



# 12 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  
Policy Review

### **DAY 4**

Exam 1  
Review Exam 1  
TMA

### **DAY 5**

TMA  
4MCS  
RSM COA

### **DAY 6**

RSM COAs

### **DAY 7**

Emergency Medical Assistance (EMA)  
Changes and Reviews  
Policy Review

### **DAY 8**

Exam II  
Review Exam II  
Closing  
Course Evaluations

## **PHASE II: FM SUCCESS**

### **DAY 9**

Introduction  
LIM

### **DAY 10**

TMA  
RSM

### **DAY 11**

RSM  
EMA

### **DAY 12**

Replacement MA Card  
Skill Demonstration  
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 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 OFI and Social Services sections.
- ⇒ Participants will be able to identify the different classes of assistance of Family Medicaid.

# Outline

- I. Introductions
- II. On The Job Training
- III. Format of Training
- IV. Standards, Expectations, and Attendance Policy
- V. Training Information
- VI. Right Work Right Way Service Model
- 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

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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

# 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 TM-15.



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 Training Manual (TM).

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



- Training Manual,
- Pens,
- Note pads, and
- A calculator.

**TRAINING AGENDA:** Refer to the "Outline of Training" in the front of your Training Manual (TM).



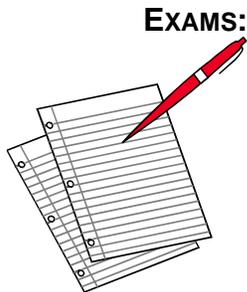
**GOALS FOR TRAINING:**

- ❖ 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 Training Manual.
- ❖ 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 Training Manual.

**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 Training Manual.



**CERTIFICATES:** Upon completion of the 12-day course, and with the achievement of an 80% score, you will be issued a certificate and awarded Continuing Education Units (CEUs) from the University of Georgia, School of Social Work.

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**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 manual.
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 manual **DAILY**.



4. Read 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.

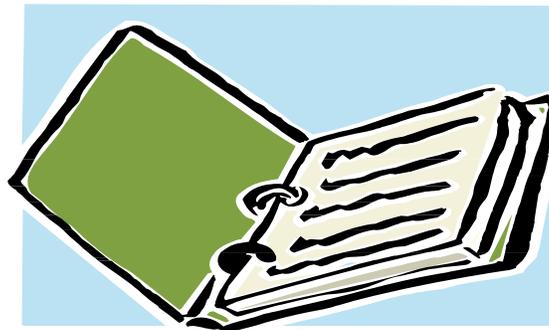


12. Read each question carefully.

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!**



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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.

**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**

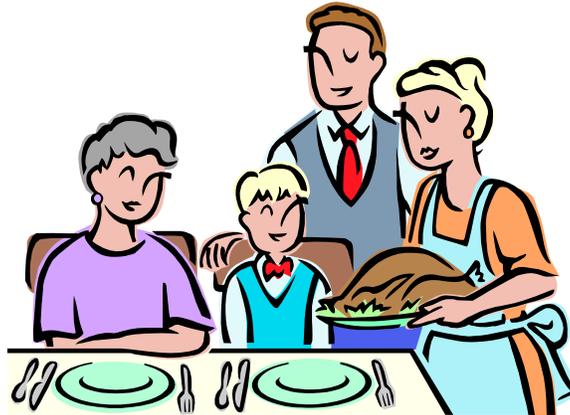
Dates Absent

Times

ADDITIONAL COMMENTS:



# BELIEFS FOR RIGHT WORK RIGHT WAY SERVICE MODEL



- ❖ Welfare is not good enough for any family.
- ❖ There is dignity in work whether with the head or hand.
- ❖ Families are capable and responsible for making change happen.
- ❖ Productive partnerships empower families to take charge of their lives.
- ❖ If we want adults to take primary responsibility for the quality of their families' lives, we must encourage self-sufficiency.
- ❖ With proper preparation, support, and supervision, we can help our customers create a more secure employment future for themselves.
- ❖ We can best serve families by telling them, and ourselves, the whole truth as we see it about their strengths and challenges.

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## **YOUR RESPONSIBILITY IN REPORTING CHILD ABUSE OR NEGLECT (ESS 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.

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## 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 treated, 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 1 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 and vision of DFCS, beliefs that support the Right Work Right Way philosophy, 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 training manual 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 ESS 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. Timely and adequate notices in Medicaid cases are covered. The basic considerations and procedures for Deeming income in a Responsibility Budget are covered. Allocation is defined but is not taught in detail.

### Day 3

#### **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 4

#### **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 5

### **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, when a child's income causes LIM ineligibility and how to determine the correct Medicaid coverage in a blended family. Documentation for a RSM pregnant woman's case is covered by reviewing a sample documented Form 94 handout.

