

# Family Medicaid



Participant Guide

Introduction



# 14 DAY OUTLINE FOR FAMILY MEDICAID NEW WORKER TRAINING

## **PHASE I: FM Policy Only**

### **DAY 1**

Introduction  
Application Processing

### **DAY 2**

Application Processing  
Newborn COA  
Low Income Medicaid COA

### **DAY 3**

Low Income Medicaid (LIM) COA

### **DAY 4**

Low Income Medicaid (LIM) COA  
Policy Review

### **DAY 5**

Exam 1  
Review Exam 1  
TMA

### **DAY 6**

TMA  
4MCS  
RSM COA

### **DAY 7**

RSM COAs  
Blended Families

### **DAY 8**

Emergency Medical Assistance (EMA)  
Changes  
Reviews  
Policy Review

### **DAY 9**

Exam II  
Review Exam II  
Closing  
Course Evaluations

## **PHASE II: FM SUCCESS**

### **DAY 10**

Introduction  
Customer Service  
Introduction to SUCCESS

### **DAY 11**

Low Income Medicaid (LIM)  
Transitional Medical Assistance (TMA)  
Right from the Start Medicaid (RSM)

### **DAY 12**

Right from the Start Medicaid (RSM)  
Temporary Medicaid Cards

### **DAY 13**

Skill Demonstration  
Emergency Medical Assistance (EMA)  
SUCCESS Scheduling  
Alerts

### **DAY 14**

Putting It All Together  
Closing  
Course Evaluations

# Objectives

- ⇒ Participants will demonstrate familiarity with surroundings, other participants, and overall focus of training.
- ⇒ Participants will understand the standards, expectations, and attendance policy for the training course.
- ⇒ Participants will discuss the DHR Mission, Values and Goals.
- ⇒ Participants will discuss the focus of DFCS and doing the Right Work the Right Way.
- ⇒ Participants will understand their responsibilities as mandated reporters of child abuse or neglect and adult abuse or neglect.
- ⇒ Participants will be introduced to seven concepts/areas of concern that may serve as red flag warnings of possible child abuse and/or neglect.
- ⇒ Participants will be introduced to several initiatives that promote collaboration between the Office of Family Independence (OFI) and Social Services sections.
- ⇒ Participants will be introduced to the different classes of assistance for Family Medicaid.



# Outline

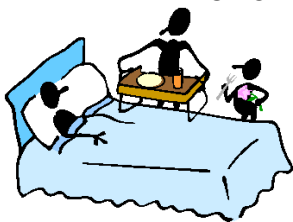
- I. Introductions
- II. On The Job Training
- III. Format of Training
- IV. Standards, Expectations, and Attendance Policy
- V. Training Information
- VI. DHR Mission, Values and Goals
- VII. Mandated Reporting of Abuse or Neglect of Children (MR 2015)
- VIII. Mandated Reporting of Adult Abuse or Neglect
- IX. Training Overview
- X. Understanding Medicaid
- XI. Overview of Family Medicaid Classes of Assistance

# Training Information

**TRAINING SCHEDULE:** Training will begin at 9:00 a.m. and end at 4:00 p.m., with one hour for lunch and will include both morning and afternoon breaks. In addition to class time, the trainers are also available for one hour before and after class to answer questions. If multiple people need assistance, they will need to make an appointment with the trainer.



**LEAVE POLICY:** Please read the Education and Training Services Section "Classroom Standards, Expectations and Attendance Policy" beginning on PG-8.



You will be responsible for obtaining the material missed in the event of absence. If you have excessive absences, it may not be possible to complete the course.

**INCLEMENT WEATHER:** In case of inclement weather, the decision of whether to hold training will normally be based on the facility where we are training.



If the weather is inclement in your area, please let your county and the trainer know that you will be absent.

**FLSA TIME SHEETS:** During training, the trainers will NOT sign your time sheets. Your county should have instructed you on completion. Please make sure you annotate all absences from training on your time sheet. Also, please read the memo "FLSA Non-Exempt Employees Attending Required Training" in your Participant Guide (PG).

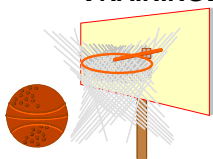
**MATERIAL:** During training, you will need the following materials:



- Participant Guide
- Pens
- Note pads
- Calculator
- OFI Family Medicaid Policy Manual Excerpts (included in PG)

**TRAINING AGENDA:** Refer to the "Outline of Training" in the front of your Participant Guide (PG)

**GOALS FOR  
TRAINING:**



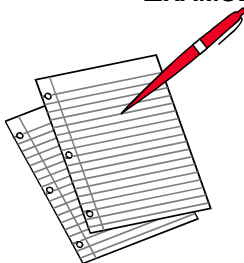
- ❖ To learn the rules and regulations of the Family Medicaid Program.
- ❖ To be able to present the A/R with all Medicaid options.
- ❖ To be able to correctly establish eligibility for the Medicaid option chosen by the A/R.



**STANDARD OF  
TRAINING:**

**An 80% overall grade average is required in order to pass the course.**

**EXAMS:**



- ❖ There are two exams, which include a multiple-choice section and a forms-completion section.
- ❖ The exams are comprehensive, application oriented, and open-book. All resources (training manual, notes, etc.) may be used.
- ❖ The exams are timed. No exam will be accepted after the allotted time.
- ❖ There will be a review before each exam.
- ❖ Suggestions and study hints for taking an open-book exam are in your Participant Guide
- ❖ Participants scoring less than 85% on an exam are expected to meet with the trainer.

**EXAM DATES:** \_\_\_\_\_

**EVALUATIONS:** A Final Evaluation will be sent to your county director at the end of training.



A copy of this evaluation will be given/mailed to you as well. Refer to the sample copy of this evaluation in your Participant Guide.

**UNSATISFACTORY  
PERFORMANCE:** Your performance will be reported to the county as required and it will be their decision as to the action to be taken.

**CLASS RULES:** Refer to "Classroom Standards, Expectations, and Attendance Policy" in your Participant Guide



**CERTIFICATES:** Upon completion of the 13day course, with at least an 80% score, you will be issued a certificate and awarded Continuing Education Units (CEUs) from the University of Georgia, School of Social Work. Your certificate will be mailed to your county office after you have completed Family Medicaid Phase II Training.

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## **EDUCATION AND TRAINING SERVICES SECTION**

### **DIVISION OF FAMILY AND CHILDREN SERVICES TRAINING PROGRAMS**

#### **CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY**

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As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

August 23, 2006

Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

*While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.*

*DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.*

*If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.*

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee's leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee's leave request. The trainer/facilitator **will NOT** approve any leave.

August 23, 2006

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: [OFItraining@dhr.state.ga.us](mailto:OFItraining@dhr.state.ga.us)
- For attendance at any Social Services training e-mail: [SStraining@dhr.state.ga.us](mailto:SStraining@dhr.state.ga.us)

I \_\_\_\_\_ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

August 23, 2006

## MEMO

Re: FLSA Non-Exempt Employees Attending Required Training

Page 1

May 1, 1995

The purpose of this memo is to provide further directions in reference to what is considered work time while attending required training.

The time spent in training is the actual hours training is in session. (For example: If training is from 9:00 a.m. to 4:00 p.m. with an hour for lunch, the actual work time is six hours.) Breaks are included as work time. However, lunch is not work time unless the employee is performing work during the lunch period. The fact that there is a planned luncheon does not necessarily mean that the lunch period is work time. A planned luncheon or reception after training is not work time unless the employee is specifically required to attend. Homework is not work time unless it's assigned. Trainers should designate a specific time frame for employees to do homework after class. (For example: The trainer ends class at 3:30 p.m. and states for the class to spend one hour after class reading the next day's assignment. This one hour is considered work time.)

Time spent to travel to training and back is considered work time regardless if the employee is driving or traveling with someone. The time it takes the employee to travel from home to the regular work site may be deducted.

FLSA is not concerned with work periods when less than 40 hours of work is performed. If hours spent in training, traveling to and from training and assigned homework add up to less than 40 hours, pay the full salary for that work period. Unless the employee habitually works less than 40 hours or the hours of work become a disciplinary matter, consider that the State requirement for a 40 hour week may be averaged over a three-month period. If the employee actually works over 40 hours in a work period after all adjustments for leave or time off are made, then overtime must be paid.

Time sheets should be kept by each employee attending training and signed by the employee and the employee's supervisor, not the trainer. The time sheet is an agreement between the employee and their supervisor, not the employee and trainer.

This information should be shared with all staff before they are required to attend training. If you have any questions regarding this matter, please contact the DFCS Employee Relations Unit.

RR: spa


cc: Joan Couch, Acting Chief  
Employee Development Unit - Human Resources Section



# SUGGESTIONS FOR STUDYING FOR AND TAKING TIMED OPEN-BOOK EXAMS

1. Take notes in class to  **supplement** material already in the Participant Guide.

2. When working on exercises, complete **ALL** assigned. If you need additional emphasis, complete extra exercises and any not assigned in class.

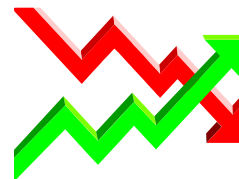
 Answer in pencil first, then in ink as class goes over, or answer on a separate sheet of paper and use the questions again later as a study help before exams.



3. Review class notes and pertinent sections of Policy Manual Excerpts **DAILY**.
4. Read Policy Manual sections relevant to topics covered in class notes. Become familiar with the location of these sections.
5. **Review exercises** - Determine if the concept behind the question is understood.
6. Study with others.
7. Make arrangements with trainer to discuss areas which are still unclear.
8. Study **DAILY** - do NOT cram the night before an exam!
9. Study as carefully as you would for a closed-book exam.
10. Manage your time wisely during the exam -

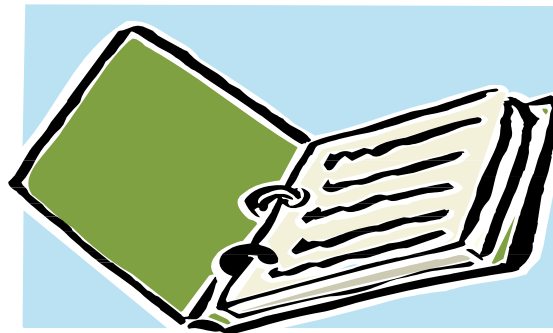


Be aware of the total number of questions and/or forms to be completed. Assign yourself a general time frame for completing each section.



11. Read each situation carefully; identify pertinent data which will help you make policy decisions.
12. Read each question carefully.
13. Read each multiple choice answer carefully.

14. Eliminate any **OBVIOUSLY** incorrect answers.
15. If you are unable to determine the correct answer, come back to it later. Sometimes another question will remind you of a policy concept. Sometimes you may want to clarify a policy from your manual or notes.
16. Once you have answered a question, do **NOT** change your answer unless you have **SOLID** evidence that you answered it wrong the first time.
17. Remember - the questions are designed to test your ability to identify data, relate it to a policy, and make a decision. Some answer choices may be correct in **another** situation. Look for the one which is correct for the **given** situation.
18. Be sure you have answered every question.
19. Be sure you have marked every question on your answer sheet.
20. If you have a different study method which has been successful for you, **USE IT!**



TO: \_\_\_\_\_, Director  
\_\_\_\_\_, County DFCS

FROM: \_\_\_\_\_, Training Specialist

DATE: \_\_\_\_\_

RE: Final Evaluation of Family Independence Case Manager Participating in Family Medicaid  
New Worker Training Phase I and II

Below is a training evaluation for \_\_\_\_\_, who attended this session of the Family Medicaid New Worker Training. Please be sure that the supervisor receives a copy of the evaluation. All workers who complete the course (Phase I and II) and achieve an 80% course average will receive a certificate which will be mailed directly to you in a few weeks.

Enclosed is a copy of a Training Summary Card that was developed by the County Training Advisory Committee as a helpful tool for supervisors to document and track training needs of their workers. It lists topics that are either not covered in new worker training, or are covered briefly and need follow-up training in the county. Should you have any questions about the evaluation, please call Lillie Gilchrist, Project Coordinator, at (706) 542-5465.

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1 = Needs Improvement

2 = Meets Expectations

- \_\_\_ Understands the general purpose of the job.
- \_\_\_ Produces work of satisfactory quality.
- \_\_\_ Produces work of satisfactory quantity.
- \_\_\_ Displays appropriate organizational skills.
- \_\_\_ Uses time appropriately in class.
- \_\_\_ Is attentive in class.
- \_\_\_ Adheres to rules and policies of class.
- \_\_\_ Interacts appropriately with peers.
- \_\_\_ Interacts appropriately with trainer.

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**Scores on Medicaid Exams:**

Exam I \_\_\_\_\_ Focuses on Application Processing, Newborn Medicaid, and Low Income Medicaid.

Exam II \_\_\_\_\_ Focuses on the above topics as well as Classes of Assistance (TMA, 4MCS, RSM), Emergency Medical Assistance, Reviews, and Changes in Medicaid.

Final average of participant: \_\_\_\_\_

Final average of class: \_\_\_\_\_

**ATTENDANCE**

Dates Absent

Times

**ADDITIONAL COMMENTS:**

## **FAMILY MEDICAID SUCCESS SKILL DEMONSTRATION FEEDBACK**

Your participant completed a SUCCESS skill demonstration which incorporated 14 actions in a Family Medicaid application. The “Yes” and “No” response categories indicate whether the participant correctly completed the SUCCESS action. Feedback of your participant’s performance is provided below.

### **Initial Application and Prior Medicaid**

<b>SUCCESS Action</b>	<b>Yes</b>	<b>No</b>

### **Add Newborn**

<b>SUCCESS Action</b>	<b>Yes</b>	<b>No</b>

### **Documentation**

<b>SUCCESS Screens</b>	<b>Yes</b>	<b>No</b>

**ADDITIONAL COMMENTS:**

## THE DEPARTMENT OF HUMAN RESOURCES SERVICE MODEL



### OUR MISSION:

To strengthen Georgia's families – supporting their self-sufficiency and helping them protect their vulnerable children and adults by being a resource to their families, not a substitute.

### VALUES:

- Do not accept welfare and total dependence on government for any family.
- Expect adults to work.
- Be a resource and support, not a substitute, for families.
- Expect every consumer to invest/participate in their own recovery.
- Serve people as close to home, family and community as possible.
- Give customers as much control over getting the information they need as technologically possible.
- Use data and information to help make decisions.
- Do not accept “business as usual” – it’s not good enough.
- Spend government money like it’s our own.
- Treat customers as if they were our own family.
- Make it faster, friendlier, easier for people to deal with us.
- Reward our workforce for performance.
- Deliver services as if we were not the only one who could do that work.

# Goals of DHR/DFCS Staff



❖ **Working/Self-Sufficient Customers:**

Increase the number of DHR families achieving self-sufficiency through work or work related activity.

❖ **Home/Community-Based Services:**

Increase the supply and use of home and community-based human services.

❖ **Technology Access:**

Increase customer and staff access to information that improves productivity.

❖ **Employee Engagement:**

Improve DHR employee engagement with customers.

❖ **Prevention:**

Increasing the number of Georgia citizens engaging in healthy, pro- social behavior.

# **DFCS Focus: Develop Strong Families**

Developing strong families means:

- ☒ Ensuring safety, permanency and well-being for Georgia's children
- ☒ Keeping kids safe
- ☒ Keeping kids happy, healthy and learning with families and in their communities
- ☒ Keeping adults providing for their families by working, weighing options and learning to effectively problem solve
- ☒ Keeping the elderly healthy and connected to life affirming activities.

## **The Right Work the Right Way**

- ❖ Making our services faster, friendlier and easier to all Georgians
- ❖ Incorporating values into the work we do
- ❖ Building trust by showing genuine interest in learning about and understanding the family
- ❖ Engaging customers in the most effective and efficient way
- ❖ Focusing on the entire family unit to motivate, remove barriers and weight options
- ❖ Empowering customers with options that will provide positive outcomes and produce movement in their lives to help strengthen their families.
- ❖ Working in unison with Social Service Case Managers and other organizations to secure the support and resources needed by our families.



## **YOUR RESPONSIBILITY IN REPORTING CHILD ABUSE OR NEGLECT (MR Policy Manual 2015)**

### **ALL DFCS EMPLOYEES ARE REQUIRED BY LAW TO REPORT CHILD MALTREATMENT OR SUSPECTED ABUSE.**

Even though your contact with a family may be limited to short office visits and telephone calls, you could observe or receive information that warrants a referral to child protective services.

### **ANY SUSPECTED ABUSE OR NEGLECT MUST BE REPORTED.**

Your responsibility will be to report anything that you suspect is abuse. This includes but is not limited to the following:

- observing physical signs (ex., bruises, black eye) on a child during an interview
- observing abusive action during the interview
- someone discloses information during the interview
- someone discloses information during a telephone call

### **IF IN DOUBT, REPORT - ALWAYS ERR ON THE SIDE OF THE CHILD**

CPS intake workers will screen all reports and determine whether to assign for investigation.

### **ALL REPORTS SHOULD BE MADE VIA TELEPHONE CALL AND FOLLOWED UP IN WRITING AS SOON AS POSSIBLE**

If someone tells you of abuse during the interview or in a telephone call, connect them with the CPS intake unit at that time if possible. It is always best for the CPS worker to talk with the person who has the most knowledge. If you suspect the abuse, you need to call CPS. Always follow up in either situation with a Form 713 and route to CPS intake in your county. Keep a copy of the Form 713 for your record. If the child who is reported as being abused lives in another county, your CPS intake staff will follow up with notifying the correct county.

### **INCLUDE AS MUCH INFORMATION AS POSSIBLE IN THE REFERRAL**

- Child's name, age and address (and current location, if different from address)
- Parent's name, address and telephone number
- Reason for the referral (observation or information disclosed)
- Reporter's name, address, telephone number and relationship to the problem.

### **IF SOMEONE ELSE DISCLOSES THE INFORMATION THAT WARRANTS THE REFERRAL, THEY DO HAVE THE RIGHT TO REMAIN ANONYMOUS**

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## 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 to 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?

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## CPS Referral Situations

**Situation 1:** Client comes in for a Food Stamp review and brings her two children with her. One is four and the other is six months old. Both get restless during the interview and begin crying. The client screams at the four year old to stop crying. You notice she screams and shrieks back in terror. You observe bruises on his cheeks and his arms. She picks up the baby and shakes her roughly also telling her to be quiet. You notice also that there are bruises on the baby's legs.

