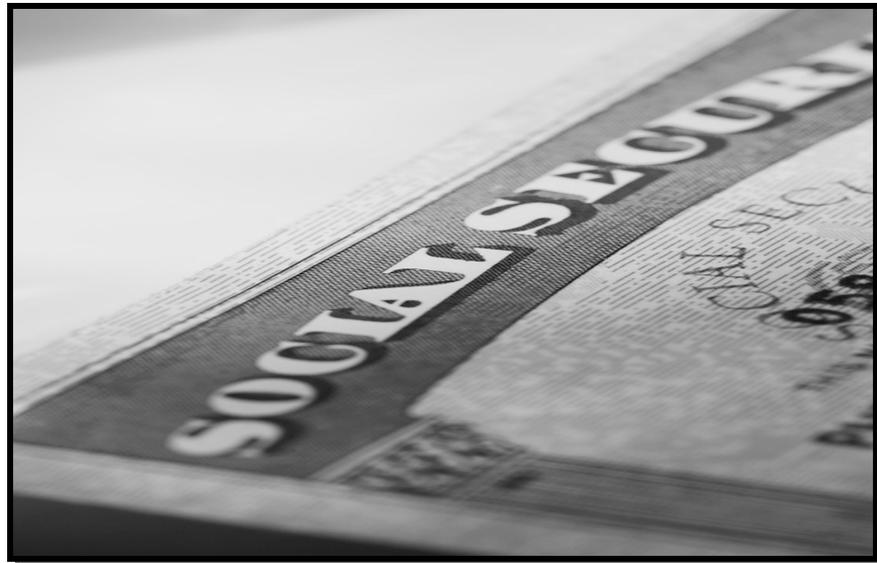
## EXERCISE KEY: FAMILY MEDICAID REVIEWS

1. Application for Medicaid was made 4/29; LIM was approved 5/11. When is the first review due?  
**November**
2. Application for Medicaid was made 11/5; LIM was approved 11/27. When is the first review due?  
**May**
3. Application for Medicaid was made 6/5; RSM PgW was approved 6/9. When is the first review due?  
**No review is due on an RSM PgW case.**

*Weekly Planner*

January	February	March
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
April	May	June
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
July	August	September
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
October	November	December
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

# **FAMILY MEDICAID ONLINE**



## **BASIC ELIGIBILITY**

# OBJECTIVES

By the end of this module, participants will

- Become familiar with the eligibility requirements
- Become familiar with the requirements for verifying that the basic eligibility criteria are met
- Become familiar with what action to take if an AU is non-compliant with a basic eligibility requirement

<b>LOW INCOME MEDICAID (LIM) NON-FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY (MR 2200)</b>
<b>AGE</b>	Children must be under 18. Accept A/R statement.
<b>APPLICATION FOR OTHER BENEFITS</b>	A/R must apply for and accept all monetary benefits any AU member is entitled to receive, except TANF and SSI. Accept A/R statement.  Follow up is required in third month after approval.
<b>CITIZENSHIP/ ALIENAGE/ IDENTITY</b>	AU members must be a U.S. Citizen or qualified alien; see MR 2215 for alien policy. All AU members must declare citizenship/alien status. <ul style="list-style-type: none"> <li>➤ If citizen – third party verification of citizenship/identity is required.</li> <li>➤ If alien - verify status with DHS documents and complete Web1 VIS/CPS procedures.</li> <li>➤ Obtain a Declaration of Citizenship/Alien Status for each AU member.</li> </ul>
<b>ENUMERATION</b>	Each AU member must provide an SSN or proof of application for a number. Good cause may apply for failure to provide. <ul style="list-style-type: none"> <li>➤ Accept A/R statement of SSN if the number is known.</li> <li>➤ Can also accept AU statement for application of SSN in order to process the application, but verification is required in the third month following the month of approval.</li> </ul>

**LOW INCOME MEDICAID (LIM)  
NON-FINANCIAL CRITERIA  
(CONTINUED)**

<b>CRITERION</b>	<b>POLICY SUMMARY (MR 2200)</b>
<b>LIVING WITH SPECIFIED RELATIVE</b>	All children in the AU must be related to and living in the home with the person receiving assistance on their behalf. Check Medicaid policy manual, chapter 2245 for list of acceptable relationships. Accept A/R statement.
<b>RESIDENCY</b>	AU must live or intend to live in Georgia. A permanent dwelling or fixed address is not required. Accept A/R statement.
<b>THIRD PARTY RESOURCES</b>	AU members assign rights to Third Party Resources to the Department of Community Health when an application for Medicaid is filed. <ul style="list-style-type: none"><li>➤ Accept A/R statement as to whether anyone in the AU has insurance.</li><li>➤ If a TPR exists, Form DMA-285 must be signed and placed in the case record.</li></ul>
<b>CHILD SUPPORT SERVICES</b>	Recipients must assign their rights to medical support to the state and cooperate with CSS in the location of AP and the collection of medical support. Referrals must be made for all absent parents who are not providing health insurance. Referrals are not required for LIM child-only cases.

## OPTIONAL EXERCISE: NON-FINANCIAL CRITERIA

1. For which month should a CMD be completed for a child whose 18<sup>th</sup> birthday is March 11<sup>th</sup>?
2. What is the first month of ineligibility for a child receiving LIM whose 18<sup>th</sup> birthday is June 1<sup>st</sup>?
3. Ms. Julie Clark (48) applies for LIM on 5/1/10 for herself and her children Jamie (25), Steven (17), and Barbara (16).
  - a. Who could potentially receive LIM?

Ms. Clark states the children are covered under their father's medical insurance through his employer. The children's father does not live in the home with them.

- b. If Ms. Clark refuses without good cause to provide information regarding the children's health insurance coverage, who could potentially receive LIM?
4. Ms. Sarah Walker applies for Family Medicaid for her two grandchildren, John (5) and Debra (3). Ms. Walker states the children have been with her since their mother abandoned them two months ago. Ms. Walker is applying for Medicaid for the children only.
  - a. Is a referral to Child Support Services (CSS) required for this AU?
  - b. How can residency be verified for this AU?

---

## EXERCISE KEY: NON-FINANCIAL CRITERIA

1. For which month should a CMD be completed for a child whose 18<sup>th</sup> birthday is March 11<sup>th</sup>? **April**
2. What is the first month of ineligibility for a child receiving LIM whose 18<sup>th</sup> birthday is June 1<sup>st</sup>? **July**
3. Ms. Julie Clark (48) applies for LIM on 5/1/10 for herself and her children Jamie (25), Steven (17), and Barbara (16).
  - a. Who could potentially receive LIM?  
**Ms. Clark, Steven, and Barbara**

Ms. Clark states the children are covered under their father's medical insurance through his employer. The children's father does not live in the home with them.

- b. If Ms. Clark refuses without Good Cause to provide information regarding the children's health insurance coverage, who could potentially receive LIM?  
**Steven and Barbara. Children are not excluded for non-cooperation with TPR.**
4. Ms. Sarah Walker applies for Family Medicaid for her two grandchildren, John (5) and Debra (3). Ms. Walker states the children have been with her since their mother abandoned them two months ago. Ms. Walker is applying for Medicaid for the children only.
  - a. Is a referral to Child Support Services (CSS) required for this AU?  
**No, this is a Family Medicaid child-only AU.**
  - b. How can residency be verified for this AU?  
**Accept A/R statement, unless questionable.**

# **FAMILY MEDICAID ONLINE**



**CITIZENSHIP / ALIEN POLICY**

# OBJECTIVES

By the end of this module, participants will

- Establish whether a non-citizen meets the definition of 'qualified alien'
- Determine how an alien's date of entry into the U.S. can affect that individual's eligibility for Medicaid
- Utilize the federal SAVE system to verify a non-citizen's alien status
- Determine the number of qualified quarters a non-citizen has earned
- Distinguish between a qualified alien's eligibility for federally-funded and state-funded Medicaid

# CITIZENSHIP

<p><b>CITIZENSHIP/ ALIENAGE/ IDENTITY (MR 2215)</b></p>	<p>AU members must be a U.S. Citizen or qualified alien; see MR 2215 for alien policy. All AU members must declare citizenship/alien status.</p> <ul style="list-style-type: none"><li>➤ If citizen – third party verification of citizenship/identity is required.</li><li>➤ If alien - verify status with DHS documents and complete Web1 VIS/CPS procedures.</li><li>➤ Obtain a Declaration of Citizenship/Alien Status for each AU member.</li></ul>
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A U.S. citizen is an individual who is one of the following:



born in one of the 50 states, District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands (St. Thomas, St. Croix and St. John), Northern Mariana Islands (Saipan, Rota and Tinian), American Samoa, or Swains Island.



a child adopted by a U.S. citizen (Refer to Child Citizenship Act on page 2215-2)



minor child born in another country to a non-U.S. citizen becomes a citizen when the parent resides in the U.S. for the required period of time and becomes a naturalized citizen.



born in another country to a U.S. citizen.

**NOTE:** A child born in another country to a U.S. citizen is a U.S. citizen until age 18, at which age s/he must declare either U.S. citizenship or birth country citizenship. However, verification of identity and citizenship is still required for the child.

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## Providing Verification of Citizenship for Medicaid

### **Verifying Citizenship for Medicaid:**

Congress passed a law in 2005 requiring that all people who get Medicaid or people who apply for Medicaid must verify that they are U.S. citizens or nationals.

**Note:** If you are enrolled in Medicare or receive Supplemental Security Income (SSI), or are a “Qualified Alien”, you will not be affected by this new law.

### **What kind of verification do you need?**

**The best way to verify that you are a citizen is with one of these:**

- A U.S. Passport
- A Certificate of Naturalization (DHS Forms N-550 or N-570)
- A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)

*(If you do not have any of these items, you will need two documents, one document to show you are a citizen and one document to show who you are.)*

**You can use any of the following to verify you are a citizen:**

- Your birth certificate
- Certification of Report of Birth (DS-1350)
- A Report of Certification of Birth Abroad of a U.S. Citizen (Form FS-240 or FS-545)
- U.S. Citizen I.D. card (DHS Form I-197)
- Adoption Papers
- Military Record showing where you were born
- American Indian Card (I-872)
- Northern Mariana ID Card (I-873)
- Evidence of civil service employment by the U.S. government

**You can use any of the following to verify who you are:**

- Your picture on your current State driver’s license or State ID card
- Your picture on your school ID card
- A U.S. Military ID card
- A Federal, State or Local government ID card with your picture or identifying information such as name, date of birth, sex, height, color of eyes, and address

**For individuals under the age 16, verify who you are with:**

- School record that shows date and place of birth with parent(s) name
- Clinic, doctor or hospital record showing date of birth
- Daycare or nursery school record showing date and place of birth
- Affidavit signed under penalty of perjury by a parent or guardian (U.S. citizen) attesting to their child’s identity (your Case Manager will have the form needed)

**What should you do if you don't have any of these things?**

- Check with your local county Department of Family and Children Services (DFCS) about other ways to verify you are a citizen and to show who you are
- Tell your local county DFCS why you can't get the verification, and
- Give your local county DFCS any documents you have

*NOTE: Only original document or a copy certified by the Agency that has the original can be used. You cannot use a photocopy of a notarized copy of your document.*

**How much time do you have to show this documentation to Medicaid?**

45 days is the normal time your local county DFCS office may need to work on your application. Check with your local county DFCS office if you need additional time to see exactly how much time you have to get your verification.

**What if you still have questions?**

If you still have questions, contact your local county DFCS office or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Information is also available on the [cms.hhs.gov](http://cms.hhs.gov) web site.

**Primary Documents**

- Current or expired U.S. passport (not limited passports)
- Certificate of Naturalization (N-550 or N-570)
- Certificate of Citizenship (N-560 or N-561)

**Secondary Documents (also requires verification of identity)**

- U.S. public birth record
- U.S. birth certificate or data match with a State Vital Statistics Agency
- Certification of Report of Birth (DS-1350)
- Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)
- Certification of Birth Abroad (FS-545)
- United States Citizen Identification Card (I-197 or I-179)
- American Indian Card (I-872)
- Northern Mariana Identification Card (I-873) or Collective Naturalization for those who lived in the Northern Mariana Islands
- Final Adoption Decree
- Evidence of civil service employment by the U.S. government
- Official military record showing a U.S. place of birth

**Third Level Documents (also requires verification of identity)**

- Extract of hospital record on hospital letterhead
- Life or health or other insurance record showing a U.S. place of birth
- Religious record recorded in the U.S. within 3 months of birth
- Early school record showing a U.S. place of birth

**Fourth Level Documents (also requires verification of identity)**

- Federal/State census record showing U.S citizenship or U.S. place of birth
- Institutional admission papers from a nursing home, skilled nursing care facility or other institution indicating a U.S. place of birth
- Medical (clinic, doctor, or hospital) record indicating a U.S. place of birth
- Other document that shows a U.S. place of birth
  - a Seneca Indian tribal census record
  - Bureau of Indian Affairs tribal census records of the Navajo Indians
  - a U.S. State Vital Statistics official notification of birth registration
  - a delayed U.S. public birth record that was recorded more than 5 years after the person's birth
    - a statement signed by the physician or midwife who was in attendance at the time of birth
    - Bureau of Indian Affairs Roll of Alaska Natives
- Form 219 Citizenship Affidavit (only used in rare circumstances as a last resort) by two U.S. Citizens of whom one is not related to the A/R and who have personal knowledge of the event(s) establishing the A/R's claim of citizenship. **NOTE:** An affidavit may be used to verify citizenship of anyone or identity of a child, but not both.

**DECLARATION OF CITIZENSHIP/ALIEN STATUS**

Georgia Department of Human Resources  
Division of Family and Children Services

I understand that the Georgia Division of Family and Children Services (DFCS) may require verification from the United States Department of Homeland Security (DHS) of my/my children's citizenship or alien status when seeking benefits. Information received from DHS may affect my/my children's eligibility.

Please fill out and sign **ONE or BOTH** of the following statements as it pertains to the status of each person seeking benefits.

**CHILDREN SEEKING BENEFITS**

Name	Place of Birth(city,state,country) (check whichever applies)	U.S. Citizen	Lawfully Admitted Immigrant	Date Naturalized or Admitted into U.S. (If applicable)

I, \_\_\_\_\_ attest to the identity of the child/children listed above and  
(PRINT NAME)  
certify under penalty of perjury, that the information written and checked above is true.

\_\_\_\_\_  
SIGNATURE (PARENT/GUARDIAN)

\_\_\_\_\_  
(DATE)

**ADULT(S) SEEKING BENEFITS**

Name	Place of Birth(city,state,country) (check whichever applies)	U.S. Citizen	Lawfully Admitted Immigrant	Date Naturalized or Admitted into U.S. (If applicable)

I, \_\_\_\_\_ certify under penalty of perjury, that the information  
(PRINT NAME)  
written and checked above is true.

\_\_\_\_\_  
SIGNATURE (PARENT/GUARDIAN)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
SIGNATURE (PARENT/GUARDIAN)

\_\_\_\_\_  
(DATE)



AU#: \_\_\_\_\_

Client ID: \_\_\_\_\_

**AFFIDAVIT TO ESTABLISH IDENTITY FOR MEDICAID  
APPLICANTS/RECIPIENTS UNDER AGE 16**

I, \_\_\_\_\_ (1), \_\_\_\_\_ (2) of  
Name of Parent or Guardian Relationship (Parent or Guardian)

\_\_\_\_\_ (3) state in truth that I have personal  
Child's Full Name

knowledge that \_\_\_\_\_ (4) was born on  
Child's Full Name

\_\_\_\_\_ (5) in \_\_\_\_\_ (6).  
Child's Date of Birth Child's Place of Birth (city, state, country)

I affirm and declare that the facts stated in this Affidavit are true and correct. I understand that I can be punished by law if I do not tell the truth.

Signed on \_\_\_\_\_ (7) by \_\_\_\_\_ (8)  
Date of Signature Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian (9)

<p>STATE OF GEORGIA COUNTY OF _____</p> <p>Subscribed, sworn to, and acknowledged before me by _____, on _____. Name of Parent or Guardian Date of Signature</p> <p>Witness my hand and official seal.</p> <p>My commission expires _____.</p> <p>_____ Notary Public Signature</p> <p>_____ Notary Public Name</p>
---

### AFFIDAVIT TO ESTABLISH IDENTITY

This form can be used by a parent or guardian to establish the identity of a child under the age of 16. This form should only be used if none of the documents listed in Chart 5 of the Documents Establishing US Citizenship and Identity document are available. It cannot be used if an affidavit was used to establish the child's citizenship.

#### Instructions:

Enter the AU number of the SUCCESS Medicaid case and the client id for the person who needs the affidavit

Complete the numbered blanks as follows:

- 1) Name of the parent or guardian.
- 2) Relationship of the individual to the child. The individual signing the affidavit must be a parent or guardian.
- 3) Child's full name.
- 4) Child's full name.
- 5) Child's date of birth.
- 6) Child's place of birth.
- 7) Date of signature.
- 8) Name of the parent or guardian.
- 9) Signature of the parent or guardian. **The affidavit must be notarized.**

Definitions related to completion of this form:

**Affidavit**- written declaration made under oath before a notary public

**Affiant**- person who makes an affidavit; person declaring that person is a citizen

**Oath**- commitment to tell the truth

**Notary Public**- A person legally empowered to witness and certify the validity of documents

Form 217 (02/01/07)

**CITIZENSHIP/IDENTITY VERIFICATION**

AU NAME: \_\_\_\_\_

**CHECKLIST**

AU NUMBER: \_\_\_\_\_

**CITIZENSHIP/IDENTITY MUST BE VERIFIED FOR ALL MEDICAID APPLICATIONS/REVIEWS**

**If you have already provided acceptable verification of your citizenship/identity as listed below, or are a recipient of SSI or Medicare further verification is not necessary. Please check with your Medicaid case manager for clarification.**

**Please provide one of the following, and return to your county DFCS case manager.**

**No Identity Required on these Citizenship Verifications:**

- US Passport (not limited passports)
- Certificate of Naturalization (N-550 or N-570)
- Certificate of Citizenship (N-560 or N-561)

**Identity Required with these Citizenship Verifications:**

- US Public Birth Record showing birth in one of the 50 states; District of Columbia; American Territories; or Guam
- US birth certificate or data match with a State Vital Statistic Agency
- Certification of Report of Birth (DS-1350)
- Consular Report of Birth Abroad of a Citizen of the U.S.(FS-240)
- Certification of Birth Abroad (FS-545)
- United States Citizen Identification Card (I-197 or the prior version I-179)
- American Indian Card (I-872) with the classification "KIC" (Issued by DHS to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.
- Collective Naturalization document/Northern Mariana Identification Card (I-873)
- Final Adoption Decree
- Evidence of civil service employment by the US government
- Official Military record
- Federal or State census record showing US citizenship indicating a US place of birth
- Tribal census record for Seneca Indian tribe or from Bureau of Indian Affairs
- Statement signed by the physician or midwife who was in attendance at the time of birth
- One of the following documents created at least 5 years before the application for Medicaid showing a US place of birth :
  - Extract of hospital record on hospital letterhead established at the time of person's birth
  - Life, health or other insurance record
  - An amended US public birth record
  - Medical clinic(not Health Dept.), doctor or hospital record indicating a US place of birth
  - Institutional admission papers from nursing home, skilled nursing care facility or other institution

**If you do not have any of the above, please contact your case manager to complete an affidavit of citizenship or identity.**

**Acceptable Verification of Identity:**

- State Driver's license bearing the individual's picture **or** Georgia Identification Card
- Certificate of Indian Blood; US American/Alaska Native tribal document; or Native American Tribal Document
- US Military Card or draft record; Military dependent's ID card with photograph; US Coast Guard Merchant Mariner Card
- Identification card issued by federal, state or local government agencies or entities with photo or identifying information
- School Identification card with a photograph
- US passport issued with Limitations
- Data matches or documents from law enforcement or corrections agencies such as police or sheriff's departments, parole office, DJJ and Youth Detention Centers

For individuals under age 16 who are unable to produce a document listed above, the following documents are acceptable to establish identity only:

- School record including report card, daycare or nursery school record. (Must verify record with issuing school)
- Clinic, doctor or hospital record showing date of birth. An immunization record is acceptable if it is part of a medical record certified by the medical provider.
- Affidavit signed under penalty of perjury by a parent/guardian. **(Contact your case manager at the county DFCS.)**
- A signed Declaration of Citizenship form that includes the date and place of birth of the child. **(Contact your case manager at the county DFCS.)**

**All documents that verify citizenship must be either ORIGINALS or copies CERTIFIED by issuing agency. If you have questions, please contact your local county Medicaid case manager.**



AU #: \_\_\_\_\_  
Client ID: \_\_\_\_\_

**AFFIDAVIT OF FACTS ABOUT THE CITIZENSHIP OF:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

1. My name is \_\_\_\_\_, my phone # is \_\_\_\_\_ and I live at \_\_\_\_\_. I understand what I am filling out, and I have personal knowledge of the facts that I have provided in this affidavit.
2. I have known \_\_\_\_\_ for \_\_\_\_\_ (yrs/mos). I am personally familiar with the events establishing \_\_\_\_\_'s claim of United States Citizenship. The facts known to me are as follows (for example, date and place of birth in the United States): \_\_\_\_\_.
3. I am personally familiar with the events establishing \_\_\_\_\_'s inability to produce proof of citizenship. The facts known to me are as follows: \_\_\_\_\_.
4. I am/am not related to \_\_\_\_\_. My relationship to \_\_\_\_\_ is \_\_\_\_\_.
5. I, \_\_\_\_\_, (the affiant named in # 1 above) have provided the following as proof of my identity and U.S. citizenship: \_\_\_\_\_.

I, the undersigned, under penalty of perjury, certify that the above information is true and correct and that I am authorized to execute and file this document for the benefit of \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
\_\_\_\_\_  
Affiant's Printed Name

\_\_\_\_\_  
\_\_\_\_\_  
Witness' Printed Name

Sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Notary Public) (Seal Required)

**HOW TO COMPLETE FORM 219  
AFFIDAVIT OF FACTS ABOUT THE  
CITIZENSHIP OF:**

Refer to Section 2215, Citizenship, for when it is appropriate to use Form 219. For each person in the household for which an affidavit is needed, there should be two affidavits completed for citizenship, at least one of which is NOT signed and completed by a relative. Also a third affidavit should be completed for citizenship by the applicant/recipient or other knowledgeable individual to explain why documentary evidence does not exist. The affiant must be able to provide proof of his/her own citizenship and identity.

Complete the AU number of the SUCCESS Medicaid case and the client id for the person who needs the affidavit to verify citizenship or identity.

Enter the name, address and phone number of the person who needs the affidavit to verify citizenship or identity.

The remainder of the information (1-5) should be completed by the person who is providing the information (the affiant).

1. Enter the name, phone number and address of the affiant regarding the person named at the top of the form.
2. The affiant should enter the number of years or months s/he has known the person named at the top of the form. In the space provided, the affiant states the facts surrounding the date and place of birth of the person named at the top of the form.
3. The affiant states the reasons why the person named at the top of the form or their representative is unable to provide other proof of citizenship or identity.
4. The affiant circles whether s/he is related to the person named at the top of the form. If so, how is s/he related. If not a relative, what is the association between the affiant and the person named at the top of the form.
5. The affiant states what they are using as proof of identity and citizenship and provides these documents to the Medicaid case manager. Failure to provide this verification invalidates the form.

The affiant enters the day, month and year that the Form 219 is signed. The affiant then signs in the place marked "Affiant's signature". It must be signed in the presence of a witness and a notary public. Below the affiant's signature should be printed/typed the affiant's name as signed above. To the right of the affiant's signature is a place for the witness to sign and then print/type his/her name as signed. The witness may be anyone other than one of the household members. It may be a DFCS staff person.

The Medicaid case manager should make sure that the affiant understands that s/he is signing under penalty of perjury and that falsification could result in termination of the Medicaid and/or criminal penalties for the affiant.

The notary public dates and signs the affidavit and affixes his/her seal.

Definitions related to completion of this form:

**Affidavit-** written declaration made under oath before a notary public

**Affiant-** person who makes an affidavit; person declaring that person is a citizen

**Oath-** commitment to tell the truth

**Notary Public-** A person legally empowered to witness and certify the validity of documents

## OPTIONAL EXERCISE: CITIZENSHIP

1. Ms. Joyce Gardner applies for Family Medicaid for her niece Rachel (12), her son Rodney (7), and her first cousin Troy (1). Ms. Gardner provides a Social Security Number for everyone except Troy. She states he has never had an SSN.
  - A. Based on relationship, who could potentially receive LIM?
  - B. How can citizenship be verified for each AU member?
2. List three common types of citizenship verification.
3. How is the status of an alien verified?

## EXERCISE KEY: CITIZENSHIP

1. Ms. Joyce Gardner applies for Family Medicaid for her niece Rachel (12), her son Rodney (7), and her first cousin Troy (1). Ms. Gardner provides a Social Security Number for everyone except Troy. She states he has never had an SSN.

A. Based on relationship, who could potentially receive LIM?

**Everyone; Ms. Gardner is within the specified degree of relationship to each child.**

B. How can citizenship be verified for each AU member?

**By providing a birth certificate or passport for each person**

2. List three common types of citizenship verification.

**Passport, Birth Certificate and Vital Records data match. For a complete list of acceptable verification sources, refer to MR 2215.**

3. How is the status of an alien verified?

**Request a DHS document, and if this is a qualified alien, complete the Web 1 VIS/CPS process provided by DHS to authenticate the document.**

# **FAMILY MEDICAID ONLINE**



**RESOURCES**

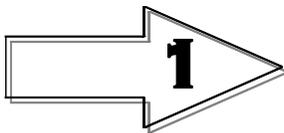
# OBJECTIVES

By the end of this module, participants will

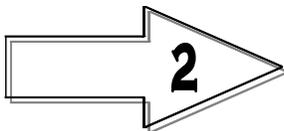
- Become familiar with the steps to determine eligibility based on resources
- Determine whose resources to include
- Determine which resources to include
- Determine the value of included resources
- Compare the value of the AU's resources to the resource limit

<b>LOW INCOME MEDICAID (LIM) RESOURCES CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY (MR 2300)</b>
<b>RESOURCE LIMIT</b>	\$1000 per AU. Verify by third party jointly owned/real property, vehicles, when interest paid from a resource totals \$10 or more or if total countable value exceeds \$750. Accept A/R statement for all other resources unless questionable.
<b>VEHICLES</b>	Exclude any vehicle that is: ➤ used as a home ➤ income producing (over 50% of time) Deduct \$4650 from the equity value of one vehicle. Count the equity value of ALL OTHER VEHICLES.

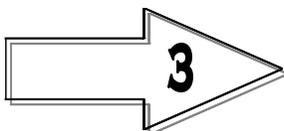
## **FOUR STEPS TO COUNTABLE RESOURCES**



Determine the LIM AU and whose resources must be counted.



Determine availability and the countable resource values for LIM.



Verify resources as appropriate.



Compare the total countable resources to the \$1,000 resource limit.

## WHOSE RESOURCES TO COUNT IN LIM

<p><b>COUNT</b></p>	<p>Caretaker Other eligible adult All eligible children Ineligible aliens Penalized individuals Ineligible parents</p> 
<p><b>DO NOT COUNT</b></p>	<p>SSI individual Ineligible children Excluded children Non-parent payee only Stepparent Parent(s) of a minor caretaker Spouse of non-parent CT Spouse of a married minor Excluded non-parent relative</p> 



## DETERMINING THE VALUE OF RESOURCES

(MR 2301-7)



Cash Value (CV)	Amount available if resource could be converted to U.S. funds
Fair Market Value (FMV)	Amount the resource can sell for on the open market in the geographic area involved
Equity Value (EV)	Fair Market Value less legal debts, liens or encumbrances  FMV <u>- Amount Owed</u> Equity Value



**CARS & TRUCKS & MOTORCYCLES &  
SUCH...  
(MR 2308)**

**LOW INCOME MEDICAID**

- ✓ Totally Exclude value if:
  - Used primarily as a home
  - Producing income over 50% of time
- ✓ Exclude **\$4650** off EV of one vehicle per AU, regardless of its use



- ✓ Count EV of all other vehicles



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# TREATMENT OF VEHICLES

## EXAMPLE I

Ms. Rosemary West (27) applies for Medicaid for herself and her son. The Case Manager considers LIM eligibility. A/R has a 1996 Honda which she uses to go to work. CMV of the vehicle is \$5500 and she owes \$200.