## Day 6

### **RSM COAs - Continued**

## Day 7

**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 and Reviews** - 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 are also taught in the module including the time frame 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

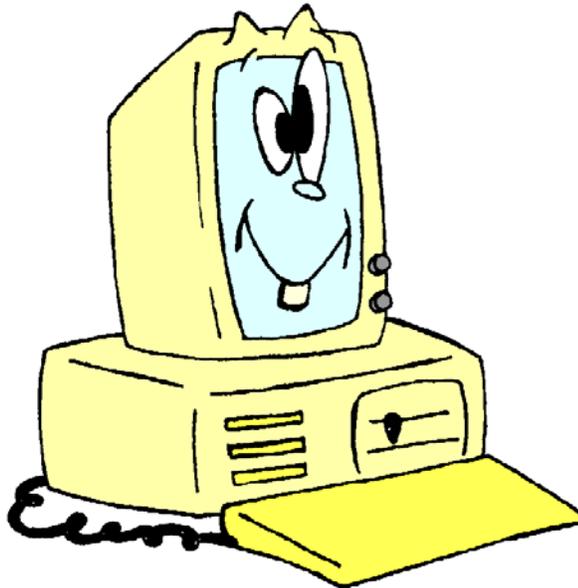
### Day 8

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***



*Medically Needy*

# 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, 2065 and 2230)
- V. Verification Requirements (MR 2051)
- 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

### NET



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.

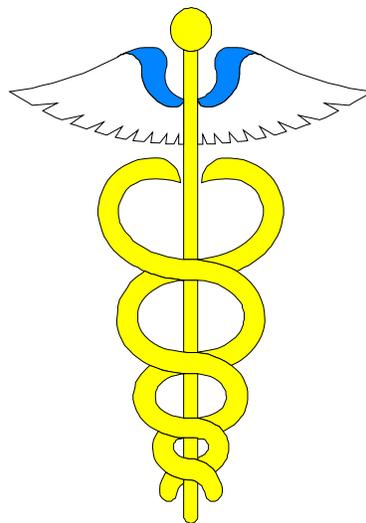
# OBJECTIVES

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



# OUTLINE

- I. Introduction
- II. Application Processing (MR 2050, 2065, and 2174)
- 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 and 2200)
- IV. Financial Requirements
- V. Updates for Newborn Coverage (MR 2714)
- VI. Continuing Medicaid Determination (MR 2714)



# Newborn Medicaid

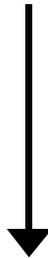
MR 2174



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 during her pregnancy. Her baby, Bradley, was born on 2/13 and her RSM-PG continued through 4/04. 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 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 September 17<sup>th</sup>.

- a. Is Joey eligible to receive Newborn Medicaid?
- b. Why or why not?



5. PGW Mom and children receive LIM. Mom gives birth on June 25<sup>th</sup>.

- a. Is the baby eligible to receive Newborn Medicaid?
- b. Is the baby eligible for any other Family 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.
- | Participants will be able to define the concepts of deeming and allocation.

# 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 2300 and 2400)
- VI. Budgeting Requirements (MR 2650, 2653, and 2663)
- VII. Low Income Medicaid Deductions (MR 2655)
- VIII. Adequate and Timely Notice (MR 2701)
- IX. Reviews (MR 2706)
- X. Responsibility Budgeting (MR 2661)

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

**Non Financial Criteria**

<b>CRITERION</b>	<b>SUMMARY OF THE POLICY</b>	<b>VERIFICATION REQUIREMENTS</b>
<b>Residency</b>	Must live or intend to live in Georgia. A permanent dwelling or fixed address is not required.	Accept A/R statement.
<b>Age</b>	Children must be under 18.	Accept A/R statement.
<b>Living with Specified Relative</b>	All children in the AU must be related to and living in the home with the person receiving assistance on their behalf. Check ESS policy manual, chapter 2245 for list of acceptable relationships.	Accept A/R statement.
<b>Citizenship/ Alienage</b>	Must be a U.S. Citizen or qualified alien; see ESS 2215 for alien policy. Must declare citizenship/alien status.	<ul style="list-style-type: none"> <li>• If citizen – third party verification of citizenship/identity is required</li> <li>• If alien - verify status with DHS documents and complete Web1 VIS/CPS procedures</li> <li>• Obtain a Declaration of Citizenship/Alien Status for each AU member</li> </ul>
<b>Enumeration</b>	Each person must provide an SSN or proof of application for a number. Good cause may apply for failure to provide.	Accept A/R statement of SSN if the number is known.  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.
<b>Application for Other Benefits</b>	A/R must apply for and accept all monetary benefits any AU member is entitled to receive.	Accept A/R statement.
<b>Child Support Services</b>	Recipients must assign their rights to medical support to the state and cooperate with CSS in the location of AP and the collection of medical support. Referrals must be made for all absent parents who are not providing health insurance. Referrals are not required for LIM child-only cases.	

<b>Third Party Resources</b>	AU members must assign rights to Third Party Resources to the Department of Community Health.	Accept A/R statement as to whether anyone in the AU has insurance. Form DMA-285 must be completed on each AU. Refer to MR 2230-2 and 3 for additional details.
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**Financial Criteria**

<b>Resource Limit / Verification</b>	\$1000 per AU. Verify by third party jointly owned/real property, vehicles, when interest paid from a resource totals \$10 or more or if total countable value exceeds \$750. Accept A/R statement for all other resources unless questionable.	
<b>Vehicles</b>	<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 Verification</b>	All income must be verified by third party source. A/R statement is acceptable verification of excluded income.	
<b>Earnings of a Dependent Child</b>	Exclude the earnings of any dependent child whether or not the child is a student. Exceptions: Earnings of a minor caretaker are not excluded.	
<b>Supplementary Security Income</b>	Exclude the person who receives SSI from the AU. Also exclude their income and resources.	
<b>Budgeting</b>	Prospective Budgeting is used in all cases.	
<b>Child Support Deduction</b>	Apply \$50 deduction to the total amount of child support received by the AU.	
<b>Earned Income Deductions</b>	<ul style="list-style-type: none"> <li>• Must be an employed AU member to receive these deductions</li> <li>• \$90 per AU member</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</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>• Accept A/R statement of amount of Dependent Care paid unless questionable</li> </ul>	