**Action to be taken:** Try to calm the client down and help with the children. Do not confront the client about her inappropriate behavior. Call CPS intake immediately after the interview and follow up with a Form 713.

**Situation 2:** An absent parent for one of your clients calls you because your client asked him to verify the child support he sends to her. He is angry and tells you he does not want his child receiving any public assistance because he provides for his child. He says if DFCS wants to do something they should give custody to him because he states your client uses and sells drugs and is not providing a safe place for the child to live. He says his child (age 6) has called him numerous times to come and pick the child up. When he got there your client was "out of it".

**Action to be taken:** Encourage the absent parent to make the referral and transfer him to the CPS intake unit if he agrees to this. You will also need to call CPS intake. Then, follow up with a completed Form 713.

**Situation 3:** A mother and her three children come into your office. The mother says, "I cannot handle these kids any longer and I want you to take them!" The mother insists that DFCS take the children now. The client appears agitated and upset. She starts weeping and says she is sick. She says we must take the children.

**Action to be taken:** You alert your supervisor about the situation and then you call CPS intake to arrange for someone from Services to come right away and talk to the client. Follow up with a Form 713.

# 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



## **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



# Overview of Topics Trained in Phase I Family Medicaid New Worker Training

## Day 1

**Introduction** - This module provides participants with an introduction to the trainers and other participants, basic information about the facility, the format of training, a discussion of expectations, the mission, values and goals of DHR, the focus of DFCS in doing the Right Work Right Way, information on their responsibilities as mandated reporters of child abuse or neglect and adult abuse or neglect, seven areas of concern that may be red flag warnings of possible abuse or neglect, and several initiatives that are promoting collaboration between DFCS OFI and Social Services Sections. A basic overview of Medicaid and the Family Medicaid Classes of Assistance is covered.

**Application Processing** - The Application Process is covered including forms to be completed at initial application, interview requirements, and Standard of Promptness procedures. Retroactive Medicaid is covered. The concept of a Continued Medicaid Determination is covered. A brief overview of the Multi-Health Net system and Medicaid issuance is given. Reference is made to the Participant Guide for information on Non-Emergency Transportation Procedures. The procedures for how to make referrals for WIC and Health check are covered.

## Day 2

### **Application Processing – Continued**

**Newborn Medicaid COA**-This module covers the basic policy and procedures for determining eligibility for Newborn Medicaid.

**Low Income Medicaid COA**-This module covers the basic non-financial and financial criteria for determining eligibility for a Low Income Medicaid Assistance Unit.

- **Non-Financial** - covers the basic considerations and verification requirements for age, application for other benefits, citizenship, alienage, cooperation with Child Support Services, living with a specified relative, residency, and third party resources. Chapter 2215 in the OFI Medicaid Policy Manual is referenced regarding DHS status and Web 1 VIS/CPS verification procedures for aliens, but no details are trained. Emergency Medical Assistance is mentioned in reference to aliens, but is covered in detail in the EMA module.
- **Financial Resources** - covers the basic considerations and definitions of resources, the resource limit and how to determine whether or not the resource is countable. Medically Needy resource limits are not covered. These commonplace types of resources are covered: Bonds, Burial Plots, Cash,

Checking Accounts, Credit Union Accounts, EITC, Equipment, Homeplace, Individual Development Accounts, Income Tax Refunds, Personal Goods, Saving Accounts and Vehicles. Verification of resources is also discussed.

- **Income** - covers the basic considerations and definitions of income, whose income to include, whether or not the income is included, excluded, earned, unearned, and verification policy and procedures. The Medicaid Income Level chart is discussed for different classes of assistance. These common types of income are covered: Child Support, Charitable Donations, Commissions, Contributions, EITC, Housing and Urban Development Rental Subsidy, Interest, Loans, Lottery Winnings, Pension/Retirement benefits, Social Security Benefits, Supplemental Security Income, Training Allowance, Unemployment Compensation, Veteran's Administration benefits, Wages, Wages of a child, and Worker's Compensation.
- **Budgeting** - covers the basic consideration and procedures for prospective budgeting along with the exceptions for using the conversion factors such as three prior months and the intervening months.
- **Deduction** - covers deductions of \$50 Child Support deduction, \$90, \$30 and 1/3 and Dependent Care.
- **Notification** – covers when to give timely and adequate notices in Family Medicaid cases

### **Day 3**

#### **Low Income Medicaid COA - Continued**

### **Day 4**

#### **Low Income Medicaid COA – Continued**

The Newborn and Low Income Medicaid classes of assistance are covered prior to Exam I.

#### **Policy Review for Exam I**

### **Day 5**

#### **Exam I**

#### **Review of Exam I**

**Transitional Medical Assistance (TMA)**-This module covers the basic non-financial and financial criteria for determining TMA eligibility for the initial six months as well as

the additional six month period. The processing of Quarterly Report Forms is also discussed.

## **Day 6**

### **Transitional Medical Assistance (TMA) - Continued**

**Four Months Medicaid Due to Child Support (4MCS)** - This module covers the basic policy and procedures for establishing an AU's eligibility for 4MCS.

**Right from the Start Medicaid (RSM COAs)** - This module covers the basic considerations and procedures for establishing Budget Groups and Assistance Units in RSM. The application process and the forms required for an RSM application are covered. The eligibility requirements for an RSM pregnant woman are covered including the RSM pregnant woman income limit, the definition of pregnancy, the coverage period and Presumptive eligibility. The eligibility requirements for RSM children are covered including the income limits and coverage periods. The Non-Financial requirements for RSM are covered including age, citizenship, living arrangements, relationship, enumeration, application for other benefits, residency, and third party resources. Financial requirements are covered including determining countable income, budgeting procedures and applying the Medicaid deductions appropriately. Reference is made to Clearinghouse to check for discrepancies. Changes that occur during an eligibility period are covered. Medicaid options are covered including dual eligibility and when a child's income causes LIM ineligibility. Documentation for a RSM pregnant woman's case is covered by reviewing a sample documented Form 94 handout.

## **Day 7**

### **RSM COAs – Continued**

**Blended Families** – This module covers how to identify a blended family. When and how to complete a responsibility budget is also discussed. Participants complete budgets showing how a blended family may be determined eligible under different Family Medicaid Classes of Assistance.

## **Day 8**

**Emergency Medical Assistance (EMA)** – This module covers how to identify applicants who meet the criteria for Emergency Medical Assistance. Medical treatments that are considered emergency services are also taught. The module also covers how to identify the correct SOP for an application processed through EMA. The steps to approve an EMA application and the procedures for how to identify the appropriate EMA coverage period are also covered.

**Changes** - This module covers the basic considerations and criteria for changes including what changes the AU/BG is required to report, the time frames for reporting changes, the verification requirements, how to process a change, how to identify the effective month of change and how to identify what month a person will be added or deleted from an AU.

**Reviews** – This module includes the time frames for Reviews, the points of eligibility that must be re-established and the process by which SUCCESS identifies and schedules Reviews. The FICM's role in initiating and processing a Review on SUCCESS is also covered.

## **Policy Review for Exam II**

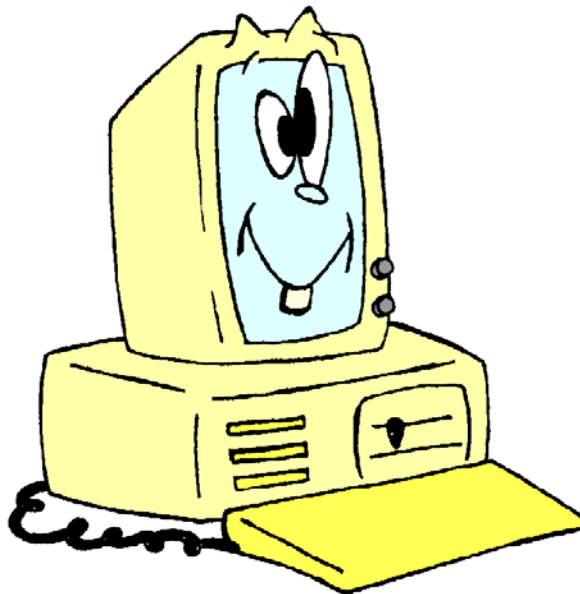
### **Day 9**

#### **Exam II**

#### **Review of Exam II**

#### **Phase I Closing**

#### **Course Evaluations**



## **SUCCESS FAMILY MEDICAID COA CODES**

NEWBORN	F15
LIM	F01
TMA	F07
4 MONTHS CS	F09
RSM Pg	P01
RSM Child	F22
MEDICALLY NEEDY CHILD	F99
MEDICALLY NEEDY PGW	P99

# CMD Order for Family Medicaid



***Newborn***



***LIM***



***TMA***



***Four Months Medicaid  
Child Support***



***RSM***



***PeachCare For Kids***





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***Medically Needy***

# Ask Your Supervisor

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# Family Medicaid



Participant Guide

# Application Processing

# Objectives

- ⇒ Participants will be able to identify Medicaid application forms.
- ⇒ Participants will be able to identify non-DFCS agencies that accept Family Medicaid applications.
- ⇒ Participants will be able to apply the required interview policy and follow-up contact, if necessary.
- ⇒ Participants will be able to determine what forms must be completed/provided to the AU when processing an initial application.
- ⇒ Participants will be able to apply the appropriate standards of promptness for Family Medicaid Classes of Assistance.
- ⇒ Participants will be able to determine eligibility for Retroactive Medicaid.
- ⇒ Participants will be able to define the concept of Continuing Medicaid Determination.
- ⇒ Participants will be able to determine the appropriate notification for an initial application and a CMD.
- ⇒ Participants will receive a brief overview of Medicaid issuance.
- ⇒ Participants will be able to identify referrals appropriate for Medicaid A/Rs.



# Outline

- I. Introduction
- II. Medicaid Application Forms (MR 2050 and 2065)
- III. Interviewing Requirements (MR 2050, 2065 and 2068)
- IV. Mandatory Forms (MR 2011 and 2065)
- V. Verification Requirements (MR 2051 and 2065)
- VI. Standards of Promptness (MR 2065)
- VII. Notification(MR 2065)
- VIII. Retroactive Medicaid (MR 2053)
- IX. Continuing Medicaid Determination (MR 2052)
- X. Medicaid Issuance (Appendix C)
- XI. Referrals (MR 2930, 2935, and 2985)



## **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

### Do's and Do NOT's While Conducting Telephone Interviews

#### Do...

- Prepare for the call
- Identify yourself to the customer
- Tell the customer why you're calling
- Ask for the individual with whom you would like to speak using their formal name
- Listen and paraphrase back
- Make notes during the call
- Ask permission before placing someone on speaker phone
- Summarize the call
- Ask for additional questions and if additional assistance is needed before ending the call.

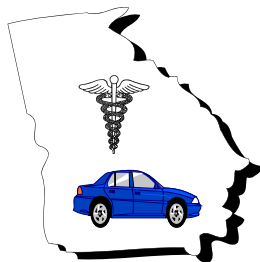
#### Do NOT...

- Have loud noises in the background
- Eat food or chew gum
- Use DFCS jargon
- Put the phone down / hang the phone up hard.



## Non-Emergency Transportation (NET) Procedures

### MR 2935



Georgia Medicaid provides non-emergency transportation (NET) to Medicaid Recipients who need Medicaid services and have no other means of transport. The transportation system is called the Broker System.

All counties in the State are grouped into five (5) regions for NET services.

Each region is covered by a NET Broker. If you need NET services, you must contact the NET Broker serving the county you live in to ask for non-emergency transportation. Do **NOT** contact the NET Broker if you have a way to get to your health care provider. Do **NOT** call the NET provider directly.

You must contact the Broker to ask for NET services at least three (3) workdays (do not count weekends or holidays) before a routine appointment. For example, if your appointment is on Friday, call the Broker by the Tuesday before to ask for transportation. Call the Broker as soon as possible if you have a same day or urgent care need and cannot schedule a trip three days in advance.

Broker telephone lines are open Monday - Friday from 7:00 a.m. to 6:00 p.m. to schedule trips.



# Family Medicaid



Participant Guide

# Newborn Medicaid COA

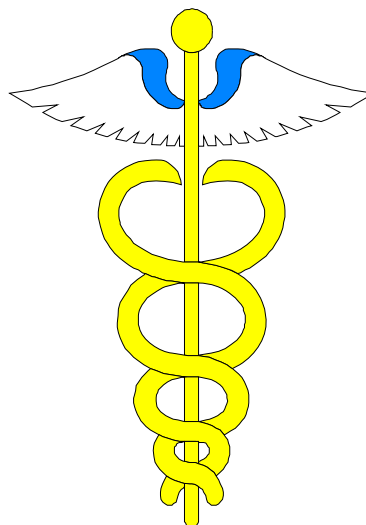
# OBJECTIVES

- / Participants will be able to identify who may make a request for Newborn Medicaid coverage.
- / Participants will be able to identify the Standard of Promptness (SOP) for processing Newborn Medicaid requests.
- / Participants will be able to identify the age limit for Newborn Medicaid.
- / Participants will be able to apply the eligibility requirements for relationship and living with a specified relative.
- / Participants will be able to apply the eligibility requirement for residency.
- / Participants will be able to apply the eligibility requirements for citizenship and alienage.
- / Participants will be able to apply the eligibility requirements for Office of Child Support Services.
- / Participants will be able to apply the eligibility requirements for enumeration and application for other benefits.
- / Participants will be able to apply the eligibility requirements for Third Party Resources.



# OUTLINE

- I. Introduction (MR 2174)
- II. Application Processing (MR 2050, 2065, 2174, and 2752)
- III. Non-Financial Requirements (MR 2174 and 2201)
  - A. Age (MR 2255)
  - B. Living with a Specified Relative (MR 2245)
  - C. Residency (MR 2225)
  - D. Other Non-Financial Requirements (MR 2174, 2210, 2215, 2220, 2230 and 2250)
- IV. Financial Requirements (MR 2174)
- V. Updates for Newborn Coverage (MR 2174, 2706, and 2714)
- VI. Continuing Medicaid Determination (MR 2052 and 2174)



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

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

NEWBORN PROCESSING STANDARDS	
Criterion	Summary of the Policy
<b>Standard of Promptness</b> (MR 2065, 2174, 2706)	<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</b> (MR 2174)	<p>Coverage can be requested by:</p> <ul style="list-style-type: none"> <li>➤ the mother</li> <li>➤ a Medicaid Participating Provider</li> </ul>
NEWBORN NON-FINANCIAL CRITERIA	
Criterion	Summary of the Policy
<b>Age</b> (MR 2255)	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> (MR 2245)	Newborn must continue to live with the birth mother. Accept A/R statement.
<b>Residency</b> (MR 2225)	Newborn must continue to live in Georgia with the birth mother. Accept A/R statement.
<b>Citizenship/Alienage</b> (MR 2215)	Citizenship/alienage status does not have to be established for a child to receive this COA. US citizenship is assumed.
<b>Enumeration</b> (MR 2220)	Not required
<b>Application for Other Benefits</b> (MR 2210)	Not required
<b>Cooperation with Child Support Services</b> (MR 2250)	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.

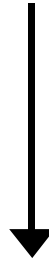
<b>Third Party Resources (MR 2230)</b>	Not required; however, FICM must inquire about TPR and submit any information obtained to DCH.
<b>NEWBORN FINANCIAL CRITERIA</b>	
<b>Criterion</b>	<b>Summary of the Policy</b>
<b>Resources (MR 2301 and 2174)</b>	Not a requirement
<b>Income (MR 2174)</b>	Not a requirement
<b>Budgeting (MR 2174)</b>	Not a requirement

# Newborn Medicaid

MR 2174



Medicaid Eligible Mom gives birth



Baby Goes Home with Mom



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?
  - b. If yes, how long will he potentially remain eligible?
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?
  - b. If yes, how long will he potentially remain eligible?
3. Minor, 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?
  - b. If yes, how long will the baby potentially remain eligible?

## Newborn Medicaid Examples (continued)

4. Ms. Susan Sims receives LIM for herself and her son Seth. Also in the home is her boyfriend Sam Smith, who is NOT Seth's father. Ms. Sims is pregnant with Sam's child. Mr. Smith has monthly wages of \$1100. The baby, Joey, is born on 9/17.
  - a. Is Joey eligible to receive Newborn Medicaid?
  - b. Why or why not?
5. A pregnant woman and her children receive LIM. She gives birth on 6/25.
  - a. Is the baby eligible to receive Newborn Medicaid?
  - b. Is the baby eligible for any other Family Medicaid COA?



# Family Medicaid

Participant Guide

# Low Income Medicaid COA



# Objectives

Participants will be able to identify forms required to process LIM applications.

Participants will be able to apply the eligibility requirement for residency.

Participants will be able to apply the eligibility requirements for age and living with a specified relative.

Participants will be able to apply the eligibility requirements for citizenship and alienage.

Participants will be able to apply the eligibility requirements for enumeration.

Participants will be able to apply the eligibility requirements for application for other benefits.

Participants will be able to apply the eligibility requirements for Office of Child Support Services.

Participants will be able to apply the eligibility requirements for Third Party Resources.

Participants will be able to determine the assistance unit for LIM.

Participants will be able to apply the appropriate resource limit and verification requirements.

Participants will be able to determine the countable resource value for the more common resources.

Participants will be able to identify common income types and how to treat them.

Participants will be able to apply income limits and verification requirements.

Participants will be able to apply the prospective budgeting procedures.

Participants will be able to identify and apply the appropriate budgeting procedures for retroactive Medicaid months.

Participants will be able to apply the \$50 child support deduction.

Participants will be able to apply the \$90 deduction.

- | Participants will be able to apply the \$30 and 1/3 deduction.
- | Participants will be able to apply the dependent care deduction.

# Outline

- I. Introduction (MR 2162)
- II. Application for LIM (MR 2050 and 2065)
- III. Non-Financial Requirements (MR 2200)
- IV. Determining LIM AUs (MR 2162, 2600, and 2610)
- V. Financial Requirements (MR 2301, 2308 and 2400)
- VI. Budgeting Requirements (MR 2053, 2650, 2653, and 2663)
- VII. Low Income Medicaid Deductions (MR 2650, 2653, and 2655)
- VIII. Adequate and Timely Notice (MR 2701)
- IX. Reviews (MR 2706)

## LOW INCOME MEDICAID (LIM): SUMMARY OF POINTS OF ELIGIBILITY (MR 2162)

**Eligibility Requirements:** AU eligible for Medicaid based on LIM non-financial and financial criteria and can include adult(s). Eligibility period is indefinite as long as the AU meets all eligibility requirements.