What is the resource limit for this AU in LIM? **\$1000**

What is the total amount to be counted towards the resource limit in LIM?  
**\$650**      **\$5500 - \$200 = \$5300 - \$4650 = \$650 (1996 Honda)**

## EXAMPLE II

Mr. James Addison (35) applies for Medicaid for himself and three minor daughters. The Case Manager considers LIM eligibility. A/R owns a 1995 Toyota with a CMV of \$5300; he also owns a 1987 Ford with a CMV of \$300. Nothing is owed on either vehicle. Mr. Addison uses the Ford as transportation to work. His teenage daughter uses the Toyota to drive to high school.

What is the resource limit for this AU in LIM? **\$1000**

What is the total amount to be counted towards the resource limit in LIM?  
**\$950**      **\$5300 - \$4650 = \$650 (1995 Toyota)**  
                 **\$300 - \$0 = \$300 (1987 Ford)**  
                 **\$950**

## EXAMPLE III

Ms. Kelly Curry (25) applies for Medicaid for herself and her two minor children. The Case Manager considers LIM eligibility. Her only source of income is \$300 per month child support. She owns a 2001 Chrysler, which she uses to look for work, CMV \$5000, owes \$200. She also has a checking account, balance \$85.

What is the resource limit for this AU in LIM? **\$1000**

What is the total amount to be counted towards the resource limit in LIM?  
**\$235**      **\$5000 - \$200 = \$4800 - \$4650 = \$150 (2001 Chrysler)**  
                 **\$85 (Checking Account)**  
                 **\$235**

**VERIFICATION OF RESOURCES FOR FAMILY MEDICAID  
(MR 2301 & 2308)**

<b>REAL PROPERTY (EXCLUDING HOME PLACE)</b>	Verify at application, review, and when a change occurs.
<b>JOINTLY OWNED PROPERTY</b>	Verify at application, review, and when a change occurs.
<b>AMOUNT OWED</b>	Proof of this legal debt, lien or encumbrance must be in writing and signed by the property owner. It must specify the location of the property and the amount of the debt.
<b>VEHICLES (NON- EXCLUDED)</b>	<p>Verify at application, review, and when a change occurs.</p> <p>Verify CMV by one of the following:</p> <ul style="list-style-type: none"> <li>➤ a tag receipt or assessed tax value multiplied by 2.5</li> <li style="text-align: center;">or</li> <li>➤ the average trade-in value listed in the most current available NADA Official Used Car Guide or at <a href="http://www.nada.com">www.nada.com</a></li> <li style="text-align: center;">or</li> <li>➤ statement of a dealer</li> </ul> <p>If the AU claims the CMV is not representative of the value of the vehicle, the AU must be given the opportunity to provide a value rebuttal from another reliable source, such as a used car/truck dealer, automobile insurance company or classic car appraiser.</p> <p>AU's statement may be accepted as proof of debt or encumbrances on a vehicle, unless questionable. Their statement should identify the vehicle and the current payoff amount.</p>
<b>INTEREST EARNED FROM ONE RESOURCE TOTALS \$10 OR MORE FOR A MONTH</b>	Verify account balance at application, review, or when a change occurs.
<b>TOTAL RESOURCES EXCEED 75% OF THE LIMIT</b>	Verify all resources at application, review, or when a change occurs.
<b>QUESTIONABLE INFORMATION</b>	Verify all resources.



---

## OPTIONAL EXERCISE: VEHICLES

1. Mr. Royal (30), his wife (29), and their two children apply for LIM. The Royals have two cars: a 1994 Ford (CMV \$900) which is used by Mr. Royal to run errands, and a 2000 Chevrolet (CMV \$4300) which is used by Ms. Royal to go to work. Nothing is owed on either car.
  - A. What amount is counted toward the LIM resource limit?
  - B. Is this AU eligible for LIM based on resources?
  
2. Ms. Yarborough (20) applies for LIM for herself and her child, Aaron (2). Ms. Yarborough has a 2003 Chevrolet (CMV \$8990; \$9670 owed), which she drives to Carroll Technical School.
  - A. What amount is counted toward the LIM resource limit?
  - B. Is this AU eligible for LIM based on resources?
  
3. Ms. Chung (49), her husband (51) and their son (17) apply for LIM. They have three cars: a 1996 Ford truck (CMV \$2100) used by Ms. Chung to go to work, a 1998 Toyota (CMV \$1600) used for family transportation, and a 1997 Honda (CMV \$1200) used by the son for general transportation. All the cars are paid for except the Honda, on which they owe \$500. They report no other resources. The son is not in school and is not working.
  - A. What is the value of the AU's total countable resources for LIM?
  - B. What is the resource limit for LIM?
  - C. Is this AU eligible for LIM based on resources?
  
4. Ms. Davis applies for LIM for herself and her three children. She owns a 1996 Cutlass (CMV \$2000, nothing owed) which she uses to look for work. One of the children is buying a 1992 Ford (CMV \$500, \$200 owed) which she drives to school.
  - A. For LIM, what is the value of the AU's countable resources?
  - B. Is this AU eligible for LIM based on resources?

## EXERCISE KEY: VEHICLES

1. Mr. Royal (30), his wife (29), and their two children apply for LIM. The Royals have two cars: a 1994 Ford (CMV \$900) which is used by Mr. Royal to run errands, and a 2000 Chevrolet (CMV \$4300) which is used by Ms. Royal to go to work. Nothing is owed on either car.
  - A. What amount is counted toward the LIM resource limit? **\$900**  
**1994 Ford = \$900 - \$0 = \$900**  
**2000 Chevrolet = \$4300 - \$4650 = \$0 countable**
  - B. Is the AU eligible for LIM based on resources? **Yes**
  
2. Ms. Yarborough (20) applies for LIM for herself and her child, Aaron (2). Ms. Yarborough has a 2003 Chevrolet (CMV \$8990; \$9670 owed), which she drives to Carroll Technical School.
  - A. What amount is counted toward the LIM resource limit? **\$0**  
**\$990 - \$9670 (owed) = no equity value**
  - B. Is this AU eligible for LIM based on resources? **Yes**
  
3. Ms. Chung (49), her husband (51) and their son (17) apply for LIM. They have three cars: a 1996 Ford truck (CMV \$2100) used by Ms. Chung to go to work, a 1998 Toyota (CMV \$1600) used for family transportation, and a 1997 Honda (CMV \$1200) used by the son for general transportation. All the cars are paid for except the Honda, on which they owe \$500. They report no other resources. The son is not in school and is not working.
  - A. What is the value of the AU's total countable resources for LIM? **\$2300**  
**1996 Ford \$2100- 0 (owed) = \$2100 - \$4650 = 0**  
**1998 Toyota \$1600 - 0 = \$1600**  
**1997 Honda \$1200 - \$500 = \$700**
  - B. What is the resource limit for LIM? **\$1000**
  - C. Is this AU eligible for LIM based on resources? **No**
  
4. Ms. Davis applies for LIM for herself and her three children. She owns a 1996 Cutlass (CMV \$2000, nothing owed) which she uses to look for work. One of the children is buying a 1992 Ford (CMV \$500, \$200 owed) which she drives to school.
  - A. For LIM, what is the value of the AU's countable resources? **\$300**  
**1996 Cutlass = \$2000 - 0 = \$2000 (EV) - \$4650 = 0**  
**1992 Ford = \$500 - 200 = \$300**
  - B. Is this AU eligible for LIM based on resources? **Yes**

# **FAMILY MEDICAID ONLINE**



**INCOME**

# OBJECTIVES

By the end of this module, participants will

- Become familiar with the steps to determine eligibility based on income
- Determine whose income to consider
- Determine which types of income to include
- Determine which types of income are earned
- Verify the AU's income
- Become familiar with the income limit tests

## LOW INCOME MEDICAID (LIM) INCOME CRITERIA

CRITERION	POLICY SUMMARY
<b>INCOME LIMITS (MR 2650)</b>	<p>The gross countable income of the AU must be <b>less than or equal to</b> the Gross Income Ceiling (GIC) for the AU size.</p> <p>The net income of the AU must be <b>less than</b> the Standard of Need (SON) for the AU size.</p>
<b>INCOME VERIFICATION (MR 2051, 2405)</b>	<p>All income must be verified by third party source. Accept A/R statement for excluded income.</p>
<b>EARNINGS OF A DEPENDENT CHILD (MR 2650)</b>	<p>Exclude the earnings of any dependent child whether or not the child is a student.</p> <p>Exception: Earnings of a minor caretaker are not excluded. Accept A/R statement of amount earned unless questionable.</p>
<b>SUPPLEMENTAL SECURITY INCOME (MR 2499)</b>	<p>Exclude the person who receives SSI from the AU. Also exclude their income and resources.</p>

## FIVE STEPS

**ONE** 

Determine whose income to consider.

**TWO** 

Determine which types of income to include.

**THREE** 

Determine whether each type of included income is earned or unearned.

**FOUR** 

Verify the AU's income.

**FIVE** 

Apply the appropriate income limits test.

---

## WHOSE INCOME TO CONSIDER

When determining financial eligibility for LIM, **consider** the income of the following individuals:

- All AU members
- Ineligible parents
- Penalized individuals
- Spouses of married minors
- Spouses of non-parent caretakers
- Parents of minor caretakers
- Stepparents

When determining financial eligibility for LIM, **do not** consider the income of the following individuals:



- Ineligible children
- SSI Recipients
- Non-parents not included in the AU

# TREATMENT OF COMMON TYPES OF INCOME

(MR 2499)

INCOME TYPE	TREATMENT IN MEDICAID
\$5 Interest earned on savings	<b>Included</b>
\$50 loan to AU	<b>Excluded</b>
\$50 given to AU (Contribution)	<b>Included</b>
Lottery Winnings	<b>Included</b>
Social Security benefits (RSDI)	<b>Included</b>
Pension/Retirement benefits	<b>Included</b>
Supplemental Security Income (SSI)	<b>Excluded</b>
Veteran's Administration Pension	<b>Included</b>
HUD Utility check	<b>Excluded</b>
Unemployment Compensation Benefits	<b>Included</b>
TANF	<b>Excluded</b>
Wages	<b>Included</b>
Wages of 16 year old	<b>Excluded</b>
Worker's Compensation Benefits	<b>Included</b>
Vendor Payment	<b>Excluded</b>
Charitable Donations - not federally funded	<b>Excluded</b>
Commissions	<b>Included</b>
Earned Income Tax Credit (EITC)	<b>Excluded</b>
Child Support	<b>Included</b>

# EARNINGS OF A CHILD IN FAMILY MEDICAID

(MR 2499)

IF	THEN
Child is under 18 for LIM-related COAs	<b>EXCLUDE</b> earnings
Child is under 19 for RSM	<b>EXCLUDE</b> earnings
Child is a minor caretaker	<b>INCLUDE</b> earnings
Child is a minor pregnant woman	<b>INCLUDE</b> earnings

**NOTE:** A child is considered eligible for LIM and LIM-related COAs through the month he/she turns 18 and RSM through the month he/she turns 19.



# VERIFICATION OF INCOME

(MR 2405)

<b>APPLICATION</b>	
<b>All Countable Included Income</b>	Verify
<b>Excluded Income</b>	Accept A/R Statement
<b>Terminated Income</b>	Verify
<b>CHANGES</b>	
<b>New Source</b>	Verify
<b>Income Amount Changes</b>	Verify
<b>Income Terminates</b>	Verify
<b>REVIEW</b>	
<b>Countable Income/Fluctuating</b>	Verify
<b>Countable Income/Stable</b>	Verify
<b>Excluded Income</b>	Accept A/R Statement
<b>New Income</b>	Verify
<b>Terminated Income</b>	Verify



## HOW TO GET A GOOD CLIENT STATEMENT

An A/R's statement that she earns \$200 per week should not simply be accepted. Budgeting requires that we start with gross income. Most people who work think of what they earn as their net income because that is the income that they actually receive. The kinds of questions that should be asked to arrive at accurate representative income could be, for example:

"How often are you paid?"

"How many hours per week do you work?"

"Do you work these hours every week?"

"How much do you get paid per hour?"

"Do you ever work overtime?"

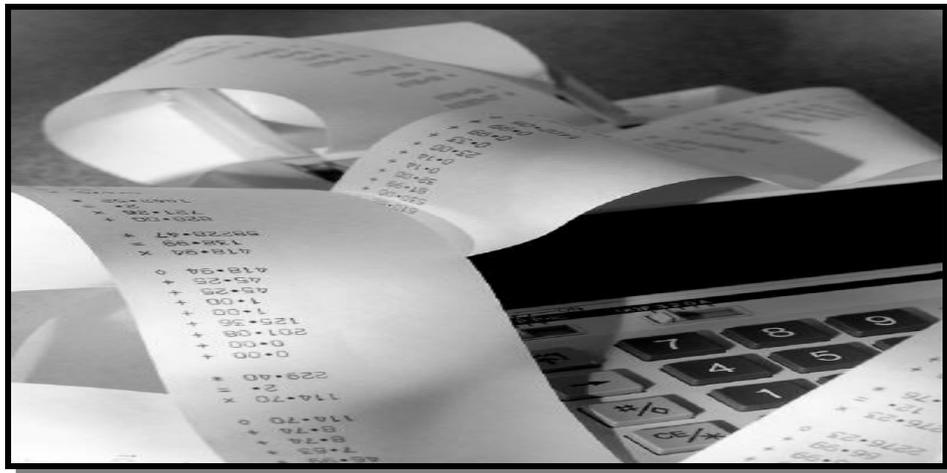
"When is the next time you expect a raise?"

"Do you expect anything to change in your earnings in the next six months?"



These are the kinds of questions that will help you get accurate and complete information from the A/R. You should request the A/R provide verification from the source of the income. To be complete, this verification should be for the last four consecutive weeks. This verification should then be used to determine representative income.

# FAMILY MEDICAID ONLINE



**BUDGETING**

# OBJECTIVES

By the end of this module, participants will be able to

- Convert income and deductions to monthly amounts
- Conduct the Income Ceiling test
- Conduct the Standard of Need test
- Complete the Eligibility/Payment budget
- Determine the month a change is effective
- Deem income from a non-AU member to an AU

<b>LOW INCOME MEDICAID (LIM) BUDGETING CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>BUDGETING (MR 2653)</b>	Prospective Budgeting is used in all cases. For Prior Months, use actual income.
<b>EARNED INCOME DEDUCTIONS (MR 2655)</b>	<p>Must be an employed AU member to receive these deductions:</p> <ul style="list-style-type: none"> <li>➤ \$90</li> <li>➤ \$30 + 1/3 for 4 consecutive months; then \$30 only for 8 more months</li> <li>➤ \$30 + 1/3 does not have to be given unless it's needed for the AU to be eligible; it can be "saved" until needed</li> <li>➤ Dependent care not to exceed maximums</li> </ul>
<b>DEPENDENT CARE DEDUCTION (MR 2655)</b>	<p>AU member must be employed to receive this deduction. Accept A/R statement of amount paid unless questionable.</p> <p>Allow the actual amount paid up to the maximums:</p> <ul style="list-style-type: none"> <li>➤ \$200 per month for each person under 2</li> <li>➤ \$175 per month for each person 2 or over</li> </ul>
<b>CHILD SUPPORT DEDUCTION (MR 2655)</b>	Apply \$50 deduction to the total amount of Child Support received by the AU.

# BUDGETING

(MR 2653)

Conversion Factors:	
Weekly	= <u>4.3333</u>
Bi-weekly	= <u>2.1666</u>
Semi-Monthly	= <u>2</u>
Monthly	= <u>1</u>

Ms. Rosie Biazon applies for Family Medicaid for herself and her child, Roger on 4/20. She is paid weekly on Wednesdays and provides the following pay stubs as verification, stating that all checks are representative. Case is approved on 5/5.

4/15 - \$120	4/1 - \$123
4/8 - \$125	3/25 - \$140

- a) What is the gross amount budgeted for April?  
 $\$120 + \$125 + \$123 + \$140 = \$508$   
 $\$508 \div 4 = \$127.00$  (Representative)  $\times 4.3333 = \$550.32$
- b) What is the gross amount budgeted for May?  
 $\$127.00$  (Rep)  $\times 4.3333 = \$550.32$
- c) What is the gross amount budgeted for June?  
 $\$127.00$  (Rep)  $\times 4.3333 = \$550.32$



# OPTIONAL EXERCISE: BUDGETING I

***Determine the representative amounts in the following situations.***

1. Mr. Dimple has started a new job and verifies that he will be working 35 hours per week, earning \$6.15/hour and will be paid weekly. Mr. Dimple has not received a paycheck yet.
2. Ms. Tyler receives Food Stamps and LIM. Ms. Tyler is paid every Friday. She provides her most recent four consecutive pay stubs and states that they are representative of the wages she usually earns: \$90.78, \$102.18, \$95.40, and \$110.00.
3. Mrs. Destin verifies a contribution of \$100 every two weeks received from her parents.
4. Mr. Bell receives Food Stamps and LIM. He is paid every Saturday; he provides check stubs from the four previous pay periods: \$305, \$229, \$236 and \$210. Mr. Bell states the check for \$305 is not representative because he worked overtime that week.
5. Convert the representative amounts determined in #1 - #4 to monthly amounts.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_



## EXERCISE KEY: BUDGETING I

**Determine the representative amounts in the following situations.**

1. Mr. Dimple has started a new job and verifies that he will be working 35 hours per week, earning \$6.15/hour and will be paid weekly. Mr. Dimple has not received a paycheck yet.  **$35 \times \$6.15 = \$215.25$  weekly**
2. Ms. Tyler receives Food Stamps and LIM. Ms. Tyler is paid every Friday. She provides her most recent four consecutive pay stubs and states that they are representative of the wages she usually earns: \$90.78, \$102.18, \$95.40, and \$110.00.  **$\$90.78 + \$102.18 + \$95.40 + \$110.00 = \$398.36 \div 4 = \$99.59/\text{wk}$**
3. Mrs. Destin verifies a contribution of \$100 every two weeks received from her parents. **\$100.00 bi-weekly**
4. Mr. Bell receives Food Stamps and LIM. He is paid every Saturday; he provides check stubs from the four previous pay periods: \$305, \$229, \$236 and \$210. Mr. Bell states the check for \$305 is not representative because he worked overtime that week. **\$225.00 weekly**
5. Convert the representative amounts determined in #1 - #4 to monthly amounts:
  - 1)  **$\$215.25 \text{ weekly} \times 4.3333 = \$932.74$**
  - 2)  **$\$99.59 \text{ weekly} \times 4.3333 = \$431.55$**
  - 3)  **$\$100.00 \text{ bi-weekly} \times 2.1666 = \$216.66$**
  - 4)  **$\$225.00 \text{ weekly} \times 4.3333 = \$974.99$**



# FAMILY MEDICAID DEDUCTIONS (MR 2655)

➤ **\$90**

- ✓ EACH WAGE EARNER

➤ **\$30 & 1/3**

- ✓ EACH WAGE EARNER



➤ **DEPENDENT CARE**

MAXIMUMS:

- ✓ \$200/MONTH PER DEPENDENT UNDER AGE 2
- ✓ \$175/MONTH PER DEPENDENT AGE 2 AND OLDER

➤ **\$50 CHILD SUPPORT**

- ✓ PRIOR TO GROSS INCOME CEILING TEST
- ✓ TOTAL CHILD SUPPORT AMOUNT

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## **\$30 & 1/3 AND LOW INCOME MEDICAID FACTS**

- \* \$30 & 1/3 may be given for four consecutive months in Low Income Medicaid.
- \* In Low Income Medicaid, do not start the \$30 & 1/3 count until the individual actually needs it in order to qualify. The first month (retroactive, current or ongoing) that the \$30 & 1/3 is needed for the AU to be eligible is the first month in counting the 4 consecutive months.
- \* Once you begin the count, continue it unless the person has NO wages or the \$90 deduction zeros wages in one of the months (in other words, don't discontinue it because they don't need it).
- \* After the four consecutive \$30 & 1/3 months, the recipient will receive eight months of the \$30 deduction. Once the \$30 deduction begins, it cannot be interrupted. It will continue for 8 consecutive months regardless of the status of the case.
- \* If a recipient becomes ineligible for Low Income Medicaid due to loss of \$30 & 1/3 or \$30 deduction, complete a Continuing Medicaid Determination. TMA is available.
- \* Since Temporary Assistance for Needy Families and Low Income Medicaid are separate programs, an individual could be in a different count in each one. Track \$30 & 1/3 months on Form 304 separately for each program.
- \* After receiving \$30 & 1/3 for four consecutive months, the AU is not eligible to receive \$30 & 1/3 in LIM until that AU has been off all Medicaid COAs for 12 consecutive months.

## **BUDGETING EXAMPLE # 1**

Ms. Wylie has never received Medicaid. She applies in November for herself and three children. A/R verifies that she receives \$650/month in wages and pays child care of \$100/month. Case is approved in November. The AU is eligible for the \$30 & 1/3 deduction but does not need to use it at this time.

The AU ID number is **223456781**.

See Budget on next page.

Georgia Department of Human Resources  
TANF BUDGET SHEET

**EXAMPLE #1**

Name of Grantee Relative <b>Ms. Wylie</b>	Number in AU <b>4</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>223456781</b>	Effective Month <b>November</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages <b>\$ 650</b>	
Total Nonexempt Resources \$ <b>0</b>		Less Standard Deduction \$90 <b>\$ 560</b>	
Resource Limit \$1000		Less Child Care <b>\$ 100</b> <b>\$ 460</b>	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <b>650</b>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total <b>\$ 460</b>	
Gross Income Ceiling \$ <b>925</b>		SON <b>\$ 500</b>	
Surplus/Deficit \$ _____		Surplus/Deficit <b>Need?</b> \$ _____	
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>500</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income/ <b>WAGES</b>		<b>650.00</b>	
<b>Total Earned Income</b>		<b>650.00</b>	
3. Less \$90		<b>90.00</b>	
		<b>560.00</b>	
4. Less \$30 } <b>Not Needed</b>		<b>560.00</b>	
5. Less 1/3 } <b>Not Needed</b>		<b>560.00</b>	
6. Less Child Care		<b>100.00</b>	
		<b>460.00</b>	
7. Net Earned Income		<b>460.00</b>	
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>460.00</b>	
13. Surplus/Deficit (SON less line 12)		<b>460</b>	
14. Family Maximum		<b>AU is LIM eligible without using \$30 \$ 1/3;</b>	
15. Benefit Amount		<b>save deduction until it is needed</b>	

## BUDGETING EXAMPLE #2

Mr. and Mrs. Wilson have never received Medicaid. They apply for Medicaid for themselves and their 2 children, Tom (3) and Tim (6) on 8/14. The family has the following resources:

Checking account - \$100  
Savings account - \$200  
'99 Ford CMV \$4000 (verified by NADA), owes \$0

Mr. Wilson states that he received a raise beginning with the check he received on 8/6. He now earns \$175 per week. They provide the following verification of Mr. Wilson's wages:

Wages:

7/23 - \$150	8/6 - \$175
7/30 - \$150	8/13 - \$175

No other income reported. All appropriate verification is provided. Case is processed in August. The AU ID number is **567890125**.

- A. Is the AU eligible for LIM for the application month of August?  
See Example #2A
  
- B. Is the AU eligible for LIM for the ongoing month (September)?  
See Example #2B
  
- C. What will be Mr. Wilson's \$30 & 1/3 months?

Georgia Department of Human Resources  
TANF BUDGET SHEET

**EXAMPLE #2A**

Name of Grantee Relative <b>Mr. &amp; Mrs. Wilson</b>		Number in AU <b>4</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>567890125</b>		Effective Month <b>August</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages <b>\$ 758.32</b>		
Total Nonexempt Resources \$ <b>300</b>		Less Standard Deduction \$90 <b>\$ 668.32</b>		
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____		
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____		
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____		
Gross Income \$ <b>758.32</b>		Less Allocation \$ _____ \$ _____		
(Plus deemed, less allocated income)		Total <b>\$ 668.32</b>		
Gross Income Ceiling \$ <b>925</b>		SON <b>\$ 500</b>		
Surplus/Deficit \$ _____		Surplus/Deficit <b>Need?</b> \$ _____		
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>				<b>500</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit				
2. Earned Income/WAGES		<b>758.32</b>		
				<b>\$175.00</b>
				<b>x 4.3333</b>
<b>Total Earned Income</b>		<b>758.32</b>	<b>Subtotals</b>	<b>\$758.32</b>
3. Less \$90		<b>90.00</b>	<b>668.32</b>	
4. Less \$30		<b>30.00</b>	<b>638.32</b>	
5. Less 1/3		<b>212.77</b>	<b>425.55</b>	
6. Less Child Care				
7. Net Earned Income			<b>425.55</b>	
8. Plus Unearned Income				
9. Plus Child Support (Less \$50 – Medicaid only)				
10. Plus Deemed Income				
11. Less Allocation				
12. Total Countable Income			<b>425.55</b>	<b>426</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>Eligible for LIM</b>		
15. Benefit Amount		<b>\$30 &amp; 1/3 months are August - November</b>		

Georgia Department of Human Resources  
TANF BUDGET SHEET

**EXAMPLE #2B**

Name of Grantee Relative <b>Mr. &amp; Mrs. Wilson</b>		Number in AU <b>4</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>567890125</b>		Effective Month <b>September</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____		
Total Nonexempt Resources \$ <b>300</b>		Less Standard Deduction \$90 \$ _____		
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____		
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____		
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____		
Gross Income \$ <b>758.32</b>		Less Allocation \$ _____ \$ _____		
(Plus deemed, less allocated income)		Total \$ _____		
Gross Income Ceiling \$ <b>925</b>		SON \$ _____		
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____		
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>			<b>500</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit				
2. Earned Income/ <b>WAGES</b>		<b>758.32</b>		
<b>Total Earned Income</b>		<b>758.32</b>	<b>Subtotals</b>	<b>\$175.00</b>
3. Less \$90		<b>90.00</b>	<b>668.32</b>	<b>x 4.3333</b>
4. Less \$30		<b>30.00</b>	<b>638.32</b>	<b>\$758.32</b>
5. Less 1/3		<b>212.77</b>	<b>425.55</b>	
6. Less Child Care				
7. Net Earned Income			<b>425.55</b>	
8. Plus Unearned Income				
9. Plus Child Support (Less \$50 – Medicaid only)				
10. Plus Deemed Income				
11. Less Allocation				
12. Total Countable Income			<b>425.55</b>	<b>426</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>Eligible for LIM</b>		
15. Benefit Amount				

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## OPTIONAL EXERCISE: BUDGETING II

1. Ms. Marsha Rupert is 23 years old and pregnant. On 2/15, she applies for Medicaid for herself and her two children, Tom (3) and Ed (2). She verifies that Ed has just begun receiving RSDI benefits of \$389 per month. This is the AU's only income. The AU has no resources. All required verification is provided. The AU ID number is 936042987.
  - A. Who is the assistance unit?
  - B. Complete a budget to determine LIM eligibility for February and March (ongoing).
  - C. What is the potential Family Medicaid time period?
  
2. Ms. Anna Sims applies for Medicaid on 5/8. She is requesting coverage for herself and her 3 minor children, Beth (4), Charles (5), and Austin (8). The AU's only incomes are a vendor payment of \$758.50/month and child support of \$35.00/week received from Austin's father. The vendor payment is paid by Ms. Sims' parents to the bank for her mortgage. The AU's only resource is a savings account with a current balance of \$270.03. Ms. Sims provides all required verification. The case number is 234556711.
  - A. Who is the assistance unit?
  - B. Complete a budget to determine LIM eligibility for May and June (ongoing).
  - C. What is the potential Family Medicaid time period?
  
3. Ms. Cynthia Clower applies for assistance on 3/8 for herself and children Linda (6) and Carol (7). She verifies earnings of \$690 gross per month and pays her mother \$215/month in child care expenses. She has never received assistance. All required verification is provided. Case number is 655437261.
  - A. Who is the assistance unit?
  - B. Complete a budget to determine LIM eligibility for the month of application and ongoing.
  - C. What is the potential Family Medicaid time period?