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## Processing Standards

<b>Standard of Promptness</b>	<b>Initial application:</b> 45 days beginning with the date of application EXCEPT: Pregnant women must be approved within 10 days if pregnancy has not yet terminated. Newborns must be approved within 10 days of report. EMA Pregnant women have a 45-day SOP.  <b>Review:</b> Must be completed by the last work day of the month in which it is due.
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# Degrees of Relationship for LIM (MR 2245)

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

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

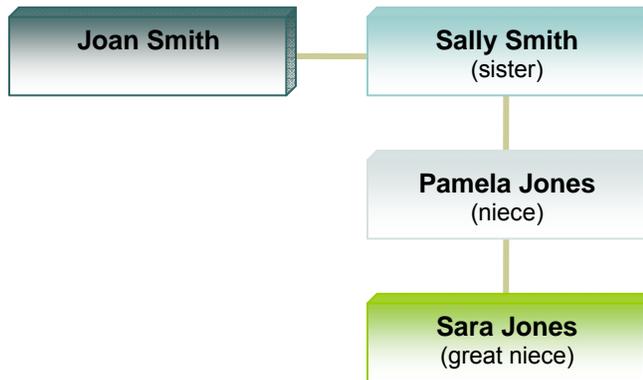
Relationship is established by one of the following:

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

## 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.

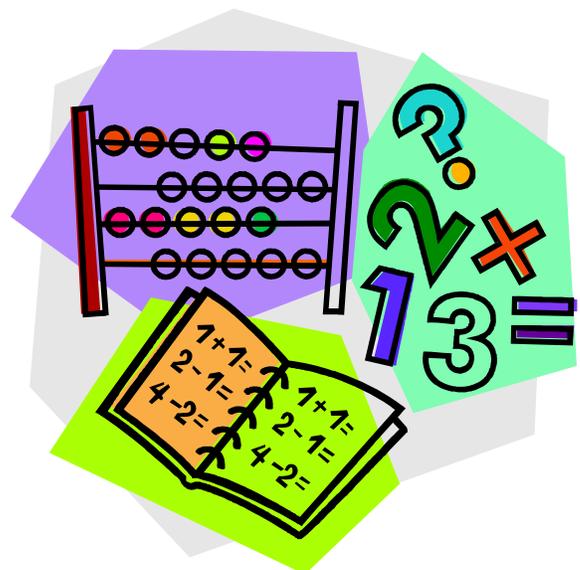


# Determining the Value of Resources

## MR 2301-7



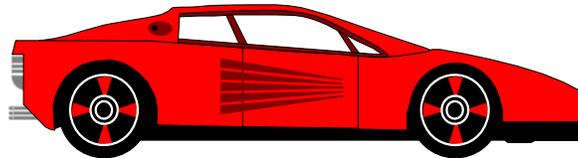
<p>Cash Value (CV)</p>	<p>Amount available if resource could be converted to U.S. funds</p>
<p>Current Market Value (CMV)</p>	<p>Amount the resource can sell for on the open market in the geographic area involved</p>
<p>Equity Value (EV)</p>	<p>Current Market Value less legal debts, liens or encumbrances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



## 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>1990 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>OLD 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
<b>1989 FORD</b>						
/eh. Ident.: ( ) ( ) ( ) ( ) (Model) ( ) (K) 000001 Up.						
<b>ESTIVA - FWD</b>						
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
<b>ESCORT - FWD</b>						
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 align="center">or</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 align="center">or</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.

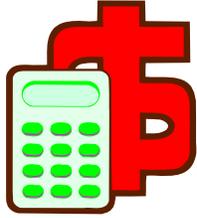


# VERIFICATION OF INCOME POLICY FOR FAMILY MEDICAID (MR: 2405)



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

- 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?



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?

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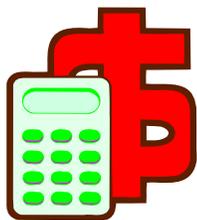
## How To Get A Good Client Statement

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. (See examples #1 and #2)
- \* Once you begin the count, continue it unless the person has NO wages or \$90 deduction zeros wages in one of the months (in other words, don't discontinue it because they don't need it). (See examples #3 and #4)
- \* After the four consecutive 30 plus 1/3 months, the recipient will receive eight months of the \$30 deduction. (See example #5)
- \* 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. (See example #6)
- \* 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.

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## 30 AND 1/3 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 (TM-22)

- \* 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 (TM-23)

- \* 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 example #3 and #4 (TM-24 and TM-25)