LIM PROCESSING STANDARDS	
Criterion	Summary of the Policy
<b>Processing Standards</b> <b>(MR 2050, 2065, 2706)</b>	<p><b>Register Application:</b> Within 24 hours of receipt by agency</p> <p><b>Initial Application :</b> Disposition within 45 calendar days beginning with the date of application</p> <p>EXCEPT: Pregnant women must be approved within 10 calendar days if pregnancy has not yet terminated. Newborns must be approved within 10 calendar days of report.</p> <p>EMA Pregnant women have a 45-day SOP.</p> <p><b>Review:</b> Must be completed by the last work day of the month in which it is due.</p>
<b>Application Forms</b> <b>(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 297M 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> </ul>
<b>Mandatory Forms</b> <b>(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 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</li> <li>➤ Form 138, Cooperation with Child Support Services (if a referral is required)</li> </ul>



<b>LIM NON- FINANCIAL CRITERIA</b>		
<b>Criterion</b>	<b>Summary of the Policy</b>	<b>Verification Requirements</b>
<b>Residency (MR 2225)</b>	AU must live or intend to live in Georgia. A permanent dwelling or fixed address is not required.	Accept A/R statement.
<b>Age (MR 2255)</b>	Children must be under 18.	Accept A/R statement.
<b>Living with Specified Relative (MR 2245)</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>Citizenship/ Alienage (MR 2215)</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 (MR 2220)</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 for SSN in order to process the application, but verification is required in the third month following the month of approval.</li> </ul>
<b>Application for Other Benefits (MR 2210)</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>Child Support Services (MR 2250)</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.	
<b>Third Party Resources (MR 2230)</b>	AU members must assign rights to Third Party Resources to the Department of Community Health.	<ul style="list-style-type: none"> <li>➤ Accept A/R statement as to whether anyone in the AU has insurance.</li> <li>➤ Form DMA-285 must be completed on each AU. Refer to MR 2230-2 and 3 for additional details.</li> </ul>

<b>LIM FINANCIAL CRITERIA</b>	
<b>Criterion</b>	<b>Summary of the Policy</b>
<b>Resource Limit / Verification (MR 2301, 2308)</b>	<p>\$1000 per AU.</p> <p>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.</p>
<b>Vehicles (MR 2308)</b>	<p>Exclude any vehicle that is:</p> <ul style="list-style-type: none"> <li>• used as a home</li> <li>• income producing (over 50% of time)</li> </ul> <p>Deduct \$4650 from the equity value of one vehicle.</p> <p>Count the equity value of ALL OTHER VEHICLES.</p>
<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.</p> <p>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. Exception: Earnings of a minor caretaker are not excluded.</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>
<b>Budgeting (MR 2653)</b>	<p>Prospective Budgeting is used in all cases. Prior months use actual income.</p>
<b>Child Support Deduction (MR 2655)</b>	<p>Apply \$50 deduction to the total amount of child support received by the AU.</p>
<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 plus 1/3 for 4 consecutive months; then \$30 only for 8 more months <ul style="list-style-type: none"> <li>\$30 and 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> </ul> </li> <li>➤ Dependent care not to exceed maximums (see below)</li> </ul>
<b>Dependent Care Deduction (MR 2655)</b>	<p>Actual amount paid up to 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> <li>➤ Must be employed to receive this deduction</li> <li>➤ Child for whom cost is incurred must be in the AU or a related AU in the household</li> <li>➤ Accept A/R statement of amount of Dependent Care paid unless questionable</li> </ul>

## Degrees of Relationship for LIM (MR 2245)

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

- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_

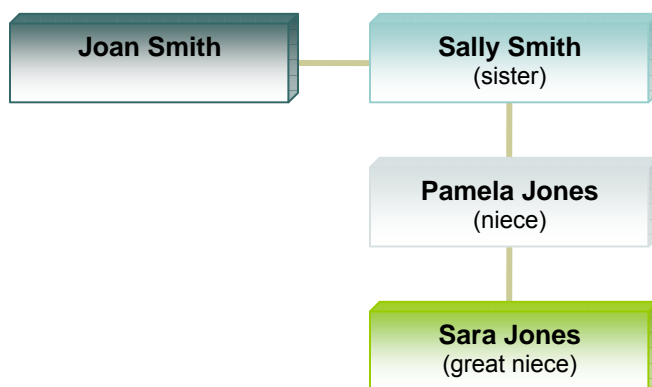
Relationship is established by one of the following:

- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_
- ◆ \_\_\_\_\_

## 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.

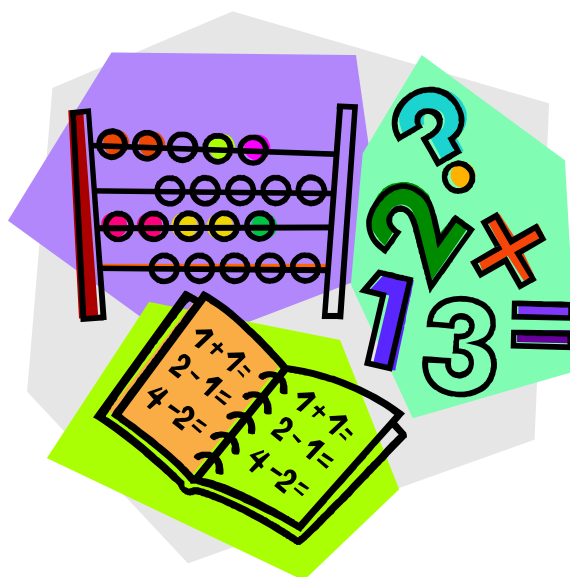


## Determining the Value of Resources

### MR 2301-7



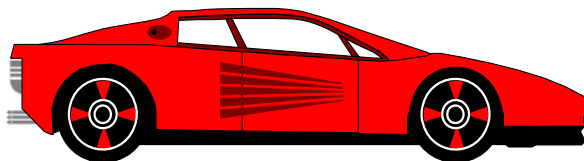
Cash Value (CV)	Amount available if resource could be converted to U.S. funds
Current Market Value (CMV)	Amount the resource can sell for on the open market in the geographic area involved
Equity Value (EV)	Current Market Value less legal debts, liens or encumbrances  $\begin{array}{r} \text{CMV} \\ - \text{amount owed} \\ \hline \text{Equity Value} \end{array}$



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

### LIM

- ✓ 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

**FORD 1990-89**

AV'G Trade - In	BODY TYPE	Model No.	M.S.R.P.	Weight	AV'G Loan	AV'G Retail
<b>990 FORD-Continued</b>						
<b>ESCORT-FWD</b>						
875	Hatchback 2D Pony .....	90	\$7402	2242	800	1950
1100	Hatchback 2D LX .....	91	7806	2249	1000	2225
1175	Hatchback 4D LX .....	95	8136	2310	1075	2325
1325	Station Wagon 4D LX .....	98	8737	2313	1200	2700
1525	Hatchback 2D GT .....	93	9644	2427	1375	2700
<b>TEMPO - FWD</b>						
1225	Sedan 2D GL .....	31	\$9483	2529	1125	2375
1300	Sedan 4D GL .....	36	9633	2587	1175	2450
1375	Sedan 2D GLS .....	33	10300	2545	1250	2550
1450	Sedan 4D GLS .....	36	10448	2603	1325	2625
1500	Sedan 4D LX .....	37	10605	2628	1350	2675
1575	Sedan 4D 4WD .....	39	11331	2808	1700	3100
<b>MUSTANG</b>						
2100	Sedan 2D LX .....	40	\$9456	2759	1900	3350
2225	Hatchback 2D LX .....	41	9962	2824	2025	3500
3550	Convertible 2D LX .....	44	15141	2960	3200	4950
2725	Sedan 2D LX Sport (V8) .....	40	12164	3037	2475	4050
4175	Convertible 2D LX Sport (V8) .....	44	18183	3238	3775	5650
3825	Hatchback 2D GT (V8) .....	42	13986	3191	3450	5250
5125	Convertible 2D GT (V8) .....	45	18805	3327	4625	5700
<b>PROBE - FWD</b>						
1950	Hatchback 2D GL .....	20	\$11470	2730	1775	3200
2250	Hatchback 2D LX .....	21	13008	2970	2025	3525
2550	Hatchback 2D GT Turbo .....	22	14726	3000	2300	3850
<b>AURUS - FWD</b>						
1525	Sedan 4D L .....	50	\$13361	3066	1375	2700
1850	Station Wagon 4D L .....	55	14272	3244	1675	3075
1700	Sedan 4D GL .....	52	13834	3089	1550	2900
2025	Station Wagon 4D GL .....	57	14722	3258	1825	3275
2325	Sedan 4D LX .....	53	16180	3125	2100	3600
2675	Station Wagon 4D LX .....	58	17771	3285	2425	3975
3325	Sedan 4D SHO .....	54	21633	3533	3000	4700
<b>TD CROWN VICTORIA</b>						
2225	Sedan 4D S .....	72	\$16630	3621	2025	3475
2700	Sedan 4D .....	73	17257	3621	2450	4025
2950	Sedan 4D LX .....	74	17894	3661	2675	4300
2500	Station Wagon 4D .....	76	17668	3978	2250	3800
2750	Station Wagon 4D LX .....	77	18418	3952	2475	4075
2675	Country Squire S/W 4D .....	78	17921	3972	2425	3975
2900	Country Squire S/W 4D LX ..	79	18671	4050	2625	4250
<b>THUNDERBIRD</b>						
2950	Coupe 2D .....	60	\$14980	3581	2675	4300
3275	Coupe 2D LX .....	62	17263	3618	2950	4650
4325	Super Coupe 2D .....	64	20390	3809	3900	5800

**1989 FORD**

/eh. Ident.: ( ) ( ) ( ) ( ) (Model) ( ) ( ) K ( ) 000001 Up.

**FESTIVA - FWD**

525	Hatchback 2D L .....	06	\$5699	1713	475	1575
650	Hatchback 2D L Plus .....	06	6372	1713	600	1700
725	Hatchback 2D LX .....	07	7101	1750	675	1800

**ESCORT - FWD**

525	Hatchback 2D Pony .....	90	\$6964	2235	475	1550
725	Hatchback 2D LX .....	91	7349	2242	675	1800

**DEDUCT FOR RECONDITIONING  
MAY THRU AUGUST 1999**

# TREATMENT OF VEHICLES

## Example I

Mr. James Addison (35) applies for Medicaid for himself and three minor daughters. The FICM 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?

What is the total amount to be counted towards the resource limit in LIM?

What must be verified by third party source?

## Example II

Ms. Rosemary West (27) applies for Medicaid for herself and her son. The FICM considers LIM eligibility. A/R has a 1996 Toyota 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?

What is the total amount to be counted towards the resource limit in LIM?

What must be verified by third party source?





## Example III

Ms. Kelly Curry (25) applies for Medicaid for herself and her two minor children. The FICM considers LIM eligibility. Her only source of income is \$300 per month child support. She owns a 2001 Honda, 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?

What is the total amount to be counted towards the resource limit in LIM?

What resources must be verified by third party source?



## 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>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;"><b>or</b></li><li>➤ the average trade-in value from the most current available NADA book or at <a href="http://www.nada.com">http://www.nada.com</a></li><li style="text-align: center;"><b>or</b></li><li>➤ a dealer's statement</li></ul> <p>Classic or antique cars may be valued by a statement from a reliable source.</p> <p>Accept A/R statement as proof of debt or encumbrance on a vehicle unless questionable</p>
<b>Amount Owed</b>	Verify amount owed whenever determining Equity Value
<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



## 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 POLICY FOR FAMILY MEDICAID (MR 2405)



AT APPLICATION	
All Countable Included Income	Verify
Excluded Income	Accept A/R Statement
Terminated Income	Verify
CHANGES	
New Source	Verify
Income Amount Changes	Verify
Income Terminates	Verify
AT REVIEW	
Countable Income/Fluctuating	Verify
Countable Income/Stable	Verify
Excluded Income	Accept A/R Statement
New Income	Verify
Terminated Income	Verify
RSM PGW	
All Income	Accept A/R's statement of source and amount unless questionable.





# Budgeting

(MR 2653)

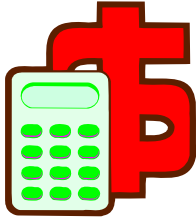
## Conversion Factors:

Weekly	=	_____
Bi-weekly	=	_____
Semi-Monthly	=	_____
Monthly	=	_____

Ms. Rosie Biazon applies for FS and Family Medicaid for her child Roger (DOB 5/15/98) 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	3/25	\$140
4/8	\$125		
4/1	\$123		

- What is the gross amount budgeted for April?
- What is the gross amount budgeted for May?
- What is the gross amount budgeted for June?



Same situation as above except Ms. Biazon states that all checks are representative except 3/25. She had to work a few extra hours until they filled a vacant position. Ms. Biazon states she does not expect to work any extra hours again as the position is now filled.

- a) What is the gross amount budgeted for April?
- b) What is the gross amount budgeted for May?
- c) What is the gross amount budgeted for June?

## 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

## Deductions

(MR 2655)

### UNEARNED INCOME:

- \$50 Child Support
  - Φ Per AU

### EARNED INCOME:

- \$90
  - Φ Each wage earner
- 30 & 1/3
  - Φ Each wage earner
- Dependent Care
  - Φ Maximums:
    - \* \$200/month per dependent under age 2
    - \* \$175/month per dependent age 2 and older



## **30 Plus 1/3 and Low Income Medicaid Facts**

- ✱ 30 Plus 1/3 may be given for four consecutive months in Low Income Medicaid.
- ✱ In Low Income Medicaid, do not start the 30 plus 1/3 count until the individual actually needs it in order to qualify. The first month (retroactive, current or ongoing) that the 30 plus 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 plus 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 plus 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 plus 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.

## **30 AND 1/3 IN LOW INCOME MEDICAID EXAMPLES**

- \* 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 and 1/3 deduction but does not need to use it at this time.

See Example #1 (PG-23)

- \* Ms. Wylie has received LIM for herself and three children for six months. Wages of \$650/month and child care of \$100/month have been included in the budget for each of the six months.

On 4/7 Ms. Wylie verifies an increase in wages; her wages will increase to \$750/month effective May. A trial budget must be completed to determine ongoing eligibility. Ms. Wylie needs to use the 30 & 1/3 deduction to remain LIM eligible.

See Example #2 (PG-24)

- \* On May 28, Ms. Wylie verifies that her wages for June only will be \$300; she will be on leave without pay for 12 days. A/R states that her child care for June will be \$50. Trial budget completed.

See Examples #3 and #4 (PG-25 and PG-26)

- \* Ms. Wylie reported an increase in child care on June 25<sup>th</sup>. Child care increased to \$150/month effective July. The worker makes this change.
- \* A/R's 30 and 1/3 months are May through August; effective September Ms. Wylie receives the \$30 deduction. She remains LIM eligible.

See Example #5 (PG-27)

- \* In April a trial budget is completed to determine ongoing eligibility for May after removing the \$30 deduction. Ms. Wylie is ineligible for LIM; determine eligibility for TMA.

See Example #6 (PG-28)

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>22345678</b>	Effective Month <b>Nov.</b>	<b>C. Standard of Need Test</b>  Gross Wages \$ <b>650</b> Less \$90 \$ <b>560</b> Less Child Care \$ <b>460</b> Plus Unearned Income \$ <b>-</b> Plus Deemed Income \$ <b>-</b> Less Allocation \$ <b>-</b> Total \$ <b>460</b> SON \$ <b>500</b> Surplus/Deficit <b>need?</b> \$ <b>-</b> Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
<b>A. Resource Test</b> Total Nonexempt Resources \$ <b>0</b> Resource Limit \$ <b>1000</b> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
<b>B. Income Ceiling Test</b> Gross Income \$ <b>650</b> (Plus deemed, less allocated income) Gross Income Ceiling \$ <b>925</b> Surplus/Deficit \$ <b>-</b> Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
<b>D. Eligibility/Payment Budget</b> 1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit																														
2. Earned Income / <b>WAGES</b>	<b>650.00</b>	<table border="1"> <tr> <td><b>Subtotals</b></td> <td></td> </tr> <tr> <td>3. Less \$90</td> <td><b>90.00</b></td> </tr> <tr> <td>4. Less \$30</td> <td><b>—</b></td> </tr> <tr> <td>5. Less 1/3</td> <td><b>—</b></td> </tr> <tr> <td>6. Less Child Care</td> <td><b>100.00</b></td> </tr> <tr> <td>7. Net Earned Income</td> <td><b>460.00</b></td> </tr> <tr> <td>8. Plus Unearned Income</td> <td></td> </tr> <tr> <td>9. Plus Child Support (Less \$50 – Medicaid only)</td> <td></td> </tr> <tr> <td>10. Plus Deemed Income</td> <td></td> </tr> <tr> <td>11. Less Allocation</td> <td></td> </tr> <tr> <td>12. Total Countable Income</td> <td><b>460.00</b></td> </tr> <tr> <td>13. Surplus/Deficit (SON less line 12)</td> <td></td> </tr> <tr> <td>14. Family Maximum</td> <td></td> </tr> <tr> <td>15. Benefit Amount</td> <td></td> </tr> </table>	<b>Subtotals</b>		3. Less \$90	<b>90.00</b>	4. Less \$30	<b>—</b>	5. Less 1/3	<b>—</b>	6. Less Child Care	<b>100.00</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)		14. Family Maximum		15. Benefit Amount	
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13. Surplus/Deficit (SON less line 12)																														
14. Family Maximum																														
15. Benefit Amount																														