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4. Ms. Kami Johnson applies for Family Medicaid on 12/21 for her daughter Jenna (4). Letter from A/R's employer verifies new employment of \$5.85/hour, 20 hours per week; she will be paid weekly beginning 12/26. Ms. Johnson also verifies that Jenna receives \$100 child support each month from her father. All required verification is provided. Ms. Johnson has never received Medicaid. The case is approved 1/7. The AU ID number is 34987632.
- A. What is the gross amount of wages to be budgeted for December?
  - B. What amount of child support will be budgeted for December?
  - C. What amount of child care will be budgeted for December?
  - D. Complete the budget to determine eligibility for December.
  - E. Should the SON test be completed?
  - F. Does Ms. Johnson need the \$30 plus 1/3 to be LIM eligible for December?
  - G. What is the gross amount of wages to be budgeted for January?
  - H. What is the total gross countable income to be budgeted for January?
  - I. Complete the budget to determine eligibility for January.
  - J. Does Ms. Johnson need the \$30 plus 1/3 deduction to be LIM eligible in January?
  - K. If applicable, what are the months of \$30 plus 1/3?
  - L. What is the gross amount of wages to be budgeted for February?
  - M. What is the total gross countable income to be budgeted for February?

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## EXERCISE KEY: BUDGETING II

1. Ms. Marsha Rupert is 23 years old and pregnant. On 2/15, she applies for Medicaid for herself and her two children, Tom (3) and Ed (2). She verifies that Ed has just begun receiving RSDI benefits of \$389 per month. This is the AU's only income. The AU has no resources. All required verification is provided. The AU ID number is 936042987.
  - A. Who is the assistance unit? **Ms. Rupert, Tom, and Ed**
  - B. Complete a budget to determine LIM eligibility for February and March (ongoing).
  - C. What is the potential Family Medicaid time period? **Indefinite, as long as eligibility requirements are met**
  
2. Ms. Anna Sims applies for Medicaid on 5/8. She is requesting coverage for herself and her 3 minor children, Beth (4), Charles (5), and Austin (8). The AU's only incomes are a vendor payment of \$758.50/month and child support of \$35.00/week received from Austin's father. The vendor payment is paid by Ms. Sims' parents to the bank for her mortgage. The AU's only resource is a savings account with a current balance of \$270.03. Ms. Sims provides all required verification. The case number is 234556711.
  - A. Who is the assistance unit? **Ms. Sims, Beth, Charles, and Austin**
  - B. Complete a budget to determine LIM eligibility for May and June (ongoing).
  - C. What is the potential Family Medicaid time period? **Indefinite, as long as eligibility requirements are met**
  
3. Ms. Cynthia Clower applies for assistance on 3/8 for herself and children Linda (6) and Carol (7). She verifies earnings of \$690 gross per month and pays her mother \$215/month in child care expenses. She has never received assistance. All required verification is provided. Case number is 655437261.
  - A. Who is the assistance unit? **Ms. Clower, Linda, and Carol**
  - B. Complete a budget to determine LIM eligibility for the month of application and ongoing.
  - C. What is the potential Family Medicaid time period? **Indefinite, as long as eligibility requirements are met.**

Georgia Department of Human Resources  
TANF BUDGET SHEET

# 1

Name of Grantee Relative <b>Ms. Rupert</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>936042987</b>	Effective Month <b>February</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources \$ <u>  <b>0</b>  </u>		Less Standard Deduction            \$90	\$ _____
Resource Limit                    \$ 1000		Less Child Care                    \$ _____	\$ _____
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income            \$ _____	\$ _____
<b>B. Income Ceiling Test</b>		Plus Deemed Income            \$ _____	\$ _____
Gross Income                    \$ <u>  <b>389</b>  </u>		Less Allocation                    \$ _____	\$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling            \$ <u>  <b>784</b>  </u>		SON	\$ _____
Surplus/Deficit                    \$ _____		Surplus/Deficit	\$ _____
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>424</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income	<b>389.00</b>	<b>389.00</b>	
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>389.00</b>	<b>389</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>AU is LIM Eligible</b>		
15. Benefit Amount			

Georgia Department of Human Resources  
TANF BUDGET SHEET

#2

Name of Grantee Relative <b>Anna Sims</b>	Number in AU <b>4</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>234556711</b>	Effective Month <b>May</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u><b>270.03</b></u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ <u><b>1000</b></u>		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u><b>101.66</b></u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u><b>925</b></u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>500</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	<b>\$35.00 x 4.3333 = \$151.66 - 50.00 \$101.66</b>
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)		<b>101.66</b>	<b>101.66</b>
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>101.66</b>	<b>102</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum		<b>AU is LIM eligible</b>	
15. Benefit Amount			

Georgia Department of Human Resources  
TANF BUDGET SHEET

#3

Name of Grantee Relative <b>Ms. Clower</b>		Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>234556711</b>		Effective Month <b>March</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages <b>\$ 690.00</b>		
Total Nonexempt Resources \$ <b>0</b>		Less Standard Deduction \$90 <b>\$ 600.00</b>		
Resource Limit \$ <b>1000</b>		Less Child Care <b>\$ 215.00</b> <b>\$ 385.00</b>		
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____		
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____		
Gross Income \$ <b>690.00</b>		Less Allocation \$ _____ \$ _____		
(Plus deemed, less allocated income)		Total <b>\$ 385</b>		
Gross Income Ceiling \$ <b>784</b>		SON <b>\$ 424</b>		
Surplus/Deficit \$ _____		Surplus/Deficit <b>Need?</b> \$ _____		
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>				<b>424</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit				
2. Earned Income/WAGES		<b>690.00</b>		
<b>Total Earned Income</b>		<b>690.00</b>	<b>Subtotals</b>	
3. Less \$90		<b>90.00</b>	<b>600.00</b>	
4. Less \$30 } <b>Not Needed</b>			<b>600.00</b>	
5. Less 1/3 }			<b>600.00</b>	
6. Less Child Care		<b>215.00</b>	<b>385.00</b>	
7. Net Earned Income			<b>385.00</b>	
8. Plus Unearned Income				
9. Plus Child Support (Less \$50 – Medicaid only)				
10. Plus Deemed Income				
11. Less Allocation				
12. Total Countable Income			<b>385</b>	<b>385</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>AU is LIM eligible</b>		
15. Benefit Amount				

4. Ms. Kami Johnson applies for Family Medicaid on 12/21 for her daughter Jenna (4). Letter from A/R's employer verifies new employment of \$5.85/hour, 20 hours per week; she will be paid weekly beginning 12/26. Ms. Johnson also verifies that Jenna receives \$100 child support each month from her father. All required verification is provided. Ms. Johnson has never received Medicaid. The case is approved 1/7. The AU ID number is 34987632.
- A. What is the gross amount of wages to be budgeted for December?  
**\$117**
  - B. What amount of child support will be budgeted for December?  
**\$50**
  - C. What amount of child care will be budgeted for December?  
**Ø**
  - D. Complete the budget to determine eligibility for December.
  - E. Should the SON test be completed? **Yes**
  - F. Does Ms. Johnson need the \$30 plus 1/3 to be LIM eligible for December? **No**
  - G. What is the gross amount of wages to be budgeted for January?  
**\$506.99**
  - H. What is the total gross countable income to be budgeted for January?  
**\$556.99**
  - I. Complete the budget to determine eligibility for January.
  - J. Does Ms. Johnson need the \$30 plus 1/3 deduction to be LIM eligible in January?  
**Yes**
  - K. If applicable, what are the months of \$30 plus 1/3?  
**January – April**
  - L. What is the gross amount of wages to be budgeted for February?  
**\$506.99**
  - M. What is the total gross countable income to be budgeted for February?  
**\$556.99**

Georgia Department of Human Resources  
TANF BUDGET SHEET

#4D

Name of Grantee Relative <b>Kami Johnson</b>	Number in AU <b>2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>349876321</b>	Effective Month <b>December</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b> Total Nonexempt Resources \$ <u>0</u> Resource Limit \$1000 Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Gross Wages \$ <u>117.00</u> Less Standard Deduction \$90 \$ <u>27.00</u> Less Child Care \$ _____ \$ <u>27.00</u> Plus Unearned Income \$ <u>50.00</u> \$ <u>77.00</u> Plus Deemed Income \$ _____ \$ _____ Less Allocation \$ _____ \$ _____ Total \$ <u>77.00</u> SON \$ <u>356</u> Surplus/Deficit \$ _____ Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>B. Gross Income Ceiling Test</b> Gross Income \$ <u>167.00</u> (Plus deemed, less allocated income) Gross Income Ceiling \$ <u>659</u> Surplus/Deficit \$ _____ Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Need? Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>356</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income/WAGES		<b>117.00</b>	
Total Earned Income		<b>117.00</b>	<b>Subtotals</b>
3. Less \$90		<b>90.00</b>	<b>27.00</b>
4. Less \$30 } <b>Not Needed</b>			
5. Less 1/3 }			
6. Less Child Care			
7. Net Earned Income			<b>27.00</b>
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)		<b>50.00</b>	<b>77.00</b>
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			<b>77.00</b>
13. Surplus/Deficit (SON less line 12)			<b>77</b>
14. Family Maximum		<b>AU is LIM eligible</b>	
15. Benefit Amount			

Georgia Department of Human Resources  
TANF BUDGET SHEET

#41

Name of Grantee Relative <b>Kami Johnson</b>	Number in AU <b>2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>349876321</b>	Effective Month <b>January</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages <b>\$ 506.99</b>	
Total Nonexempt Resources \$ <b>0</b>		Less Standard Deduction \$90 <b>\$ 416.99</b>	
Resource Limit \$1000		Less Child Care \$ <b>416.99</b>	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ <b>50</b> <b>\$ 466.99</b>	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ <b>466.99</b>	
Gross Income \$ <b>556.99</b>		Less Allocation \$ <b>466.99</b>	
(Plus deemed, less allocated income)		Total <b>\$ 466.99</b>	
Gross Income Ceiling \$ <b>659</b>		SON <b>\$ 356</b>	
Surplus/Deficit \$ <b>Surplus/Deficit</b>		Eligible for \$30 + 1/3? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>D. Eligibility/Payment Budget</b>		<b>356</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income/WAGES		<b>506.99</b>	
Total Earned Income		<b>506.99</b>	<b>Subtotals</b>
3. Less \$90		<b>90.00</b>	<b>416.99</b>
4. Less \$30		<b>30.00</b>	<b>386.99</b>
5. Less 1/3		<b>128.99</b>	<b>258.00</b>
6. Less Child Care			
7. Net Earned Income			<b>258.00</b>
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)		<b>50.00</b>	<b>308.00</b>
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			<b>308.00</b>
13. Surplus/Deficit (SON less line 12)			<b>308</b>
14. Family Maximum		<b>AU is LIM eligible</b>	
15. Benefit Amount			

# CHANGES

**AU HAS 10 DAYS FROM OCCURRENCE TO REPORT.**



**CASE MANAGER HAS 10 DAYS TO VERIFY AND ACT ON THE REPORTED CHANGE.**

**TIMELY NOTICE (IF APPLICABLE) EXPIRES 14 DAYS AFTER THE CASE MANAGER TAKES ACTION.**

## EFFECTIVE MONTH OF CHANGES



Always ask yourself, “Will the change cause a potential loss of Medicaid coverage?”

### TIMELY NOTICE

If AU reports:  New or increased income  -----  Terminated or decreased deductions	Then change is effective:  Month after Timely Notice expires  -----  Month after Timely Notice expires
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### ADEQUATE NOTICE

If AU reports:  Terminated or decreased income  -----  New or increased deductions	Then change is effective:  Month after change occurred and was reported  -----  Month after change occurred and was reported
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## EXAMPLES: FINANCIAL CHANGES IN ONGOING CASES

### ONGOING RECIPIENT REPORTS NEW OR INCREASED INCOME

#### EXAMPLE 1:

- Ongoing recipient begins working on June 1<sup>st</sup>.
- Receives first check on June 12<sup>th</sup>.
- Reports and verifies the change June 17<sup>th</sup>.
- The Case Manager acts on the change on June 17<sup>th</sup>.
- If the recipient is eligible on the trial budget, add the income to LIM for the ongoing month of July. Use representative amount (based on verification) multiplied by the appropriate conversion factor to determine income amount to budget. Determine if \$30 & 1/3 needed for LIM.
- Timely notice expires July 1<sup>st</sup>.
- Change will be effective August.

#### EXAMPLE 2:

- Ongoing recipient begins working on July 3<sup>rd</sup>.
- She receives her first check on July 11<sup>th</sup>.
- She reports and verifies the change on July 21<sup>st</sup>.
- The Case Manager acts on the change on July 29<sup>th</sup>.
- If the recipient is eligible on the trial budget, add the income to LIM for the ongoing month of August. Use the representative amount (based on verification) multiplied by the appropriate conversion factor to determine income to budget for August. Determine if \$30 & 1/3 needed for LIM.
- Timely notice ends August 12<sup>th</sup>.
- Change will be effective September.

## **EXAMPLES: FINANCIAL CHANGES IN ONGOING CASES** (continued)

### **ONGOING RECIPIENT REPORTS TERMINATED OR DECREASED DEDUCTIONS**

#### **EXAMPLE 3:**

- Ongoing recipient reports on July 9<sup>th</sup> that she will no longer pay child care.
- Last child care paid July 2<sup>nd</sup>.
- Case Manager acts on July 9<sup>th</sup>.
- Remove the child care deduction effective August.

### **ONGOING RECIPIENT REPORTS TERMINATED OR DECREASED INCOME**

#### **EXAMPLE 4:**

- Ongoing recipient reports and verifies on March 23<sup>rd</sup> that she lost her job.
- She will receive her last check on April 6<sup>th</sup> in the amount of \$103.
- The Case Manager acts on the change on March 23<sup>rd</sup>.
- The change is effective in April.
- Change the income in LIM for April to \$103, the anticipated amount.
- Delete the income from LIM for the month of May.

### **ONGOING RECIPIENT REPORTS NEW OR INCREASED DEDUCTIONS**

#### **EXAMPLE 5:**

- Ongoing recipient reports on December 28<sup>th</sup> that her child care has increased as of last week.
- The Case Manager acts on the change on January 2<sup>nd</sup>.
- Change the child care deduction for the ongoing month of January to the converted amount not to exceed the maximum.

<b>REQUIRED VERIFICATION – FINANCIAL</b>	
<b>TYPE OF CHANGE</b>	<b>FAMILY MEDICAID REQUIREMENT</b>
Income - new source or change in amount	Income must be verified. AU statement accepted unless questionable for PgW and Newborn COAs.
Resources (vehicle, real property, life insurance, etc.) – acquisition, sale of, etc.	<b>AU statement accepted unless questionable.</b> Resources must be verified if the total of all liquid and non liquid resources exceeds 75% of the total resource limit.
Dependent care costs	AU statement, unless questionable.

<b>FAILURE TO PROVIDE VERIFICATION</b>	
<b>IF THE AU FAILS TO PROVIDE REQUESTED VERIFICATION OF:</b>	<b>THEN</b>
Income (new source or change in amount) <b>or</b> Resources (acquisition, sale, etc.) <b>or</b> AU/BG size (questionable increase or decrease) <b>or</b> Residence (questionable change of)	Terminate Medicaid effective the month following the expiration of timely notice.
Dependent Care expense (questionable)	Remove the original dependent care expense deduction and do not allow the new expense.

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## OPTIONAL EXERCISE: FINANCIAL CHANGES IN FAMILY MEDICAID

1. A/R reports a new job on March 5. Her first check was received February 27.

What is the SOP to request verification for this change?

If verification is provided on March 6, what is the Case Manager's SOP to process this change?

2. A/R reports new child support on August 13. Her first check of \$50 was received on August 7 and is expected to continue every Friday.

What is the A/R's SOP to report this change?

What is the SOP to request verification for this change?

If verification is provided on August 19, what is the Case Manager's SOP to process this change?

**Indicate the effective month of the change in the following situations:**

3. Ongoing recipient has been receiving direct child support of \$200/month. She reports and verifies on October 5 that she stopped receiving child support. Her last check was received September 30. The Case Manager completes the action on October 9.
4. Ongoing recipient reports and verifies a new job on July 6 which began on July 1. A/R's first check will be received July 17. The Case Manager completes the action on July 8.

5. Ongoing recipient reports and verifies a new job on May 22. This job began May 13 and the first check was received May 22. The Case Manager completes the action on May 22.
6. Ongoing recipient reports and verifies an increase in pay on May 22. The first increase will be received June 6. The Case Manager completes the action on June 2.
7. Ongoing recipient reports and verifies on January 2 that she lost her job. Last check (for \$140) will be received January 9. The Case Manager completes the action on January 8.
8. Ongoing recipient reports and verifies on February 27 that she lost her job. Last check (for \$99) was received on February 25. The Case Manager completes the action on March 3.
9. Ongoing recipient has been paying child care of \$35 weekly. She reports on August 24 that she made her last child care payment on August 21. The Case Manager completes action on August 24.
10. Ongoing recipient reports on November 16 that she began paying \$55 weekly child care expenses on November 10. The Case Manager completes action on November 19.

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## EXERCISE KEY: FINANCIAL CHANGES IN FAMILY MEDICAID

1. A/R reports a new job on March 5. Her first check was received February 27.

What is the SOP to request verification for this change? **3/15**

If verification is provided on March 6, what is the Case Manager's SOP to process this change? **3/15**

2. A/R reports new child support on August 13. Her first check of \$50 was received on August 7 and is expected to continue every Friday.

What is the A/R's SOP to report this change? **8/17**

What is the SOP to request verification for this change?  
**8/23**

If verification is provided on August 19, what is the Case Manager's SOP to process this change? **8/23**

**Indicate the effective month of the change in the following situations:**

3. Ongoing recipient has been receiving direct child support of \$200/month. She reports and verifies on October 5 that she stopped receiving child support. Her last check was received September 30. The Case Manager completes the action on October 9.

**November**

4. Ongoing recipient reports and verifies a new job on July 6 which began on July 1. A/R's first check will be received July 17. The Case Manager completes the action on July 8.

**August**

5. Ongoing recipient reports and verifies a new job on May 22. This job began May 13 and the first check was received May 22. The Case Manager completes the action on May 22.  
**July**
  
6. Ongoing recipient reports and verifies an increase in pay on May 22. The first increase will be received June 6. The Case Manager completes the action on June 2.  
**July**
  
7. Ongoing recipient reports and verifies on January 2 that she lost her job. Last check (for \$140) will be received January 9. The Case Manager completes the action on January 8.  
**February**
  
8. Ongoing recipient reports and verifies on February 27 that she lost her job. Last check (for \$99) was received on February 25. The Case Manager completes the action on March 3.  
**March**
  
9. Ongoing recipient has been paying child care of \$35 weekly. She reports on August 24 that she made her last child care payment on August 21. The Case Manager completes action on August 24.  
**October**
  
10. Ongoing recipient reports on November 16 that she began paying \$55 weekly child care expenses on November 10. The Case Manager completes action on November 19.  
**December**

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## OPTIONAL EXERCISE: BUDGETING FINANCIAL CHANGES

1. Ms. Jackson is receiving LIM for herself and four daughters. A contribution of \$100/week is included in the budget. Ms. Jackson provides an award letter on 7/14 verifying that one daughter has been awarded RSDI of \$570.40/month beginning 8/3. The Case Manager completes the case on 7/14.

Case # 655432107

- A. Complete the trial budget to determine continued eligibility for LIM.
  - B. Does the AU continue to be eligible for LIM?
  - C. Effective what month is the AU ineligible for LIM?
2. Mr. Packard receives LIM for himself and three children. A/R is employed and has received \$30 and 1/3 for two months. On 11/23 Mr. Packard verifies that his wages will increase from \$180.00/week to \$205.00/week as of 12/1. A/R pays child care of \$20.00/week. The Case Manager completes the case on 11/23.

Case # 987654321

- A. Complete the trial budget to determine continued eligibility for LIM.
- B. Effective what month will the increased income be included in the LIM budget?
- C. Complete a budget to determine continued eligibility for February.
- D. What will happen with this case effective February?

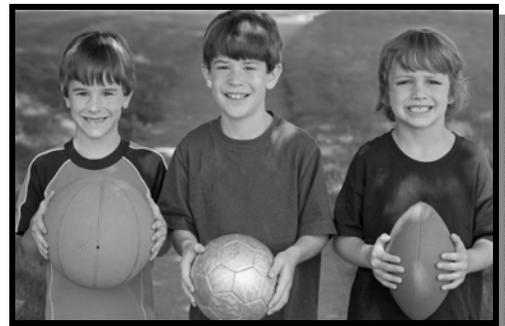
3. Ms. Jordan receives LIM for herself and two minor children (ages 15 and 13). She verifies on 5/29 that she has a job and is earning \$140 weekly. Ms. Jordan is paid each Friday. She received her first pay check on 5/29 and expects to continue receiving this weekly amount of income. She has never worked while receiving LIM. Ms. Jordan has a 1985 Toyota Corolla (FMV \$2,000; nothing owed) that she drives to work. She continues to have a savings account balance of \$125.00. The AU has no other income or resources. The Case Manager completes the case on 5/29.

Case # 332684975

- A. Complete the trial budget to determine continued eligibility for LIM.
  - B. What is the gross amount of wages to be budgeted?
  - C. Effective what month will the increased income be included in the LIM budget?
  - D. What would be the \$30 & 1/3 months if applicable?
4. Mr. Silas receives LIM for himself and three minor children, Allen (9), Tory (8), and Kevin (6). On 12/28 A/R verifies that he has begun receiving \$100/week from his parents and expects this to continue until he returns to work. The Case Manager completes the case on 12/28. Case number is 334510782.

Compute the budget to determine LIM eligibility.

- A. What is the appropriate category of Family Medicaid?
- B. Who is the assistance unit?
- C. What is the potential Family Medicaid time period?



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## EXERCISE KEY: BUDGETING FINANCIAL CHANGES

1. Ms. Jackson is receiving LIM for herself and four daughters. A contribution of \$100/week is included in the budget. Ms. Jackson provides an award letter on 7/14 verifying that one daughter has been awarded RSDI of \$570.40/month beginning 8/3. The Case Manager completes the case on 7/14.

Case # 655432107

- a. Complete the trial budget to determine continued eligibility for LIM.
- b. Does the AU continue to be eligible for LIM? **No**
- c. Effective what month is the AU ineligible for LIM? **August – timely notice expires on 7/28**

2. Mr. Packard receives LIM for himself and three children. A/R is employed and has received \$30 and 1/3 for two months. On 11/23 Mr. Packard verifies that his wages will increase from \$180.00/week to \$205.00/week as of 12/1. A/R pays child care of \$20.00/week. The Case Manager completes the case on 11/23.

Case # 987654321

- a. Complete the trial budget to determine continued eligibility for LIM.
- b. Effective what month will the increased income be included in the LIM budget? **January – timely notice expires on 12/7**
- c. Complete a budget to determine continued eligibility for February.
- d. What will happen with this case effective February?  
**The case becomes ineligible without the 1/3 deduction. A CMD must be completed. See budget sheet.**

Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Ms. Jackson</b>	Number in AU <b>5</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>655432107</b>	Effective Month <b>August</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources	\$ <u>  <b>0</b>  </u>	Less Standard Deduction	\$ <u>  <b>90</b>  </u>
Resource Limit	\$ 1000	Less Child Care	\$ _____
Eligible Based on Resources?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plus Unearned Income	\$ _____
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income	\$ _____
Gross Income	\$ <u>  <b>1003.73</b>  </u>	Less Allocation	\$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling	\$ <u>  <b>1060</b>  </u>	SON	\$ _____
Surplus/Deficit	\$ _____	Surplus/Deficit	\$ _____
Eligible based on GIC test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Eligibility/Payment Budget</b>		<b>573</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			<b>\$100.00</b>
			<b>x 4.3333</b>
			<b>\$433.33</b>
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income	<b>Contribution</b>	<b>433.33</b>	<b>1003.73</b>
	<b>RSDI</b>	<b>570.40</b>	
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>1003.73</b>	<b>1004</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Ineligible for LIM – consider other COAs</b>		
15. Benefit Amount			

Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Mr. Packard</b>	Number in AU <b>4</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>987654321</b>	Effective Month <b>December</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>888.32</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>925</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			<b>500</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income/Wages	<b>888.32</b>		
<b>Total Earned Income</b>	<b>888.32</b>	<b>Subtotals</b>	
3. Less \$90	<b>90.00</b>	<b>798.32</b>	
4. Less \$30	<b>30.00</b>	<b>768.32</b>	
5. Less 1/3	<b>256.10</b>	<b>512.22</b>	
6. Less Child Care	<b>86.66</b>	<b>425.56</b>	
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>425.56</b>	<b>426</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Case remains LIM eligible</b>		
15. Benefit Amount			

Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Mr. Packard</b>	Number in AU <b>4</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>987654321</b>	Effective Month <b>February</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90	\$ _____
Resource Limit \$ 1000		Less Child Care \$ _____	\$ _____
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____	\$ _____
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____	\$ _____
Gross Income \$ <u>888.32</u>		Less Allocation \$ _____	\$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling \$ <u>925</u>		SON	\$ _____
Surplus/Deficit \$ _____		Surplus/Deficit	\$ _____
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>500</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income/Wages	<b>888.32</b>		
<b>Total Earned Income</b>	<b>888.32</b>	<b>Subtotals</b>	
3. Less \$90	<b>90.00</b>	<b>798.32</b>	
4. Less \$30	<b>30.00</b>	<b>768.32</b>	
5. Less 1/3		<b>768.32</b>	
6. Less Child Care	<b>86.66</b>	<b>681.66</b>	
7. Net Earned Income		<b>681.66</b>	
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>681.66</b>	<b>682</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Ineligible for LIM – consider other COAs</b>		
15. Benefit Amount			

Form 239 (Rev. 03/2009)

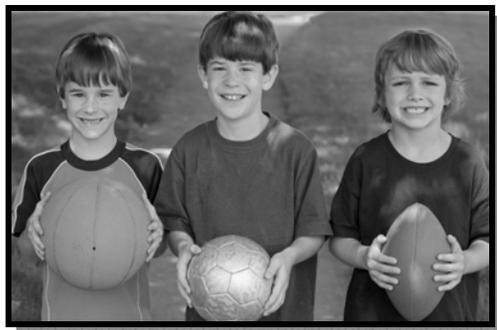
3. Ms. Jordan receives LIM for herself and two minor children (ages 15 and 13). She verifies on 5/29 that she has a job and is earning \$140 weekly. Ms. Jordan is paid each Friday. She received her first pay check on 5/29 and expects to continue receiving this weekly amount of income. She has never worked while receiving LIM. Ms. Jordan has a 1985 Toyota Corolla (FMV \$2,000; nothing owed) that she drives to work. She continues to have a savings account balance of \$125.00. The AU has no other income or resources. The Case Manager completes the case on 5/29.

Case # 332684975

- a. Complete the trial budget to determine continued eligibility for LIM.
  - b. What is the gross amount of wages to be budgeted? **\$606.66**
  - c. Effective what month will the increased income be included in the LIM budget? **July – timely notice expires on 6/12**
  - d. What would be the \$30 and 1/3 months if applicable? **July through October**
4. Mr. Silas receives LIM for himself and three minor children, Allen (9), Tory (8), and Kevin (6). On 12/28 A/R verifies that he has begun receiving \$100/week from his parents and expects this to continue until he returns to work. The Case Manager completes the case on 12/28. Case number is 334510782.

Compute the budget to determine LIM eligibility.