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>
<b>A. Resource Test</b>		Gross Wages \$ <b>650</b>
Total Nonexempt Resources \$ <b>0</b>	Resource Limit \$ <b>1000</b>	Less \$90 \$ <b>560</b>
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Less Child Care \$ <b>460</b>
<b>B. Income Ceiling Test</b>		Plus Unearned Income \$ <b>-</b>
Gross Income \$ <b>650</b>	(Plus deemed, less allocated income)	Plus Deemed Income \$ <b>-</b>
Gross Income Ceiling \$ <b>925</b>	Surplus/Deficit \$ <b>-</b>	Less Allocation \$ <b>-</b>
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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>D. Eligibility/Payment Budget</b>		<b>500</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit		
2. Earned Income / <b>WAGES</b>	<b>650.00</b>	
<b>Total Earned Income</b>	<b>650.00</b>	<b>Subtotals</b>
3. Less \$90	<b>90.00</b>	<b>560.00</b>
4. Less \$30 <b>&gt; NOT NEEDED</b>	<b>-</b>	<b>560.00</b>
5. Less 1/3 <b>&gt; NOT NEEDED</b>	<b>-</b>	<b>560.00</b>
6. Less Child Care	<b>100.00</b>	<b>460.00</b>
7. Net Earned Income		<b>460.00</b>
8. Plus Unearned Income		
9. Plus Child Support (Less \$50 - Medicaid only)		
10. Plus Deemed Income		
11. Less Allocation		
12. Total Countable Income		<b>460.00</b>
13. Surplus/Deficit (SON less line 12)		<b>460</b>
14. Family Maximum	<b>AU 19 LIM eligible without using 30 and 1/3</b>	
15. Benefit Amount	<b>save deduction until it is needed</b>	

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/R was eligible for 30+1/3</b>				
<b>but had not used it. Now</b>				
<b>Total Earned Income</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)		<b>320</b>		
14. Family Maximum		<b>LIM eligible</b>		
15. Benefit Amount				

Georgia Department of Human Resources  
TANF BUDGET SHEET

Example # 3

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>June</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 \$ <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		<b>500</b>
2. Earned Income	<u>WAGES</u>	<b>300</b>
<b>Total Earned Income</b>		<b>300</b>
3. Less \$90	<u>The 30 and 1/3 count began with May and must continue unless:</u>	<b>90</b>
4. Less \$30	<u>1) the \$90 deduction</u>	<b>30</b>
5. Less 1/3	<u>exhaust the wages</u>	<b>60</b>
6. Less Child Care	<u>2) wages terminate</u>	<b>50</b>
7. Net Earned Income	<u>3) the case is closed and a benefit month is missed</u>	<b>70</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>70</b>
13. Surplus/Deficit (SON less line 12)		<b>70</b>
14. Family Maximum	<u>LIM eligible</u>	
15. Benefit Amount		

Georgia Department of Human Resources  
TANF BUDGET SHEET

Example # 4

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

- \* 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 (TM-27)

- \* In April a trial budget is completed to determine ongoing eligibility for May after removing the \$30 deduction.

See example #6 (TM-28)

Georgia Department of Human Resources  
TANF BUDGET SHEET

Example # 5

Name of Grantee Relative <b>Ms. Wyllie</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>Sept.</b>	<b>C. Standard of Need Test</b>
<b>A. Resource Test</b>		Gross Wages \$ _____
Total Nonexempt Resources \$ <u>8</u>	Resource Limit \$ <u>1000</u>	Less \$90 \$ _____
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Less Child Care \$ _____
<b>B. Income Ceiling Test</b>		Plus Unearned Income \$ _____
Gross Income \$ <u>750</u> (Plus deemed, less allocated income)	Gross Income Ceiling \$ <u>925</u>	Plus Deemed Income \$ _____
Surplus/Deficit \$ _____	Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Less Allocation \$ _____
		Total \$ _____
		SON \$ _____
		Surplus/Deficit \$ _____
		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D. Eligibility/Payment Budget</b>		<b>500</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit		
2. Earned Income / <b>WAGES</b>	<b>750</b>	
<b>Total Earned Income</b>	<b>750</b>	<b>Subtotals</b>
3. Less \$90	<b>90</b>	<b>660</b>
4. Less \$30	<b>30</b>	<b>630</b>
5. Less 1/3 <b>NO LONGER ELIGIBLE</b>		<b>630</b>
6. Less Child Care	<b>150</b>	<b>480</b>
7. Net Earned Income		<b>480</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>480</b>
13. Surplus/Deficit (SON less line 12) <b>LIM ELIGIBLE</b>		<b>480</b>
14. Family Maximum		
15. Benefit Amount		

Georgia Department of Human Resources  
TANF BUDGET SHEET **EXAMPLE # 6**

Name of Grantee Relative <b>Ms. Willie</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 \$ _____
Total Nonexempt Resources \$ <u>0</u>	Resource Limit \$ <u>1000</u>	Less \$90 \$ _____
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Less Child Care \$ _____
<b>B. Income Ceiling Test</b>		Plus Unearned Income \$ _____
Gross Income \$ <u>750</u>	(Plus deemed, less allocated income)	Plus Deemed Income \$ _____
Gross Income Ceiling \$ <u>925</u>	Surplus/Deficit \$ _____	Less Allocation \$ _____
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Total \$ _____
		SON \$ _____
		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>wages</b>	<b>750</b>	
<b>Total Earned Income</b>	<b>750</b>	<b>Subtotals</b>
3. Less \$90	<b>90</b>	<b>660</b>
4. Less \$30 <b>exhausted</b>		
5. Less 1/3 <b>exhausted</b>		
6. Less Child Care	<b>150</b>	<b>510</b>
7. Net Earned Income		<b>510</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>510</b>
13. Surplus/Deficit (SON less line 12)		<b>510</b>
14. Family Maximum	<b>ineligible for LIM - due to loss of the \$30 deduction - AU is eligible for TM</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 September 17<sup>th</sup> 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 and uses 30 & 1/3 October - January, what happens to her case effective February?