Georgia Department of Human Resources  
TANF BUDGET SHEET

EXAMPLE # 2

Name of Grantee Relative <b>Ms. Wylie</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>22345678</b>	Effective Month <b>May</b>	<b>C. Standard of Need Test</b>
<b>A. Resource Test</b>		Gross Wages \$ <b>750</b>
Total Nonexempt Resources \$ <b>0</b>		Less \$90 \$ <b>660</b>
Resource Limit \$ <b>1000</b>		Less Child Care \$ <b>560</b>
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ <b>—</b>
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ <b>—</b>
Gross Income \$ <b>750</b>		Less Allocation \$ <b>—</b>
(Plus deemed, less allocated income)		Total \$ <b>560</b>
Gross Income Ceiling \$ <b>925</b>		SON \$ <b>500</b>
Surplus/Deficit \$ <b>—</b>		Surplus/Deficit <b>need?</b> \$ <b>—</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 / <b>wages</b>		<b>750.00</b>
<b>2/3 was eligible for 30+1/3</b>		
<b>Total Earned Income but had not used it. Now</b>		<b>750.00</b>
3. Less \$90 <b>that her wages have increased</b>		<b>90.00</b>
4. Less \$30 <b>she needs to use her 30+1/3</b>		<b>30.00</b>
5. Less 1/3 <b>to remain eligible for LIM.</b>		<b>210.00</b>
6. Less Child Care <b>30 and 1/3 mos:</b>		<b>100.00</b>
7. Net Earned Income <b>May, June, July and Avg</b>		<b>320.00</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>320.00</b>
13. Surplus/Deficit (SON less line 12)		
14. Family Maximum <b>LIM eligible</b>		
15. Benefit Amount		

Georgia Department of Human Resources  
TANF BUDGET SHEET

Example # 3

Name of Grantee Relative <u>Ms. Wylie</u>	Number in AU <u>4</u>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change
AU ID Number <u>22345678</u>	Effective Month <u>June</u>	<b>C. Standard of Need Test</b>  Gross Wages \$ _____ Less \$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>0</u> Resource Limit \$ <u>1000</u> Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <u>300</u> (Plus deemed, less allocated income) Gross Income Ceiling \$ <u>925</u> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>		
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit		500
2. Earned Income <u>/wages</u>		300
Total Earned Income		300
3. Less \$90		90
4. Less \$30		30
5. Less 1/3		60
6. Less Child Care		50
7. Net Earned Income		70
8. Plus Unearned Income		
9. Plus Child Support (Less \$50 - Medicaid only)		
10. Plus Deemed Income		
11. Less Allocation		
12. Total Countable Income		70
13. Surplus/Deficit (SON less line 12)		
14. Family Maximum		LIM eligible
15. Benefit Amount		

Georgia Department of Human Resources  
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Example # 4

Name of Grantee Relative <u>Ms. Nylie</u>	Number in AU <u>4</u>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <u>22345678</u>	Effective Month <u>June</u>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ <u>          </u>	
Total Nonexempt Resources \$ <u>0</u>		Less \$90 \$ <u>          </u>	
Resource Limit \$ <u>1000</u>		Less Child Care \$ <u>          </u>	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ <u>          </u>	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ <u>          </u>	
Gross Income \$ <u>0</u>		Less Allocation \$ <u>          </u>	
(Plus deemed, less allocated income)		Total \$ <u>          </u>	
Gross Income Ceiling \$ <u>925</u>		SON \$ <u>          </u>	
Surplus/Deficit \$ <u>          </u>		Surplus/Deficit \$ <u>          </u>	
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>		<u>500</u>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<u>If 2/1R were to receive 0 wages in June, the 30 and 1/3 count would stop.</u>			
Total Earned Income <u>0</u>		Subtotals	
3. Less \$90 <u>The 30 and 1/3 count would begin over with the month it is needed for the AU to be LIM eligible.</u>			
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income		<u>0</u>	
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 - Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<u>0</u>	
13. Surplus/Deficit (SON less line 12)		<u>0</u>	
14. Family Maximum		<u>LIM ELIGIBLE</u>	
15. Benefit Amount			

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Example # 5

Name of Grantee Relative <u>Ms. Wylie</u>	Number in AU <u>4</u>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <u>22345678</u>	Effective Month <u>Sept</u>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>8</u>		Less \$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>750</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>		<u>500</u>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income / <u>WAGES</u>		<u>750</u>	
<b>Total Earned Income</b>		<u>750</u>	<b>Subtotals</b>
3. Less \$90		<u>90</u>	<u>660</u>
4. Less \$30		<u>30</u>	<u>630</u>
5. Less 1/3 <u>NO LONGER ELIGIBLE</u>			<u>630</u>
6. Less Child Care		<u>150</u>	<u>480</u>
7. Net Earned Income			<u>480</u>
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			<u>480</u>
13. Surplus/Deficit (SON less line 12)		<u>LIM ELIGIBLE</u>	
14. Family Maximum			
15. Benefit Amount			



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Example # 6

Name of Grantee Relative <u>Ms. Willie</u>	Number in AU <u>4</u>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <u>22345678</u>	Effective Month <u>May</u>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <u>0</u>		Less \$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>750</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>		<u>500</u>	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income / <u>wages</u>		<u>750</u>	
<b>Total Earned Income</b>		<u>750</u>	<b>Subtotals</b>
3. Less \$90		<u>90</u>	<u>660</u>
4. Less \$30 <u>exhausted</u>			
5. Less 1/3			
6. Less Child Care		<u>150</u>	<u>510</u>
7. Net Earned Income			<u>510</u>
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income			<u>510</u>
13. <u>Surplus/Deficit</u> (SON less line 12)			<u>510</u>
14. Family Maximum		<u>Ineligible for LIM - due to loss of the \$30</u>	
15. Benefit Amount		<u>deduction - AU is eligible for TMR</u>	

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**30 and 1/3 in Low Income Medicaid: initial application  
EXAMPLE**

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. Both children have unpaid medical bills for July. The family has the following resources:

July:           Checking account - \$50  
                  Savings account - \$100  
                  '99 Ford CMV \$4000 (verified by NADA), owes \$0

August:       Checking account - \$100  
                  Savings account - \$200  
                  '99 Ford (the same as July)

They provide the following verification of Mr. Wilson's wages for July and August (wages increased in August):

**Wages:**

7/2 - \$150  
7/9 - \$150  
7/16 - \$150  
7/23 - \$150  
7/30 - \$150  
8/6 - \$175  
8/13 - \$175

No other income reported. All appropriate verification is provided.  
Case is processed in August.

- a.     Is this AU eligible for LIM for July? See Example #1
- b.     What will be Mr. Wilson's 30 and 1/3 months?
- c.     Is the AU eligible for LIM for August? See Example #2.
- d.     Is the AU eligible for LIM for the ongoing month (November)? See Example #3

Georgia Department of Human Resources  
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*LIM Example #1 (Prior Month)*

Name of Grantee Relative <b>Mr. + Mrs. Wilson</b>	Number in AU <b>4</b>	Action Taken: <input type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>267890125</b>	Effective Month <b>July</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ <b>750.00</b>	
Total Nonexempt Resources \$ <b>150</b>		Less \$90 \$ <b>660.00</b>	
Resource Limit \$ <b>1000</b>		Less Child Care \$ <b>-</b>	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Plus Unearned Income \$ <b>-</b>	
<b>B. Income Ceiling Test</b>		Plus Deemed Income \$ <b>-</b>	
Gross Income \$ <b>750.00</b> (Plus deemed, less allocated income)		Less Allocation \$ <b>-</b>	
Gross Income Ceiling \$ <b>925</b>		Total \$ <b>660.00</b>	
Surplus/Deficit \$ <b>-</b>		SON \$ <b>500.00</b>	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit \$ <b>-</b>	
		Eligible for \$30 + 1/3? <i>Need</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit		<b>500</b>	
2. Earned Income	<b>750.00</b>		
Total Earned Income	<b>750.00</b>	Subtotals	
3. Less \$90	<b>90</b>	<b>660.00</b>	7/2 \$150
4. Less \$30	<b>30</b>	<b>630.00</b>	7/9 \$150
5. Less 1/3	<b>210</b>	<b>420.00</b>	7/16 \$150
6. Less Child Care			7/23 \$150
7. Net Earned Income		<b>420.00</b>	7/30 \$150
8. Plus Unearned Income			<b>\$ 750</b>
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>420.00</b>	<b>420</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	<b>Eligible for LIM for Prior Month</b>		
15. Benefit Amount	<b>30 and 1/3 months: July, August, September, October</b>		

Georgia Department of Human Resources  
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*LIM Example #2 (Applic. Month)*

Name of Grantee Relative <b>Mr. and Mrs. Wilson</b>	Number in AU <b>4</b>	Action Taken: <input 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 \$ _____	
Total Nonexempt Resources \$ <b>300</b>		Less \$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>758.32</b> (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ <b>925</b>		Total \$ _____	
Surplus/Deficit \$ _____		SON \$ _____	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit \$ _____	
		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit		<b>500</b>	
2. Earned Income		<b>758.32</b>	
<b>Total Earned Income</b>		<b>758.32</b>	<b>Subtotals</b>
3. Less \$90		<b>90</b>	<b>668.32</b>
4. Less \$30		<b>30</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>
13. Surplus/Deficit (SON less line 12)			<b>426</b>
14. Family Maximum		<b>Eligible for LIM</b>	
15. Benefit Amount			

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*LIM Example #3 (ongoing)*

Name of Grantee Relative <b>Mrs. &amp; Mrs. Wilson</b>	Number in AU <b>4</b>	Action Taken: <input 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 \$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>758.32</b> (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ <b>925</b>		Total \$ _____	
Surplus/Deficit <b>Deficit</b> \$ _____		SON \$ _____	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit \$ _____	
		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>758.32</b>	
<b>Total Earned Income</b>		<b>758.32</b>	
3. Less \$90		<b>90</b>	
4. Less \$30		<b>30</b>	
5. Less 1/3		<b>212.77</b>	
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>425.55</b>	
13. Surplus/Deficit (SON less line 12)		<b>426</b>	
14. Family Maximum		<b>Eligible for LIM</b>	
15. Benefit Amount			

## Low Income Medicaid Examples: New Wages

1. Ms. Smith has been receiving LIM for three months. The AU includes Ms. Smith and her two children, Nancy and David. A/R reports and verifies new employment on 9/17 that began on 9/14. She works 25 hours per week, earns \$7.00 per hour, and is paid weekly on Fridays. Her first check is expected on 9/25. A/R has never worked while receiving LIM. A/R pays childcare of \$25.00 per week. Their only resource is a savings account in the amount of \$95.
  - a. Will the AU remain eligible for LIM?
  - b. If Ms. Smith continues to receive LIM, uses 30 & 1/3 deduction for October through January, and her circumstances remain the same, what happens to her case effective February?



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LIM Example #1

Name of Grantee Relative <b>Ms. Smith</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>234567801</b>	Effective Month <b>Oct.</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ <b>758.32</b>	
Total Nonexempt Resources \$ <b>95</b>		Less \$90 \$ <b>668.32</b>	
Resource Limit \$ <b>1000</b>		Less Child Care \$ <b>559.99</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>758.32</b> (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ <b>784</b>		Total \$ <b>559.99 (560)</b>	
Surplus/Deficit \$ _____		SON \$ <b>424</b>	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit <b>need</b> \$ _____	
		Eligible for \$30 + 1/3? <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 / <b>wages</b>		<b>758.32</b>	
Total Earned Income		<b>758.32</b>	<b>Subtotals</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		<b>108.33</b>	<b>317.22</b>
7. Net Earned Income			<b>317.22</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>317.22</b>
13. Surplus/Deficit (SON less line 12)			<b>317</b>
14. Family Maximum		<b>eligible for LIM</b>	
15. Benefit Amount			

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LIM Example #1-6

Name of Grantee Relative <b>Ms. Smith</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>234567801</b>	Effective Month <b>Feb</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></tr> <tr><td>Less \$90</td><td>\$</td><td>_____</td></tr> <tr><td>Less Child Care</td><td>\$</td><td>_____</td></tr> <tr><td>Plus Unearned Income</td><td>\$</td><td>_____</td></tr> <tr><td>Plus Deemed Income</td><td>\$</td><td>_____</td></tr> <tr><td>Less Allocation</td><td>\$</td><td>_____</td></tr> <tr><td>Total</td><td>\$</td><td>_____</td></tr> <tr><td>SON</td><td>\$</td><td>_____</td></tr> <tr><td>Surplus/Deficit</td><td>\$</td><td>_____</td></tr> <tr><td>Eligible for \$30 + 1/3?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td></td></tr> </table>		Gross Wages	\$	_____	Less \$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 \$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 \$ <b>95</b>																																	
Resource Limit \$ <b>1000</b>																																	
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																	
<b>B. Income Ceiling Test</b>																																	
Gross Income \$ <b>758.32</b> (Plus deemed, less allocated income)																																	
Gross Income Ceiling \$ <b>784.</b>																																	
Surplus/Deficit \$ _____																																	
Eligible based on ceiling 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 / <b>wages</b>		<b>758.32</b>																															
<b>Total Earned Income</b>		<b>758.32</b>	<b>Subtotals</b>																														
3. Less \$90		<b>90</b>	<b>668.32</b>																														
4. Less \$30		<b>30</b>	<b>638.32</b>																														
5. Less 1/3 <b>NO LONGER eligible</b>																																	
6. Less Child Care		<b>108.33</b>	<b>529.99</b>																														
7. Net Earned Income			<b>529.99</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>529.99</b>																														
13. Surplus/Deficit (SON less line 12)			<b>530</b>																														
14. Family Maximum																																	
15. Benefit Amount																																	

**LIM ineligible due to the loss of 1/3 deduction**

**CMD - 1st option to consider 14 TMA**



## Low Income Medicaid Examples (continued)

2. Ms. Johnson receives LIM for herself and her four children. She reports and verifies on 6/4 that she started a new job on 6/1. She will work 31 hours per week and earn \$5.85 per hour. She will pay \$150 per month in child care for all the children. There is no other income.
  - a. Will the AU remain eligible for LIM?
  - b. If eligible, what are the 30 & 1/3 months?



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LIM Example #2

Name of Grantee Relative <b>Ms. Johnson</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>234567711</b>	Effective Month <b>July</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ <b>785.84</b>	
Total Nonexempt Resources \$ <b>0</b>		Less \$90 \$ <b>695.84</b>	
Resource Limit \$ <b>1000</b>		Less Child Care \$ <b>545.84</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>785.84</b> (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ <b>1060</b>		Total \$ <b>545.84 (546)</b>	
Surplus/Deficit \$ _____		SON \$ <b>573</b>	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit <b>/NEED</b> \$ _____	
		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input checked="" 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>/WAGES</b>		<b>785.84</b>	
Total Earned Income		<b>785.84</b>	Subtotals
3. Less \$90		<b>90.</b>	<b>695.84</b>
4. Less \$30 <b>&gt; NOT NEEDED</b>			
5. Less 1/3			
6. Less Child Care		<b>150.</b>	
7. Net Earned Income			<b>545.84</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>545.84</b>
13. Surplus <del>Deficit</del> (SON less line 12)			<b>546</b>
14. Family Maximum		<b>Eligible for LIM</b>	
15. Benefit Amount			

# Family Medicaid



Participant Guide

Transitional  
Medical  
Assistance COA

# OBJECTIVES

- | Participants will be able to determine how a Low Income Medicaid (LIM) AU becomes eligible for Transitional Medical Assistance (TMA).
- | Participants will be able to apply the non-financial requirements for TMA.
- | Participants will be able to determine the eligibility period for TMA.
- | Participants will be able to budget earned income for the additional six months of TMA.
- | Participants will be able to process changes during the TMA eligibility period.
- | Participants will become familiar with the forms that are used to process TMA.
- | Participants will be able to determine eligibility for TMA when a recipient untimely reports.

# Outline

- I. Introduction
- II. TMA Assistance Unit (MR 2166)
- III. Non-Financial Requirements (MR 2200)
- IV. Financial Requirements (MR 2653)
- V. Qualifying Criteria for TMA (MR 2166)
- VI. Potential TMA Time Period (MR 2166)
- VII. Initial Six Month Period (MR 2162 and 2166)
- VIII. Additional Six Month Extension (MR 2166 and 2667)
- IX. Changes During TMA (MR 2166)
- X. Continuing Medicaid Determination (MR 2166)

**TRANSITIONAL MEDICAL ASSISTANCE (TMA):  
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. Must have correctly received LIM in 3 of the last 6 months prior to the first month of LIM ineligibility. 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>TMA NON-FINANCIAL CRITERIA</b>	
<b>Criterion</b>	<b>Summary of the Policy</b>
<b>Age (MR 2255)</b>	Children must be under age 18. Accept A/R statement.
<b>Living with a Specified Relative (MR 2245)</b>	All children must continue to be related to and living in the home of a specified relative. Accept A/R statement.
<b>Residency (MR 2225)</b>	AU must continue to live in Georgia.
<b>Citizenship/Alienage (MR 2215)</b>	Must be a US citizen or lawfully admitted qualified alien. Refer to LIM policy requirements.
<b>Enumeration (MR 2220)</b>	Not required if already met under LIM.
<b>Application for Other Benefits (MR 2210)</b>	Not required.
<b>Cooperation with Child Support Services (MR 2250)</b>	Not required.
<b>Third Party Resources (MR 2230)</b>	Cooperation is required at approval for TMA as well as during both 6-month review periods.
<b>TMA FINANCIAL CRITERIA</b>	
<b>Criterion</b>	<b>Summary of the Policy</b>
<b>Resources (MR 2301)</b>	Not counted.
<b>Income (MR 2166 and 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</b> <b>(MR 2166 and 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>
<b>TMA PROCESSING STANDARDS</b>	
<b>Criterion</b>	<b>Summary of the Policy</b>
<b>Initial 6-month Extension</b> <b>(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 day reporting requirement (A/R has 10 days to report, FICM has 10 days to act, and 10 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</b> <b>(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>



## 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 FICM acts on 4/16.



- a. What is the reason for LIM ineligibility?
- b. Has Ms. Barber correctly received LIM in 3 out of the last 6 months prior to the month of LIM ineligibility?
- c. Who will receive Medicaid in May?
- d. For which months will they potentially receive Medicaid under TMA?



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 4th month of receiving the 30 and 1/3 deduction.
- a. What is the reason for LIM ineligibility?
  - b. Has Ms. Cook received LIM in 3 out of the last 6 months prior to the month of LIM ineligibility?
  - c. Who will receive Medicaid in July?
  - d. For which months will they potentially receive Medicaid under TMA?