- A. What is the appropriate category of Family Medicaid? **LIM**
- B. Who is the assistance unit? **Mr. Silas, Allen, Tory and Kami**
- C. What is the potential Family Medicaid time period? **Indefinite, as long as eligibility requirements are met.**



Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Ms. Jordan</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change
AU ID Number <b>332684975</b>	Effective Month <b>June</b>	<b>C. Standard of Need Test</b>  Gross Wages <span style="float:right">\$ <b>606.66</b></span> Less Standard Deduction      \$90 <span style="float:right">\$ <b>516.66</b></span> Less Child Care                    \$ _____ <span style="float:right">\$ _____</span> Plus Unearned Income            \$ _____ <span style="float:right">\$ _____</span> Plus Deemed Income              \$ _____ <span style="float:right">\$ _____</span> Less Allocation                    \$ _____ <span style="float:right">\$ _____</span> Total <span style="float:right">\$ <b>517</b></span> SON <span style="float:right">\$ <b>424</b></span> Surplus/Deficit <span style="float:right">\$ _____</span> Eligible for \$30 + 1/3? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>A. Resource Test</b> Total Nonexempt Resources \$ <b>125</b> Resource Limit                    \$ 1000 Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Gross Income Ceiling Test</b> Gross Income                        \$ <b>606.66</b> (Plus deemed, less allocated income) Gross Income Ceiling            \$ <b>784</b> Surplus/Deficit                      \$ _____ Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <span style="float:right"><b>424</b></span>		
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit		
2. Earned Income/Wages – Ms. Jordan	<b>606.66</b>	
<b>Total Earned Income</b>	<b>606.66</b>	<b>Subtotals</b>
3. Less \$90	<b>90.00</b>	<b>516.66</b>
4. Less \$30	<b>30.00</b>	<b>486.66</b>
5. Less 1/3	<b>162.22</b>	<b>324.44</b>
6. Less Child Care		
7. Net Earned Income		<b>324.44</b>
8. Plus Unearned Income		
9. Plus Child Support (Less \$50 – Medicaid only)		
10. Plus Deemed Income		
11. Less Allocation		
12. Total Countable Income		<b>324.44</b>
13. Surplus/Deficit (SON less line 12)		<b>324</b>
14. Family Maximum	<b>Eligible for LIM</b>	
15. Benefit Amount		

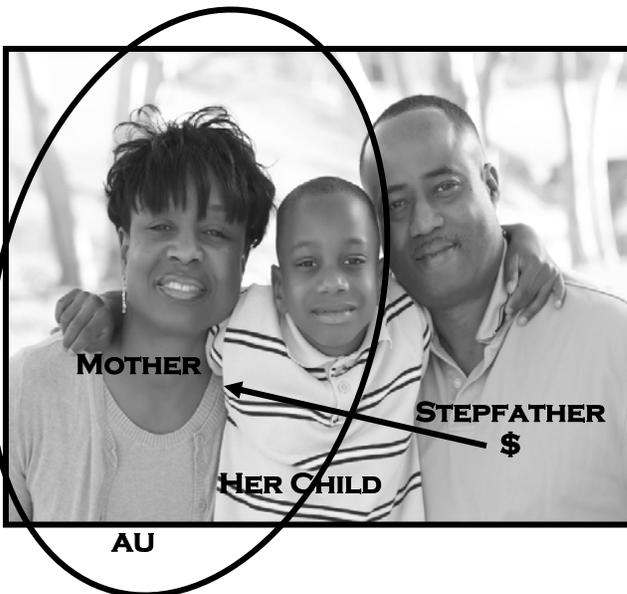
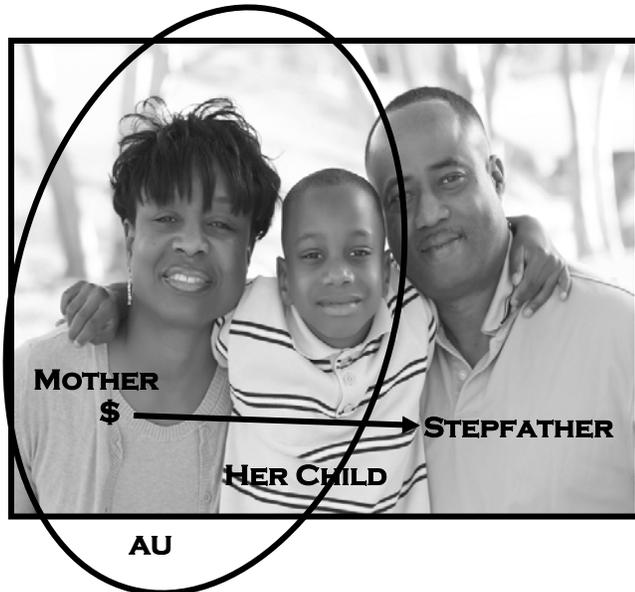
Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Mr. Silas</b>	Number in AU <b>4</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>334510782</b>	Effective Month <b>January</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources	\$ <u>0</u>	Less Standard Deduction	\$90    \$ _____
Resource Limit	\$ 1000	Less Child Care	\$ _____ \$ _____
Eligible Based on Resources?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plus Unearned Income	\$ _____ \$ _____
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income	\$ _____ \$ _____
Gross Income	\$ <u>433.33</u>	Less Allocation	\$ _____ \$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling	\$ <u>925</u>	SON	\$ _____
Surplus/Deficit	\$ _____	Surplus/Deficit	\$ _____
Eligible based on GIC test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Eligibility/Payment Budget</b>		<b>500</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income <b>Contribution</b>	<b>433.33</b>	<b>433.33</b>	
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>433.33</b>	<b>433</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Eligible for LIM</b>		
15. Benefit Amount			

## ALLOCATED AND DEEMED INCOME (MR 2661)

Allocating and Deeming of income are two special budgeting procedures.

**ALLOCATE:** Use the income of an AU member to meet the needs of a non-AU member for whom s/he is legally obligated to support.



**DEEM:** Use the income of a non-AU member to meet the needs of an AU member for whom s/he is obligated to support.

## **STEPPARENT SITUATION: COMPLETING A RESPONSIBILITY BUDGET**

### **ALLOWABLE DEDUCTIONS**

- ◆ \$90/month Standard Work Expense
- ◆ An amount equal to the SON for the stepparent plus all of his/her legal federal tax dependents living in the home who are ineligible to be included in the LIM AU.
- ◆ Actual verified amounts paid to legal tax dependents living outside of the home.
- ◆ Actual verified alimony and/or child support paid to persons living outside of the home.

### **BUDGETING STEPS**

- STEP 1** Determine the gross earned income of the stepparent.
- STEP 2** Subtract \$90 from the gross earned income.
- STEP 3** Add any countable unearned income of the stepparent.
- STEP 4** Determine the number of individuals living in the home with the stepparent who is or could be claimed as a federal tax dependent. Include in this count the stepparent. Subtract the SON for this number of individuals.
- STEP 5** Subtract any amount paid by the stepparent to an individual living outside of the home who is or could be claimed as a federal tax dependent.
- STEP 6** Subtract any alimony or child support paid by the stepparent to individuals not living in the home.
- STEP 7** If a surplus exists, deem excess income up to the SON for one to the LIM AU.

If a deficit exists, there is no income to deem from the step-parent to the LIM AU. Consider allocation.

## RESPONSIBILITY BUDGETING

### EXAMPLE 1

Marie Jones applies for Medicaid for her family on 1/13. She has 3 children, Brian (8), Steve (6), and Andy (3). James Smith, who is Andy's father, also lives in the home.

Ms. Jones and Mr. Smith are married.

The household's income consists of \$250/month child support received for Brian and Steve and Mr. Smith's monthly wages of \$1083.32. Mr. Smith pays \$200/month child support to his ex-wife for his son, David.



**STEP 1** – Consider LIM for everyone. The GIC for a family of 5 is \$1060. The family's income of \$1283.32 exceeds the GIC. Therefore, this AU is ineligible for LIM.

**STEP 2** – Consider LIM for Ms. Jones, Brian and Steve only.

A responsibility budget is completed to deem income from James Smith to his spouse, Marie Jones.

**DEEMING AND ALLOCATION WORKSHEET**

<p><b>I. DETERMINATION OF SON FOR DEEMING BUDGET</b></p> <p><b>Responsible Individual:</b></p> <p><input checked="" type="checkbox"/> Stepparent</p> <p><input type="checkbox"/> Minor Caretaker's Parent(s)</p> <p><input type="checkbox"/> Ineligible Spouse</p> <p><input type="checkbox"/> Ineligible Parent</p> <p><input type="checkbox"/> Alien Sponsor</p> <p>A. <u>  1  </u> Number of responsible individual's children who live in the home but are not included in the AU</p> <p>B. <u>      </u> Number of other dependents in the home who are claimed or could be claimed as tax dependents and are not included in the AU</p> <p>C. <u>  1  </u> Responsible Individual</p> <p>D. <u>  2  </u> Total</p>	<p><b>IV. DETERMINATION OF SON FOR ALLOCATION BUDGET</b></p> <p><b>Persons to whom AU member's income can be allocated:</b></p> <p>A. <u>      </u> Ineligible Spouse</p> <p>B. <u>      </u> Ineligible Child(ren)</p> <p>C. <u>      </u> Total</p> <p>D. \$ <u>      </u> SON for Number in C</p>
<p><b>II. DEEMING BUDGET</b></p> <p><u>\$1083.32</u> Earned Income</p> <p><u>-\$ 90.00</u> Earned Income Deduction</p> <p><u>\$ 993.32</u> Net Earned Income</p> <p><u>\$ 0</u> Unearned Income</p> <p><u>\$ 993.32</u> Total Net Income</p> <p><u>\$ 356.00</u> Standard of Need (from 1D, above)</p> <p><u>-\$ 0</u> Amount paid to dependents outside the household who are claimed or could be claimed as tax dependents</p> <p><u>-\$ 200.00</u> Alimony and/or <u>child support</u> paid to person(s) outside of the household</p> <p><u>\$ 437.32</u> Surplus/Deficit <b>\$235 can be deemed to Ms. Jones</b></p>	<p><b>V. Allocation Budget</b></p> <p>Allocate the SON in D, or the gross income of the responsible AU member, whichever is less.</p> <p>\$ <u>      </u> Gross AU Income</p> <p>\$ <u>      </u> Less allocation</p> <p>\$ <u>      </u> Amount to enter as gross income in GIC test</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Ms. Jones married to Mr. Smith</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Andy (3)</p> <p style="text-align: center;"> </p> <p>Brian (8)</p> <p>Steve (6)</p> </div>
<p><b>III. DEEMING</b></p> <p>If a surplus exists, deem this amount to the AU, and include the appropriate amount of the surplus in the amount of gross income in B (GIC Test), on the proper line in C (SON Test), and on line 10 in D (Eligibility/Payment Budget).</p> <p>If a deficit exists, there is no income to deem. Instead, determine if allocation is appropriate. If so, proceed to IV.</p>	<p><b>VI. ALLOCATION</b></p> <p>Subtract income to allocate from the gross income in B (GIC Test), from the income in C (SON Test), and enter on line 11 in D (Eligibility/Payment Budget).</p>

## RESPONSIBILITY BUDGETING



### EXAMPLE 2

Ms. Katherine Norwood receives LIM for herself and two children, Lisa (8) and Joey (6). On 9/9 she calls to report she married Joey's father, Larry Johnson on 9/5.

Mr. Johnson receives \$204 per week in Worker's Compensation and pays \$450 per month in child support to his ex-wife. The household's only other income is \$300 per month in child support received from Lisa's father.

She has a checking account with a balance of \$89. Mr. Johnson has a savings account with a balance of \$725.00 and a 2001 Buick Century (FMV \$4500, nothing owed) which he drives to work. The Case Manager completes action on 9/14 after verification was provided.

1. Determine LIM eligibility by including everyone in the AU. The AU is ineligible for LIM.
2. A responsibility budget is completed to determine the amount of the stepparent's income to deem to the AU. The amount of the surplus (\$77.99) is less than the SON of one (\$235) and is deemed to Ms. Norwood.
3. Ms. Norwood and Lisa are eligible for LIM.
4. Determine RSM eligibility for Joey by including everyone in the BG. Joey is eligible for RSM.

**DEEMING AND ALLOCATION WORKSHEET**

<p><b>I. DETERMINATION OF SON FOR DEEMING BUDGET</b></p> <p><b>Responsible Individual:</b></p> <p><input checked="" type="checkbox"/> Stepparent</p> <p><input type="checkbox"/> Minor Caretaker's Parent(s)</p> <p><input type="checkbox"/> Ineligible Spouse</p> <p><input type="checkbox"/> Ineligible Parent</p> <p><input type="checkbox"/> Alien Sponsor</p> <p>A. <u>  1  </u> Number of responsible individual's children who live in the home but are not included in the AU</p> <p>B. <u>      </u> Number of other dependents in the home who are claimed or could be claimed as tax dependents and are not included in the AU</p> <p>C. <u>  1  </u> Responsible Individual</p> <p>D. <u>  2  </u> Total</p>	<p><b>IV. DETERMINATION OF SON FOR ALLOCATION BUDGET</b></p> <p><b>Persons to whom AU member's income can be allocated:</b></p> <p>A. <u>      </u> Ineligible Spouse</p> <p>B. <u>      </u> Ineligible Child(ren)</p> <p>C. <u>      </u> Total</p> <p>D. \$ <u>      </u> SON for Number in C</p>
<p><b>II. DEEMING BUDGET</b></p> <p>\$ <u>      </u> Earned Income</p> <p>-\$ <u>      </u> Earned Income Deduction</p> <p>\$ <u>      </u> Net Earned Income</p> <p><b>\$ 883.99</b> Unearned Income</p> <p><b>\$ 883.99</b> Total Net Income</p> <p><b>\$ 356.00</b> Standard of Need <b>(2) Mr. Johnson</b> (from 1D, above) <b>and Joey</b></p> <p>-\$ <u>  0  </u> Amount paid to dependents outside the household who are claimed or could be claimed as tax dependents</p> <p>-\$ <b>450.00</b> Alimony and/or <u>child support</u> paid to person(s) outside of the household</p> <p><b>\$ 77.99</b> Surplus/Deficit <b>\$77.99 can be deemed to Ms. Norwood</b></p>	<p><b>V. Allocation Budget</b></p> <p>Allocate the SON in D, or the gross income of the responsible AU member, whichever is less.</p> <p>\$ <u>      </u> Gross AU Income</p> <p>\$ <u>      </u> Less allocation</p> <p>\$ <u>      </u> Amount to enter as gross</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Ms. Norwood – Mr. Johnson</p> <p style="text-align: center;">      /      </p> <p style="text-align: center;">      Joey (6)</p> <p style="text-align: center;"> </p> <p style="text-align: center;">Lisa (8)</p> </div>
<p><b>III. DEEMING</b></p> <p>If a surplus exists, deem this amount to the AU, and include the appropriate amount of the surplus in the amount of gross income in B (GIC Test), on the proper line in C (SON Test), and on line 10 in D (Eligibility/Payment Budget).</p> <p>If a deficit exists, there is no income to deem. Instead, determine if allocation is appropriate. If so, proceed to IV.</p>	<p><b>VI. ALLOCATION</b></p> <p>Subtract income to allocate from the gross income in B (GIC Test), from the income in C (SON Test), and enter on line 11 in D (Eligibility/Payment Budget).</p>

## OPTIONAL EXERCISE: RESPONSIBILITY BUDGETING

Complete the budgets to determine the eligibility in the following situations. All verification has been provided.

1. Ms. Sharon Baker receives LIM for herself and her children, Bobby (12) and Tucker (17). On 5/12, Ms. Baker calls to report that she has married Bobby's father, John Siddon (5/10). He moved into the home on 5/09. Mr. Siddon receives \$180.00 UCB per week as verified by Clearinghouse. He has a checking account with a balance of \$790.00. Ms. Baker continues to receive \$250/month child support for Tucker. She and the children have no resources. A/R is not pregnant. The Case Manager acts on 5/12.

Case #404261641

- a. Is this a blended family?
  - b. Does the entire AU remain LIM eligible for the ongoing month of June?
- 
2. Ms. Lisa Aimes receives TANF, LIM and FS for herself and 3 minor children. On 6/3 she reports that she has married Jason Perry on 6/1. Ms. Aimes verifies Mr. Perry's wages as \$100/week. He is not the father of either child. Ms. Aimes and her children have no income or resources.

Case #101234110

- a. Is this a blended family?
- b. Does this AU remain LIM eligible for the ongoing month of July?
- c. How would Mr. Perry's income affect the AU's eligibility if he had not married Ms. Aimes?

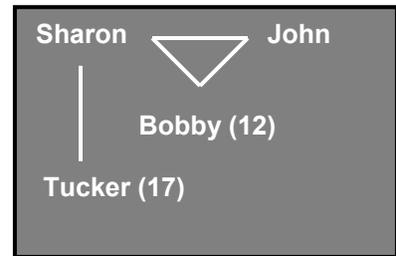
## EXERCISE KEY: RESPONSIBILITY BUDGETING

Complete the budgets to determine the eligibility in the following situations. All verification has been provided.

- Ms. Sharon Baker receives LIM for herself and her children, Bobby (12) and Tucker (17). On 5/12, Ms. Baker calls to report that she married Bobby's father, John Siddon on 5/10. He moved into the home on 5/9. Mr. Siddon receives \$180.00 UCB per week as verified by Clearinghouse. He has a checking account with a balance of \$790.00. Ms. Baker continues to receive \$250/month child support for Tucker. She and the children have no resources and Ms. Baker is not pregnant. The Case Manager acts on 5/12.

Case #404261641

- Is this a blended family? **Yes**
- Does the entire AU remain LIM eligible for the ongoing month of June? **No**



- Ms. Lisa Aimes receives TANF, LIM and FS for herself and 3 minor children. On 6/3 she reports that she has married Jason Perry on 6/1. Ms. Aimes verifies Mr. Perry's wages as \$100/week. He is not the father of any of the children. Ms. Aimes and her children have no income or resources.

Case #101234110

- Is this a blended family? **No, Ms. Aimes and Mr. Perry do not have a mutual child in common in the home.**
- Does this AU remain LIM eligible for the ongoing month of July? **Yes**
- How would Mr. Perry's income affect the AU's eligibility if he had not married Ms. Aimes? **His income would not have been considered; he had no legal relationship or financial responsibility to Ms. Aimes or her children. However, any contributions he would have provided to the AU would have been considered.**





**DEEMING AND ALLOCATION WORKSHEET**

<p><b>I. DETERMINATION OF SON FOR DEEMING BUDGET</b></p> <p><b>Responsible Individual:</b></p> <p><input checked="" type="checkbox"/> Stepparent</p> <p><input type="checkbox"/> Minor Caretaker's Parent(s)</p> <p><input type="checkbox"/> Ineligible Spouse</p> <p><input type="checkbox"/> Ineligible Parent</p> <p><input type="checkbox"/> Alien Sponsor</p> <p>A. <u>  1  </u> Number of responsible individual's children who live in the home but are not included in the AU</p> <p>B. <u>      </u> Number of other dependents in the home who are claimed or could be claimed as tax dependents and are not included in the AU</p> <p>C. <u>  1  </u> Responsible Individual</p> <p>D. <u>  2  </u> Total</p>	<p><b>IV. DETERMINATION OF SON FOR ALLOCATION BUDGET</b></p> <p><b>Persons to whom AU member's income can be allocated:</b></p> <p>A. <u>      </u> Ineligible Spouse</p> <p>B. <u>      </u> Ineligible Child(ren)</p> <p>C. <u>      </u> Total</p> <p>D. \$ <u>      </u> SON for Number in C</p>
<p><b>II. DEEMING BUDGET</b></p> <p>\$ <u>      </u> Earned Income</p> <p>-\$ <u>      </u> Earned Income Deduction</p> <p>\$ <u>      </u> Net Earned Income</p> <p>\$ <b>779.99</b> Unearned Income</p> <p>\$ <b>779.99</b> Total Net Income</p> <p>\$ <b>356.00</b> Standard of Need (from 1D, above)</p> <p>-\$ <u>  0  </u> Amount paid to dependents outside the household who are claimed or could be claimed as tax dependents</p> <p>-\$ <u>      </u> Alimony and/or child support paid to person(s) outside of the household</p> <p>\$ <b>423.99</b> <u>Surplus</u> Deficit</p>	<p><b>V. Allocation Budget</b></p> <p>Allocate the SON in D, or the gross income of the responsible AU member, whichever is less.</p> <p>\$ <u>      </u> Gross AU Income</p> <p>\$ <u>      </u> Less allocation</p> <p>\$ <u>      </u> Amount to enter as gross income in GIC test</p>
<p><b>III. DEEMING</b></p> <p>If a surplus exists, deem this amount to the AU, and include the appropriate amount of the surplus in the amount of gross income in B (GIC Test), on the proper line in C (SON Test), and on line 10 in D (Eligibility/Payment Budget).</p> <p>If a deficit exists, there is no income to deem. Instead, determine if allocation is appropriate. If so, proceed to IV.</p>	<p><b>VI. ALLOCATION</b></p> <p>Subtract income to allocate from the gross income in B (GIC Test), from the income in C (SON Test), and enter on line 11 in D (Eligibility/Payment Budget).</p>

Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Ms. Baker</b>	Number in AU <b>2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>404261641</b>	Effective Month <b>June</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources	\$ <b>0</b>	Less Standard Deduction	\$90 \$ _____
Resource Limit	\$ <b>1000</b>	Less Child Care	\$ _____ \$ _____
Eligible Based on Resources?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plus Unearned Income	\$ _____ \$ _____
<b>B. Income Ceiling Test</b>		Plus Deemed Income	\$ _____ \$ _____
Gross Income	\$ <b>435</b>	Less Allocation	\$ _____ \$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling	\$ <b>659</b>	SON	\$ _____
Surplus/Deficit	\$ _____	Surplus/Deficit	\$ _____
Eligible based on ceiling test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Eligibility/Payment Budget</b>		<b>356</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			<b>Child Support \$250.00 <del>-\$50.00</del> \$200.00</b>
<b>Total Earned Income</b>	<b>0</b>	<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income		<b>0</b>	
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)	<b>200.00</b>	<b>200.00</b>	
10. Plus Deemed Income	<b>235.00</b>	<b>435.00</b>	
11. Less Allocation			
12. Total Countable Income		<b>435</b>	
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Ineligible for LIM</b>		
15. Benefit Amount			

Form 239 (Rev. 03/2009)

DEEMING AND ALLOCATION WORKSHEET

<p><b>I. DETERMINATION OF SON FOR DEEMING BUDGET</b></p> <p><b>Responsible Individual:</b></p> <p><input checked="" type="checkbox"/> Stepparent</p> <p><input type="checkbox"/> Minor Caretaker's Parent(s)</p> <p><input type="checkbox"/> Ineligible Spouse</p> <p><input type="checkbox"/> Ineligible Parent</p> <p><input type="checkbox"/> Alien Sponsor</p> <p>A. _____ Number of responsible individual's children who live in the home but are not included in the AU</p> <p>B. _____ Number of other dependents in the home who are claimed or could be claimed as tax dependents and are not included in the AU</p> <p>C. <u>  1  </u> Responsible Individual</p> <p>D. <u>  1  </u> Total</p>	<div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold; margin-bottom: 5px;">QUESTION #2</div> <p><b>IV. DETERMINATION OF SON FOR ALLOCATION BUDGET</b></p> <p>_____ is to whom AU member's income can be allocated:</p> <p>A. _____ Ineligible Spouse</p> <p>B. _____ Ineligible Child(ren)</p> <p>C. _____ Total</p> <p>D. \$ _____ SON for Number in C</p>
<p><b>II. DEEMING BUDGET</b></p> <p><del>\$ 433.33</del> Earned Income</p> <p><del>-\$ 90.00</del> Earned Income Deduction</p> <p><del>\$ 343.33</del> Net Earned Income</p> <p>\$ _____ Unearned Income</p> <p><del>\$ 343.33</del> Total Net Income</p> <p><del>\$ 235.00</del> Standard of Need (from 1D, above)</p> <p><del>-\$ 0</del> Amount paid to dependents outside the household who are claimed or could be claimed as tax dependents</p> <p><del>-\$ _____</del> Alimony and/or child support paid to person(s) outside of the household</p> <p><del>\$ 108.33</del> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Surplus</span> Deficit</p>	<p><b>V. Allocation Budget</b></p> <p>Allocate the SON in D, or the gross income of the responsible AU member, whichever is less.</p> <p>\$ _____ Gross AU Income</p> <p>\$ _____ Less allocation</p> <p>\$ _____ Amount to enter as gross income in GIC test</p>
<p><b>III. DEEMING</b></p> <p>If a surplus exists, deem this amount to the AU, and include the appropriate amount of the surplus in the amount of gross income in B (GIC Test), on the proper line in C (SON Test), and on line 10 in D (Eligibility/Payment Budget).</p> <p>If a deficit exists, there is no income to deem. Instead, determine if allocation is appropriate. If so, proceed to IV.</p>	<p><b>VI. ALLOCATION</b></p> <p>Subtract income to allocate from the gross income in B (GIC Test), from the income in C (SON Test), and enter on line 11 in D (Eligibility/Payment Budget).</p>

Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Ms. Aimes</b>	Number in AU <b>4</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>101234110</b>	Effective Month <b>July</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 _____	
Resource Limit \$ <u>1000</u>		\$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>108.33</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>925</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>500</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income		<b>108.33</b>	<b>108.33</b>
11. Less Allocation			
12. Total Countable Income		<b>108.33</b>	<b>108</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum		<b>Ms. Aimes and children continue to be eligible for LIM</b>	
15. Benefit Amount			

# **FAMILY MEDICAID ONLINE**



**RELATED MEDICAID TYPES**

# OBJECTIVES

By the end of this module, participants will become familiar with the eligibility requirements for:

- Newborn Medicaid
- Transitional Medical Assistance (TMA)
- Four Months Extended Medicaid Because of Child Support (4MCS)
- Medically Needy Medicaid
- PeachCare for Kids
- Emergency Medical Assistance (EMA)

## NEWBORN MEDICAID SUMMARY OF POINTS OF ELIGIBILITY (MR 2174)

**Eligibility Requirements:** Child born to a Medicaid eligible mother. Eligibility period is 13 months beginning with the month of birth, provided that the child continues to live with a relative/caretaker. The newborn is the only AU member.

<b>NEWBORN MEDICAID PROCESSING STANDARDS</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>STANDARD OF PROMPTNESS (MR 2065, 2174, 2706)</b>	<p><b>Application Process:</b> Newborn must be approved within 10 calendar days from the date of report. No formal application or interview required.</p> <p><b>Reviews:</b> Not required.</p> <p><b>Continuing Medicaid Determination:</b> Must be completed in the last month of Newborn Eligibility.</p>
<b>REQUEST FOR COVERAGE (MR 2174)</b>	<p>Coverage can be requested by:</p> <ul style="list-style-type: none"><li>➤ the mother</li><li>➤ a Medicaid Participating Provider member</li></ul>

<b>NEWBORN MEDICAID NON-FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY (MR 2200)</b>
<b>RESIDENCY</b>	Newborn must continue to live in Georgia with a relative/caretaker. Accept A/R statement.
<b>AGE</b>	Newborn is eligible for up to 13 months beginning with the month of birth. Accept A/R statement of birth unless questionable.
<b>LIVING WITH A SPECIFIED RELATIVE</b>	Newborn must continue to live with a relative/caretaker. Accept A/R statement.
<b>CITIZENSHIP/ALIENAGE/IDENTITY</b>	Citizenship/alienage/identity status does not have to be established for a child to receive this COA. US citizenship is assumed.
<b>ENUMERATION</b>	Not required.
<b>THIRD PARTY RESOURCES</b>	Not required; however, Case Manager must inquire about TPR and submit any information obtained to DCH.
<b>COOPERATION WITH CHILD SUPPORT SERVICES</b>	Not required; however, the mother must be advised that CSS services are available to her. If the mother is interested, she must be provided with written information on how to contact the local CSS office.
<b>APPLICATION FOR OTHER BENEFITS</b>	Not required.

<b>NEWBORN MEDICAID FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>RESOURCES (MR 2301 &amp; 2174)</b>	Not a requirement.
<b>INCOME (MR 2174)</b>	Not a requirement.
<b>BUDGETING (MR 2174)</b>	Not a requirement.