Georgia Department of Human Resources  
TANF BUDGET SHEET

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>	Resource Limit \$ <b>1000</b>	Less \$90 \$ <b>668.32</b>
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Less Child Care \$ <b>559.99</b>
<b>B. Income Ceiling Test</b>		Plus Unearned Income \$ _____
Gross Income \$ <b>758.32</b> (Plus deemed, less allocated income)	Gross Income Ceiling \$ <b>784</b>	Plus Deemed Income \$ _____
Surplus/Deficit \$ _____	Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Less Allocation \$ _____
		Total \$ <b>559.99 (560)</b>
		SON \$ <b>424</b>
		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>	
<b>Total Earned Income</b>	<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		

Georgia Department of Human Resources  
TANF BUDGET SHEET

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>	C. Standard of Need Test 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
A. Resource Test Total Nonexempt Resources \$ <u>95</u> Resource Limit \$ <u>1000</u> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
B. Income Ceiling Test Gross Income \$ <u>758.32</u> (Plus deemed, less allocated income) Gross Income Ceiling \$ <u>784.</u> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
D. Eligibility/Payment Budget		
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit		<b>424</b>
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>
12. Surplus/Deficit (SON less line 12)	<b>LIM ineligible due to the loss of 1/3 deduction</b>	
14. Family Maximum		<b>530</b>
15. Benefit Amount	<b>CMD - 1st option to consider 1/3 TMA</b>	

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## 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 35 hours per week and earn \$5.15 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?



Georgia Department of Human Resources  
TANF BUDGET SHEET

LIM Example # 2

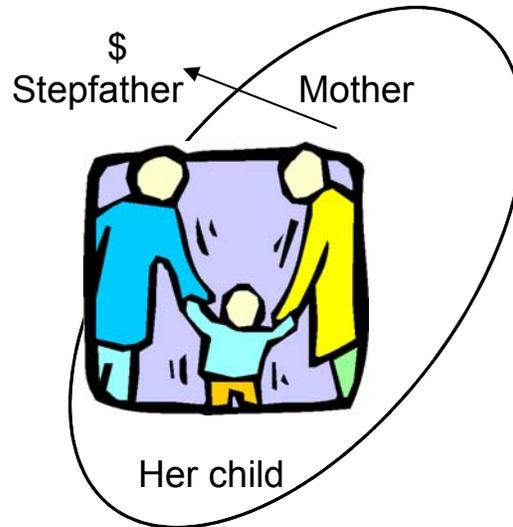
Name of Grantee Relative <b>Ms. JOHNSON</b>		Number in AU <b>5</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>234567711</b>		Effective Month <b>July</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ <b>781.07</b>		
Total Nonexempt Resources \$ <b>0</b>		Less \$90 \$ <b>691.07</b>		
Resource Limit \$ <b>1000</b>		Less Child Care \$ <b>541.07</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>781.07</b> (Plus deemed, less allocated income)		Less Allocation \$ _____		
Gross Income Ceiling \$ <b>1060</b>		Total \$ <b>541.07 (541)</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>781.07</b>		
<b>Total Earned Income</b>		<b>781.07</b>	<b>Subtotals</b>	
3. Less \$90		<b>90.</b>	<b>691.07</b>	
4. Less \$30 <b>} not needed</b>				
5. Less 1/3				
6. Less Child Care		<b>150.</b>		
7. Net Earned Income			<b>541.07</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>541.07</b>	<b>541</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>eligible for LIM</b>		
15. Benefit Amount				

## Allocated and Deemed Income (MR-2661)

Allocating and Deeming of income are two special budgeting procedures.

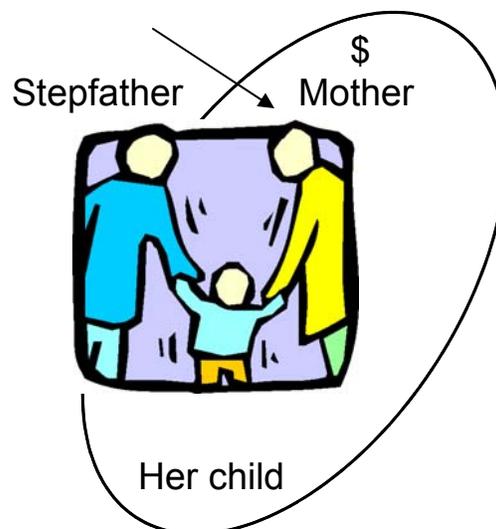
Allocate: use the income of an AU member to meet the needs of a non-AU member for whom s/he is legally obligated to support

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



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# 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. 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) Examples:

1. Ms. Mary Barber reports and verifies on April 15 that she now has a new job. She will begin work on April 25th. 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 April 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 & 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?