Georgia Department of Human Resources  
TANF BUDGET SHEET

IMA 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 \$ <b>0</b>		Less \$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>1200</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 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>eligible for IMA May-April</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

IMd 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 \$ <b>8</b>		Less \$90 \$ _____	
Resource Limit \$ <b>1000</b>		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 \$ <b>525</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>Wages</b>		<b>525</b>	
<b>Total Earned Income</b>		<b>525</b>	<b>Subtotals</b>
3. Less \$90		<b>90</b>	<b>435</b>
4. Less \$30		<b>30</b>	<b>405</b>
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			<b>405</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</b>
13. Surplus/Deficit (SON less line 12)			<b>405</b>
14. Family Maximum		<b>Eligible for LIM due to the loss of the 1/3 deduction</b>	
15. Benefit Amount		<b>IMd eligible July-June</b>	

## Determining TMA Eligibility When Wages Are Reported Untimely

**Example #1:** Mr. Roberts has received LIM for himself and two children for seven months. On 7/3 he reports and verifies new employment which began 5/25; Mr. Roberts received his first check of \$350.00 on 6/5 and has received this amount each week since this date. This is the amount that he expects to continue receiving each week.

Case # 345678900

Refer to the following budget:

1. Complete a trial budget based on earnings of \$350.00 weekly. The AU is ineligible for LIM ongoing. (\$1516.65)
2. Determine what should have happened using the 10+10+10 Rule.
3. The first month of LIM ineligibility is August based on the 10+10+10 Rule and the financial determination completed for the ongoing month.
4. Mr. Roberts has correctly received LIM in 3 of the 6 months preceding August.
5. His potential 12 months of TMA are August through July.

Georgia Department of Human Resources  
TANF BUDGET SHEET

LIM

Name of Grantee Relative <b>Mr. Roberts</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>345678900</b>	Effective Month <b>AUG</b>	<b>C. Standard of Need Test</b>  Gross Wages \$ _____ Less \$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 \$ <b>8</b> Resource Limit \$ <b>1000</b> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <b>1516.65</b> (Plus deemed, less allocated income) Gross Income Ceiling \$ <b>784</b> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <b>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		

## DETERMINING TMA ELIGIBILITY WHEN WAGES ARE REPORTED UNTIMELY

### Example #2

Ms. Mays has received LIM for herself and one child since January 2007. She has never worked while receiving LIM. She reports and verifies on 8/3 that she started working in June. A trial budget is completed for the ongoing month based on earnings of \$165.00 weekly. Employment began 6/15/07, first check received 6/22/07. Ms. Mays has received \$165.00 weekly since her first paycheck.



Case # 123456781

1. Complete a trial budget based on earnings of \$165.00 weekly. The AU is LIM ineligible ongoing based on gross monthly wages of \$714.99.
2. Determine what should have happened using the 10 + 10 + 10 Rule.
3. First month of LIM ineligibility after a month of LIM eligibility is August, based on the 10+10+10 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

LIM

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>Sept</b>	<b>C. Standard of Need Test</b>  Gross Wages \$ _____ Less \$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 \$ <b>8</b> Resource Limit \$ <b>1000</b> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <b>714.99</b> (Plus deemed, less allocated income) Gross Income Ceiling \$ <b>659</b> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <b>Not eligible 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		

## TMA NOTIFICATION AND REPORTING

### MR 2166

Month	SUCCESS	FICM Action	Information
1 <sup>st</sup>	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.		
3 <sup>rd</sup>	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.
4 <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 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, FICM 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.
6 <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 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
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>	When the AU complies with the reporting requirements of the 7 <sup>th</sup> month, FICM 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.



Month	SUCCESS	FICM Action	Information
	month if QRF information is never reported. 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 FICM and a notice to the AU.		

\* Refer to MR 2166-8 and 9 if the QRF received is incomplete or Good Cause exists.

# Family Medicaid Participant Guide



Four Months  
Medicaid Due to  
Child Support COA

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# Objectives

- | Participants will be able to determine how an AU becomes eligible for Four Months Medicaid Due to Child Support (4MCS).
- | Participants will be able to apply the non-financial requirements for 4MCS.
- | Participants will be able to determine the eligibility period for 4MCS.
- | Participants will be able to process changes during 4MCS.
- | Participants will be able to determine eligibility for 4MCS when a recipient untimely reports.

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# Outline

- I. Introduction
- II. Four Months Medicaid Assistance Unit (MR 2170)
- III. Non-Financial Requirements (MR 2200)
- IV. Financial Requirements (MR 2653)
- V. Qualifying Criteria for 4MCS (MR 2162 and 2170)
- VI. Determining the First Month of 4MCS Eligibility (MR 2170)
- VII. Notification (MR 2170)
- VIII. Changes During the 4MCS Coverage Period (MR 2170)
- IX. Continuing Medicaid Determination (MR 2170)

## 4 MONTHS MEDICAID DUE TO 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>4MCS NON-FINANCIAL CRITERIA</b>	
<b>Criterion</b>	<b>Summary of the Policy</b>
<b>Age (MR 2255)</b>	Children must be under age 18. Accept A/R statement.
<b>Living with a Specified Relative (MR 2245)</b>	Children must continue to be related to and living in the home of a specified relative. Accept A/R statement.
<b>Residency (MR 2225)</b>	AU must continue to live in Georgia.
<b>Citizenship/Alienage (MR 2215)</b>	Each AU member must be a US citizen or lawfully admitted qualified alien. Refer to LIM policy requirements.
<b>Enumeration (MR 2220)</b>	Not required if already met under LIM.
<b>Application for Other Benefits (MR 2210)</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>Cooperation with Child Support Services (MR 2250)</b>	Not required.
<b>Third Party Resources (MR 2230)</b>	Required at approval for 4MCS as well as during the four month coverage period.
<b>4MCS FINANCIAL CRITERIA</b>	
<b>Criterion</b>	<b>Summary of the Policy</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.

4MCS PROCESSING STANDARDS	
Criterion	Summary of the Policy
<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 day reporting requirement (A/R has 10 days to report, FICM has 10 days to act, and 10 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>

# Four Months Child Support Medicaid

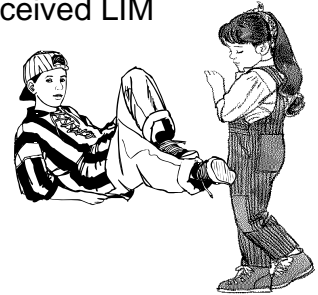
MR 2170

Mom and children receive LIM.



Now receives child support which puts the AU over the LIM income limit.  
AU is eligible for 4MCS.

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. FICM completes the case on 8/13.



- a. Who will receive Medicaid?
- b. When does timely notice expire?
- c. What months will the AU receive Medicaid under 4 Months Child Support Medicaid?



Georgia Department of Human Resources  
TANF BUDGET SHEET

*Your Mos. Child Sup.  
Example #1*

Name of Grantee Relative <i>Betty Barney</i>	Number in AU <i>3</i>	Action Taken: <input type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <i>998877660</i>	Effective Month <i>Sept</i>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <i>0</i>		Less \$90 \$ _____	
Resource Limit \$ <i>1000</i>		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 \$ <i>500</i>		Less Allocation \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <i>784</i>		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> <span style="float: right;"><i>424</i></span>			
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			<i>\$550</i>
4. Less \$30			<i>-50</i>
5. Less 1/3			<i>500</i>
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 – Medicaid only)		<i>500</i>	<i>500</i>
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<i>500</i>	<i>500</i>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum		<i>Eligible for LIM due to Child Support</i>	
15. Benefit Amount		<i>4 Mos due to Child Support Sept - Dec</i>	

## Four months child support Medicaid examples (continued)



2. Ms. Kathy Davis has received LIM for 8 months for herself, her son, and her daughter. On April 6, A/R reports and verifies that her son has begun receiving \$700 child support per month. The first check was received 4/1. This is the AU's only income. FICM completes the case on 4/10.
- a. What type of Medicaid is appropriate for this change?
  - b. When does timely notice expire?
  - c. What is the potential time period for this type of Medicaid?

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Georgia Department of Human Resources  
TANF BUDGET SHEET

Four Mos. Child Sup.  
Example # 2

Name of Grantee Relative <b>Kathy Davis</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>776534218</b>	Effective Month <b>May</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <b>8</b>		Less \$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>650</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>700</b>
3. Less \$90			<b>-50</b>
4. Less \$30			<b>650</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>650</b>	<b>650</b>
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>650</b>	<b>650</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 Mos. CS May-August</b>	

# Family Medicaid



Participant Guide

Right from the  
Start Medicaid  
COAs

# OBJECTIVES

Participants will be able to determine the Standards of Promptness (SOPs) for processing Right from the Start Medicaid (RSM) applications.

Participants will be able to determine who is included in the RSM AU.

Participants will be able to determine who is included and/or excluded for the most common RSM budget groups.

Participants will be able to determine RSM eligibility for children and pregnant women (PG) based on non-financial criteria.

Participants will be able to determine RSM eligibility for children and pregnant women based on financial criteria.

Participants will be able to complete RSM budgets using appropriate budget group size, income and deductions.

Participants will be able to identify the criteria to refer children to PeachCare for Kids.



# Outline

- I. Introduction
- II. The Application Process (MR 2050, 2065, 2067, and 2068)
- III. Assistance Units/ Budget Groups (MR 2600 and 2620)
- IV. Non-Financial Requirements (MR 2210, 2215, 2220, 2225, 2230, and 2255)
- V. Financial Requirements (MR 2401, 2403, 2405, and 2499)
- VI. Budgeting (MR 2650, 2653, 2655, 2657, and 2669)
- VII. RSM Pregnant Women (MR 2180, 2184, and 2720)
- VIII. RSM Children (MR 2180 and 2182)
- IX. Changes During Eligibility Period (MR 2657 and 2720)
- X. PeachCare for Kids (MR 2194)

## 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.

RSM PROCESSING STANDARDS	
Criterion	Summary of the Policy
<b>Standards of Promptness (MR 2050, 2065, 2706)</b>	<p><b>Initial Application:</b> RSM child case SOP is 45 calendar days beginning with the date of application.</p> <p>RSM Pg case SOP is 10 calendar days beginning with the date of application.</p> <p><b>Review:</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>RSM Pg cases do not have a formal review but a special review is completed the month prior to the EDD and monthly thereafter until termination of pregnancy.</p>
RSM NON-FINANCIAL CRITERIA	
Criterion	Summary of the Policy
<b>Age (MR 2255)</b>	<p>Children are eligible through month of 19<sup>th</sup> birthday. Accept A/R statement.</p> <p>There is no age requirement for a pregnant woman.</p>
<b>Living with a Specified Relative (MR 2245)</b>	Children are not required to live in the home with a specified relative.
<b>Residency (MR 2225)</b>	<p>Must live or intend to live in Georgia; permanent dwelling or fixed address is not required.</p> <p>Accept A/R statement.</p>



Criterion	Summary of the Policy
<b>Citizenship/Alienage (MR 2215)</b>	<p>AU members must 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> <p>BG members do not have to be US citizens or qualified aliens.</p>
<b>Enumeration (MR 2220)</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). BG members should be asked to provide a SSN, but no penalty is imposed if they fail to do so.</p> <p>Accept A/R statement of SSN if the number is known. 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.</p>
<b>Application for Other Benefits (MR 2210)</b>	<p>In RSM children cases, A/R must apply for and accept all monetary benefits that any BG member is entitled to receive, except TANF and SSI.</p> <p>Accept A/R statement.</p> <p><b>This policy is not applicable in RSM pregnant women cases.</b></p>
<b>Cooperation with Child Support Services (MR 2250)</b>	<p>RSM child cases, refer unless child-only case.</p> <p><b>This policy is not applicable in RSM pregnant women cases.</b></p>
<b>Third Party Resources (MR 2230)</b>	<p>AU members must assign rights to Third Party Resources to the Department of Community Health.</p> <p>Accept A/R statement as to whether anyone has insurance.</p> <p>Form DMA-285 must be completed on each AU.</p>

<b>RSM FINANCIAL CRITERIA</b>	
<b>Criterion</b>	<b>Summary of the Policy</b>
<b>Resources (MR 2301)</b>	Not counted in RSM.
<b>Income Limits (MR 2650)</b>	<p><b>RSM PgW:</b> countable NET income not to exceed 200% of the FPL.</p> <p><b>RSM child (0-1):</b> countable NET income not to exceed 185% of the FPL.</p> <p><b>RSM child (1-6):</b> countable NET income not to exceed 133% of the FPL.</p> <p><b>RSM child (6-19):</b> countable NET 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>Child Support Deduction (MR 2655)</b>	Apply \$50 deduction to the total amount of child support received by the AU.
<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>Dependent Care Deduction (MR 2655)</b>	<p>BG member must be employed to receive this deduction. Child for whom cost is incurred must be in the AU/BG or a related AU/BG in the household.</p> <p>Accept A/R statement of amount paid unless questionable.</p> <p>Allowed 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>

# THE MOST COMMON BUDGET GROUP SITUATIONS

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## 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.



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#### 4. Mom, Her Child, and Her Niece

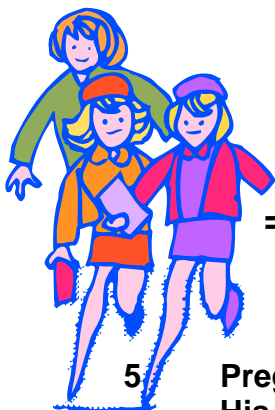
One possibility: Mom, her child, and the niece all in one Budget Group.

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.

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#### 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.

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#### 6. Pregnant Woman Lives with Her Husband

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

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#### 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.

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## 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. Rogers (pregnant) applies for herself and her 2 year old. They are not eligible for LIM.

BG = 3 (Ms. Rogers, unborn, and child)

AU = 2 (Ms. Rogers and child)



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

AU = 1 (12- year-old)

AU = 1 (4- year old)



6. Ms. Kent applies for her son (4) and her nephew (10).



Possible BG = 3 (Ms. Kent, son and nephew)

OR

Possible 2 BGs:

BG #1 = 2  
(Ms. Kent and son)

BG #2 = 1  
(nephew)



7. Ms. Lane applies for her niece (8). Also in the home are Ms. Lane's husband and their son (6).

Possible BG = 1 (niece)  
AU = 1 (niece)

Possible BG = 2 (Ms. Lane and niece)  
AU = 1 (niece)

**OR**

If Ms. Lane wants Medicaid for her son or needs to increase the limit:

BG = 4 (Ms. Lane, niece, son, Mr. Lane)  
AU = 2 (niece and son)

8. Ms. Jones receives SSI and applies for her son (5).

BG = 1 (child)  
AU = 1 (child)



9. 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)

10. Ms. Blue is 15 and pregnant. She lives with her parents and two younger sisters. Her mother applies for all 3 of the girls.

BG = 5 (both parents, 3 girls)

AU = 3 (3 girls)

11. Ms. Green, pregnant, applies for herself. She lives with Mr. Tucker, who is the father of the unborn child. No one else lives with them.

BG = 2 (Ms. Green and unborn)

AU = 1 (Ms. Green)



12. Ms. Smith, pregnant, applies for herself. She also lives with her husband, Jack, who is the father of her unborn child.

RSM-PG-W BG = 3 (Ms. Smith, Mr. Smith, and unborn)

AU = 1 (Ms. Smith)

# RSM EXAMPLES

## **RSM Pregnant Women Medicaid (RSM-PgW)**

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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 approved May 8.

Who is eligible for Medicaid?

What is the time period for this type of Medicaid?



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- 
2. Ms. Vickie Elliot is pregnant and lives with her husband Mike. Her EDD is July 21. Mr. Elliot earns \$2195 gross per month and Ms. Elliot has zero income. The family has never received Medicaid. They apply for Medicaid on November 2. All eligibility requirements are met and the case is approved November 6.

Who is eligible for Medicaid?

What is the time period for this type of Medicaid?

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Georgia Department of Human Resources  
TANF BUDGET SHEET

RSM Example #1

Name of Grantee Relative <b>Monia Kirk</b>	Number in AU <b>BC/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>Apr/08</b>	<b>C. Standard of Need Test</b>																															
<b>A. Resource Test</b>		<table border="1"> <tr><td>Gross Wages</td><td>\$</td><td></td></tr> <tr><td>Less \$90</td><td>\$</td><td></td></tr> <tr><td>Less Child Care</td><td>\$</td><td></td></tr> <tr><td>Plus Unearned Income</td><td>\$</td><td></td></tr> <tr><td>Plus Deemed Income</td><td>\$</td><td></td></tr> <tr><td>Less Allocation</td><td>\$</td><td></td></tr> <tr><td>Total</td><td>\$</td><td></td></tr> <tr><td>SON</td><td>\$</td><td></td></tr> <tr><td>Surplus/Deficit</td><td>\$</td><td></td></tr> <tr><td>Eligible for \$30 + 1/3?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td></td></tr> </table>		Gross Wages	\$		Less \$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 \$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 \$																																	
Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
<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>																																	
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		<b>2282</b>																															
2. Earned Income	<b>Wages</b>	<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			<b>1710.00</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>1710.00</b>	<b>1710</b>																														
13. Surplus/Deficit (SON less line 12)																																	
14. Family Maximum	<b>Eligible RSM PG-W</b>																																
15. Benefit Amount																																	

Georgia Department of Human Resources  
TANF BUDGET SHEET

RSM Example  
#2

Name of Grantee Relative <b>Vicki Elliott</b>	Number in AU <b>BC/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>276433985</b>	Effective Month <b>Nov/06</b>	<b>C. Standard of Need Test</b> Gross Wages \$ _____ Less \$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 \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<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>		
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		
2. Earned Income / <b>wages - Mr. Elliott</b>		<b>2195.00</b>
Total Earned Income		<b>2195.00</b>
3. Less \$90		<b>90.00</b>
4. Less \$30		
5. Less 1/3		
6. Less Child Care		
7. Net Earned Income		<b>2105.00</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>2105.00</b>
13. Surplus/Deficit (SON less line 12)		
14. Family Maximum		<b>Eligible RSM Pc W</b>
15. Benefit Amount		

## RSM Child Medicaid

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3. 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 approved March 26.

Who is eligible for Medicaid?

What is the time period for this type of Medicaid?

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4. Ms. Elissa Mason lives with her 14-year-old son David. While David is in school, Ms. Mason works earning \$890 gross per month. There is no 30 and 1/3. Ms. Mason has a savings account with a balance of \$300. They apply for Medicaid on January 12. All eligibility requirements are met and the case is approved January 30.

Who is eligible for Medicaid?

What is the time period for this type of Medicaid?

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5. Mary and James Smith apply for assistance for their 10-month old son, Joe. Ms. Smith works earning \$1990 gross per month. There is no 30 and 1/3. They apply for Medicaid on October 9. All eligibility requirements are met and the case is approved November 10.