# NEWBORN MEDICAID

(MR 2174)



Medicaid-eligible Mom gives birth



Baby eligible for Newborn Medicaid for 13 months





## NEWBORN MEDICAID EXAMPLES

1. Ms. Elaine Joseph was receiving RSM-PgW Medicaid during her pregnancy. Her baby, Bradley, was born on 2/13 and her RSM-PgW continued through 4/4. She received \$800 per month in disability during her maternity leave. She now has day care arrangements for Bradley and has returned to work earning \$2140 per month.
  - a. Is Bradley eligible to receive Newborn Medicaid?  
**Yes**
  - b. If yes, how long will he potentially remain eligible?  
**February through February**
2. Ms. Cindy Carter receives RSM-PgW Medicaid. She gives birth on 4/25 to a premature baby, Jack. The baby remains in the hospital for 3 months. Ms. Carter's RSM-PgW Medicaid eligibility ends effective July. The AU is not eligible for LIM.
  - a. Is Jack eligible to receive Newborn Medicaid?  
**Yes**
  - b. If yes, how long will he potentially remain eligible?  
**April through April**
3. Jane, 16 years old and pregnant, receives RSM-PgW Medicaid. She gives birth on 9/12, and chooses to give the baby up for adoption.
  - a. Is the baby eligible to receive Newborn Medicaid?  
**Yes**
  - b. If yes, how long will the baby potentially remain eligible?  
**Only for the month of birth**

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## OPTIONAL EXERCISE: NEWBORN MEDICAID

Answer True or False to the following questions. Provide correct answers for any false statements.

- \_\_\_\_\_ 1. The request for Newborn Medicaid must be initiated by the mother.
- \_\_\_\_\_ 2. Eligibility for Newborn coverage is any 13 month period beginning with the month of application.
- \_\_\_\_\_ 3. Citizenship must be verified by third party if a child is to receive Newborn coverage.
- \_\_\_\_\_ 4. A Medicaid application must be filed in order for Newborn coverage to be determined.
- \_\_\_\_\_ 5. Newborn coverage can continue if the child begins to live with the grandmother.
- \_\_\_\_\_ 6. The eligibility period for Newborn coverage terminates if the child is included in another COA with other AU members.
- \_\_\_\_\_ 7. If a child is determined ineligible for Newborn coverage, the Case Manager must determine the child's eligibility for PeachCare for Kids.
- \_\_\_\_\_ 8. A child who is born to a Medicaid mother receiving EMA is eligible for Newborn coverage.
- \_\_\_\_\_ 9. When a provider contacts DMA to request Newborn coverage for a child, no action is needed by DFCS.
- \_\_\_\_\_ 10. A CMD must be completed in the last month of Newborn Medicaid eligibility.

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## EXERCISE KEY: NEWBORN MEDICAID

Answer True or False to the following questions. Provide correct answers for any false statements.

- F   1. The request for Newborn Medicaid must be initiated by the mother. **A Medicaid participating provider may initiate a request.**
- F   2. Eligibility for Newborn coverage is any 13 month period beginning with the month of application. **The eligibility period is the month of birth through that month in the following year.**
- F   3. Citizenship must be verified by third party if a child is to receive Newborn coverage. **Citizenship/identity does not have to be verified for a child to receive Newborn coverage.**
- F   4. A Medicaid application must be filed in order for Newborn coverage to be determined. **No formal application is required for Newborn.**
- T   5. Newborn coverage can continue if the child begins to live with the grandmother. **A child must continue to live with a relative/caretaker in order to receive Medicaid under the Newborn COA.**
- F   6. The eligibility period for Newborn coverage terminates if the child is included in another COA with other AU members. **The child remains eligible as long as the requirements continue to be met.**
- F   7. If a child is determined ineligible for Newborn coverage, the Case Manager must determine the child's eligibility for PeachCare for Kids. **Other COAs must be considered before PeachCare for Kids.**
- T   8. A child who is born to a Medicaid mother receiving EMA is eligible for Newborn coverage.
- F   9. When a provider contacts DMA to request Newborn coverage for a child, no action is needed by DFCS. **DFCS still has the responsibility to review the Newborn Add Report received from DCH/DMA and to set up the Newborn case in SUCCESS. Contact with the relative/caretaker to confirm the child's living arrangements is not required unless DFCS has information to the contrary. Currently the DFCS Contact Center processes the Newborn Add Reports.**
- T   10. A CMD must be completed in the last month of Newborn Medicaid eligibility.

## TRANSITIONAL MEDICAL ASSISTANCE SUMMARY OF POINTS OF ELIGIBILITY (MR 2166)

**Eligibility Requirements:** Ineligible for LIM due to new or increased earned income of an adult AU member or the loss of \$30 or 1/3 deduction. AU must have correctly received LIM in 3 of the last 6 months prior to the first month of LIM ineligibility. TMA coverage begins the month that the AU loses LIM eligibility. TMA eligibility period is potentially 12 months divided into 2 consecutive 6 month periods. The TMA AU is comprised of only the individuals whose needs were included in the LIM AU at the time of LIM ineligibility.

<b>TRANSITIONAL MEDICAL ASSISTANCE PROCESSING STANDARDS</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>INITIAL 6-MONTH EXTENSION (MR 2166)</b>	<p><b>Timely Report:</b> Begin TMA the month after timely notice expires for LIM ineligibility if AU meets criteria.</p> <p><b>Untimely Report:</b> Determine when change should have been effective based on the 10-10-14 day reporting requirement (A/R has 10 days to report, Case Manager has 10 days to act, and 14 days for timely notice). Begin TMA the month after timely notice should have expired for LIM ineligibility if AU meets criteria.</p>
<b>ADDITIONAL 6-MONTH EXTENSION (MR 2166)</b>	<p>AU must comply with QRF reporting requirements during the initial 6-month extension and continue to meet the TMA eligibility criteria to begin the additional 6-month extension period. AU must meet certain requirements to remain eligible for the additional 6-month extension period.</p>

<b>TRANSITIONAL MEDICAL ASSISTANCE NON-FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY (MR 2200)</b>
<b>RESIDENCY</b>	AU must continue to live in Georgia.
<b>LIVING WITH A SPECIFIED RELATIVE</b>	All children must continue to be related to and living in the home of a specified relative. Accept A/R statement.
<b>ENUMERATION</b>	Not required if already met under LIM.
<b>AGE</b>	Children must be under age 18. Accept A/R statement.
<b>CITIZENSHIP/ ALIENAGE/ IDENTITY</b>	Must be a US citizen or lawfully admitted qualified alien. Refer to LIM policy requirements.
<b>THIRD PARTY RESOURCES</b>	Cooperation is required at approval for TMA as well as during both 6-month review periods.
<b>COOPERATION WITH CHILD SUPPORT SERVICES</b>	Not required.
<b>APPLICATION FOR OTHER BENEFITS</b>	Not required.

<b>TRANSITIONAL MEDICAL ASSISTANCE FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>RESOURCES (MR 2301)</b>	Not counted.
<b>INCOME (MR 2166 &amp; 2400)</b>	No income requirements for the initial 6-month extension of TMA. Earned income must be below 185% of the FPL during the additional 6-month extension. Income must be verified by a third party source.
<b>BUDGETING (MR 2166 &amp; 2667)</b>	<p>The initial 6-months of TMA eligibility have no budgeting requirements.</p> <p>In the second 6-months for Quarterly Report Forms returned in the 7<sup>th</sup> and 10<sup>th</sup> months:</p> <ul style="list-style-type: none"> <li>➤ Determine actual gross earned income for each month reported on the Quarterly Report Form (QRF), separately. Do not include unearned income.</li> <li>➤ Determine actual dependent care paid for each month reported on the QRF if the gross countable earned income is greater than the TMA income limit. No maximum allowable dependent care amount. Subtract the reported dependent care expense from the gross earned income for each month.</li> <li>➤ Compare the average net monthly earnings for each quarter to the TMA income limit for the AU size.</li> </ul>

# TRANSITIONAL MEDICAL ASSISTANCE (MR 2200)



LIM family reports new/increased earned income or \$30 + 1/3 deduction expires



Family eligible for TMA for up to 12 months if LIM was correctly received for 3 of the last 6 months



## TRANSITIONAL MEDICAL ASSISTANCE (TMA) EXAMPLES

1. Ms. Mary Barber reports and verifies on 4/15 that she now has a new job. She will begin work on 4/25. She will earn \$1200 gross per month and receive her first paycheck in May. She has received LIM for herself and her two children, Cindy (15) and Lucy (14) for the past 12 months. The Case Manager acts on 4/16.
  - A. What is the reason for LIM ineligibility?  
**New earnings**
  - B. Has Ms. Barber correctly received LIM in 3 out of the last 6 months prior to the month of LIM ineligibility?  
**Yes**
  - C. Who will receive Medicaid in May?  
**Ms. Barber, Cindy and Lucy**
  - D. For which months will they potentially receive Medicaid under TMA?  
**May through April**
  
2. Ms. Clara Cook has received LIM for herself and her son David (16) for the past 9 months. Ms. Cook is employed and earns \$525 per month. Last month (June) was her 4<sup>th</sup> month of receiving the 30 and 1/3 deduction.
  - A. What is the reason for LIM ineligibility?  
**Expiration of 1/3 deduction**
  - B. Has Ms. Cook received LIM in 3 out of the last 6 months prior to the month of LIM ineligibility?  
**Yes**
  - C. Who will receive Medicaid in July?  
**Ms. Cook and David**
  - D. For which months will they potentially receive Medicaid under TMA?  
**July through June**

Georgia Department of Human Resources  
 TANF BUDGET SHEET

**TMA EXAMPLE #1**

Name of Grantee Relative <b>Mary Barber</b>		Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change		
AU ID Number <b>334455661</b>		Effective Month <b>May</b>	<b>C. Standard of Need Test</b>		
<b>A. Resource Test</b>		Gross Wages _____ \$ _____			
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____			
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____			
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____			
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____			
Gross Income \$ <u>1200</u>		Less Allocation \$ _____ \$ _____			
(Plus deemed, less allocated income)		Total \$ _____			
Gross Income Ceiling \$ <u>784</u>		SON \$ _____			
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____			
Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>D. Eligibility/Payment Budget</b>		<b>Ineligible for LIM due to increased earnings</b>			
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit		<b>Eligible for TMA May - April</b>			
2. Earned Income					
<b>Total Earned Income</b>					<b>Subtotals</b>
3. Less \$90					
4. Less \$30					
5. Less 1/3					
6. Less Child Care					
7. Net Earned Income					
8. Plus Unearned Income					
9. Plus Child Support (Less \$50 – Medicaid only)					
10. Plus Deemed Income					
11. Less Allocation					
12. Total Countable Income					
13. Surplus/Deficit (SON less line 12)					
14. Family Maximum					
15. Benefit Amount					

Georgia Department of Human Resources  
 TANF BUDGET SHEET

**TMA EXAMPLE #2**

Name of Grantee Relative <b>Clara Cook</b>	Number in AU <b>2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>123456789</b>	Effective Month <b>July</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages _____ \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90	\$ _____
Resource Limit \$ 1000		Less Child Care	\$ _____ \$ _____
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income	\$ _____ \$ _____
<b>B. Income Ceiling Test</b>		Plus Deemed In ome	\$ _____ \$ _____
Gross Income \$ <u>525</u>		Less Allocation	\$ _____ \$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling \$ <u>659</u>		SON	\$ _____
Surplus/Deficit \$ _____		Surplus/Deficit	\$ _____
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Eligibility/Payment Budget</b>		<b>356</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income/WAGES		<b>525.00</b>	
<b>Total Earned Income</b>		<b>525.00</b>	<b>Subtotals</b>
3. Less \$90		<b>90.00</b>	<b>435.00</b>
4. Less \$30		<b>30.00</b>	<b>405.00</b>
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			<b>405.00</b>
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			<b>405.00</b>
13. Surplus/Deficit (SON less line 12)			<b>405</b>
14. Family Maximum		<b>Ineligible for LIM due to the loss of the 1/3 deduction</b>	
15. Benefit Amount		<b>TMA eligible July - June</b>	

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## UNTIMELY REPORT OF WAGES DETERMINING TMA ELIGIBILITY

Ms. Mays has received LIM for herself and one child since January. She has never worked while receiving LIM. She reports and verifies on August 3<sup>rd</sup> that she started working in June. A trial budget is completed for the ongoing month based on earnings of \$165.00 weekly. Employment began June 15<sup>th</sup>, first check received June 22<sup>nd</sup>. Ms. Mays has received \$165.00 weekly since her first paycheck.

Case # 123456781

1. The Case Manager completes a trial budget based on earnings of \$165.00 weekly. The AU is LIM ineligible ongoing based on gross monthly wages of \$714.99. See budget on next page.
2. Determine what should have happened using the 10 + 10 + 14 Rule. **A/R received her first check on 6/22 and had until 7/2 to report. If the A/R had reported on 7/2, the Case Manager would have had until 7/12 to verify and act on the change. If the Case Manager had acted on 7/12, timely notice would have expired on 7/26. Therefore, the change would have been effective August.**
3. First month of LIM ineligibility is August, based on the 10+10+14 Rule and the financial determination completed for the ongoing month.
4. Ms. Mays has correctly received LIM in 3 of the 6 months preceding August.
5. Her potential 12 months of TMA are August through July.

Georgia Department of Human Resources  
 TANF BUDGET SHEET



Name of Grantee Relative <b>Ms. Mays</b>	Number in AU <b>2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>123456781</b>	Effective Month <b>September</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>714.99</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>659</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>Ineligible for LIM due to increased earnings</b>	
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	<b>\$165.00</b>
3. Less \$90			<b>x 4.3333</b>
4. Less \$30			<b>\$714.99</b>
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum			
15. Benefit Amount			

## TMA NOTIFICATION AND REPORTING (MR 2166)

MONTH	SUCCESS	CASE MANAGER ACTION	INFORMATION
<b>1<sup>ST</sup></b>	Sends notice to AU that LIM closed but Medicaid continues. Sets the extended MA start date for TMA to the ongoing month. Sends an alert to MMIS.		
<b>3<sup>RD</sup></b>	Send the 1 <sup>st</sup> QRF to the AU on the 15 <sup>th</sup> of the month requesting actual gross income and child care expenses paid for months 1, 2 and 3.		All income reported on the QRF must be verified by third party source. Accept A/R statement for child care expense incurred unless questionable.
<b>4<sup>TH</sup></b>	If the QRF or QRF information is not received by the 5 <sup>th</sup> calendar day SUCCESS sends a TMA Quarterly Report Follow Up Notice giving the AU until the 21 <sup>st</sup> to provide the completed QRF or QRF information.* SUCCESS terminates TMA effective the 7 <sup>th</sup> month if QRF information is never reported. Complete CMD.	When AU complies with reporting requirements of the 4 <sup>th</sup> month, Case Manager must enter the QRF information on the TMA Income screen.*	This information (provided or not) has no impact on the 1 <sup>st</sup> six months of TMA. This reporting criterion is required to establish the 2 <sup>nd</sup> six months of TMA.
<b>6<sup>TH</sup></b>	Sends QRF to the AU on the 15 <sup>th</sup> of the month requesting actual gross income and child care expenses paid for months 4, 5 and 6.		All income reported on the QRF must be verified by third party source. Accept A/R statement for child care expense incurred unless questionable.

MONTH	SUCCESS	CASE MANAGER ACTION	INFORMATION
7 <sup>TH</sup>	If the QRF or QRF information is not received by the 5 <sup>th</sup> calendar day SUCCESS sends a TMA Quarterly Report Follow Up Notice giving the AU until the 21 <sup>st</sup> to provide the completed QRF or QRF information.* SUCCESS terminates TMA effective the 8 <sup>th</sup> month if QRF information is never reported. Complete CMD.	When the AU complies with the reporting requirements of the 7 <sup>th</sup> month, Case Manager must enter the QRF information on the TMA Income screen and confirm eligibility for the next three months (3 <sup>rd</sup> quarter).*	A financial determination will be completed. The earned income must be equal to or less than the TMA AU limit. If eligible, coverage extends through next quarter. If ineligible, SUCCESS terminates TMA and trickles to a lower Medicaid class. Complete CMD.
9 <sup>TH</sup>	Sends QRF to the AU on the 15 <sup>th</sup> of the month requesting actual gross income and child care expenses paid for months 7, 8 and 9.		All income reported on the QRF must be verified by third party source. Accept A/R statement for child care expense incurred unless questionable.
10 <sup>TH</sup>	If the QRF or QRF information is not received by the 5 <sup>th</sup> calendar day SUCCESS sends a TMA Quarterly Report Follow Up Notice giving the AU until the 21 <sup>st</sup> to provide the completed QRF or QRF information.* SUCCESS terminates TMA effective the 11 <sup>th</sup> month if QRF information is never reported. Complete CMD.	When the AU complies with reporting requirements of the 10 <sup>th</sup> month, FICM must enter the QRF information on the TMA Income screen and confirm eligibility for the last three months. (4 <sup>th</sup> quarter).*	A financial determination will be completed. The earned income must be equal to or less than the TMA AU limit. If eligible, TMA coverage continues. If ineligible, SUCCESS terminates TMA and trickles to a lower Medicaid class. Completes CMD.
11 <sup>TH</sup>			
12 <sup>TH</sup>	CMD is completed by SUCCESS and will trickle to another COA if possible. Sends information to MMIS for each active A/R in the AU, sends an alert to the Case Manager and a notice to the AU.		

## OPTIONAL EXERCISE: TMA

Ms. Patricia Parker receives LIM for herself and two children: Monica (4) and Julia (2). Ms. Parker verifies on 7/7 that she started a new job on 5/6, and received her first pay check on 5/15 for \$205.

A/R provided all pay checks beginning with 05/15. She has been paid \$205 each pay period to present. She is paid weekly on Fridays. She has never received \$30 & 1/3. She has received LIM for 2 years.

Case # 777666555.

- A. Compute the budget on 7/7 to determine ongoing eligibility for LIM.
- B. Does the AU remain LIM eligible?
- C. Effective what month should the wages have been added to the LIM budget?
- D. Does this AU qualify for TMA?
- E. If so, what is the first TMA month?



## EXERCISE KEY: TMA

Ms. Patricia Parker receives LIM for herself and two children: Monica (4) and Julia (2). Ms. Parker verifies on 7/7 that she started a new job on 5/6, and received her first pay check on 5/15 for \$205.

A/R provided all pay checks beginning with 5/15. She has been paid \$205 each pay period to present. She is paid weekly on Fridays. She has never received \$30 & 1/3. She has received LIM for 2 years.

Case # 777666555.

- A. Compute the budget on 7/7 to determine ongoing eligibility for LIM.
- B. Does the AU remain LIM eligible?  
**No**
- C. Effective what month should the wages have been added to the LIM budget?  
**July**
- D. Does this AU qualify for TMA?  
**Yes, correctly received LIM in 3 of 6 months prior to ineligibility and is ineligible due to new earnings.**
- E. If so, what is the first TMA month?  
**July**



Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Patricia Parker</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>777666555</b>	Effective Month <b>August</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ <u>1000</u>		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>888.32</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>784</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>Ineligible for LIM</b>	
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum			
15. Benefit Amount			

Form 239 (Rev. 03/2009)

## 4 MONTHS EXTENDED MEDICAID BECAUSE OF CHILD SUPPORT (4MCS) SUMMARY OF POINTS OF ELIGIBILITY (MR 2170)

**Eligibility Requirements:** AU is ineligible for LIM due to the receipt of child support. AU must have correctly received LIM in 3 of the last 6 months prior to the first month of LIM ineligibility. Eligible period is 4 months and 4MCS AU consists of all members whose needs were included in the LIM AU at the time of ineligibility.

<b>FOUR MONTHS EXTENDED MEDICAID (4MCS) PROCESSING STANDARDS</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>STANDARD OF PROMPTNESS (MR 2170 &amp; 2706)</b>	<p><b>Timely Report:</b> Begin 4MCS the month after timely notice expires for LIM ineligibility.</p> <p><b>Untimely Report:</b> Determine when change should have been effective based on the 10-10-14 reporting requirement (A/R has 10 days to report, Case Manager has 10 days to act, and 14 days for timely notice). Begin 4MCS the month after timely notice should have expired for LIM ineligibility if AU meets criteria.</p> <p><b>Reviews:</b> Not required</p> <p><b>Continuing Medicaid Determination:</b> Must be completed in the fourth month of 4MCS eligibility.</p>

<b>FOUR MONTHS EXTENDED MEDICAID (4MCS) NON-FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY (MR 2200)</b>
<b>RESIDENCY</b>	AU must continue to live in Georgia.
<b>LIVING WITH A SPECIFIED RELATIVE</b>	Children must continue to be related to and living in the home of a specified relative. Accept A/R statement.
<b>ENUMERATION</b>	Not required if already met under LIM.
<b>AGE</b>	Children must be under age 18. Accept A/R statement.
<b>CITIZENSHIP/ ALIENAGE/ IDENTITY</b>	Each AU member must be a US citizen or lawfully admitted qualified alien. Refer to LIM policy requirements.
<b>THIRD PARTY RESOURCES</b>	Required at approval for 4MCS as well as during the four month coverage period.
<b>COOPERATION WITH CHILD SUPPORT SERVICES</b>	Not required.
<b>APPLICATION FOR OTHER BENEFITS</b>	A/R must apply for and accept all monetary benefits any AU member is entitled to receive, except TANF and SSI. Accept A/R statement.

<b>FOUR MONTHS EXTENDED MEDICAID (4MCS) FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>RESOURCES (MR 2301)</b>	Not counted.
<b>INCOME (MR 2170 &amp; 2400)</b>	Receipt of child support income (or child support income in combination with other income, but not the other income alone) establishes ineligibility for LIM. Child support must be verified. 4MCS can continue even if child support terminates.
<b>BUDGETING (MR 2170, 2653, 2655 &amp; 2663)</b>	Prospective budgeting to determine LIM ineligibility due to receipt of child support income. No budgeting during the four month eligibility period.

# FOUR MONTHS CHILD SUPPORT MEDICAID (MR 2170)

Mom and children receive LIM  
for at least 3 months



Now receives child support  
which puts the AU over the LIM  
income limit



AU is eligible for 4MCS

# FOUR MONTHS CHILD SUPPORT MEDICAID (4MCS) EXAMPLE

1. Ms. Betty Barnes and her two children, Mark and Amy, have received LIM and FS for 6 months. At her review on 8/5, Ms. Barnes reports and verifies that her divorce from Amy's father was finalized on 8/3 and that she will begin receiving \$550 child support per month for Amy in September. The Case Manager completes the case on 8/13.
  - a. Who will receive Medicaid?  
**Everyone**
  - b. When does timely notice expire?  
**8/27**
  - c. What months will the AU receive Medicaid under 4 Months Child Support Medicaid?  
**September through December**

Georgia Department of Human Resources  
**TANF BUDGET SHEET**

**EXAMPLE #1**

Name of Grantee Relative <b>Betty Barnes</b>		Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>998877660</b>		Effective Month <b>September</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages _____ \$ _____		
Total Nonexempt Resources \$ <u>  <b>0</b>  </u>		Less Standard Deduction            \$90    \$ _____		
Resource Limit                    \$    1000		Less Child Care                    \$ _____ \$ _____		
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income            \$ _____ \$ _____		
<b>B. Income Ceiling Test</b>		Plus Deemed Income            \$ _____ \$ _____		
Gross Income                    \$ <b>500</b>		Less Allocation                    \$ _____ \$ _____		
(Plus deemed, less allocated income)		Total                                    \$ _____		
Gross Income Ceiling        \$ <b>784</b>		SON                                    \$ _____		
Surplus/Deficit                \$ _____		Surplus/Deficit                    \$ _____		
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>			<b>424</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit				
2. Earned Income				
<b>Total Earned Income</b>		<b>Subtotals</b>		<b>\$550.00</b>
3. Less \$90				<b>- 50.00</b>
4. Less \$30				<b>\$500.00</b>
5. Less 1/3				
6. Less Child Care				
7. Net Earned Income				
8. Plus Unearned Income				
9. Plus Child Support (Less \$50 – Medicaid only)		<b>500.00</b>	<b>500.00</b>	
10. Plus Deemed Income				
11. Less Allocation				
12. Total Countable Income		<b>500.00</b>		<b>500</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>Ineligible for LIM due to Child Support</b>		
15. Benefit Amount		<b>4 Months Due to Child Support Sept. – Dec.</b>		

## OPTIONAL EXERCISE: 4MCS

Ms. Clayton receives LIM for herself and her two children, Mark (3) and John (5). On 5/29 she reports and verifies that she began receiving child support directly from Mark's father. She received the first check on 5/22 for \$120 and will continue receiving this amount each week. The family has no other income or resources. The AU has received LIM for six months. The Case Manager completes case action on 5/29.

Case # 234679711

1. Complete the LIM budget for the ongoing month.
2. What is the effective month child support should be included in the LIM budget?
3. For what months can the Claytons receive Four Months Medicaid?
4. Who will receive this type of Medicaid?
5. Ms. Clayton and her children receive 4 Months Child Support Medicaid from July through October. Complete the LIM budget to determine continued Medicaid coverage.
6. Is Mark potentially eligible for Family Medicaid? If so, which class of assistance?

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## EXERCISE KEY: 4MCS

Ms. Clayton receives LIM for herself and her two children, Mark (3) and John (5). On 5/29 she reports and verifies that she began receiving child support directly from Mark's father. She received the first check on 5/22 for \$120 and will continue receiving this amount each week. The family has no other income or resources. The AU has received LIM for six months. The Case Manager completes case action on 5/29.

Case # 234679711

1. Complete the LIM budget for the ongoing month.
2. What is the effective month child support should be included in the LIM budget?  
**July**
3. For what months can the Claytons receive Four Months Medicaid?  
**July – October**
4. Who will receive this type of Medicaid?  
**The entire AU**
5. Ms. Clayton and her children receive 4 Months Child Support Medicaid from July through October. Complete the LIM budget to determine continued Medicaid coverage.
6. Is Mark potentially eligible for Family Medicaid? If so, which class of assistance?  
**RSM – see budget**

Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Ms. Clayton</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>236479711</b>	Effective Month <b>June</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ <u>1000</u>		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>469.99</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>784</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>424</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	<b>\$120.00</b>
3. Less \$90			<b>x 4.3333</b>
4. Less \$30			<b>\$519.99</b>
5. Less 1/3			<b>- \$50.00</b>
6. Less Child Care			<b>\$469.99</b>
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)		<b>469.99</b>	<b>469.99</b>
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>469.99</b>	<b>470.00</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum <b>Ineligible for LIM due to Child Support</b>			
15. Benefit Amount			

Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Ms. Clayton</b>	Number in AU <b>2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>236479711</b>	Effective Month <b>November</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages _____ \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ <u>1000</u>		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>0</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>659</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>356</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>0</b>	
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum		<b>LIM eligible for Ms. Clayton and John</b>	
15. Benefit Amount			

Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Ms. Clayton</b>	Number in AU/BG <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change
AU ID Number <b>468925462</b>	Effective Month <b>November</b>	<b>C. Standard of Need Test</b>
<b>A. Resource Test</b> Total Nonexempt Resources \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		<del>           Gross Wages \$ _____            Less Standard Deduction \$90 \$ _____            Less Child Care \$ _____ \$ _____            Plus Unearned Income \$ _____ \$ _____            Plus Deemed Income \$ _____ \$ _____            Less Allocation \$ _____ \$ _____            Total \$ _____            SON \$ _____            Surplus/Deficit \$ _____            Eligible for \$30 + 1/3? <input type="checkbox"/> Yes    <input type="checkbox"/> No         </del>
<b>B. Income Ceiling Test</b> Gross Income \$ _____ (Plus deemed, less allocated income) Gross Income Ceiling \$ _____ Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>		<b>1467</b>
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		
2. Earned Income		
<b>Total Earned Income</b>		<b>Subtotals</b>
3. Less \$90		
4. Less \$30		
5. Less 1/3		
6. Less Child Care		
7. Net Earned Income		
8. Plus Unearned Income		
9. Plus Child Support (Less \$50 – Medicaid only)	<b>469.99</b>	<b>469.99</b>
10. Plus Deemed Income		
11. Less Allocation		
12. Total Countable Income		<b>469.99</b>
13. Surplus/Deficit (SON less line 12)		<b>470</b>
14. Family Maximum	<b>RSM Child eligible – Mark</b>	
15. Benefit Amount		

**FAMILY MEDICAID MEDICALLY NEEDED (FM-MN)  
 SUMMARY OF POINTS OF ELIGIBILITY  
 (MR 2196)**

**Eligibility Requirements:** Family Medicaid Medically Needed (FM-MN) provides Medicaid coverage for children under 18 years of age and for pregnant women whose BG income exceeds limits for all Family Medicaid COAs and PeachCare for Kids.