*1MA Example # 1*

Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <i>Mary Barber</i>	Number in AU <i>3</i>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change
AU ID Number <i>334455661</i>	Effective Month <i>May</i>	<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><i>0</i></u> Resource Limit \$ <u><i>1000</i></u> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <u><i>1200</i></u> (Plus deemed, less allocated income) Gross Income Ceiling \$ <u><i>784</i></u> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <i>ineligible for LIM due to increased earnings</i>		
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit		Subtotals  <i>eligible for 1MA May-April</i>
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

TMd Example #2

Name of Grantee Relative <b>Clara Cook</b>		Number in AU <b>2</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change	
AU ID Number <b>123456789</b>		Effective Month <b>July</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		Gross Wages \$ _____		
Total Nonexempt Resources \$ <u>8</u>		Less \$90 \$ _____		
Resource Limit \$ <u>1000</u>		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 \$ <u>525</u>		Less Allocation \$ _____		
(Plus deemed, less allocated income)		Total \$ _____		
Gross Income Ceiling \$ <u>659</u>		SON \$ _____		
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____		
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>		<b>356</b>		
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit				
2. Earned Income / <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>	<b>405</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>Eligible for LIM due to the loss of the 1/3 deduction</b>		
15. Benefit Amount		<b>TMd eligible July-June</b>		

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# Determining TMA Eligibility When Wages Are Reported Untimely

**Example #1:** Mr. Roberts has received LIM for himself and two children for seven months. On July 3<sup>rd</sup> A/R reports and verifies new employment which began May 25<sup>th</sup>; Mr. Roberts received his first check of \$350.00 on June 5<sup>th</sup> 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 \$ <u>8</u> Resource Limit \$ <u>1000</u> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <u>1516.65</u> (Plus deemed, less allocated income) Gross Income Ceiling \$ <u>784</u> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b> <i>ineligible for LIM due to increased wages</i>		
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit		
2. Earned Income		
<b>Total Earned Income</b>		<b>Subtotals</b>
3. Less \$90		\$ 350
4. Less \$30		X 4.3333
5. Less 1/3		<u>\$ 1516.65</u>
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, 2004. She has never worked while receiving LIM. She reports and verifies on August 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 6/15/04, first check received 6/22/04. 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. (\$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 <u>2</u>	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>
<b>A. Resource Test</b>		Gross Wages \$ _____
Total Nonexempt Resources \$ <u>8</u>	Resource Limit \$ <u>1000</u>	Less \$90 \$ _____
Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Less Child Care \$ _____
<b>B. Income Ceiling Test</b>		Plus Unearned Income \$ _____
Gross Income \$ <u>714.99</u>	(Plus deemed, less allocated income)	Plus Deemed Income \$ _____
Gross Income Ceiling \$ <u>659</u>	Surplus/Deficit \$ _____	Less Allocation \$ _____
Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Total \$ _____
<b>D. Eligibility/Payment Budget</b>		SON \$ _____
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit		Surplus/Deficit \$ _____
2. Earned Income		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Earned Income</b>		<b>Subtotals</b>
3. Less \$90		#165
4. Less \$30		X4.3333
5. Less 1/3		<u>714.99</u>
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.

# 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.

# 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)

# Four Months Child Support Medicaid

MR 2170

Mom and children receive LIM.

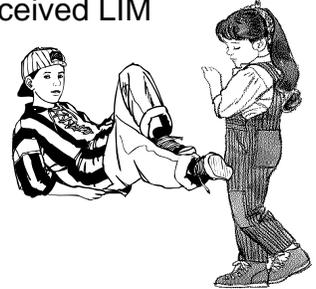


Now receives child support which puts the AU over the LIM income limit.  
AU is eligible for 4MCS.

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# Four Months Child Support Medicaid Examples

1. Ms. Betty Barnes and her two children, Mark and Amy, have received LIM and FS for 6 months. At her review on August 5<sup>th</sup>, Ms. Barnes reports and verifies that her divorce from Amy's father was finalized on August 3<sup>rd</sup> and that she will begin receiving \$550 child support per month for Amy in September. FICM completes the case on August 20<sup>th</sup>.



- a. Who will receive Medicaid?
- b. What months will the AU receive Medicaid under 4 Months Child Support Medicaid?
- 
-

2. Ms. Kathy Davis has received LIM for 8 months for herself, her son, and her daughter. On April 4, 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.



- a. What type of Medicaid is appropriate for this change?
- b. What is the potential time period for this type of Medicaid?



Georgia Department of Human Resources  
 TANF BUDGET SHEET

Four Mos. Child Supp.  
 Example # 1

Name of Grantee Relative <b>Betty Barney</b>	Number in AU <b>3</b>	Action Taken: <input type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input type="checkbox"/> Change	
AU ID Number <b>998877660</b>	Effective Month <b>SEPT</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>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>500</u>		Less Allocation \$ _____	
(Plus deemed, less allocated income)		Total \$ _____	
Gross Income Ceiling \$ <u>784</u>		SON \$ _____	
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____	
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>D. Eligibility/Payment Budget</b>			<b>424</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit			
2. Earned Income			
<b>Total Earned Income</b>		<b>Subtotals</b>	
3. Less \$90			\$550
4. Less \$30			-50
5. Less 1/3			<u>500</u>
6. Less Child Care			
7. Net Earned Income			
8. Plus Unearned Income			
9. Plus Child Support (Less \$50 - Medicaid only)	500	500	
10. Plus Deemed Income			
11. Less Allocation			
12. Total Countable Income		500	500
13. Surplus/Deficit (SON less line 12)			
14. Family Maximum	Eligible for LIM due to Child Support		
15. Benefit Amount	4 Mos due to Child Support Sept - Dec		

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>  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>8</u> Resource Limit \$ <u>1000</u> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <u>650</u> (Plus deemed, less allocated income) Gross Income Ceiling \$ <u>784</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		
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>650</b>
10. Plus Deemed Income		<b>650</b>
11. Less Allocation		
12. Total Countable Income		<b>650</b>
13. Surplus/Deficit (SON less line 12)		<b>650</b>
14. Family Maximum		<b>Eligible for LIM due to Child Support</b>
15. Benefit Amount		<b>4 Mos. CS May-August</b>