Who is eligible for Medicaid?

What is the time period for this type of Medicaid?

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Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Mrs. Fisher</b>	Number in AU <b>3</b>	Action Taken: <input 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 \$90 \$ _____	
Resource Limit \$ <u>1,000</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>1479</u>		Less Allocation \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>784</u>		SON \$ _____	
<u>Surplus</u> 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			

Georgia Department of Human Resources  
TANF BUDGET SHEET

RSM Example  
#3

Name of Grantee Relative <b>Mrs. Fisher</b>	Number in AU <b>BE/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>Mar/08</b>	<b>C. Standard of Need Test</b> Gross Wages \$ _____ Less \$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 \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<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>		
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		
2. Earned Income <b>/Wages - Mr. Fisher</b>		
<b>1479.00</b>		
<b>Total Earned Income</b>		
<b>1479.00</b>		
3. Less \$90		
<b>90.00</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>		
13. Surplus/Deficit (SON less line 12)		
14. Family Maximum		
<b>Eligible RSM Child (1-5)</b>		
15. Benefit Amount		
<b>Jimmy</b>		

Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Elissa Mason</b>	Number in AU <b>2</b>	Action Taken: <input type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>101110112</b>	Effective Month <b>Jan/ongoing</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <b>300</b>		Less \$90 \$ _____	
Resource Limit \$ <b>1,000</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>890</b> (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ <b>659</b>		Total \$ _____	
<b>Surplus/Deficit</b> \$ _____		SON \$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Surplus/Deficit \$ _____	
		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			

Georgia Department of Human Resources  
TANF BUDGET SHEET

RSM Example #4

Name of Grantee Relative <b>Elissa Mason</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>10110112</b>	Effective Month <b>Jan.</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ _____		Less \$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 \$ _____ (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ _____		Total \$ _____	
Surplus/Deficit \$ _____		SON \$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit \$ _____	
		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		<b>1141</b>	
2. Earned Income / <b>Wages</b>		<b>890.00</b>	
<b>Total Earned Income</b>		<b>890.00</b>	<b>Subtotals</b>
3. Less \$90		<b>90.00</b>	<b>800.00</b>
4. Less \$30			
5. Less 1/3			
6. Less Child Care			
7. Net Earned Income			<b>800.00</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>800.00</b>	<b>800</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum		<b>Eligible RSM Child (6-19) DAVID</b>	
15. Benefit Amount			

Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Mrs. Smith</b>	Number in AU <b>3</b>	Action Taken: <input type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>558473932</b>	Effective Month <b>OCT/NOV/DEC</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <b>0</b>		Less \$90 \$ _____	
Resource Limit \$ <b>1,000</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>1990</b> (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ <b>784</b>		Total \$ _____	
<b>Surplus/Deficit</b> \$ _____		SON \$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Surplus/Deficit \$ _____	
		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			



Georgia Department of Human Resources  
TANF BUDGET SHEET

RSM Example  
# 5

Name of Grantee Relative <b>Mary Smith</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>558473932</b>	Effective Month <b>OCT/NOV/DEC</b>	<b>C. Standard of Need Test</b> <table> <tr><td>Gross Wages</td><td>\$</td><td></td></tr> <tr><td>Less \$90</td><td>\$</td><td></td></tr> <tr><td>Less Child Care</td><td>\$</td><td></td></tr> <tr><td>Plus Unearned Income</td><td>\$</td><td></td></tr> <tr><td>Plus Deemed Income</td><td>\$</td><td></td></tr> <tr><td>Less Allocation</td><td>\$</td><td></td></tr> <tr><td>Total</td><td>\$</td><td></td></tr> <tr><td>SON</td><td>\$</td><td></td></tr> <tr><td>Surplus/Deficit</td><td>\$</td><td></td></tr> <tr><td>Eligible for \$30 + 1/3?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td></td></tr> </table>	Gross Wages	\$		Less \$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 \$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 \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No																																
<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>																																
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		<b>2648</b>																														
2. Earned Income / <b>Wages - Mr. Smith</b>	<b>1990.00</b>																															
<b>Total Earned Income</b>	<b>1990.00</b>	<b>Subtotals</b>																														
3. Less \$90	<b>90.00</b>	<b>1900.00</b>																														
4. Less \$30																																
5. Less 1/3																																
6. Less Child Care																																
7. Net Earned Income		<b>1900.00</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>1900.00</b>																														
13. Surplus/Deficit (SON less line 12)		<b>1900</b>																														
14. Family Maximum	<b>Eligible RSM Child (0-1) Joe</b>																															
15. Benefit Amount																																

## Combination RSM- PgW and RSM Child

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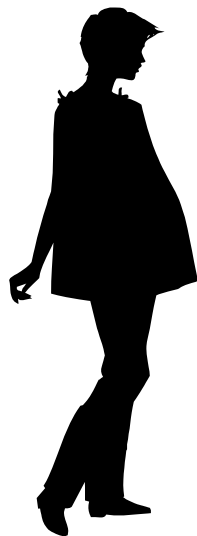
6. Ms. Wanda Jones applies for assistance for her son Mark (7) and herself. She is pregnant with an EDD of September 1. Ms. Jones earns \$1100 gross per month. There is no 30 and 1/3, but she pays \$250/month child care. They apply for Medicaid on February 27. All eligibility requirements are met and the case is approved March 06.

Who is eligible for Medicaid?

What is the time period for this type of Medicaid?

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Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Wanda Jones</b>	Number in AU <b>2</b>	Action Taken: <input type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>107101240</b>	Effective Month <b>Feb/Mar/Apr:1</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <b>0</b>		Less \$90 \$ _____	
Resource Limit \$ <b>1,000</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>1100</b> (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ <b>659</b>		Total \$ _____	
<b>Surplus/Deficit</b> \$ _____		SON \$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Surplus/Deficit \$ _____	
		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			

Georgia Department of Human Resources  
TANF BUDGET SHEET

RSM Example  
#6

Name of Grantee Relative <b>Wanda Jones</b>	Number in AU <b>HC/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>107101240</b>	Effective Month <b>Feb/Mar/Apr</b>	<b>C. Standard of Need Test</b> Gross Wages \$ _____ Less \$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 \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<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>		
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		
2. Earned Income / <b>wages - Ms. Jones</b>		<b>1100.00</b>
<b>Total Earned Income</b>		<b>1100.00</b>
3. Less \$90		<b>90.00</b>
4. Less \$30		
5. Less 1/3		
6. Less Child Care		<b>175.00</b>
7. Net Earned Income		<b>835.00</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>835.00</b>
13. Surplus/Deficit (SON less line 12)		
14. Family Maximum <b>Eligible RSM Child (6-19) Mark</b>		
15. Benefit Amount <b>Eligible RSM PG-W Ms. Jones</b>		

## **LIM Ineligibility Due to Parent With Income Moving Into Home**

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7. 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. She has \$20 in her savings account. FICM completes action on 12/9 after verification was provided.

Who is eligible for Medicaid?

What categories of Medicaid will they receive?

What is the time period for each type of Medicaid?

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Georgia Department of Human Resources  
TANF BUDGET SHEET

Example 7  
Step 1 - LIM

Name of Grantee Relative <b>Bundy Andrews</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>487644290</b>	Effective Month <b>Jan</b>	<b>C. Standard of Need Test</b>  Gross Wages \$ _____ Less \$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 \$ <b>20</b> Resource Limit \$ <b>1000</b> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <b>1216.66</b> (Plus deemed, less allocated income) Gross Income Ceiling \$ <b>1060</b> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <b>LIM ineligible</b>		
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit		<b>Subtotals</b>  <b>Retirement \$1,000 Contribution (\$50 X 4.3333) = \$216.66</b> <b>LIM AU —</b> <b>Ms Andrews, Mr. Metal Patrick, John and David</b>
2. Earned Income		
<b>Total Earned Income</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

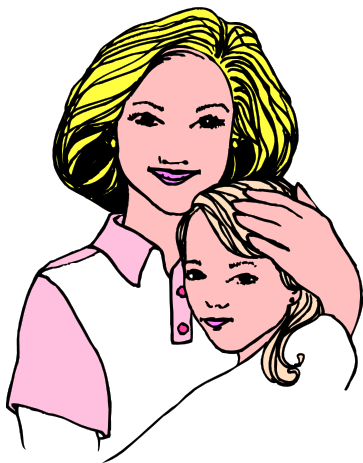
EXAMPLE #7  
Step 2- RSM

Name of Grantee Relative <b>Cindy Andrews</b>		Number in AU <b>BC/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>487644209</b>		Effective Month <b>Jan</b>		<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		<b>C. Standard of Need Test</b>			
Total Nonexempt Resources \$ _____					
Resource Limit \$ _____					
Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>B. Income Ceiling Test</b>		<b>C. Standard of Need 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		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>D. Eligibility/Payment Budget</b>					
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		<b>2011/2675</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 <b>contribution/retirement</b>		<b>216.66/1000</b>			
9. Plus Child Support (Less \$50 – Medicaid only)					
10. Plus Deemed Income					
11. Less Allocation					
12. Total Countable Income		<b>1216.66</b>			
13. Surplus/Deficit (SON less line 12)		<b>1217</b>			
14. Family Maximum		<b>Eligible RSM Child (1-5) David</b>			
15. Benefit Amount		<b>Eligible RSM Child (6-19) Patrick and John</b>			

## LIM Ineligibility Due to the Income of a Child

Ms. Rogers receives LIM for herself and 2 children Melinda (4) and Michael (12). On 2/10 Ms. Rogers reports and verifies Michael has begun to receive \$650 per month RSDI survivor's benefits. His first check was received on 2/1.

- a. Continued LIM eligibility is determined for the ongoing month.
- b. Since LIM ineligibility is due to the income of a child, exclude Michael and determine LIM eligibility for Ms. Rogers and Melinda.
- c. RSM is determined for Michael - all are included in the BG.



**LIM**



**RSM**



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>Mar.</b>		C. Standard of Need Test	
<b>A. Resource Test</b> Total Nonexempt Resources \$ <b>0</b> Resource Limit \$ <b>1000</b> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Gross Wages \$ _____ Less \$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>B. Income Ceiling Test</b> Gross Income \$ <b>650</b> (Plus deemed, less allocated income) Gross Income Ceiling \$ <b>784</b> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
D. Eligibility/Payment Budget <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</b>		<b>650</b>	
9. Plus Child Support (Less \$50 – Medicaid only)					
10. Plus Deemed Income					
11. Less Allocation					
12. Total Countable Income		<b>650</b>		<b>650</b>	
13. Surplus/Deficit (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>Mar</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <b>0</b>		Less \$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>0</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>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>
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 <b>AC 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>156735921</b>	Effective Month <b>Mar</b>	<b>C. Standard of Need Test</b> Gross Wages \$ _____ Less \$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 \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<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>		
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		<b>1431</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 <b>RSDI</b>		<b>650.00 650.00</b>
9. Plus Child Support (Less \$50 - Medicaid only)		
10. Plus Deemed Income		
11. Less Allocation		
12. Total Countable Income		<b>650.00 650</b>
13. Surplus/Deficit (SON less line 12)		
14. Family Maximum <b>Eligible RSM Child (6-19)</b>		
15. Benefit Amount <b>Michael</b>		

## Continuing Medicaid Determination

Ms. Barnett applies for RSM PgW on 10/15. She is due to deliver on 3/27. 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 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 18<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 paycheck 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 18<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 September, 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 \$1400/month gross wages and continues to receive \$200/month child support.



**V. RSM is discontinued as the children are no longer eligible due to income. CMD Options given:**

**Peachcare for Kids and Medically Needy.**

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

# Family Medicaid



Participant Guide  
Blended Families

# Objectives

- | Participants will be able to identify a blended family.
- | Participants will be able to determine when a responsibility budget is to be completed.
- | Participants will be able to determine the amount of income to be deemed to a LIM AU.
- | Participants will be able to define allocated income.
- | Participants will be aware that a blended family may be determined eligible under different COAs.

# Outline

- I. Overview
- II. Blended Families
  - Stepparents (MR 2661)
  - Responsibility Budget (MR 2661)
- III. Continuing Medicaid Determination (MR 2052)

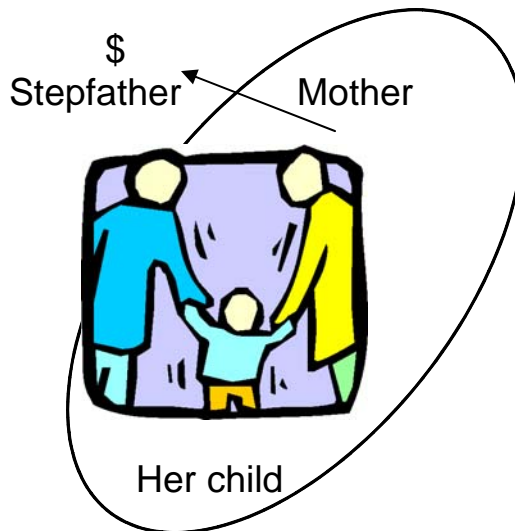


## Allocated and Deemed Income (MR 2661)

Allocating and Deeming of income are two special budgeting procedures.

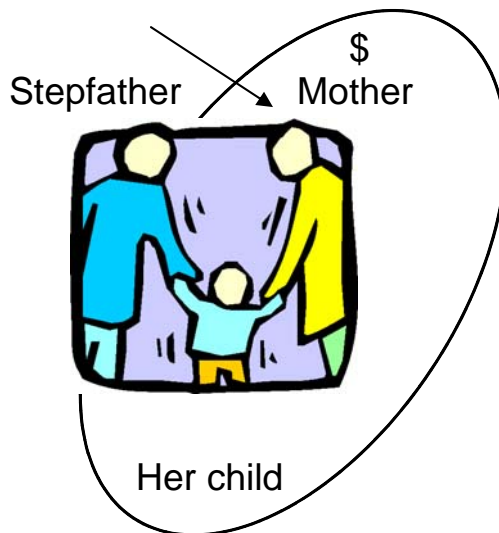
Allocate: Use the income of an AU member to meet the needs of a non-AU member for whom s/he is legally obligated to support

AU



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

AU



## **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.

## BLENDING 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

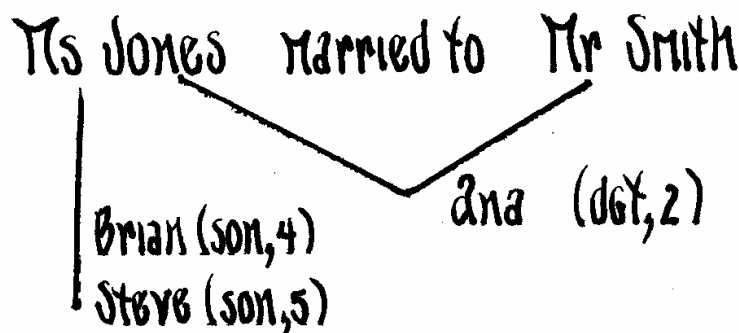
Situation 2  
Parents - married

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 <b>#1</b>
AU ID Number <b>113430112</b>	Effective Month <b>Jan</b>	<b>C. Standard of Need Test</b>  Gross Wages \$ _____ Less \$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 \$ <b>0</b> Resource Limit \$ <b>1000</b> Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <b>1283.32</b> (Plus deemed, less allocated income) Gross Income Ceiling \$ <b>1060</b> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <b>2U 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		

DEEMING AND ALLOCATION WORKSHEET

#2

<b>I. RESPONSIBLE INDIVIDUAL</b> <input checked="" type="checkbox"/> Stepparent <input type="checkbox"/> Minor Caretaker's Parent(s) <input type="checkbox"/> Ineligible Spouse <input type="checkbox"/> Ineligible Parent		a. <u>1</u> Number of responsible individual's children who are not included in the AU 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 c. <u>1</u> <del>Total</del> <u>Steparent</u>
<b>II. RESPONSIBILITY BUDGET:</b> \$ <u>1083.32</u> Earned Income - \$90 Earned Income Deduction <u>993.32</u> Net Earned Income <u>0</u> Unearned Income <u>993.32</u> Total Net Income - <u>356</u> Standard of Need (from 1d above) <b>for 2 Mr. Smith and Ana</b> <u>0</u> Amount paid to dependents outside the household who are claimed or could be claimed as tax dependents - <u>100</u> Alimony and/or <u>child support</u> paid to person(s) outside of the household \$ <u>537.32</u> <u>Surplus/Deficit</u> <b>\$235 can be deemed to Mr. Smith's spouse, Ms. Jones</b>		<b>2 total</b>
<b>III.</b> 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, on the proper line in C, and on line 10 in D. If a deficit exists, there is no income to deem. Determine if allocation is appropriate. Subtract income to allocate from the gross income in B, from the income in C, and enter on line 11 in D.		