<b>FAMILY MEDICAID MEDICALLY NEEDED (FM-MN)            PROCESSING STANDARDS</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>STANDARD OF PROMPTNESS            (MR 2196)</b>	<p>Determine eligibility and provide notification of case disposition within the appropriate Standard of Promptness (SOP) based on the type of coverage requested:</p> <ul style="list-style-type: none"> <li>➤ within 10 days for pregnant women</li> <li>➤ within 45 days for RSM Child</li> </ul> <p><b>Reviews:</b> Every six months. Each month of the 6 month FM-MN review period is a separate budget period and eligibility is determined for each month individually.</p> <p><b>Spenddown:</b> Spenddown (SD) eligibility is determined when the BG's net countable income is greater than the MNIL for the BG size and is offset by the incurred medical expenses of the BG.</p>
<b>COVERAGE PERIOD            (MR 2196)</b>	<p>AU members are approved for Medicaid effective the day the SD is met. Eligibility continues through the end of the month.</p>

<b>FAMILY MEDICAID MEDICALLY NEEDY (FM-MN) NON-FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY (MR 2200)</b>
<b>RESIDENCY</b>	AU must live in Georgia.
<b>LIVING WITH A SPECIFIED RELATIVE</b>	Not required.
<b>ENUMERATION</b>	Each AU member must provide an SSN or proof of application for a number. Good cause may apply for failure to provide.
<b>AGE</b>	Children must be under age 18. Accept A/R statement.
<b>CITIZENSHIP/ ALIENAGE/ IDENTITY</b>	Must be a US citizen or lawfully admitted qualified alien.
<b>THIRD PARTY RESOURCES</b>	Must assign TPR rights to DCH.
<b>COOPERATION WITH CHILD SUPPORT SERVICES</b>	Must cooperate with DCSS requirements.
<b>APPLICATION FOR OTHER BENEFITS</b>	Must apply for and accept all monetary benefits except TANF and SSI.

<b>FAMILY MEDICAID MEDICALLY NEEDY (FM-MN) FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>RESOURCES (MR 2196)</b>	Resources must be less than or equal to the FM-MN resource limit.
<b>INCOME (MR 2196)</b>	If the BG's net countable income for the budget period exceeds the MNIL for the BG size, the excess amount is the SD. The SD must be met before the AU is approved for FM-MN.
<b>BUDGETING (MR 2196)</b>	The SD is met by subtracting allowable medical expenses of the BG members from the SD until the SD is zero.
<b>MEDICAL EXPENSES (MR 2174)</b>	<p>Medical expenses are used to meet the SD if they meet all of the following conditions:</p> <ul style="list-style-type: none"> <li>• the bill is unpaid</li> </ul> <p><b>EXCEPTION:</b> Medical bills paid during the budget period are allowed.</p> <ul style="list-style-type: none"> <li>• a BG member is legally obligated to pay the expense</li> <li>• there is no TPL coverage to pay the expense</li> </ul>

**EMERGENCY MEDICAL ASSISTANCE (EMA)  
SUMMARY OF POINTS OF ELIGIBILITY  
(MR 2054)**

**Eligibility Requirements:** Emergency Medical Assistance (EMA) provides medical coverage to non-citizens who meet all requirements for a Medicaid Class of Assistance (COA) except for citizenship/alienage and enumeration requirements and have received an emergency medical service. EMA is not a separate Medicaid Class of Assistance.

<b>EMERGENCY MEDICAL ASSISTANCE (EMA) PROCESSING STANDARDS</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>STANDARD OF PROMPTNESS (MR 2054)</b>	<p>Determine eligibility and provide notification of case disposition within the following Standards of Promptness (SOP):</p> <ul style="list-style-type: none"><li>➤ within 45 days for pregnant women</li><li>➤ within 45 days for Family Medicaid COAs</li></ul> <p><b>Reviews:</b> Not required.</p> <p><b>Continuing Medicaid Determination:</b> Not required.</p>
<b>FORMS (MR 2054)</b>	<ul style="list-style-type: none"><li>➤ DMA Form 526 – Physician’s Statement for Emergency Medical Assistance</li><li>➤ Notification of Eligibility – Emergency Medical Assistance Program</li></ul>

<b>EMERGENCY MEDICAL ASSISTANCE (EMA) NON-FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY (MR 2054)</b>
<b>EMERGENCY SERVICE</b>	<p>Applicant must have received an emergency medical service. An emergency is defined as acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:</p> <ul style="list-style-type: none"> <li>➤ placing the patient's health in serious jeopardy;</li> <li>➤ serious impairment to bodily functions; or</li> <li>➤ serious dysfunction of any bodily organ or part.</li> </ul>
<b>COVERAGE PERIOD</b>	EMA is approved only for the date(s) specified on the DMA Form 526 or a physician's written statement.
<b>RESIDENCY</b>	AU must live in Georgia.
<b>ENUMERATION</b>	Not required.
<b>CITIZENSHIP/ ALIENAGE/ IDENTITY</b>	Not required.
<b>ALL OTHER BASIC ELIGIBILITY CRITERIA</b>	The applicant must meet all other non-financial eligibility requirements for the applicable Class of Assistance.

# EMERGENCY MEDICAL ASSISTANCE

(MR 2054)

Non-citizen receives an  
emergency medical service



Physician provides a completed  
DMA Form 526 and applicant  
meets eligibility requirements  
under any Medicaid class of  
assistance



Applicant is eligible for EMA Coverage

## EMA EXAMPLES

### EXAMPLE 1:

Ms. Maria Lena applies for Medicaid April 22, 2009. She delivered her baby, Tony Lena, on April 18, 2009. Ms. Lena is not a U.S. citizen or lawfully admitted qualified alien. Ms. Lena's application Form 94 indicates she does not have any resources or income. Refer to Ms. Lena's DMA-Form 526.

- A. What COA is Ms. Lena potentially eligible for?  
**She has dual eligibility for RSM PgW and LIM**
  
- B. What is the SOP for Ms. Lena's application? **45 days – June 5**
  
- C. Does Ms. Lena meet the basic non-financial criteria required to determine eligibility? **No.** If no, what requirements are not met? **She does not meet citizenship/alienage and enumeration.** Can she still potentially receive Medicaid? **Yes, she can potentially receive Medicaid through EMA**
  
- D. What is Ms. Lena's Medicaid coverage period? **April 18, 2009 through April 18, 2009**
  
- E. If Ms. Lena is approved for Medicaid through EMA will she automatically receive the 60-day transition coverage? **No. If Ms. Lena is approved for RSM PgW EMA, she may also be eligible for EMA during the 60-day pregnancy transition if she receives emergency medical treatment during this period. She must submit a new DMA-526 and a new Medicaid application.**
  
- F. Is Tony eligible to receive Medicaid? **Yes – he has dual eligibility for Newborn Medicaid from April 2009 through April 2010 and for LIM, if he meets all eligibility requirements.**

PHYSICIAN'S STATEMENT  
FOR  
EMERGENCY MEDICAL ASSISTANCE

Patient's Name:     **Maria Lena**     DOB:     **02/15/86**    

Patient's Address:     **1210 Darling Drive**      
    **Buford, GA 30068**    

Patient's Telephone #:     **404-333-1234**    

Individuals who do not meet Medicaid citizenship/alienage requirements may be eligible for Emergency Medical Assistance (EMA). EMA provides payment for the treatment of emergency when such care and services are necessary for the treatment of an emergency medical condition of the alien, provided such care and services are not related to either an organ transplant procedure or routine prenatal or postpartum care. An emergency is defined as:

“**Acute symptoms**” of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part”

The individual will have to be determined eligible for Emergency Medical Assistance under one of the Department's existing regular Medicaid coverage groups:

- Aged, blind or disabled;
- Pregnant women;
- Children under 19 years of age; or
- Parents in families with very low income.

This form should be completed and signed by the provider after the Emergency has occurred. Forms containing future dates of service are invalid.

---

I provided EMERGENCY medical services on     **04/18/09**     through  
(Date of onset)     **04/18/09**     for the individual listed above.  
(Not to exceed 30 days from condition onset date)

    **Southside Health Center**      
(Provider's Name)

    *Sarah Jones, LPN*      
(Provider or Authorized Designee's Signature)

    **512 Hillside Street**      
(Provider's Address)

    **04/19/09**      
(Date)

## Notification of Eligibility – Emergency Medicaid Assistance Program

### Important information:

You have applied for Emergency Medicaid Assistance (EMA) benefits. If you are determined to be eligible, you will receive an approval letter which includes your Medicaid certification for the dates Medicaid coverage was granted for the emergency service(s). The dates of certification were determined during the eligibility process from information provided by your attending medical provider. It is important to note that final determination of whether a medical service meets the definition of emergency care is made by the Georgia Medical Care Foundation (GMCF).

**Emergency services** are those that are:

- Medically necessary, and
- Result from the sudden onset of a health condition with acute symptoms (including emergency labor and delivery), and
- Which, in the absence of immediate medical attention, are reasonably likely to result in at least one of the following:
  - Placing the individuals health in serious jeopardy, or
  - Serious impairment to bodily functions, or
  - Serious dysfunction of any bodily organ or part.

Only services that fully meet the federal definition of an emergency medical condition will be covered beginning January 1, 2006. Not all services that are medically necessary meet this definition. Certain types of care provided to chronically ill persons are beyond the intent of federal law and are not considered emergency services. Such care includes alternate level of care in a hospital, nursing facility services, home care and personal care.

**Only emergency services determined to meet the Federal definition of an emergency as determined by GMCF are covered. Any services provided after the emergency condition is stabilized are not payable. Your provider can bill you for services which are not determined to be emergencies.**

**All the information that I have provided is true and complete as far as I know.**

By signing this form below, I acknowledge that I understand that only those claims which meet the Federal definition of an Emergency as determined by the Georgia Medical Care Foundation may be paid by the Medicaid program.

*Maria Lema*

*4/22/09*

Signature

Date

**EXAMPLE 2:**

Ms. Nona Nuday applies for Medicaid on February 27, 2010. She is pregnant and her EDD is September 20, 2010. Ms. Nuday is not a U.S. citizen or lawfully admitted qualified alien. Ms. Nuday's application indicates she does not have any resources or income. Refer to Ms. Nuday's DMA-Form 526.

- A. What COA is Ms. Nuday potentially eligible for? **RSM PgW**
  
- B. What is the SOP for Ms. Nuday's application? **45 days – April 10**
  
- C. What is Ms. Nuday's Medicaid coverage period?  
**February 10, 2010 through February 25, 2010.**
  
- D. Is a faxed form 526 acceptable? **Yes, as long as it has an original signature**



## Notification of Eligibility – Emergency Medicaid Assistance Program

### Important information:

You have applied for Emergency Medicaid Assistance (EMA) benefits. If you are determined to be eligible, you will receive an approval letter which includes your Medicaid certification for the dates Medicaid coverage was granted for the emergency service(s). The dates of certification were determined during the eligibility process from information provided by your attending medical provider. It is important to note that final determination of whether a medical service meets the definition of emergency care is made by the Georgia Medical Care Foundation (GMCF).

**Emergency services** are those that are:

- Medically necessary, and
- Result from the sudden onset of a health condition with acute symptoms (including emergency labor and delivery), and
- Which, in the absence of immediate medical attention, are reasonably likely to result in at least one of the following:
  - Placing the individuals health in serious jeopardy, or
  - Serious impairment to bodily functions, or
  - Serious dysfunction of any bodily organ or part.

Only services that fully meet the federal definition of an emergency medical condition will be covered beginning January 1, 2006. Not all services that are medically necessary meet this definition. Certain types of care provided to chronically ill persons are beyond the intent of federal law and are not considered emergency services. Such care includes alternate level of care in a hospital, nursing facility services, home care and personal care.

**Only emergency services determined to meet the Federal definition of an emergency as determined by GMCF are covered. Any services provided after the emergency condition is stabilized are not payable. Your provider can bill you for services which are not determined to be emergencies.**

**All the information that I have provided is true and complete as far as I know.**

By signing this form below, I acknowledge that I understand that only those claims which meet the Federal definition of an Emergency as determined by the Georgia Medical Care Foundation may be paid by the Medicaid program.

*Nona Nuday*

Signature

*February 27, 2010*

Date

## **OPTIONAL EXERCISE: EMERGENCY MEDICAL ASSISTANCE**

Indicate whether the following statements are True (T) or False (F).

1.    \_\_\_    EMA is for acute care as well as chronic care.
2.    \_\_\_    A physician must determine the need for an emergency medical service by completing DMA-Form 526 or other written statement.
3.    \_\_\_    EMA is a type of Family Medicaid class of assistance.
4.    \_\_\_    A DMA-Form 526 faxed from a physician's office is acceptable if the signature was original.
5.    \_\_\_    Citizenship/alienage is the only criterion waived for an applicant to be eligible through Emergency Medical Assistance.
6.    \_\_\_    Approval for EMA is limited to a service that was provided prior to the date of application.
7.    \_\_\_    A DMA-Form 526 that has a physician's stamped signature is acceptable.
8.    \_\_\_    The SOP for EMA is 45 calendar days.
9.    \_\_\_    The period of emergency medical services indicated on a DMA-Form 526 should not exceed 30 days from the condition onset date.
10.   \_\_\_    A valid DMA-Form 526 must have both a begin and an end date for the services provided and the date(s) of services must be prior to the date the form is signed by the physician.
11.   \_\_\_    A child born to a woman approved for EMA for her delivery is eligible for Newborn Medicaid.
12.   \_\_\_    A CMD is required upon termination of EMA.

13. Ms. Juanita Hernandez applies for Medicaid on September 10, 2009. She is pregnant and her EDD is April 2, 2010. Ms. Hernandez is not a U.S. citizen or lawfully admitted qualified alien. Her application indicates she does not have any resources or income. Refer to Ms. Hernandez's DMA-Form 526.
- A. For which COA is Ms. Hernandez potentially eligible?
  - B. What is the SOP for Ms. Hernandez's application?
  - C. What is Ms. Hernandez's Medicaid coverage period?



14. Ms. Wanda Perez applies for Medicaid on July 20, 2009. She delivered her baby Sadie on July 16<sup>th</sup>. Ms. Perez is not a U.S. citizen or lawfully admitted qualified alien. Ms. Perez's application Form 94 indicates she does not have any resources or income. Refer to Ms. Perez's DMA-Form 526.
- A. For which COA is Ms. Perez potentially eligible?
  - B. What is the SOP for Ms. Perez's application?
  - C. What is Ms. Perez's Medicaid coverage period?
  - D. If Ms. Perez is approved for Medicaid through EMA, will she automatically receive the 60 day transition coverage?
  - E. What is the appropriate COA for Sadie?

PHYSICIAN'S STATEMENT  
FOR  
EMERGENCY MEDICAL ASSISTANCE

Patient's Name: Wanda Perez DOB: 10/02/89

Patient's Address: 412 Delmont Road  
Macon, GA 31478

Patient's Telephone #: 478-575-0774

Individuals who do not meet Medicaid citizenship/alienage requirements may be eligible for Emergency Medical Assistance (EMA). EMA provides payment for the treatment of emergency when such care and services are necessary for the treatment of an emergency medical condition of the alien, provided such care and services are not related to either an organ transplant procedure or routine prenatal or postpartum care. An emergency is defined as:

“**Acute symptoms**” of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part”

The individual will have to be determined eligible for Emergency Medical Assistance under one of the Department's existing regular Medicaid coverage groups:

- Aged, blind or disabled;
- Pregnant women;
- Children under 19 years of age; or
- Parents in families with very low income.

This form should be completed and signed by the provider after the Emergency has occurred. Forms containing future dates of service are invalid.

I provided EMERGENCY medical services on 07/16/09 through  
(Date of onset)  
07/16/09 for the individual listed above.  
(Not to exceed 30 days from condition onset date)

Medical Georgia Medical Center  
(Provider's Name)

Lila Dupree, M.D.  
(Provider or Authorized Designee's Signature)

211 Hemlock Drive  
(Provider's Address)

07/17/09  
(Date)

## EXERCISE KEY: EMERGENCY MEDICAL ASSISTANCE

Indicate whether the following statements are True (T) or False (F).

1.   F   EMA is for acute care as well as chronic care. **EMA is for acute care only.**
2.   T   A physician must determine the need for an emergency medical service by completing DMA-Form 526 or other written statement.
3.   F   EMA is a type of Family Medicaid class of assistance. **EMA is a means of certifying Medicaid under an existing Medicaid COA.**
4.   T   A DMA-Form 526 faxed from a physician's office is acceptable if the signature was original. **Faxed forms are acceptable. If questionable, contact the physician's office. Participants should be familiar with the doctors in their area.**
5.   F   Citizenship/alienage is the only criterion waived for an applicant to be eligible through Emergency Medical Assistance. **Applicants must meet all criteria except citizenship/alienage and enumeration.**
6.   T   Approval for EMA is limited to a service that was provided prior to the date of application.
7.   F   A DMA-Form 526 that has a physician's stamped signature is acceptable. **Stamped signatures are not acceptable.**
8.   T   The SOP for EMA is 45 calendar days.
9.   T   The period of emergency medical services indicated on a DMA- Form 526 should not exceed 30 days from the condition onset date.
10.   T   A valid DMA-Form 526 must have both a begin and an end date for the services provided and the date(s) of services must be prior to the date the form is signed by the physician.
11.   T   A child born to a woman approved for EMA for her delivery is eligible for Newborn Medicaid.

12.   **F**   A CMD is required upon termination of EMA. **EMA is only approved for the dates listed on the DMA-526.**
13. Ms. Juanita Hernandez applies for Medicaid on September 10, 2009. She is pregnant and her EDD is April 2, 2010. Ms. Hernandez is not a U.S. citizen or lawfully admitted qualified alien. Her application indicates she does not have any resources or income. Refer to Ms. Hernandez's DMA-Form 526.
- A. For which COA is Ms. Hernandez potentially eligible?  
**RSM PgW**
- B. What is the SOP for Ms. Hernandez's application?  
**45 days – October 23**
- C. What is Ms. Hernandez's Medicaid coverage period?  
**September 8, 2009 through September 8, 2009**
14. Ms. Wanda Perez applies for Medicaid on July 20, 2009. She delivered her baby Sadie on July 16<sup>th</sup>. Ms. Perez is not a U.S. citizen or lawfully admitted qualified alien. Ms. Perez's application Form 94 indicates she does not have any resources or income. Refer to Ms. Perez's DMA-Form 526.
- A. For which COA is Ms. Perez potentially eligible?  
**She has dual eligibility for RSM PgW and LIM**
- B. What is the SOP for Ms. Perez's application?  
**45 days – September 2**
- C. What is Ms. Perez's Medicaid coverage period?  
**July 16 through July 16**
- D. If Ms. Perez is approved for Medicaid through EMA, will she automatically receive the 60 day transition coverage? **No**
- E. What is the appropriate COA for Sadie? **Sadie is eligible for Newborn Medicaid. She is also potentially eligible for LIM if she meets all eligibility requirements.**

# **FAMILY MEDICAID ONLINE**



**RIGHT FROM THE START MEDICAID**

# OBJECTIVES

By the end of this module, participants will

- Review the purpose of Right from the Start Medicaid (RSM)
- See how LIM and RSM eligibility requirements differ
- Determine RSM Assistance Units (AUs) and Budget Groups (BGs)
- Review Medicaid application procedures
- Complete an RSM budget

**RIGHT FROM THE START MEDICAID (RSM)  
 SUMMARY OF POINTS OF ELIGIBILITY  
 (MR 2182 and 2184)**

**Eligibility Requirements:** Coverage is available only for children up to age 19 only and pregnant women. Eligibility period for RSM Child is indefinite as long as the AU meets all eligibility requirements. Eligibility period for RSM PG is the month of conception through the month in which the 60<sup>th</sup> day following termination of pregnancy falls.

<b>RIGHT FROM THE START MEDICAID (RSM) PROCESSING STANDARDS</b>			
<b>CRITERION</b>	<b>POLICY SUMMARY</b>		
<b>STANDARDS OF PROMPTNESS (MR 2050, 2065, 2706)</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Initial Application:</b> RSM Pg case SOP is 10 calendar days beginning with the date of application.</p> <p><b>Reviews:</b> RSM Pg cases do not have a formal review. However, a special review is completed the month prior to the EDD and monthly thereafter until termination of pregnancy.</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Initial Application:</b> RSM Child case SOP is 45 calendar days beginning with the date of application.</p> <p><b>Reviews:</b> RSM Child case is reviewed every 6 months. Reviews must be completed by the last workday of the month in which it is due.</p> </td> </tr> </table>	<p><b>Initial Application:</b> RSM Pg case SOP is 10 calendar days beginning with the date of application.</p> <p><b>Reviews:</b> RSM Pg cases do not have a formal review. However, a special review is completed the month prior to the EDD and monthly thereafter until termination of pregnancy.</p>	<p><b>Initial Application:</b> RSM Child case SOP is 45 calendar days beginning with the date of application.</p> <p><b>Reviews:</b> RSM Child case is reviewed every 6 months. Reviews must be completed by the last workday of the month in which it is due.</p>
<p><b>Initial Application:</b> RSM Pg case SOP is 10 calendar days beginning with the date of application.</p> <p><b>Reviews:</b> RSM Pg cases do not have a formal review. However, a special review is completed the month prior to the EDD and monthly thereafter until termination of pregnancy.</p>	<p><b>Initial Application:</b> RSM Child case SOP is 45 calendar days beginning with the date of application.</p> <p><b>Reviews:</b> RSM Child case is reviewed every 6 months. Reviews must be completed by the last workday of the month in which it is due.</p>		
<b>MANDATORY FORMS (MR 2065)</b>	<p>Complete the following mandatory forms when processing a Family Medicaid application:</p> <ul style="list-style-type: none"> <li>➤ Eligibility Determination Document (EDD) or other written interview form</li> <li>➤ Form 216, Declaration of Citizenship</li> <li>➤ Form 5460, Notice of Privacy Practices</li> <li>➤ Form DMA-285, Third Party Liability Health Insurance (if TPL/ TPR reported)</li> <li>➤ Form 138, Cooperation with Child Support Services (if a referral is required)</li> </ul>		

<b>RIGHT FROM THE START MEDICAID (RSM) NON-FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY (MR 2200)</b>
<b>RESIDENCY</b>	Must live or intend to live in Georgia; permanent dwelling or fixed address is not required. Accept A/R statement.
<b>LIVING WITH A SPECIFIED RELATIVE</b>	Children are not required to live in the home with a specified relative. Accept A/R statement.
<b>ENUMERATION</b>	<p>AU members must provide a SSN or proof that they have applied for a SSN (good cause may apply for failure to provide).</p> <p>BG members should be asked to provide a SSN, but no penalty is imposed if they fail to do so.</p> <ul style="list-style-type: none"> <li>➤ Accept A/R statement of SSN if the number is known.</li> <li>➤ Can also accept A/R statement for application for SSN in order to process the application, but verification is required in the third month following the month of approval.</li> </ul>
<b>AGE</b>	Children are eligible through month of 19 <sup>th</sup> birthday. There is no age requirement for a pregnant woman. Accept A/R statement.
<b>CITIZENSHIP/ ALIENAGE/ IDENTITY</b>	<p>AU members must be US citizens or qualified aliens.</p> <p>BG members do not have to be US citizens or qualified aliens.</p> <p>Third party verification of citizenship and identity is required for each AU member.</p> <p>DHS documents and WEB 1 VIS/CPS is required for verifying alien status.</p> <p>A Declaration of Citizenship/ Alien status must be obtained for all AU members.</p>

<b>RIGHT FROM THE START MEDICAID (RSM) NON-FINANCIAL CRITERIA (CONTINUED)</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY (MR 2200)</b>
<b>THIRD PARTY RESOURCES</b>	<p>AU members assign rights to Third Party Resources to the Department of Community Health when an application for Medicaid is filed.</p> <ul style="list-style-type: none"><li>➤ Accept A/R statement as to whether anyone in the AU has insurance.</li><li>➤ If a TPR exists, Form DMA-285 must be signed and placed in the case record.</li></ul>
<b>APPLICATION FOR OTHER BENEFITS</b>	<p>In RSM Child cases, the A/R must apply for and accept all monetary benefits that any BG member is entitled to receive, except TANF and SSI. <b>This policy is not applicable in RSM pregnant women cases.</b> Accept A/R statement. Follow up in third month after month of approval for third party verification.</p>

<b>RIGHT FROM THE START MEDICAID (RSM) FINANCIAL CRITERIA</b>	
<b>CRITERION</b>	<b>POLICY SUMMARY</b>
<b>RESOURCES (MR 2301)</b>	Not counted in RSM.
<b>INCOME LIMITS (MR 2650)</b>	<p><b>RSM PgW:</b> countable <b>NET</b> income not to exceed 200% of the FPL.</p> <p><b>RSM child (0-1):</b> countable <b>NET</b> income not to exceed 185% of the FPL.</p> <p><b>RSM child (1-6):</b> countable <b>NET</b> income not to exceed 133% of the FPL.</p> <p><b>RSM child (6-19):</b> countable <b>NET</b> income not to exceed 100% of the FPL.</p>
<b>INCOME VERIFICATION (MR 2051, 2405)</b>	<p>All income must be verified by a third party source for RSM Child cases.</p> <p>Accept A/R statement for excluded income.</p> <p>Accept A/R statement for RSM PgW cases.</p>
<b>BUDGETING (MR 2653)</b>	Prospective Budgeting is used for all cases. Prior Months use Actual income.
<b>EARNED INCOME DEDUCTION (MR 2655)</b>	<p>Must be employed BG member to receive the following deductions:</p> <ul style="list-style-type: none"> <li>➤ \$90 per BG member</li> <li>➤ \$30 plus 1/3 for 4 consecutive months; then \$30 only for 8 months. This deduction is rare in RSM.</li> <li>➤ Dependent care not to exceed the maximums (see below).</li> </ul>
<b>CHILD SUPPORT DEDUCTION (MR 2655)</b>	Apply \$50 deduction to the total amount of child support received by the AU.

# ASSISTANCE UNITS

- Pregnant women
- Children under 19

# BUDGET GROUPS

## **MUST BE INCLUDED:**

- Unborn child of a pregnant woman in the AU
- Spouse of a pregnant woman in the AU
- Parents, including aliens, of a child in the BG

## **MAY BE INCLUDED:**

- Minor siblings or half siblings of an RSM child unless voluntarily excluded
- Other children related to an adult in the BG
- One non-parent adult relative who is caretaker and no parent is in the home
- LIM recipient
- Newborn recipient
- Adult who fails to cooperate with CSS/TPR
- Anyone failing to meet citizenship/alien requirements (except EMA)
- Anyone failing to meet enumeration (except EMA)

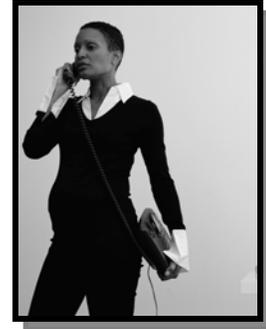
## **NEVER INCLUDE:**

- SSI recipients
- Parents of a pregnant minor treated as an adult
- Boyfriend of a pregnant woman if not the father of a mutual child
- Non-related caretaker
- Pure stepparent
- Voluntarily excluded siblings/half-siblings
- Parents and their children if the parent fails to apply for the parent's potential other benefits
- Children for whom potential other benefits were not applied

# THE MOST COMMON BUDGET GROUP SITUATIONS

## 1. PREGNANT WOMAN LIVES ALONE

The budget group would include the woman and the unborn child; so this would be a Budget Group of 2. If the woman provides medical evidence to substantiate that there is more than one unborn child (twins for example), the budget group would be increased accordingly. A woman pregnant with twins would be a Budget Group of 3.



## 2. PREGNANT WOMAN LIVES WITH HER OTHER CHILDREN

The pregnant woman, the unborn, and each child would normally be included in the Budget Group. If, however, you need to exclude one of the children (because s/he has income that is excessive) you may do so. If you do exclude a child from a budget group, you may consider eligibility for that child in a separate AU/BG of the same or different COA.

## 3. MOM, DAD, AND THEIR CHILD

The Budget Group would include the Mother, Father and the child.