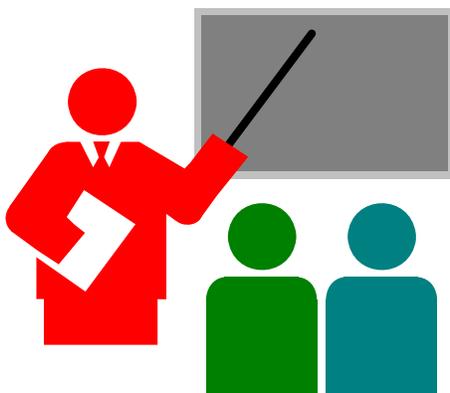
# OBJECTIVES

- | Participants will be able to determine RSM eligibility for children and pregnant women (PG) based on non-financial and financial criteria.
- | Participants will be able to determine who is included in the RSM AU.
- | Participants will be able to determine who is included or excluded for the most common RSM budget groups.
- | 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. Assistance Units/ Budget Groups (MR 2600 and 2620)
- III. The Application Process (MR 2050, 2065, 2067, and 2068)
- IV. Eligibility Requirements
  - A. Non-Financial/Basic Eligibility Requirements
    1. Age (MR 2255)
    2. Application for Other Benefits (MR 2210)
    3. Office of Child Support Services (MR 2250)
    4. Citizenship/Alienage (MR 2215)
    5. Enumeration (MR 2220)
    6. Residency (MR 2225)
    7. Third-Party Resources (MR 2230)
  - B. Financial Requirements (MR 2405 and 2499)
- V. Budgeting (MR 2650, 2653, 2655, and 2669)
- VI. RSM-PG Woman (MR 2180, 2184, and 2720)
- VII. RSM Children (MR 2180 and 2182)
- VIII. Changes During Eligibility Period (MR 2657 and 2720)
- IX. PeachCare for Kids (MR 2194)



# RSM Non-Financial Criteria Chart

<b>CRITERION</b> ESS Manual Reference, (where applicable)	<b>RSM POLICY</b>
Age (ESS 2255)	Children are eligible through month of 19 <sup>th</sup> birthday. Accept A/R statement. There is no age requirement for a pregnant woman.
Application for other benefits (ESS 2210)	In RSM Children cases, A/R must apply for and accept all monetary benefits (other than TANF and SSI) that any BG member is entitled to receive.  Verify - Accept A/R statement. <b>This policy is not applicable in RSM pregnant woman cases</b>
Assistance Unit Size/Composition (ESS 2600 and 2620)	In RSM, the AU is comprised of those people for whom assistance is requested and coverage is available. Remember that RSM offers coverage only to children and pregnant women.
Office of Child Support Services (ESS 2250)	Refer unless child-only case.

<p>Citizenship Alienage (ESS 2215)</p>	<p>The AU members must be US citizens or qualified aliens. A Declaration of Citizenship/Alien Status must be obtained for all AU members at initial application and when adding an individual to the AU (if there is no previous declaration on file for the person being added.)</p> <p>The BG members do not have to be US citizens or qualified aliens.</p> <p>Verify for Citizenship – Must provide third party verification of citizenship and identity.</p> <p>Verify for Alienage - DHS document and Web 1 VIS/CPS</p>
<p>Enumeration (ESS 2220)</p>	<p>Each person must provide SSN or proof that they have applied for SSN - good cause may apply for failure to provide. Individuals who are in the BG only should be asked to provide their SSN, but no penalty is imposed if they fail to do so.</p> <p>Verify - A/R statement of SSN if the number is known. Accept AU statement for application of SSN in order to process the application, but verification is required in the third month following the month of approval.</p>

Residency (ESS 2225)	Must live or intend to live in Georgia; permanent dwelling or fixed address not required.  Verify - Accept A/R statement.
Third Party Resources (ESS 2230)	AU members must assign rights to Third Party Resources to the Department of Community Health.  Verify - Accept A/R statement as to whether anyone in the AU has insurance. Form DMA-285 must be completed on each AU.
Pregnancy (ESS 2184)	Must be verified by third party.
Expected Date of Delivery (ESS 2184)	Verify - Accept A/R statement

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# THE MOST COMMON BUDGET 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.



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## 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.



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## 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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**5. Pregnant Woman Lives With Her Boyfriend and the Unborn is His Child**

The Budget Group consists of the woman & 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-PG

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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**RSM - Children**

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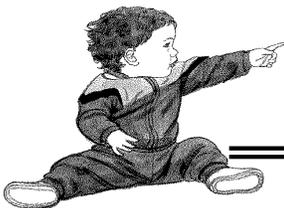
5. Mary and James Smith apply for assistance for their 10-month old son, Joe. Ms. Smith works earning \$1990 gross per month. There is no 30 and 1/3. They apply for Medicaid on October 9. All eligibility requirements are met and the case is approved November 10.

Who is eligible for Medicaid?

What is the time period for this type of Medicaid?

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## Combination

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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## Two Parents in the Home

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?