Georgia Department of Human Resources  
TANF BUDGET SHEET

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 <b>#3</b>	
AU ID Number <b>113450112</b>	Effective Month <b>Jan</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <b>8</b>		Less \$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> (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ <b>784</b>		Total \$ _____	
Surplus/Deficit <b>0</b>		SON \$ _____	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit \$ _____	
		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit		<b>424</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)		<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 21M</b>	
15. Benefit Amount		<b>Consider RSM for the 3 children</b>	

Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Ms Jones</b>	Number in AU <b>BC 5</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change <b>#4</b>
AU ID Number <b>114101123</b>	Effective Month <b>JAN</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		Gross Wages \$ _____ Less \$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>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>		
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</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>
13. Surplus/Deficit (SON less line 12)		<b>1193</b>
14. Family Maximum	<b>RSM Child eligible</b>	
15. Benefit Amount		



## 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

Situation 2  
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 <b>#1</b>
AU ID Number <b>113450112</b>	Effective Month <b>Jan</b>	<b>C. Standard of Need Test</b>  Gross Wages \$ _____ Less \$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 \$ <b>0</b> Resource Limit \$ <b>1000</b> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <b>1283.32</b> (Plus deemed, less allocated income) Gross Income Ceiling \$ <b>1060</b> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <b>211 is ineligible 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		

Georgia Department of Human Resources  
TANF BUDGET SHEET

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 <b>#2</b>	
AU ID Number <b>113450112</b>	Effective Month <b>Jan</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <b>0</b>		Less \$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>200</b> (Plus deemed, less allocated income)		Less Allocation \$ _____	
Gross Income Ceiling \$ <b>784</b>		Total \$ _____	
Surplus/Deficit <b>0</b>		SON \$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit \$ _____	
		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; consider RSM for 2nd</b>	
15. Benefit Amount			

Georgia Department of Human Resources  
TANF BUDGET SHEET

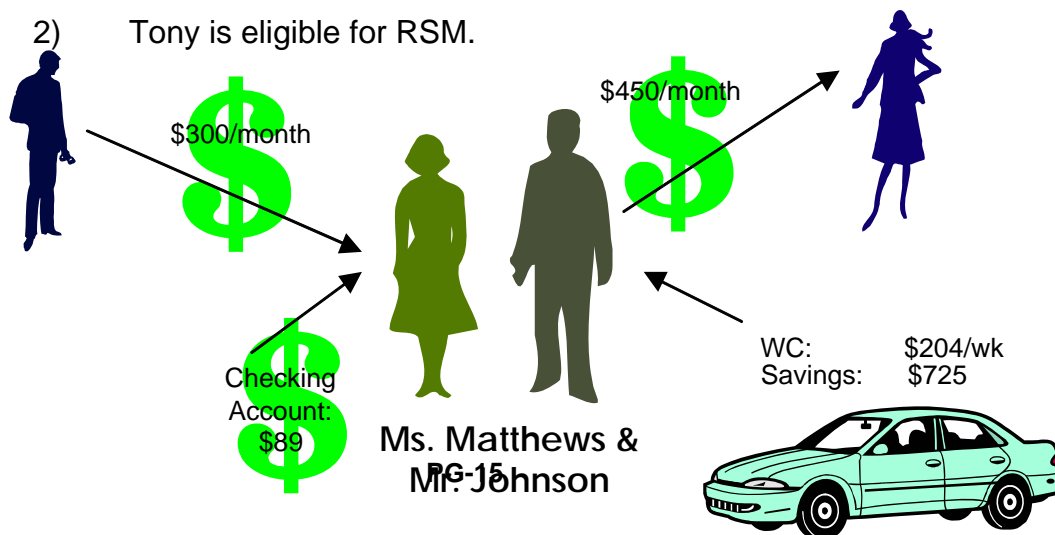
Name of Grantee Relative <b>Ms Jones</b>	Number in AU <b>5</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change <b>#3</b>
AU ID Number <b>114101123</b>	Effective Month <b>Jan</b>	<b>C. Standard of Need Test</b>  Gross Wages \$ _____ Less \$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 \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<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>		
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		<b>2675</b>
2. Earned Income		<b>1083.32</b>
<b>Total Earned Income</b>		<b>1083.32</b>
3. Less \$90		<b>90</b>
4. Less \$30		<b>993.32</b>
5. Less 1/3 <b>not eligible</b>		
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>
10. Plus Deemed Income		<b>1193.32</b>
11. Less Allocation		
12. Total Countable Income		<b>1193.32</b>
13. Surplus/Deficit (SON less line 12)		<b>1193</b>
14. Family Maximum <b>RSM Child eligible - 2nd</b>		
15. Benefit Amount		

## More Examples of Blended Families



1 Ms. Verlinda Matthews receives LIM for herself and two children, Tony (8) and Jacob (6). On 9/9 she calls to report she married Tony's father, Larry Johnson on 9/5. Mr. Johnson receives \$204 per week in Worker's Compensation. He pays \$450 per month in child support to his ex-wife. Ms. Matthews receives \$300 per month in child support from Jacob's father. She has a checking account with a balance of \$89. Ms. Matthews is not pregnant. Mr. Johnson has a savings account with a balance of \$725.00 and a 1990 Buick Century (FMV \$4500, nothing owed) which he drives to work. FICM completes action on 9/14 after verification was provided.

- A. Mother and two children receive LIM
- B. Mother marries the father of one of her children. There is now a Blended Family.
- C. Budgets completed to determine continued LIM eligibility.
  - 1) LIM budget completed including everyone in the AU; ineligible for LIM.
  - 2) Responsibility budget completed to determine the amount of income available to deem from Mr. Johnson to Ms. Matthews (his wife).
  - 3) Deem up to \$235. Ms. Matthews and Jacob are eligible for LIM.
- D. Budget completed to determine RSM eligibility for Tony.
  - 1) Ms. Matthews, Mr. Johnson, Tony and Jacob are included in the BG.
  - 2) Tony is eligible for RSM.





Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Verlinda Matthews</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>522847650</b>	Effective Month <b>OCT</b>	<b>C. Standard of Need Test</b>  Gross Wages \$ _____ Less \$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 \$ <b>814</b> Resource Limit \$ <b>1000</b> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <b>1133.99</b> (Plus deemed, less allocated income) Gross Income Ceiling \$ <b>925</b> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <b>LIM AU ME (GIB)</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		

WC  
 $\$204 \times 4.3333 =$   
 $\$883.99$   
Child Support  
 $\$300 - 50 = \$250$

Ms Matthews  
Jacob  
Larry Johnson  
Tony

DEEMING AND ALLOCATION WORKSHEET

<p><b>I. 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>a. <u>1</u> Number of responsible individual's children who 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> <del>Total</del> <b>Step Parent</b></p>
<p><b>II. RESPONSIBILITY BUDGET:</b></p> <p>\$ _____ Earned Income</p> <p>- <u>\$90</u> Earned Income Deduction</p> <p>_____ Net Earned Income</p> <p><u>883.99</u> Unearned Income</p> <p><u>883.99</u> Total Net Income</p> <p>- <u>356</u> Standard of Need (2) Mr. Johnson and Tony (from 1C, above)</p> <p>_____ Amount paid to dependents outside the household who are claimed or could be claimed as tax dependents</p> <p>- <u>450</u> Alimony and/or child support paid to person(s) outside of the household</p> <p>\$ <u>77.99</u> <del>Surplus</del> Deficit</p>	
<p><b>III.</b> 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, on the proper line in C, and on line 10 in D.</p> <p style="text-align: right;">If a deficit exists, there is no income to deem. Determine if allocation is appropriate. Subtract income to allocate from the gross income in B, from the income in C, and enter on line 11 in D.</p>	



Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Verlinda Matthews</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>522847650</b>		Effective Month <b>Oct</b>		C. Standard of Need Test	
A. Resource Test				Gross Wages \$ _____	
Total Nonexempt Resources \$ <b>89</b>				Less \$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. Income Ceiling Test				Plus Deemed Income \$ _____	
Gross Income \$ <b>327.99</b> (Plus deemed, less allocated income)				Less Allocation \$ _____	
Gross Income Ceiling \$ <b>659</b>				Total \$ _____	
Surplus/Deficit \$ _____				SON \$ _____	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Surplus/Deficit \$ _____	
D. Eligibility/Payment Budget				Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit				<b>356</b>	
2. Earned Income				Subtotals	
Total Earned Income				Child Support \$300 - 50 = \$250	
3. Less \$90				Deemed Income \$77.99	
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)				250 250	
10. Plus Deemed Income				77.99 327.99	
11. Less Allocation					
12. Total Countable Income				327.99 328	
13. Surplus/Deficit (SON less line 12)					
14. Family Maximum				LIM Eligible AU - Mr Matthews and Jacoby	
15. Benefit Amount					

Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Verlinda Matthews</b>		Number in AU <b>BC/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>688723459</b>		Effective Month <b>Oct</b>		<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		<b>C. Standard of Need Test</b>			
Total Nonexempt Resources \$ _____					
Resource Limit \$ _____					
Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>B. Income Ceiling Test</b>		<b>C. Standard of Need 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					
		Gross Wages \$ _____			
		Less \$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>D. Eligibility/Payment Budget</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>Worker's Comp.</b>		<b>883.99</b>	<b>883.99</b>		
9. Plus Child Support (Less \$50 - Medicaid only)		<b>250.00</b>	<b>1133.99</b>		
10. Plus Deemed Income					
11. Less Allocation					
12. Total Countable Income			<b>1133.99</b>	<b>1134</b>	
13. Surplus/Deficit (SON less line 12)					
14. Family Maximum <b>Eligible RSM Child (6-19) Tony</b>					
15. Benefit Amount					

## More Examples of Blended Families (continued)

2. Ms. Carla Franklin receives LIM for herself and 3 children: Angie (12), Carrie (4) and Billy (2). She marries Bob Tucker, the father of Carrie and Billy, on 3/15. Mr. Tucker receives \$1680 per month from a trust fund. This change is reported and verified on 3/16. Ms. Franklin and her children have no income or resources.

A. Mother and three children receive LIM.

B. Mother marries the father of two of her children - Billy and Carrie. This is now a blended family.

C. Budgets completed to determine LIM eligibility for AU.

1) LIM budget based on AU of five (Budget #1). Mr. Tucker's income meets the needs of Carrie and Billy. Therefore, they are not all eligible to receive LIM. Consider RSM and LIM.

2) Complete budget(s) to determine LIM eligibility for Ms. Franklin and Angie.

Responsibility budget completed to determine amount of income available to deem to Ms. Franklin. (Budget #2, Step 1).

Deem \$235 to Ms. Franklin (Budget #2, Step 2). Ms. Franklin and Angie are eligible for LIM.

**Note:** Remember the AU does not have other income, they will be eligible for LIM based on the deemed income.

D. RSM budget completed to determine eligibility for Carrie and Billy (Budget #3). All are included in the BG. Carrie and Billy are eligible for RSM. Mr. Tucker is not eligible for Medicaid.

Georgia Department of Human Resources  
TANF BUDGET SHEET

#1

Name of Grantee Relative <b>Carla Franklin</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>522376480</b>	Effective Month <b>April</b>	<b>C. Standard of Need Test</b>  Gross Wages \$ _____ Less \$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 \$ <b>0</b> Resource Limit \$ <b>1000</b> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <b>1680</b> (Plus deemed, less allocated income) Gross Income Ceiling \$ <b>1060</b> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <b>LIM AV - ineligible</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. 08/2004)

My Franklin  
Angie (12)  
Mr. Tucker  
Carrie (4)  
Billy (2)

DEEMING AND ALLOCATION WORKSHEET

Step 1 #2

<p><b>I. 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>a. <u>2</u> Number of responsible individual's children who 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> Total <u>Step Parent</u></p>
<p><b>II. RESPONSIBILITY BUDGET:</b></p> <p>\$ _____ Earned Income</p> <p>- <u>\$90</u> Earned Income Deduction</p> <p>_____ Net Earned Income</p> <p><u>1680</u> Unearned Income</p> <p><u>1680</u> Total Net Income</p> <p><u>424</u> Standard of Need (3) Mr. Tucker, Carrie and Billy (from 1C, above)</p> <p>_____ Amount paid to dependents outside the household who are claimed or could be claimed as tax dependents</p> <p>_____ Alimony and/or child support paid to person(s) outside of the household</p> <p>\$ <u>1256</u> Surplus/Deficit <u>\$235</u> deemed to spouse (Ms. Franklin)</p>	
<p><b>III.</b> 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, on the proper line in C, and on line 10 in D.</p> <p style="margin-left: 400px;">If a deficit exists, there is no income to deem. Determine if allocation is appropriate.</p> <p style="margin-left: 400px;">Subtract income to allocate from the gross income in B, from the income in C, and enter on line 11 in D.</p>	

Georgia Department of Human Resources  
TANF BUDGET SHEET

# 2  
Step 2

Name of Grantee Relative <b>Carla Franklin</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>522376480</b>	Effective Month <b>April</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ <b>8</b>		Less \$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>235</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 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>235</b>	<b>235</b>
11. Less Allocation			
12. Total Countable Income		<b>235</b>	<b>235</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum		<b>LIM eligible AU - Ms. Franklin and Angie</b>	
15. Benefit Amount			

Georgia Department of Human Resources  
TANF BUDGET SHEET

# 3

Name of Grantee Relative <b>Carla Franklin</b>	Number in AU <b>BC/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>632274618</b>	Effective Month <b>April</b>	<b>Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____	
Total Nonexempt Resources \$ _____		Less \$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 (Plus deemed, less allocated income) \$ _____		Less Allocation \$ _____	
Gross Income Ceiling \$ _____		Total \$ _____	
Surplus/Deficit \$ _____		SON \$ _____	
Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit \$ _____	
		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>		<b>2675</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>Trust</b>		<b>1680.00</b>	<b>1680.00</b>
9. Plus Child Support (Less \$50 – Medicaid only)			
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		<b>1680.00</b>	<b>1680</b>
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum <b>Eligible RSM Child (1-5)</b>			
15. Benefit Amount <b>Carrie and Billy</b>			

## More Examples of Blended Families (Continued)

3. Ms. Kim Hunter lives with her boyfriend Kevin Johnson, her child Traci (6), and their child John (3). Ms. Hunter applies for Medicaid on 7/10. She is employed and earns \$100/week. Ms. Hunter is paid each Thursday. Mr. Johnson is also employed and earns \$250/week; he is paid each Friday. Ms. Hunter provides the following pay check stubs:

**Ms. Hunter**

7/9	\$100
7/2	\$100
6/25	\$100
6/18	\$100
6/11	\$100

**Mr. Johnson**

7/3	\$250
6/26	\$250
6/19	\$250
6/12	\$250

- A. Budget completed to determine LIM eligibility for AU. LIM budget is based on AU of 4. Ms. Hunter and Mr. Johnson are parents to John even though they are not married. The AU is ineligible for LIM with everyone included. (See Budget #1)
- B. Budget completed to determine LIM eligibility for Ms. Hunter and Traci. Since Ms. Hunter and Mr. Johnson are not married, he is not financially responsible for her; income is not deemed. Ms. Hunter and Traci are eligible for LIM. (See Budget #2)
- C. John cannot receive LIM. A budget is completed to determine his eligibility for RSM. Ms. Hunter, Mr. Johnson, Traci, and John are included in the RSM BG. John is eligible for RSM. Mr. Johnson is not eligible for Medicaid.



Georgia Department of Human Resources  
TANF BUDGET SHEET

#1

Name of Grantee Relative <b>KIM HUNTER</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>447216893</b>	Effective Month <b>JULY</b>	<b>C. Standard of Need Test</b>  Gross Wages \$ _____ Less \$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 \$ <b>0</b> Resource Limit \$ <b>1000</b> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <b>1516.65</b> (Plus deemed, less allocated income) Gross Income Ceiling \$ <b>925</b> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <b>LIM &amp; U MEDICABLE</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		

Wages  
 $\$100 \times 4.3333 =$   
 $\$433.33$   
 $\$250 \times 4.3333 =$   
 $\$1083.32$

Miss Hunter  
|  
Israel (6)  
Kevin Johnson  
|  
John (3)

Georgia Department of Human Resources  
TANF BUDGET SHEET

# 2

Name of Grantee Relative <b>Kim Hunter</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>447216893</b>	Effective Month <b>July</b>	C. Standard of Need Test
<b>A. Resource Test</b> Total Nonexempt Resources \$ <u>8</u> Resource Limit \$ <u>1000</u> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Gross Wages \$ <u>433.33</u> Less \$90 \$ <u>343.33</u> Less Child Care \$ _____ Plus Unearned Income \$ _____ Plus Deemed Income \$ _____ Less Allocation \$ _____ Total \$ <u>343.33</u> (343) SON \$ <u>356</u> Surplus/Deficit <u>Need</u> \$ _____ Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>B. Income Ceiling Test</b> Gross Income \$ <u>433.33</u> (Plus deemed, less allocated income) Gross Income Ceiling \$ <u>659</u> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>		
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit		
2. Earned Income / <u>wages - Mr. Hunter</u>		
Total Earned Income <u>433.33</u>		Subtotals
3. Less \$90 <u>90</u>		<u>343.33</u>
4. Less \$30		
5. Less 1/3		
6. Less Child Care		
7. Net Earned Income		<u>343.33</u>
8. Plus Unearned Income		
9. Plus Child Support (Less \$50 - Medicaid only)		
10. Plus Deemed Income		
11. Less Allocation		
12. Total Countable Income		<u>343.33</u>
13. Surplus/Deficit (SON less line 12)		<u>343</u>
14. Family Maximum <u>LIM eligible AU - Mr. Hunter + Traci</u>		
15. Benefit Amount		

Georgia Department of Human Resources  
TANF BUDGET SHEET

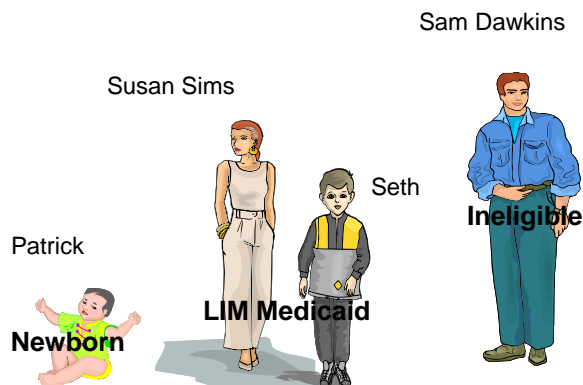
# 3

Name of Grantee Relative <b>Kim Nunyer</b>	Number in AU <b>BC/A</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>532738194</b>	Effective Month <b>July</b>	<b>C. Standard of Need Test</b> Gross Wages \$ _____ Less \$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 \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<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>		
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		
2. Earned Income / wages <b>Ms. Nunyer</b> <b>433.33</b> " <b>Mr. Johnson</b> <b>1083.32</b>		
<b>Total Earned Income</b>		<b>1516.65</b>
3. Less \$90		<b>180.00</b>
4. Less \$30		
5. Less 1/3		
6. Less Child Care		
7. Net Earned Income		<b>1336.65</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>1336.65</b>
13. Surplus/Deficit (SON less line 12)		<b>1337</b>
14. Family Maximum <b>Eligible RSM Child (1-5) John</b>		
15. Benefit Amount		

### Example: Continuing Medicaid Determination

Ms. Susan Sims receives LIM for herself and her son Seth (8). Also in the home is her boyfriend Sam Dawkins, who is not Seth's father. Ms. Sims is pregnant with Mr. Dawkins' child. Mr. Dawkins has monthly wages of \$1100. The household has no other resources or income. The baby, Patrick, is born on September 17<sup>th</sup>.