## 4. MOM, HER CHILD, AND HER NIECE

One possibility: Mom, her child, and the niece all in one Budget Group.

Second possibility: Mom and her child in one group and niece in a group by herself.

Choose the one that is best for the family.



**5. PREGNANT WOMAN LIVES WITH HER BOYFRIEND AND THE UNBORN IS HIS CHILD**

The Budget Group consists of the woman and the unborn. The boyfriend is NOT in the budget group.

**6. PREGNANT WOMAN LIVES WITH HER HUSBAND**



The Budget Group consists of the woman, the unborn and the husband.

**7. PREGNANT MINOR LIVES WITH HER MOTHER AND SIBLINGS**

First possibility: Put everyone in the same Budget Group together, count the minor as a child (so the unborn doesn't count).

Second possibility: Do a Budget Group for the minor and the unborn and forget about everyone else.

Third possibility: Do two separate groups with the minor and unborn in one and the mother and siblings in another.

## EXAMPLES: RSM AU/BG

1. Ms. Morris (pregnant) applies for herself.

BG = 2 (Ms. Morris and unborn)

AU = 1 (Ms. Morris)

2. Ms. Palmer (pregnant) applies for herself and her 3-year-old son. They are not eligible for LIM.

BG = 3 (Ms. Palmer, son, unborn)

AU = 2 (Ms. Palmer and her son)

3. Ms. Sams (pregnant) applies for herself. She is pregnant with twins.

BG = 3 (Ms. Sams & two unborn)

AU = 1 (Ms. Sams)

4. Ms. Brown applies for her four-year-old son and her twelve year-old son. They are not eligible for LIM.

BG = 3 (Ms. Brown, 12 year-old and 4 year-old)

AU = 2 (12 year-old and 4 year-old)

If financially ineligible as a BG of 3, Ms. Brown may apply for each child separately.

BG = 2 (Ms. Brown and 12 year-old)

AU = 1 (12 year-old)

BG = 2 (Ms. Brown and 4 year-old)

AU = 1 (4 year-old)

5. Ms. Finn is 15 and pregnant. She lives with her parents and applies for herself.

BG = 2 (Ms. Finn and unborn)

AU = 1 (Ms. Finn)

## OPTIONAL EXERCISE: AUs/BGs

1. Does inclusion in the Budget Group equal inclusion in the Assistance Unit?
2. Must children be included in the Budget Group with their parents?
3. Ms. Lucy Bakeman is 25 and pregnant. She lives with her 4 year-old son, Roger, and her parents, Bill and Alice Wilson. Ms. Bakeman applies for Medicaid for herself. UCB of \$229 per week has been verified through Clearinghouse.
  - a. Who must be included in the BG?
  - b. Who can be included in the BG?
  - c. Who is included in the AU?
4. Ms. Bonnie Cole is 17 and pregnant. She lives with her husband Murphy (17) and Murphy's mother, Ms. Candace Still. Ms. Cole applies for herself.
  - a. Who must be included in the BG?
  - b. Who is included in the AU?
5. Ms. Michelle Carter lives with her boyfriend, Ed Smith, and their child, Jim (2). Also in the home are Ms. Carter's children, 3 year-old Nell and her 6 year-old twins Mitch and Bob. Ms. Carter applies for assistance for all the children. The Carters are ineligible for LIM as their net income exceeds the SON for six people.
  - a. Who must be included in the BG?
  - b. Who is included in the AU?



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## EXERCISE KEY: AUs/BGs

1. Does inclusion in the Budget Group equal inclusion in the Assistance Unit? **No**
2. Must children be included in the Budget Group with their parents? **No**
3. Ms. Lucy Bakeman is 25 and pregnant. She lives with her 4 year-old son, Roger, and her parents, Bill and Alice Wilson. Ms. Bakeman applies for Medicaid for herself. UCB of \$229 per week has been verified through Clearinghouse.
  - a. Who must be included in the BG? **Ms. Bakeman and unborn**
  - b. Who can be included in the BG? **Ms. Bakeman, Roger and unborn**
  - c. Who is included in the AU? **Ms. Bakeman**
4. Ms. Bonnie Cole is 17 and pregnant. She lives with her husband Murphy (17) and Murphy's mother, Ms. Candace Still. Ms. Cole applies for herself.
  - a. Who must be included in the BG? **Ms. Cole, Mr. Cole and unborn**
  - b. Who is included in the AU? **Ms. Cole. Unless Ms. Cole meets an exemption or has good cause, she is not eligible for TANF or LIM as she does not live with her parents.**
5. Ms. Michelle Carter lives with her boyfriend, Ed Smith, and their child, Jim (2). Also in the home are Ms. Carter's children, 3 year-old Nell and her 6 year-old twins Mitch and Bob. Ms. Carter applies for assistance for all the children. The Carters are ineligible for LIM as their net income exceeds the SON for six people.
  - a. Who must be included in the BG?  
**Ms. Carter, Mr. Smith, Jim, Nell, Mitch and Bob**
  - b. Who is included in the AU?  
**Jim, Nell, Mitch and Bob**

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# RSM BUDGETING EXAMPLES

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1. Ms. Mona Kirk is pregnant and lives alone. She earns \$1800 gross per month. Ms. Kirk has never received Medicaid. She applies for Medicaid on May 4 and has an unpaid medical bill for April. Ms. Kirk's EDD is December 15. All eligibility requirements are met and the case is completed on May 8.

Who is eligible for Medicaid?

**Mona Kirk**

What is the time period for this type of Medicaid?

**April – February**

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2. Jimmy Fisher (2) lives with both of his parents. His mother stays at home to care for him. His father earns \$1479 gross per month. There is no \$30 and 1/3. They apply for Medicaid on March 2. All eligibility requirements are met and the case is completed on March 26.

Who is eligible for Medicaid?

**Jimmy Fisher**

What is the time period for this type of Medicaid?

**Indefinite**

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Georgia Department of Human Resources  
TANF BUDGET SHEET

**RSM EXAMPLE #1**

Name of Grantee Relative <b>Mona Kirk</b>	Number in AU/BG <b>2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>115827431</b>	Effective Month <b>April/Ongoing</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources \$ _____		Less Standard Deduction \$90	\$ _____
Resource Limit \$ _____		Less Child Care \$ _____	\$ _____
Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____	\$ _____
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____	\$ _____
Gross Income \$ _____		Less Allocation \$ _____	\$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling \$ _____		SON	\$ _____
Surplus/Deficit \$ _____		Surplus/Deficit	\$ _____
Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			<b>2429</b>
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit			
2. Earned Income/Wages	<b>1800.00</b>		
<b>Total Earned Income</b>	<b>1800.00</b>	<b>Subtotals</b>	
3. Less \$90	<b>90.00</b>	<b>1710.00</b>	
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>1710.00</b>	<b>1710</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Eligible for RSM PgW</b>		
15. Benefit Amount			

Georgia Department of Human Resources  
TANF BUDGET SHEET

**RSM EXAMPLE #2**

Name of Grantee Relative <b>Mrs. Fisher</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>337258944</b>	Effective Month <b>March/Ongoing</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>1479</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>784</u>		SON \$ _____	
<b>Surplus/Deficit</b> \$ _____		Surplus/Deficit \$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget      Ineligible for LIM</b>			
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum			
15. Benefit Amount			

Form 239 (Rev. 03/2009)

Georgia Department of Human Resources  
TANF BUDGET SHEET

**RSM EXAMPLE #2**

Name of Grantee Relative <b>Mrs. Fisher</b>		Number in AU/BG <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change																																									
AU ID Number <b>337258944</b>		Effective Month <b>March/Ongoing</b>	<b>C. Standard of Need Test</b>																																									
<b>A. Resource Test</b>		<table border="0"> <tr> <td>Gross Wages</td> <td></td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Less Standard Deduction</td> <td>\$90</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Less Child Care</td> <td>\$</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Plus Unearned Income</td> <td>\$</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Plus Deemed Income</td> <td>\$</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Less Allocation</td> <td>\$</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Total</td> <td></td> <td>\$</td> <td>_____</td> </tr> <tr> <td>SON</td> <td></td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Surplus/Deficit</td> <td></td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Eligible for \$30 + 1/3?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> </table>			Gross Wages		\$	_____	Less Standard Deduction	\$90	\$	_____	Less Child Care	\$	\$	_____	Plus Unearned Income	\$	\$	_____	Plus Deemed Income	\$	\$	_____	Less Allocation	\$	\$	_____	Total		\$	_____	SON		\$	_____	Surplus/Deficit		\$	_____	Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gross Wages					\$	_____																																						
Less Standard Deduction	\$90	\$	_____																																									
Less Child Care	\$	\$	_____																																									
Plus Unearned Income	\$	\$	_____																																									
Plus Deemed Income	\$	\$	_____																																									
Less Allocation	\$	\$	_____																																									
Total		\$	_____																																									
SON		\$	_____																																									
Surplus/Deficit		\$	_____																																									
Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																										
<p>Total Nonexempt Resources \$ _____</p> <p>Resource Limit \$ _____</p> <p>Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																												
<b>B. Income Ceiling Test</b>		<table border="0"> <tr> <td>Gross Income</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>(Plus deemed, less allocated income)</td> <td></td> <td></td> </tr> <tr> <td>Gross Income Ceiling</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Surplus/Deficit</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Eligible based on ceiling test?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>			Gross Income	\$	_____	(Plus deemed, less allocated income)			Gross Income Ceiling	\$	_____	Surplus/Deficit	\$	_____	Eligible based on ceiling test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
Gross Income	\$				_____																																							
(Plus deemed, less allocated income)																																												
Gross Income Ceiling	\$	_____																																										
Surplus/Deficit	\$	_____																																										
Eligible based on ceiling test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																										
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<b>D. Eligibility/Payment Budget</b>			<b>2030</b>																																									
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit																																												
2. Earned Income <b>Mr. Fisher</b>		<b>1479.00</b>																																										
<b>Total Earned Income</b>		<b>1479.00</b>	<b>Subtotals</b>																																									
3. Less \$90		<b>90.00</b>	<b>1389.00</b>																																									
4. Less \$30																																												
5. Less 1/3																																												
6. Less Child Care																																												
7. Net Earned Income			<b>1389.00</b>																																									
8. Plus Unearned Income																																												
9. Plus Child Support (Less \$50 – Medicaid only)																																												
10. Plus Deemed Income																																												
11. Less Allocation																																												
12. Total Countable Income			<b>1389.00</b>	<b>1389</b>																																								
13. Surplus/Deficit (SON less line 12)																																												
14. Family Maximum		<b>Eligible RSM Child (1-5)</b>																																										
15. Benefit Amount		<b>Jimmy</b>																																										

## OPTIONAL EXERCISE: RSM BUDGETING

Using Form 239 to determine RSM eligibility, compute RSM budgets for each of the following cases. All required verification has been provided.

1. Seventeen-year-old Stephanie Harris applies for medical assistance on 3/1. She is pregnant and lives with her mother Joanna Louden. Ms. Louden is a seamstress and earned \$900 last month.

Case# 431268715



2. Ms. Wanda Weaver (20) is pregnant and applies on 3/18. She lives with her husband John. Mr. Weaver verifies gross wages of \$260 per week received every Wednesday.

2/4 - \$260	2/18 - \$260	3/4 - \$260
2/11 - \$260	2/25 - \$260	3/11 - \$260

Ms. Weaver's EDD is 6/15. She has a doctor bill she incurred in February.

# EXERCISE KEY: RSM BUDGETING

Using Form 239 to determine RSM eligibility, compute RSM budgets for each of the following cases. All required verification has been provided.

1. Seventeen-year-old Stephanie Harris applies for medical assistance on 3/1. She is pregnant and lives with her mother Joanna Louden. Ms. Louden is a seamstress and earned \$900 last month.



Case# 431268715

2. Ms. Wanda Weaver (20) is pregnant and applies on 3/18. She lives with her husband John. Mr. Weaver verifies gross wages of \$260 per week received every Wednesday.

2/4 - \$260	2/18 - \$260	3/4 - \$260
2/11 - \$260	2/25 - \$260	3/11 - \$260

Ms. Weaver's EDD is 6/15. She has a doctor bill she incurred in February.

**Georgia Department of Human Resources**  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Stephanie Harris</b>	Number in AU <b>BG 2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>431268715</b>	Effective Month <b>March</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources \$ _____		Less Standard Deduction            \$90	\$ _____
Resource Limit \$ _____		Less Child Care	\$ _____ \$ _____
Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income	\$ _____ \$ _____
<b>B. Income Ceiling Test</b>		Plus Deemed Income	\$ _____ \$ _____
Gross Income \$ _____		Less Allocation	\$ _____ \$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling \$ _____		SON	\$ _____
Surplus/Deficit \$ _____		Surplus/Deficit	\$ _____
Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>2429</b>	
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>0</b>	<b>Subtotals</b>
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income		<b>0</b>	
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>0</b>	<b>0</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum		<b>Eligible RSM PgW</b>	
15. Benefit Amount			

Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Wanda Weaver</b>	Number in AU <b>BG 3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>968432010</b>	Effective Month <b>February</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ _____		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ _____		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ _____		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ _____		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			<b>3052</b>
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit			
2. Earned Income <b>Mr. Weaver</b>	<b>1040</b>		<b>\$260.00</b>
			<b>x 4</b>
			<b>\$1040.00</b>
<b>Total Earned Income</b>	<b>1040</b>	<b>Subtotals</b>	
3. Less \$90	<b>90</b>	<b>950</b>	
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income		<b>950</b>	
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>950</b>	<b>950</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Eligible RSM PgW</b>		
15. Benefit Amount			

Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Wanda Weaver</b>		Number in AU <b>BG 3</b>		Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>968432010</b>		Effective Month <b>March</b>		<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages		\$ _____	
Total Nonexempt Resources \$ _____		Less Standard Deduction \$90		\$ _____	
Resource Limit \$ _____		Less Child Care \$ _____		\$ _____	
Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____		\$ _____	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ _____		\$ _____	
Gross Income \$ _____		Less Allocation \$ _____		\$ _____	
(Plus deemed, less allocated income)		Total		\$ _____	
Gross Income Ceiling \$ _____		SON		\$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit		\$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>				<b>3052</b>	
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit					
2. Earned Income <b>Mr. Weaver</b>		<b>1126.65</b>			
<b>Total Earned Income</b>		<b>1126.65</b>		<b>Subtotals</b>	
3. Less \$90		<b>90</b>		<b>1036.65</b>	
4. Less \$30					
5. Less 1/3					
6. Less Child Care					
7. Net Earned Income				<b>1036.65</b>	
8. Plus Unearned Income					
9. Plus Child Support (Less \$50 – Medicaid only)					
10. Plus Deemed Income					
11. Less Allocation					
12. Total Countable Income				<b>1036.65</b>	
13. Surplus/Deficit (SON less line 12)				<b>1037</b>	
14. Family Maximum		<b>Eligible RSM PgW</b>			
15. Benefit Amount					

# **FAMILY MEDICAID ONLINE**



**CONTINUING MEDICAID  
DETERMINATION**

# OBJECTIVES

By the end of this module, participants will

- Review the purpose and order of a CMD
- Determine when and why to exclude children from a LIM AU
- Identify and provide maximum Medicaid coverage for blended families
- Conduct a LIM screening
- Determine an individual's eligibility for Dual Medicaid
- Practice the CMD process

## EXAMPLE

### PARENT'S INCOME CAUSES LIM INELIGIBILITY



Ms. Cindy Andrews receives LIM for herself and three children, Patrick (14), John (12) and David (4). On 12/4 Ms. Andrews calls and reports that the children's father, Roger Metcalf, moved into the home on 12/1.

Mr. Metcalf receives \$1000 per month in retirement benefits; Ms. Andrews receives a \$50 contribution each week on Wednesdays from her grandfather. The LIM gross income ceiling for a family of 5 is \$1060. The RSM net income limits (based on the ages of the children) are \$2150 and \$2859.

- A. Who is eligible for Medicaid? **Patrick, John and David**
- B. What categories of Medicaid will they receive? **RSM Child**
- C. What is the time frame for potential coverage? **Indefinite**

**GEORGIA DEPARTMENT OF HUMAN RESOURCES**  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Cindy Andrews</b>	Number in AU <b>5</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>487644290</b>	Effective Month <b>January</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>  <b>20</b>  </u>		Less Standard Deduction        \$90    \$ _____	
Resource Limit                    \$1000		Less Child Care                 \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income         \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income            \$ _____ \$ _____	
Gross Income                    \$ <u>  <b>1216.66</b>  </u>		Less Allocation                 \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total                                 \$ _____	
Gross Income Ceiling         \$ <u>  <b>1060</b>  </u>		SON                                  \$ _____	
<b>Surplus/Deficit</b> \$ _____		Surplus/Deficit                 \$ _____	
Eligible based on GIC test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget                    Ineligible for LIM</b>			
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum			
15. Benefit Amount			

**Retirement**  
**\$1,000**

**Contribution**  
**\$50 x 4.3333 =**  
**\$216.66**

**LIM AU –**  
**Ms. Andrews,**  
**Mr. Metcalf,**  
**Patrick, John**  
**and David**

**Georgia Department of Human Resources**  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Cindy Andrews</b>	Number in AU/BG <b>5</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>487644209</b>	Effective Month <b>January</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b> Total Nonexempt Resources \$ _____ Resource Limit \$1000 Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gross Wages	\$ _____
		Less Standard Deduction	\$90 \$ _____
<b>B. Gross Income Ceiling Test</b> Gross Income \$ _____ (Plus deemed, less allocated income) Gross Income Ceiling \$ _____ Surplus/Deficit \$ _____ Eligible based on GIC test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Less Child Care	\$ _____ \$ _____
		Plus Unearned Income	\$ _____ \$ _____
		Plus Deemed Income	\$ _____ \$ _____
		Less Allocation	\$ _____ \$ _____
		Total	\$ _____
		SON	\$ _____
		Surplus/Deficit	\$ _____
		Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Eligibility/Payment Budget</b>		<b>2150 / 2859</b>	
1. <input type="checkbox"/> SON	<input checked="" type="checkbox"/> RSM Limit		
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income	<b>Contribution Retirement</b>	<b>216.66</b> <b>1000.00</b>	<b>1216.66</b>
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>1216.66</b>	<b>1217</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Eligible RSM Child (1-5) David</b>		
15. Benefit Amount	<b>Eligible RSM Child (6-19) Patrick and John</b>		

## EXAMPLE

### CHILD'S INCOME CAUSES LIM INELIGIBILITY

Ms. Rogers receives LIM for herself and 2 children Melinda (7) and Michelle (5). On 2/10 Ms. Rogers reports and verifies Michelle has begun to receive \$650 per month in RSDI survivor's benefits. Her first check was received on 2/1. The gross income ceiling for a family of 3 is \$784; SON is \$424. The RSM net income limit (based on the ages of the children) is \$1526.

- A. Who is eligible for Medicaid? **Everyone**
- B. What categories of Medicaid will they receive?  
**Ms. Rogers and Melinda will receive LIM and Michelle will receive RSM Child. Ms. Rogers, Melinda and Michelle will be in the RSM Budget Group.**



**GEORGIA DEPARTMENT OF HUMAN RESOURCES**  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Ms. Rogers</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>111222333</b>	Effective Month <b>March</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources \$ <b>0</b>		Less Standard Deduction \$90	\$ _____
Resource Limit \$ 1000		Less Child Care \$ _____	\$ _____
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____	\$ _____
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____	\$ _____
Gross Income \$ <b>650</b>		Less Allocation \$ _____	\$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling \$ <b>784</b>		SON	\$ _____
Surplus/Deficit \$ _____		Surplus/Deficit	\$ _____
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>424</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income <b>RSDI</b>	<b>650.00</b>	<b>650.00</b>	
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>650.00</b>	<b>650</b>
13. <u>Surplus/Deficit</u> (SON less line 12)			
14. Family Maximum	<b>Ineligible for LIM</b>		
15. Benefit Amount			

**Georgia Department of Human Resources**  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Ms. Rogers</b>		Number in AU <b>2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>111222333</b>		Effective Month <b>March</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____		
Total Nonexempt Resources \$ <u>  <b>0</b>  </u>		Less Standard Deduction            \$90    \$ _____		
Resource Limit                    \$ 1000		Less Child Care                    \$ _____ \$ _____		
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income            \$ _____ \$ _____		
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income            \$ _____ \$ _____		
Gross Income                    \$ <u>  <b>0</b>  </u>		Less Allocation                    \$ _____ \$ _____		
(Plus deemed, less allocated income)		Total                                    \$ _____		
Gross Income Ceiling        \$ <u>  <b>784</b>  </u>		SON                                     \$ _____		
Surplus/Deficit                 \$ _____		Surplus/Deficit                    \$ _____		
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>				<b>356</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit				
2. Earned Income				
<b>Total Earned Income</b>		<b>0</b>	<b>Subtotals</b>	
3. Less \$90				
4. Less \$30				
5. Less 1/3				
6. Less Child Care				
7. Net Earned Income				
8. Plus Unearned Income		<b>0</b>		
9. Plus Child Support (Less \$50 – Medicaid only)				
10. Plus Deemed Income				
11. Less Allocation				
12. Total Countable Income			<b>0</b>	<b>0</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>LIM Eligible AU – Ms. Rogers and Melinda</b>		
15. Benefit Amount				

Georgia Department of Human Resources  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Ms. Rogers</b>	Number in AU/BG <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change																																									
AU ID Number <b>156735912</b>	Effective Month <b>March</b>	<b>C. Standard of Need Test</b>																																									
<b>A. Resource Test</b>		<table border="0"> <tr> <td>Gross Wages</td> <td></td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Less Standard Deduction</td> <td>\$90</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Less Child Care</td> <td>\$</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Plus Unearned Income</td> <td>\$</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Plus Deemed Income</td> <td>\$</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Less Allocation</td> <td>\$</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Total</td> <td></td> <td>\$</td> <td>_____</td> </tr> <tr> <td>SON</td> <td></td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Surplus/Deficit</td> <td></td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Eligible for \$30 + 1/3?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> </table>		Gross Wages		\$	_____	Less Standard Deduction	\$90	\$	_____	Less Child Care	\$	\$	_____	Plus Unearned Income	\$	\$	_____	Plus Deemed Income	\$	\$	_____	Less Allocation	\$	\$	_____	Total		\$	_____	SON		\$	_____	Surplus/Deficit		\$	_____	Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gross Wages				\$	_____																																						
Less Standard Deduction	\$90	\$	_____																																								
Less Child Care	\$	\$	_____																																								
Plus Unearned Income	\$	\$	_____																																								
Plus Deemed Income	\$	\$	_____																																								
Less Allocation	\$	\$	_____																																								
Total		\$	_____																																								
SON		\$	_____																																								
Surplus/Deficit		\$	_____																																								
Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
<b>Total Nonexempt Resources</b> \$ _____ <b>Resource Limit</b> \$ 1000 Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
<b>B. Gross Income Ceiling Test</b>		<table border="0"> <tr> <td>Gross Income</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>(Plus deemed, less allocated income)</td> <td></td> <td></td> </tr> <tr> <td>Gross Income Ceiling</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Surplus/Deficit</td> <td>\$</td> <td>_____</td> </tr> <tr> <td>Eligible based on GIC test?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>		Gross Income	\$	_____	(Plus deemed, less allocated income)			Gross Income Ceiling	\$	_____	Surplus/Deficit	\$	_____	Eligible based on GIC test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																									
Gross Income	\$			_____																																							
(Plus deemed, less allocated income)																																											
Gross Income Ceiling	\$	_____																																									
Surplus/Deficit	\$	_____																																									
Eligible based on GIC test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																									
<b>Gross Income</b> \$ _____ (Plus deemed, less allocated income) <b>Gross Income Ceiling</b> \$ _____ <b>Surplus/Deficit</b> \$ _____ Eligible based on GIC test? <input type="checkbox"/> Yes <input type="checkbox"/> No																																											
<b>D. Eligibility/Payment Budget</b>			<b>1526</b>																																								
1. <input type="checkbox"/> SON	<input checked="" type="checkbox"/> RSM Limit																																										
2. Earned Income																																											
<b>Total Earned Income</b>		<b>Subtotals</b>																																									
3. Less \$90																																											
4. Less \$30																																											
5. Less 1/3																																											
6. Less Child Care																																											
7. Net Earned Income																																											
8. Plus Unearned Income	<b>RSDI</b>	<b>650.00</b>	<b>650.00</b>																																								
9. Plus Child Support (Less \$50 – Medicaid only)																																											
10. Plus Deemed Income																																											
11. Less Allocation																																											
12. Total Countable Income		<b>650.00</b>	<b>650</b>																																								
13. Surplus/Deficit (SON less line 12)																																											
14. Family Maximum	<b>Eligible RSM Child (6-19) Michelle</b>																																										
15. Benefit Amount																																											

## CONTINUING MEDICAID DETERMINATION

Ms. Barnett applies for RSM PgW on October 15<sup>th</sup>. She is due to deliver on March 27<sup>th</sup>. Her only income is gross wages of \$775 per month.

**I. RSM APPROVED 10/20. Ms. BARNETT COVERED BY RSM PGW MEDICAID THROUGH MAY.**

Twins are born to Ms. Barnett on March 27<sup>th</sup>.



Ms. Barnett is no longer working. There is no income other than \$200/month child support.

**II. Ms. BARNETT CAN RECEIVE LIM FOR HERSELF AND THE TWINS.**

**NOTE: THE TWINS ARE ALSO ELIGIBLE FOR NEWBORN MEDICAID THROUGH MARCH OF NEXT YEAR AND Ms. BARNETT IS ELIGIBLE FOR RSM PGW THROUGH MAY. IF THE AU BECOMES INELIGIBLE FOR LIM DURING THIS PERIOD OF TIME, MEDICAID COVERAGE SHOULD CONTINUE UNDER THESE COAS.**

Ms. Barnett chooses LIM for herself and the twins. LIM case is approved on April 10<sup>th</sup>.

Ms. Barnett reports and verifies on October 12<sup>th</sup> that she will return to work on November 2<sup>nd</sup> and will earn \$900 gross/month. She will receive her first check on November 30<sup>th</sup>. She still receives \$200/month direct child support. Ms. Barnett is ongoing ineligible due to increased earnings. CMD is completed October 12<sup>th</sup>.

**III. TMA IS APPROVED INITIALLY NOVEMBER THROUGH APRIL. THE ADDITIONAL 6 MONTHS ARE MAY THROUGH OCTOBER.**

Ms. Barnett complies with all TMA reporting requirements. In October, a CMD is completed to determine if anyone will continue to be eligible for Medicaid.

**IV. EFFECTIVE NOVEMBER, RSM IS APPROVED FOR CHILDREN ONLY SINCE MOTHER IS NOT PREGNANT. EARNINGS \$900 + CHILD SUPPORT \$150 (\$200-\$50) EXCEED THE GIC FOR THREE. (LIM INELIGIBLE).**

Ms. Barnett verifies a raise in earnings to \$1200/month gross. She still receives \$200/month child support. She reports this on April 27<sup>th</sup> when the twins are 13 months old.



**V. RSM IS CONTINUED FOR THE TWINS. THEY ARE STILL ELIGIBLE AS CHILDREN 1 – 5.**

Ms. Barnett continues to receive RSM for the children and small salary increases for the next four years. In February, before the twins turn 6 years old, a CMD is completed. Ms. Barnett verifies she now earns \$1500/month gross wages and continues to receive \$200/month child support.

**VI. RSM IS DISCONTINUED AS THE CHILDREN ARE NO LONGER ELIGIBLE DUE TO INCOME. CMD OPTIONS GIVEN:**

**PEACHCARE FOR KIDS AND MEDICALLY NEEDED.**

Because Medically Needed uses unpaid medical bills to “spenddown” excessive income to a very low limit, Ms. Barnett chooses not to apply for Medically Needed unless she needs it at some later date. Ms. Barnett is given an application for PeachCare for Kids.

## **BLENDED FAMILY EXAMPLE PARENTS MARRIED**

Ms. Jones applies for Medicaid on 1/13. She has 3 children, Brian (4), Steve (5), and Ana (2). James Smith, who is Ana's father, also lives in the home. Ms. Jones and Mr. Smith are married. The household's income consists of \$250/month child support received for Brian and Steve and Mr. Smith's monthly wages of \$1083.32. Mr. Smith pays \$200/month child support to his ex-wife for his son, David. Ms. Jones is not pregnant.

### **A. Consider LIM for everyone.**

See Budget #1: The AU is ineligible for LIM.

### **B. Consider LIM for Ms. Jones and her sons.**

See Budget #2: A responsibility budget is completed to deem income from Mr. Smith to his spouse Ms. Jones.

See Budget #3: Ms. Jones and her sons are ineligible for LIM.

### **C. Consider RSM for Anna, Brian and Steven.**

See Budget #4: Everyone is included in the RSM BG. The three children will be covered under RSM; there is no coverage for Ms. Jones or Mr. Smith.

Georgia Department of Human Resources  
TANF BUDGET SHEET

Budget #1  
Parents - Married

Name of Grantee Relative <b>Ms. Jones</b>	Number in AU <b>5</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change
AU ID Number <b>113450112</b>	Effective Month <b>January</b>	<b>C. Standard of Need Test</b>  Gross Wages _____ \$ Less Standard Deduction        \$90        \$ Less Child Care                    \$ _____ \$ Plus Unearned Income            \$ _____ \$ Plus Deemed Income              \$ _____ \$ Less Allocation                    \$ _____ \$ Total _____ \$ SON _____ \$ Surplus/Deficit _____ \$ Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>A. Resource Test</b> Total Nonexempt Resources \$ <u>  <b>0</b>  </u> Resource Limit                    \$1000 Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Gross Income Ceiling Test</b> Gross Income                    \$ <u>  <b>1283.32</b>  </u> (Plus deemed, less allocated income) Gross Income Ceiling        \$ <u>  <b>1060</b>  </u> Surplus/Deficit                    \$ _____ Eligible based on GIC test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <b>AU is ineligible for LIM</b>		
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit		
2. Earned Income		
<b>Total Earned Income</b>		<b>Subtotals</b>
3. Less \$90		
4. Less \$30		
5. Less 1/3		
6. Less Child Care		
7. Net Earned Income		
8. Plus Unearned Income		
9. Plus Child Support (Less \$50 – Medicaid only)		
10. Plus Deemed Income		
11. Less Allocation		
12. Total Countable Income		
13. Surplus/Deficit (SON less line 12)		
14. Family Maximum		
15. Benefit Amount		

Form 239 (Rev. 03/2009)

DEEMING AND ALLOCATION WORKSHEET

<p><b>I. DETERMINATION OF SON FOR DEEMING BUDGET</b></p> <p><b>Responsible Individual:</b></p> <p><input checked="" type="checkbox"/> Stepparent</p> <p><input type="checkbox"/> Minor Caretaker's Parent(s)</p> <p><input type="checkbox"/> Ineligible Spouse</p> <p><input type="checkbox"/> Ineligible Parent</p> <p><input type="checkbox"/> Alien Sponsor</p> <p>A. <u>  1  </u> Number of responsible individual's children who live in the home but are not included in the AU</p> <p>B. _____ Number of other dependents in the home who are claimed or could be claimed as tax dependents and are not included in the AU</p> <p>C. <u>  1  </u> Responsible Individual</p> <p>D. <u>  2  </u> Total</p>	<p><b>IV. DETERMINATION OF SON FOR ALLOCATION BUDGET</b></p> <p><b>Persons to whom AU member's income can be allocated:</b></p> <p>A. _____ Ineligible Spouse</p> <p>B. _____ Ineligible Child(ren)</p> <p>C. _____ Total</p> <p>D. \$ _____ SON for Number in C</p>
<p><b>II. DEEMING BUDGET</b></p> <p><b>\$1083.32</b> Earned Income</p> <p><b>-\$ 90.00</b> Earned Income Deduction</p> <p><b>\$ 993.32</b> Net Earned Income</p> <p><b>\$ 0 .</b> Unearned Income</p> <p><b>\$ 993.32</b> Total Net Income</p> <p><b>\$ 356.00</b> Standard of Need (from 1D, above)</p> <p><b>-\$ 0 .</b> Amount paid to dependents outside the household who are claimed or could be claimed as tax dependents</p> <p><b>-\$ 200.00</b> Alimony and/or child support paid to person(s) outside of the household</p> <p><b>\$ 437.32</b> Surplus/Deficit <b>\$235 can be deemed to Ms. Jones</b></p>	<p><b>V. Allocation Budget</b></p> <p>Allocate the SON in D, or the gross income of the responsible AU member, whichever is less.</p> <p>\$ _____ Gross AU Income</p> <p>\$ _____ Less allocation</p> <p>\$ _____ Amount to enter as gross income in GIC test</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Ms. Jones married to Mr. Smith</p> <p style="text-align: center;">└──────────┘</p> <p style="text-align: center;">Ana (daughter, 2)</p> <p>Brian (son, 4)</p> <p>Steve (son, 5)</p> </div>
<p><b>III. DEEMING</b></p> <p>If a surplus exists, deem this amount to the AU, and include the appropriate amount of the surplus in the amount of gross income in B (GIC Test), on the proper line in C (SON Test), and on line 10 in D (Eligibility/Payment Budget). If a deficit exists, there is no income to deem. Instead, determine if allocation is appropriate. If so, proceed to IV.</p>	<p><b>VI. ALLOCATION</b></p> <p>Subtract income to allocate from the gross income in B (GIC Test), from the income in C (SON Test), and enter on line 11 in D (Eligibility/Payment Budget).</p>

Georgia Department of Human Resources  
TANF BUDGET SHEET

**Budget #3**  
**Parents - Married**

Name of Grantee Relative <b>Ms. Jones</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>113450112</b>	Effective Month <b>January</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>435</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>784</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			<b>424</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)	<b>200</b>	<b>200</b>	
10. Plus Deemed Income	<b>235</b>	<b>435</b>	
11. Less Allocation			
12. Total Countable Income		<b>435</b>	<b>435</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Ms. Jones and her sons are ineligible for LIM</b>		
15. Benefit Amount	<b>Consider RSM for the 3 children</b>		

Georgia Department of Human Resources  
TANF BUDGET SHEET

**Budget #4**  
**Parents - Married**

Name of Grantee Relative <b>Ms. Jones</b>	Number in AU/BG <b>5</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>113450112</b>	Effective Month <b>January</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ _____		Less Standard Deduction \$90 \$ _____	
Resource Limit \$1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ _____		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ _____		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on GIC test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>2859/2150</b>	
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit			
2. Earned Income	<b>1083.32</b>		
<b>Total Earned Income</b>	<b>1083.32</b>	<b>Subtotals</b>	
3. Less \$90	<b>90.00</b>	<b>993.32</b>	
4. Less \$30	<b>Not Eligible</b>		
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income		<b>993.32</b>	
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)	<b>200</b>	<b>1193.32</b>	
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>1193.32</b>	<b>1193</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>RSM Child eligible (1-6)</b>		
15. Benefit Amount			

## **BLENDED FAMILY EXAMPLE PARENTS NOT MARRIED**

Ms. Jones applies for Medicaid on 1/13. She has 3 children, Brian (4), Steve (5), and Ana (2). James Smith, who is Ana's father, also lives in the home. Ms. Jones and Mr. Smith are not married. The household's income consists of \$250/month child support received for Brian and Steve and Mr. Smith's monthly wages of \$1083.32. Mr. Smith pays \$200/month child support to his ex-wife for his son, David. Ms. Jones is not pregnant.

### **A. Consider LIM for everyone.**

See Budget #1: The AU is ineligible for LIM.

### **B. Consider LIM for Ms. Jones and her sons.**

See Budget #2: The AU is eligible for LIM.

### **C. Consider RSM for Ana.**

See Budget #3: Everyone is included in the BG. The AU is eligible

Ms. Jones and her three children will be covered (LIM/RSM); there is no coverage for Mr. Smith.

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
TANF BUDGET SHEET

**Budget #1**  
**Parents - Not Married**

Name of Grantee Relative <b>Ms. Jones</b>	Number in AU <b>5</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>113450112</b>	Effective Month <b>January</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>1283.32</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>1060</u>		SON \$ _____	
<b>Surplus/Deficit</b> \$ _____		Surplus/Deficit \$ _____	
Eligible based on GIC test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget AU is ineligible for LIM due to income</b>			
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum			
15. Benefit Amount			

Form 239 (Rev. 03/2009)

**Georgia Department of Human Resources  
TANF BUDGET SHEET**

**Budget #2  
Parents - Not Married**

Name of Grantee Relative <b>Ms. Jones</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>113450112</b>	Effective Month <b>January</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources \$ <b>0</b>		Less Standard Deduction \$90	\$ _____
Resource Limit \$1000		Less Child Care \$ _____	\$ _____
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____	\$ _____
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____	\$ _____
Gross Income \$ <b>200</b>		Less Allocation \$ _____	\$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling \$ <b>784</b>		SON	\$ _____
Surplus/Deficit \$ _____		Surplus/Deficit	\$ _____
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>424</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)	<b>200</b>	<b>200</b>	
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>200</b>	<b>200</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Ms. Jones and her sons are eligible for LIM</b>		
15. Benefit Amount	<b>Consider RSM for Ana</b>		

**Georgia Department of Human Resources**  
**TANF BUDGET SHEET**

**Budget #3**  
**Parents - Not Married**

Name of Grantee Relative <b>Ms. Jones</b>		Number in AU/BG <b>5</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>113450112</b>		Effective Month <b>January</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____ Less Standard Deduction \$90 \$ _____ Less Child Care \$ _____ \$ _____ Plus Unearned Income \$ _____ \$ _____ Plus Deemed Income \$ _____ \$ _____ Less Allocation \$ _____ \$ _____ Total \$ _____ SON \$ _____ Surplus/Deficit \$ _____ Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Nonexempt Resources \$ _____ Resource Limit \$1000 Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>B. Gross Income Ceiling Test</b>		Gross Income \$ _____ (Plus deemed, less allocated income) Gross Income Ceiling \$ _____ Surplus/Deficit \$ _____ Eligible based on GIC test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gross Income \$ _____ (Plus deemed, less allocated income) Gross Income Ceiling \$ _____ Surplus/Deficit \$ _____ Eligible based on GIC test? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>D. Eligibility/Payment Budget</b>			<b>2859</b>	
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit				
2. Earned Income		<b>1083.32</b>		
<b>Total Earned Income</b>		<b>1083.32</b>	<b>Subtotals</b>	
3. Less \$90		<b>90.00</b>	<b>993.32</b>	
4. Less \$30		<b>Not Eligible</b>		
5. Less 1/3				
6. Less Child Care				
7. Net Earned Income			<b>993.32</b>	
8. Plus Unearned Income				
9. Plus Child Support (Less \$50 – Medicaid only)		<b>200</b>	<b>1193.32</b>	
10. Plus Deemed Income				
11. Less Allocation				
12. Total Countable Income			<b>1193.32</b>	<b>1193</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>RSM Child eligible - Ana</b>		
15. Benefit Amount				

## **OPTIONAL EXERCISE: FAMILY MEDICAID CLASSES OF ASSISTANCE**

1. Ms. Ragsdale has received LIM for herself and her 17-year-old son, Daniel, for five months. On 5/23, she reports and verifies that her child is now receiving child support directly from his absent parent. He receives \$100 per week and he received his first payment on 5/22. The family has no other income or resources. The Case Manager acts on 5/25.

Case # 234567891

- A. Complete the LIM budget for the ongoing month.
  - B. What category of Family Medicaid can the Ragsdales receive?
  - C. Who will be included in this type of Family Medicaid?
  - D. For what months will the Ragsdales receive 4 months Medicaid?
2. Ms. Isley is 20 years old; she is pregnant. She has received LIM for herself and her two children, Kevin (3) and Tyler (2), for six months. She verifies on 6/3 that Tyler has started receiving RSDI of \$419 per month; he received the first check on 6/1. The family has no other income or resources. The Case Manager acts on 6/3.

Case # 467895213

- A. Complete the LIM budget for the ongoing month.
- B. What category of Family Medicaid can the Isleys receive?
- C. Who will be included in this type of Family Medicaid?
- D. What is the time period for this type of Family Medicaid?

3. Ms. Walker has received LIM for herself and her 3 children, Ricky (6), Julie (4), and Zac (2) for 8 months. She reports and verifies on 8/16 that she got a new job. She will receive her first check on 9/1. She will be paid once a month and will receive \$1200 per paycheck. The family has no other income or resources. The Case Manager acts on 8/17.

Case # 298765413

- A. Complete the LIM budget for the ongoing month of September.
- B. What category of Family Medicaid can the Walkers receive?
- C. Who will be included in this type of Family Medicaid?
- D. For what months will the Walkers potentially receive this type of Family Medicaid?

In December, Ms. Walker reports that she had a baby on December 9.

- E. What category of Family Medicaid can the baby receive?

4. Mr. and Ms. Goodman apply for LIM on 6/7 for themselves and their children, Bobby (8) and Kathy (5). The family recently moved to Georgia, they are looking for work but they currently have no income or resources. The Goodmans do not need three months prior Medicaid. The application is dispositioned on 6/8.

Case # 258013299

- A. Complete the LIM budget for the current month of June and the ongoing month of July.
- B. What category of Family Medicaid can the Goodmans receive?
- C. Who will be included in this type of Family Medicaid?
- D. What is the potential time period for this type of Family Medicaid?

5. Ms. Jones applies for assistance on 7/15 for herself and her children, David (6) and Jeremy (7). She verifies earnings of \$700 gross per month and pays her mother \$200 per month in child care expenses. She has never received assistance; the application is dispositioned on 7/27. The family has no other income or resources. Ms. Jones is not pregnant.

Case # 338950007

- A. Complete the LIM budget for the current month of July and the ongoing month of August.
- B. What category of Family Medicaid can the Jones family receive?
- C. Who will be included in this type of Family Medicaid?
- D. What is the potential time period for this type of Family Medicaid?

Ms. Jones also has unpaid medical bills for the month of May. She verifies that she earned \$900 gross wages for May and paid her mother \$200 for child care. They met all non-financial eligibility requirements for May.

- E. Complete the LIM budget for the prior month of May.
- F. Is the Jones family eligible for LIM in the prior month of May?
- G. What is the next Medicaid Class of Assistance that should be considered for the prior month of May?

6. Ms. Day has received LIM for herself and two children, Beth (2) and Janice (6) for one year. She verifies on 11/10 that she has a new job earning \$300 per week. She received her first check on 11/6; she has never received \$30 plus 1/3 in LIM. The Case Manager acts on 11/15.

Case # 320164876

- A. Complete the LIM budget for the ongoing month of December.
  - B. What category of Family Medicaid can the Days receive?
  - C. Who will be included in this type of Family Medicaid?
  - D. What is the potential time period for this type of Family Medicaid?
7. Ms. Hart has received LIM for herself and her two children, Sue (4) and Mike (8) for four months. She reports and verifies on October 19 that Mike has started receiving child support directly from his father. He receives \$130 per week; the first check was received October 16. The family has no other income or resources. The Case Manager acts on October 19<sup>th</sup>.

Case# 346896770

- A. Complete the LIM budget for the ongoing month of November.
- B. What category of Medicaid can the Harts receive?
- C. Who will be included in this type of Medicaid?
- D. What is the time period for this type of Medicaid?

In the last month of this coverage period, complete a CMD to determine if there are new categories of Medicaid the family can receive. The child support is still \$130 per week, they have no other income.

- E. Complete the budget(s) to determine eligibility for each type.
- F. What category(ies) of Medicaid can the Harts receive?
- G. Who will be included in each type of Medicaid?
- H. What is the potential time period for each type of Medicaid?

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## **EXERCISE KEY: FAMILY MEDICAID CLASSES OF ASSISTANCE**

1. Ms. Ragsdale has received LIM for herself and her 17-year-old son, Daniel, for five months. On 5/23, she reports and verifies that her child is now receiving child support directly from his absent parent. He receives \$100 per week and he received his first payment on 5/22. The family has no other income or resources. The Case Manager acts on 5/25.

Case # 234567891

- A. Complete the LIM budget for the ongoing month.
  - B. What category of Family Medicaid can the Ragsdales receive?  
**4 Months Child Support Medicaid**
  - C. Who will be included in this type of Family Medicaid?  
**Ms. Ragsdale and Daniel**
  - D. For what months will the Ragsdales receive 4 months Medicaid?  
**July – October**
2. Ms. Isley is 20 years old; she is pregnant. She has received LIM for herself and her two children, Kevin (3) and Tyler (2), for six months. She verifies on 6/3 that Tyler has started receiving RSDI of \$419 per month; he received the first check on 6/1. The family has no other income or resources. The Case Manager acts on 6/3.

Case # 467895213

- A. Complete the LIM budget for the ongoing month.
- B. What category of Family Medicaid can the Isleys receive?  
**LIM**
- C. Who will be included in this type of Family Medicaid?  
**Ms. Isley, Kevin and Tyler**
- D. What is the time period for this type of Family Medicaid?  
**Indefinite, as long as they continue to meet all eligibility requirements.**

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
TANF BUDGET SHEET

# 1

Name of Grantee Relative <b>Ms. Ragsdale</b>	Number in AU <b>2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>234567891</b>	Effective Month <b>June</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <b>383.33</b>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <b>659</b>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>356</b>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90		<b>\$100.00</b>	
4. Less \$30		<b>x 4.3333</b>	
5. Less 1/3		<b>\$433.33</b>	
6. Less Child Care		<b>- \$50.00</b>	
7. Net Earned Income		<b>\$383.33</b>	
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)		<b>383.33</b>	<b>383.33</b>
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>383.33</b>	<b>383</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum		<b>Ineligible for LIM due to increased/new CS</b>	
15. Benefit Amount			

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
TANF BUDGET SHEET

#2

Name of Grantee Relative <b>Ms. Isley</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>467895213</b>	Effective Month <b>July</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>419</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>784</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			<b>424</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income <b>RSDI</b>	<b>419.00</b>	<b>419.00</b>	
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>419.00</b>	<b>419</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Eligible for LIM</b>		
15. Benefit Amount			

3. Ms. Walker has received LIM for herself and her 3 children, Ricky (6), Julie (4), and Zac (2) for 8 months. She reports and verifies on 8/16 that she got a new job. She will receive her first check on 9/1. She will be paid once a month and will receive \$1200 per paycheck. The family has no other income or resources. The Case Manager acts on 8/17.

Case # 298765413

- A. Complete the LIM budget for the ongoing month of September.
- B. What category of Family Medicaid can the Walkers receive?  
**TMA**
- C. Who will be included in this type of Family Medicaid?  
**The entire AU**
- D. For what months will the Walkers potentially receive this type of Family Medicaid?  
**September – August**

In December, Ms. Walker reports that she had a baby on December 9.

- E. What category of Family Medicaid can the baby receive?  
**Newborn**

4. Mr. and Ms. Goodman apply for LIM on 6/7 for themselves and their children, Bobby (8) and Kathy (5). The family recently moved to Georgia, they are looking for work but they currently have no income or resources. The Goodmans do not need three months prior Medicaid. The application is dispositioned on 6/8.

Case # 258013299

- A. Complete the LIM budget for the current month of June and the ongoing month of July.
- B. What category of Family Medicaid can the Goodmans receive?  
**LIM**
- C. Who will be included in this type of Family Medicaid?  
**The entire AU**
- D. What is the potential time period for this type of Family Medicaid?  
**Indefinite, as long as they continue to meet all eligibility requirements.**

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**#3**

Name of Grantee Relative <b>Ms. Walker</b>	Number in AU <b>4</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>298765413</b>	Effective Month <b>September</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ _____
Total Nonexempt Resources	\$ <b>0</b>	Less Standard Deduction	\$ <b>90</b>
Resource Limit	\$ 1000	Less Child Care	\$ _____
Eligible Based on Resources?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plus Unearned Income	\$ _____
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income	\$ _____
Gross Income	\$ <b>1200</b>	Less Allocation	\$ _____
(Plus deemed, less allocated income)		Total	\$ _____
Gross Income Ceiling	\$ <b>925</b>	SON	\$ _____
Surplus/Deficit	\$ _____	Surplus/Deficit	\$ _____
Eligible based on GIC test?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Eligibility/Payment Budget</b>		<b>Ineligible due to wages</b>	
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum			
15. Benefit Amount			

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#4

Name of Grantee Relative <b>Mr. Goodman</b>		Number in AU <b>4</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>258013299</b>		Effective Month <b>June/Ongoing</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____		
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____		
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____		
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____		
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____		
Gross Income \$ <u>0</u>		Less Allocation \$ _____ \$ _____		
(Plus deemed, less allocated income)		Total \$ _____		
Gross Income Ceiling \$ <u>925</u>		SON \$ _____		
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____		
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>				<b>500</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit				
2. Earned Income				
<b>Total Earned Income</b>		<b>0</b>	<b>Subtotals</b>	
3. Less \$90				
4. Less \$30				
5. Less 1/3				
6. Less Child Care				
7. Net Earned Income				
8. Plus Unearned Income		<b>0</b>	<b>0</b>	
9. Plus Child Support (Less \$50 – Medicaid only)				
10. Plus Deemed Income				
11. Less Allocation				
12. Total Countable Income			<b>0</b>	<b>0</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>Eligible for LIM</b>		
15. Benefit Amount				

5. Ms. Jones applies for assistance on 7/15 for herself and her children, David (6) and Jeremy (7). She verifies earnings of \$700 gross per month and pays her mother \$200 per month in child care expenses. She has never received assistance; the application is dispositioned on 7/27. The family has no other income or resources. Ms. Jones is not pregnant.

Case # 338950007

- A. Complete the LIM budget for the current month of July and the ongoing month of August.
- B. What category of Family Medicaid can the Jones family receive?  
**LIM**
- C. Who will be included in this type of Family Medicaid?  
**Ms. Jones, David and Jeremy**
- D. What is the potential time period for this type of Family Medicaid?  
**Indefinite, as long as they continue to meet all eligibility requirements.**

Ms. Jones also has unpaid medical bills for the month of May. She verifies that she earned \$900 gross wages for May and paid her mother \$200 for child care. They met all non-financial eligibility requirements for May.

- E. Complete the LIM budget for the prior month of May.
- F. Is the Jones family eligible for LIM in the prior month of May?  
**No**
- G. What is the next Medicaid Class of Assistance that should be considered for the prior month of May?  
**RSM**

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
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#5

Name of Grantee Relative <b>Ms. Jones</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>338950007</b>	Effective Month <b>July/Ongoing</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages	\$ <b>700</b>
Total Nonexempt Resources \$ <b>0</b>		Less Standard Deduction \$90	\$ <b>610</b>
Resource Limit \$ 1000		Less Child Care \$ <b>200</b>	\$ <b>410</b>
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income	\$ _____
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income	\$ _____
Gross Income \$ <b>700</b>		Less Allocation	\$ _____
(Plus deemed, less allocated income)		Total	\$ <b>410</b>
Gross Income Ceiling \$ <b>784</b>		SON	\$ <b>424</b>
Surplus/Deficit \$ _____		Surplus/Deficit <b>Need?</b>	\$ _____
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			<b>424</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income/ <b>WAGES</b>	<b>700.00</b>		
<b>Total Earned Income</b>	<b>700.00</b>	<b>Subtotals</b>	
3. Less \$90	<b>90.00</b>	<b>610.00</b>	
4. Less \$30 } <b>Not Needed</b>			
5. Less 1/3 }			
6. Less Child Care	<b>200.00</b>	<b>410.00</b>	
7. Net Earned Income		<b>410.00</b>	
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>410.00</b>	<b>410</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Eligible for LIM</b>		
15. Benefit Amount			

**GEORGIA DEPARTMENT OF HUMAN RESOURCES**  
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Name of Grantee Relative <b>Ms. Jones</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>338950007</b>	Effective Month <b>May</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>900</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>784</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on GIC test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget      Ineligible for LIM</b>			
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum			
15. Benefit Amount			

6. Ms. Day has received LIM for herself and two children, Beth (2) and Janice (6) for one year. She verifies on 11/10 that she has a new job earning \$300 per week. She received her first check on 11/6; she has never received \$30 plus 1/3 in LIM. The Case Manager acts on 11/15.

Case # 320164876

- A. Complete the LIM budget for the ongoing month of December.
  - B. What category of Family Medicaid can the Days receive? **TMA**
  - C. Who will be included in this type of Family Medicaid?  
**Ms. Day, Beth and Janice**
  - D. What is the potential time period for this type of Family Medicaid?  
**December - November**
7. Ms. Hart has received LIM for herself and her two children, Sue (4) and Mike (8) for four months. She reports and verifies on October 19 that Mike has started receiving child support directly from his father. He receives \$130 per week; the first check was received October 16. The family has no other income or resources. The Case Manager acts on October 19<sup>th</sup>.

Case# 346896770

- A. Complete the LIM budget for the ongoing month of November.
- B. What category of Medicaid can the Harts receive? **4MCS**
- C. Who will be included in this type of Medicaid?  
**Ms. Hart, Sue and Mike**
- D. What is the time period for this type of Medicaid?  
**December – March (TN expires on November 2<sup>nd</sup>)**

In the last month of this coverage period, complete a CMD to determine if there are new categories of Medicaid the family can receive. The child support is still \$130 per week, they have no other income.

- E. Complete the budget(s) to determine eligibility for each type.
- F. What category(ies) of Medicaid can the Harts receive? **LIM & RSM**
- G. Who will be included in each type of Medicaid? **Ms. Hart & Sue will receive LIM and Mike will receive RSM.**
- I. What is the potential time period for each type of Medicaid?  
**Indefinite, as long as eligibility requirements are met.**

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
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#6

Name of Grantee Relative <b>Ms. Day</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>320164876</b>	Effective Month <b>December</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>1299.99</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>784</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on GIC test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget    Ineligible for LIM due to increased wages</b>			
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum			
15. Benefit Amount			

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#7

Name of Grantee Relative <b>Ms. Hart</b>	Number in AU <b>3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>346896770</b>	Effective Month <b>November</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less Standard Deduction \$90 \$ _____	
Resource Limit \$ 1000		Less Child Care \$ _____ \$ _____	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ _____ \$ _____	
<b>B. Gross Income Ceiling Test</b>		Plus Deemed Income \$ _____ \$ _____	
Gross Income \$ <u>513.32</u>		Less Allocation \$ _____ \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>784</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on GIC test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			<b>424</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			<b>Child Support</b> <b>\$130.00</b> <b>x 4.3333</b> <b>\$563.32</b> <b>-\$50.00</b> <b>\$513.32</b>
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)	<b>513.32</b>	<b>513.32</b>	
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>513.32</b>	
13. Surplus/Deficit (SON less line 12)			<b>513</b>
14. Family Maximum	<b>Ineligible for LIM due to increase/new CS</b>		
15. Benefit Amount			

**GEORGIA DEPARTMENT OF HUMAN RESOURCES**  
**TANF BUDGET SHEET**

Name of Grantee Relative <b>Ms. Hart</b>		Number in AU <b>BG 3</b>		Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>346896770</b>		Effective Month <b>March</b>		<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages		\$ _____	
Total Nonexempt Resources \$ _____		Less Standard Deduction		\$90	
Resource Limit \$ 1000		Less Child Care		\$ _____	
Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income		\$ _____	
		Plus Deemed Income		\$ _____	
		Less Allocation		\$ _____	
		Total		\$ _____	
		SON		\$ _____	
		Surplus/Deficit		\$ _____	
		Eligible for \$30 + 1/3?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B. Gross Income Ceiling Test</b>					
Gross Income \$ _____					
(Plus deemed, less allocated income)					
Gross Income Ceiling \$ _____					
Surplus/Deficit \$ _____					
Eligible based on GIC test? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>D. Eligibility/Payment Budget</b>				<b>1526</b>	
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit					
2. Earned Income					
<b>Total Earned Income</b>				<b>Subtotals</b>	
3. Less \$90					
4. Less \$30					
5. Less 1/3					
6. Less Child Care					
7. Net Earned Income					
8. Plus Unearned Income					
9. Plus Child Support (Less \$50 – Medicaid only)		<b>513.32</b>		<b>513.32</b>	
10. Plus Deemed Income					
11. Less Allocation					
12. Total Countable Income				<b>513.32</b>	
13. Surplus/Deficit (SON less line 12)				<b>513</b>	
14. Family Maximum		<b>Eligible RSM Child (6 – 19) Mike</b>			
15. Benefit Amount					