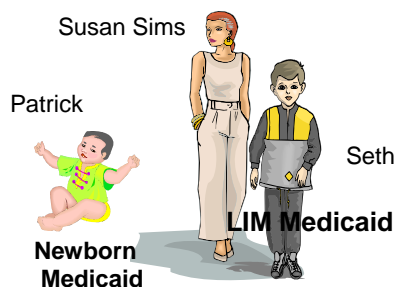
#### Medicaid



Ms. Sims receives LIM with her son. Note that her boyfriend has no effect on the case. They are not married and do not have a mutual child. At this point, they do not meet the definition of a blended family.

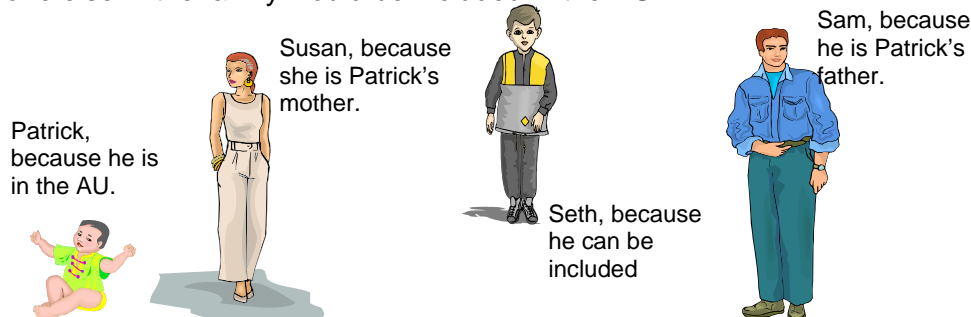
Once Patrick is born the family meets the definition of a blended family. A CMD is completed.

If LIM is considered for everyone in the family, the AU would be ineligible because of Mr. Dawkins' income. Ms. Sims and Seth remain eligible for LIM and Patrick is eligible for Newborn.



At the end of the Newborn eligibility for Patrick, a CMD is completed. Mr. Dawkins' income would continue to make everyone ineligible for LIM in one AU. If Patrick is excluded from LIM, Mr. Dawkins and his income would also be excluded. Ms. Sims and Seth should remain a LIM AU of two.

Although Patrick has been excluded from LIM, RSM should be considered for him. He would be the RSM AU. Everyone else in the family would be included in the BG:



And Patrick would be eligible for RSM.

# Family Medicaid



Participant Guide

# Emergency Medical Assistance

# Objectives

- ⇒ Participants will be able to identify applicants who meet the criteria for Emergency Medical Assistance.
- ⇒ Participants will be familiar with medical treatments that are considered emergency services.
- ⇒ Participants will be able to identify the correct SOP for an application processed through Emergency Medical Assistance.
- ⇒ Participants will be able to identify the appropriate Emergency Medical Assistance coverage period.
- ⇒ Participants will be able to identify the steps to approve an Emergency Medical Assistance application.

# Outline

- I. Introduction (MR 2054 -1)
- II. Emergency Services (MR 2054 -1 and 2)
- III. Standard of Promptness (MR 2054- 2)
- IV. EMA Coverage Periods (MR 2054 -2 and 3)
- V. Steps to Approve EMA (MR 2054 -3 and 4)



## **EMA EXAMPLES**

### **Example 1:**

Ms. Maria Lena applies for Medicaid April 22, 2006. She delivered her baby, Tony Lena, on April 18, 2006. 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?
- B. What is the SOP for Ms. Lena's application?
- C. Does Ms. Lena meet the basic non-financial criteria required to determine eligibility? If no, what requirements are not met? Can she still potentially receive Medicaid?
- D. What is Ms. Lena's Medicaid coverage period?
- E. If Ms. Lena is approved for Medicaid through EMA, will she automatically receive the 60-day transition coverage?
- F. Is Tony eligible to receive Medicaid?

PHYSICIAN'S STATEMENT  
FOR  
EMERGENCY MEDICAL ASSISTANCE

Patient's Name: Maria Lena DOB: 02/15/86  
Patient's Address: 1210 Mexico 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 04/18/06 through  
(Date of onset)  
04/18/06 for the individual listed above.  
(Not to exceed 30 days from condition onset date)

Southside Health Center  
(Provider's Name)

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

512 Hillside Street  
(Provider's Address)

4/19/06  
(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:

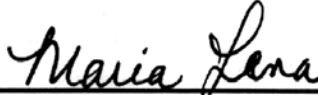
- Medically necessary, and
- Result from the sudden onset of a health condition with acute symptoms, and
- Which, in the absence of immediate medical attention, are reasonably likely to result in at least one of the following:
  - Placing the individuals health in serious jeopardy, or
  - Serious impairment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

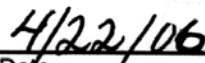
Only services that fully meet the federal definition of an emergency medical condition will be covered beginning January 1, 2006. Not all services that are medically necessary meet this definition. Certain types of care provided to chronically ill persons are beyond the intent of federal law and are 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.

  
Signature

  
Date

**Example 2:**

Ms. Nona Nuday applies for Medicaid on February 27, 2006. She is pregnant and her EDD is September 20, 2006. 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?
- B. What is the SOP for Ms. Nuday's application?
- C. What is Ms. Nuday's Medicaid coverage period?
- D. Is a faxed Form 526 acceptable?

PHYSICIAN'S STATEMENT  
FOR  
EMERGENCY MEDICAL ASSISTANCE

Patient's Name: Nona Nuday DOB: 07/17/89

Patient's Address: 10 Niagara St  
Atlanta, GA 30303

Patient's Telephone #: 678-123-4567

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 02/10/06 through  
(Date of onset)  
02/25/06 for the individual listed above.  
(Not to exceed 30 days from condition onset date)

Grady Health Systems  
(Provider's Name)

Dr. Andy Richards  
(Provider or Authorized Designee's Signature)

80 Jesse Hill Jr. Drive  
(Provider's Address)

02/26/06  
(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, 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, 2006  
Date

# Family Medicaid



Participant Guide  
Changes

# Objectives

Participants will be able to identify what changes the AUs are required to report, the verification requirements, and the FICM's time frame for taking action on reported changes.

Participants will be able to identify the correct type of notification the AU will receive.

Participants will be able to process changes in income or deductions.



Participants will be able to identify what month a person is added to or deleted from an AU.



Participants will be able to identify what month a non-financial change is effective in Family Medicaid.

Participants will be able to determine what month a financial change is effective in Family Medicaid.





# Outline

- I. Continuing Medicaid Determinations (MR 2052)
- II. Basic Considerations (MR 2712)
- III. Reporting of Changes (MR 2712)
- IV. Methods for Reporting Changes (MR 2712)
- V. What AUs Must Report (MR 2712)
- VI. What Must Be Verified (MR 2712-3 and 4)
- VII. Time Frames for Taking Action (MR 2712)
- VIII. When Changes Are Effective in Medicaid (MR 2712, 2650, and 2653)
- IX. Determining Ongoing Eligibility (MR 2712, 2650, and 2653)
- X. Changes in Income (MR 2701 and 2715)
- XI. Changes in AU/BG Composition (MR 2714)
- XII. Miscellaneous Changes (MR 2713 and 2716)

<b>CHART 2712.1 - REQUIRED VERIFICATION</b>	
<b>CHANGE</b>	<b>FAMILY MEDICAID</b>
income - new source or change in amount	client statement, unless questionable for PgW and Newborn COAs * For all other COAs, income must be verified. Refer to Section 2405, Treatment of Income.
resources (vehicle, real property, life insurance, etc.) – acquisition, sale of, etc.	client statement, unless questionable * Resources must be verified if the total of all liquid and non liquid resources exceeds 75% of the total resource limit. Refer to Section 2301, Family Medicaid Resources Overview.
birth of a baby	client statement, unless questionable *
decrease in AU or BG size	client statement, unless questionable *
increase in AU or BG size	A new AU member who is not a U.S. citizen must provide verification of his/her alien status. A new BG member is NOT required to verify alien status.
dependent care costs	client statement, unless questionable *
medical expenses	yes (Medically Needy only)  client statement, unless questionable is acceptable for all other Family Medicaid COAs
pregnancy	yes (verification from physician required)
pregnancy <b>due date</b>	client statement, unless questionable *
residence	client statement, unless questionable *

\*Verify by TPS if questionable

<b>2712.2 - FAILURE OF A FAMILY MEDICAID AU TO PROVIDE VERIFICATION</b>	
<b>IF THE AU FAILS TO PROVIDE REQUESTED VERIFICATION OF:</b>	<b>THEN</b>
<p>income (new source or change in amount)</p> <p><b>or</b></p> <p>change in resources (acquisition, sale, etc.)</p> <p><b>or</b></p> <p>questionable increase or decrease in AU and/or BG size</p> <p><b>or</b></p> <p>questionable change of residence</p>	<p>terminate Medicaid effective the month following the expiration of timely notice.</p>
<p>new medical expense</p>	<p>do not allow the medical expense in the Medically Needy spenddown calculation.</p>
<p>questionable change in dependent care expense</p>	<p>remove the original dependent care expense deduction and do not allow the new expense.</p>

## 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>. Timely notice expires June 27<sup>th</sup>.

If the recipient is eligible on the trial budget, add the income to LIM effective July. Use representative amount (based on verification) multiplied by the appropriate conversion factor to determine income for July. Determine if \$30 + 1/3 needed for LIM.



**RSM PgW** - Financial changes are

not made once case is approved.

**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 8<sup>th</sup>.

Change will be effective September.

**RSM PgW** - Financial changes are not made once the case is approved.

## 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>.

Worker 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 15<sup>th</sup> that her child care has increased as of last week.

The case manager acts on the change on December 15<sup>th</sup>.

Change the child care deduction for the ongoing month of January to the converted amount not to exceed the maximum.

# Family Medicaid



Participant Guide

Reviews

# Objectives

- | Participants will be able to identify which Family Medicaid classes of assistance require reviews.
- | Participants will be able to identify the time frames in which reviews are due.
- | Participants will be able to identify the time frame for completing reviews.
- | Participants will be able to identify forms to be completed at review.
- | Participants will be able to determine what points of eligibility are to be verified at review.
- | Participants will become familiar with the SUCCESS process for reviews.





# Outline

- I. Introduction (MR 2700 and 2706)
- II. Family Medicaid Reviews (MR 2706)
- III. Forms Required at Reviews (MR 2706)
- IV. Verification at Reviews (MR 2051, 2200, 2300 and 2400)
- V. Budgeting at Reviews (MR 2650, 2653 and 2655)
- VI. SUCCESS
- VII. Notification (MR 2701)

## Procedures for processing alternate reviews (MR 2706)

<b>Step 1</b>	Mail the alternate review form to the AU no less than 10 days prior to the date the completed form is due to be returned.
<b>Step 2</b>	Mail any other required forms. Refer to Section 2011, HIPAA, for requirements at review.
<b>Step 3</b>	<p>Review the returned review form for all points of eligibility.</p> <p>Contact the AU if the review form is not returned, if it is incomplete or unsigned, or if additional information or verification is required. Contact may be made by telephone or by mail. A system-generated notice that a review form was not returned is considered sufficient contact.</p> <p><b>NOTE:</b> The review may be processed without a signature or completed review form if all other required information is obtained by other measures.</p>
<b>Step 4</b>	Complete Clearinghouse requirements.
<b>Step 5</b>	Document the information obtained during the review process.
<b>Step 6</b>	Upon completion of the review and, if applicable, the receipt of any additional information or verification requested, finalize the review.
<b>Step 7</b>	Notify the AU of the review disposition.

# Disposition of the Medicaid

**Chart 2706.2 - Procedures for Disposition of the Medicaid Review**

IF	THEN
the AU complies with all requirements	continue eligibility, if appropriate.
the AU misses a scheduled appointment	<p>contact the AU to obtain required information. This contact may be made by mail and/or by telephone.</p> <p><b>NOTE:</b> A standard (FTF) review is not required for <b>ANY</b> Medicaid COA. A Medicaid case may <b>not</b> be terminated for failure to appear for a standard review.</p>
the agency did not provide written notice of the appointment 10 days prior to the appointment date and the appointment is missed	<p>contact the AU to obtain required information. This contact may be made by mail and/or by telephone.</p> <p><b>NOTE:</b> A standard (FTF) review is not required for <b>ANY</b> Medicaid COA. A Medicaid case may <b>not</b> be terminated for failure to appear for a standard review.</p>
the AU fails to provide requested verification	determine if Medicaid eligibility for any other COA can be established without the requested verification. If so, continue eligibility under the new COA. If no, send timely notice and close the Medicaid case following expiration of the timely notice period.
the AU fails to return the Alternate Review Form	<p>contact the AU to obtain required information. A system-generated notice that a review was not returned is considered sufficient contact.</p> <p><b>NOTE:</b> The review may be processed without a signature or completed review form if all other required information is obtained by other measures.</p>
the review is overdue	complete an alternate review.
the case is transferred from another county	complete an alternate review within 30 days of accepting transfer.

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# review

# Family Medicaid



Participant Guide

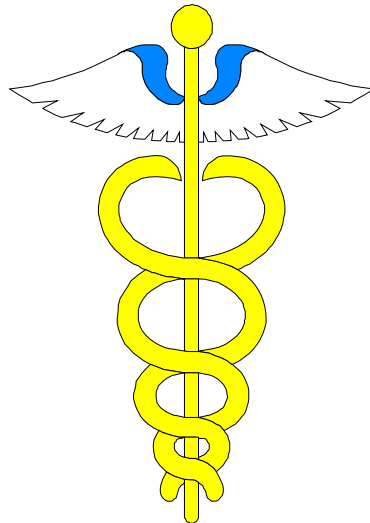
Closing

# OBJECTIVES

- ➡ Participants will be familiar with available resources.
- ➡ Participants will complete trainer and course evaluations.
- ➡ Participants will complete closing activity.

# OUTLINE

- I. Available Resources
- II. Participant Evaluations
- III. Closing Activity



# Weekly Planner

January						
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

February						
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

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				

April						
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		

May						
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						

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				

July						
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	

August						
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					

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			

October						
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

November						
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					

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		



## OVERVIEW OF NON-FINANCIAL AND FINANCIAL ELIGIBILITY REQUIREMENTS FOR FAMILY MEDICAID COAs

(Note: Only the Medicaid COAs covered in this training are listed)

Class of Assistance (COA)	Age	Application for Other Benefits	CIT/Alien	OCSS**	Enumeration	Living with Specified Relative	Residency	TPR	Resources	Income	6 Month Reviews	Special Reviews
Newborn (F15)	0-13 months (through month of first birthday)	No	Yes	No	No	Yes (Birth Mother)	Yes	No	No	No	No	No
LIM (F01)	Yes (child<18) ♦	Yes: except SSI & TANF	Yes	Yes, unless child-only case	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ▲
TMA (F07)	Yes (child<18) ♦	No	Yes	No	No, if requirements met under LIM	Yes	Yes	Yes	No	Yes, TMA limits	No	Quarterly
4 Months Child Support (F09)	Yes (child<18) ♦	Yes: except SSI & TANF	Yes	No	No, if requirements met under LIM	Yes	Yes	Yes	No	No	No	Yes ▲
RSM Child (F22)	Yes (child<19) ♦	Yes, except SSI & TANF	Yes	Yes, unless child-only case	Yes	No	Yes	Yes	No	Yes, RSM limits	Yes	Yes ▲
RSM PG (P01)	No	No	Yes	No	Yes	No	Yes	Yes	No	Yes, RSM limits	No	Yes ●

♦ Eligibility for a Medicaid COA ends at the end of the month in which the child reaches the age limit for that COA.

\*\*Referrals **are not required** for non-custodial parents who are providing medical coverage or for child-only Family Medicaid cases.

▲ Special reviews are completed as needed

● Special review is completed the month prior to the expected date of delivery and monthly thereafter until termination of pregnancy

**FAMILY MEDICAID 2007 FINANCIAL LIMITS  
INCOME LIMITS**

	LIM	LIM	RSM PgW, NB	RSM CHILD 0-1 TMA, WIC	RSM CHILD 1-5	RSM CHILD 6- 19	FM-MNIL
BUDGET GROUP (BG) SIZE	GROSS INCOME CEILING (GIC)	STANDARD OF NEED (SON)	200% FEDERAL POVERTY LEVEL (FPL)	185% FEDERAL POVERTY LEVEL (FPL)	133% FEDERAL POVERTY LEVEL (FPL)	100% FEDERAL POVERTY LEVEL (FPL)	FAMILY MEDICAID MNIL
1	\$435	\$235	\$1,702	\$1,575	\$1,132	\$851	\$208
2	\$659	\$356	\$2,282	\$2,111	\$1,518	\$1,141	\$317
3	\$784	\$424	\$2,862	\$2,648	\$1,904	\$1,431	\$375
4	\$925	\$500	\$3,442	\$3,184	\$2,289	\$1,721	\$442
5	\$1,060	\$573	\$4,022	\$3,721	\$2,675	\$2,011	\$508
6	\$1,149	\$621	\$4,602	\$4,257	\$3,061	\$2,301	\$550
7	\$1,243	\$672	\$5,182	\$4,794	\$3,446	\$2,591	\$600
8	\$1,319	\$713	\$5,762	\$5,331	\$3,832	\$2,881	\$633
9	\$1,389	\$751	\$6,342	\$5,868	\$4,218	\$3,171	\$667
10	\$1,487	\$804	\$6,922	\$6,405	\$4,604	\$3,461	\$708
11	\$1,591	\$860	\$7,502	\$6,942	\$4,990	\$3,751	\$758
12	\$1,635	\$884	\$8,082	\$7,479	\$5,376	\$4,041	\$808
(+) PER ADDITIONAL BG MEMBER	\$44	\$24	\$580	\$537	\$386	\$290	\$50

**RESOURCE LIMITS**

**LIM RESOURCE LIMIT: \$1000**

**FM-MN ALLOWABLE MILEAGE REIMBURSEMENT 48.5 CENTS PER MILE**

FAMILY MEDICAID MEDICALLY NEEDY (FM-MN) RESOURCE LIMIT NUMBER OF INDIVIDUALS IN FM-MN BG											
1	2	3	4	5	6	7	8	9	10	11	12
\$2,000	\$4,000	\$4,100	\$4,200	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000

# Family Medicaid



Participant Guide  
Policy Excerpts

**EXCERPTS FROM MEDICAID POLICY MANUAL**

(To be used only during this training class. Refer to online policy manual at  
ODIS.DHR.STATE.GA.US for current policy)

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2054	Emergency Medical Assistance	MT 27 - 07/07
2065	Family Medicaid Application Processing	MT 28 - 11/07
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