Georgia Department of Human Resources  
TANF BUDGET SHEET

RSM Example #1

Name of Grantee Relative <b>MONA 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/07</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>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>D. 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>2862</b>
2. Earned Income / <b>WAGES - Mr. Elliott</b>	<b>2195.00</b>	
<b>Total Earned Income</b>	<b>2195.00</b>	<b>Subtotals</b>
3. Less \$90	<b>90.00</b>	<b>2105.00</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)		<b>2105</b>
14. Family Maximum	<b>Eligible RSM PGW</b>	
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/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		<b>1904</b>
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)		<b>1389</b>
14. Family Maximum	<b>Eligible RSM Child (1-5)</b>	
15. Benefit Amount	<b>Jimmy</b>	

Georgia Department of Human Resources  
TANF BUDGET SHEET

RSM Example #4

Name of Grantee Relative <b>ELIYAZ MASON</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>10110112</b>		Effective Month <b>Jan.</b>	<b>C. Standard of Need Test</b>																						
<b>A. Resource Test</b>		<table border="0"> <tr><td>Gross Wages</td><td>\$ _____</td></tr> <tr><td>Less \$90</td><td>\$ _____</td></tr> <tr><td>Less Child Care</td><td>\$ _____</td></tr> <tr><td>Plus Unearned Income</td><td>\$ _____</td></tr> <tr><td>Plus Deemed Income</td><td>\$ _____</td></tr> <tr><td>Less Allocation</td><td>\$ _____</td></tr> <tr><td>Total</td><td>\$ _____</td></tr> <tr><td>SON</td><td>\$ _____</td></tr> <tr><td>Surplus/Deficit</td><td>\$ _____</td></tr> <tr><td>Eligible for \$30 + 1/3?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</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>		<table border="0"> <tr><td>Gross Income</td><td>\$ _____</td></tr> <tr><td>(Plus deemed, less allocated income)</td><td></td></tr> <tr><td>Gross Income Ceiling</td><td>\$ _____</td></tr> <tr><td>Surplus/Deficit</td><td>\$ _____</td></tr> <tr><td>Eligible based on ceiling test?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>		Gross Income	\$ _____	(Plus deemed, less allocated income)		Gross Income Ceiling	\$ _____	Surplus/Deficit	\$ _____	Eligible based on ceiling test?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Gross Income	\$ _____																								
(Plus deemed, less allocated income)																									
Gross Income Ceiling	\$ _____																								
Surplus/Deficit	\$ _____																								
Eligible based on ceiling test?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Gross Income \$ _____																									
Gross Income Ceiling \$ _____																									
Surplus/Deficit \$ _____																									
Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>1141</b>																							
<b>D. Eligibility/Payment Budget</b>																									
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit																									
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

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> 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>		<b>2648</b>		
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit				
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>	<b>1900</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>Eligible RSM Child (0-1) Joe</b>		
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>																													
<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> </table>			Gross Wages	\$	_____	Less \$90	\$	_____	Less Child Care	\$	_____	Plus Unearned Income	\$	_____	Plus Deemed Income	\$	_____	Less Allocation	\$	_____	Total	\$	_____	SON	\$	_____	Surplus/Deficit	\$	_____	
Gross Wages	\$				_____																											
Less \$90	\$				_____																											
Less Child Care	\$			_____																												
Plus Unearned Income	\$	_____																														
Plus Deemed Income	\$	_____																														
Less Allocation	\$	_____																														
Total	\$	_____																														
SON	\$	_____																														
Surplus/Deficit	\$	_____																														
Total Nonexempt Resources \$ _____		<table border="0"> <tr><td>Eligible for \$30 + 1/3?</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr> </table>		Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																										
Eligible for \$30 + 1/3?	<input type="checkbox"/> Yes			<input type="checkbox"/> No																												
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) \$ _____		<b>D. Eligibility/Payment Budget</b>																														
Gross Income Ceiling \$ _____																																
Surplus/Deficit \$ _____																																
Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No																																
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		<b>1431 / 2862</b>																														
2. Earned Income / <b>wages - Ms. Jones</b>		<b>1100.00</b>																														
<b>Total Earned Income</b>		<b>1100.00</b>	<b>Subtotals</b>																													
3. Less \$90		<b>90.00</b>	<b>1010.00</b>																													
4. Less \$30																																
5. Less 1/3																																
6. Less Child Care		<b>175.00</b>	<b>835.00</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>	<b>835</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 Pe-W Ms. Jones</b>																														

Georgia Department of Human Resources  
TANF BUDGET SHEET

Example 7  
Step 1 - LIM

Name of Grantee Relative <b>Cindy 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 MRC/G/6E</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			<b>Retirement \$1,000 Contribution (\$50 x 4.3333) = \$216.66</b>
4. Less \$30			<b>LIM AU —</b>
5. Less 1/3			<b>Ms Andrews, Mr. Metal Patrick, John and David</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			
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>BE/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>A87644209</b>		Effective Month <b>Jan</b>	<b>C. Standard of Need Test</b>	
<b>A. Resource Test</b>		<b>B. Income Ceiling Test</b>		
Total Nonexempt Resources \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Gross Income \$ _____ (Plus deemed, less allocated income) Gross Income Ceiling \$ _____ Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No		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>		<b>2011/2675</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>contribution/retirement</b>		<b>216.66/1000</b>	<b>1216.66</b>	
9. Plus Child Support (Less \$50 - Medicaid only)				
10. Plus Deemed Income				
11. Less Allocation				
12. Total Countable Income			<b>1216.66</b>	<b>1217</b>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<b>Eligible RSM Child (1-5) David</b>		
15. Benefit Amount		<b>Eligible RSM Child (6-19) Patrick and John</b>		

## 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>	<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>650</u>		Less Allocation \$ _____		
(Plus deemed, less allocated income)		Total \$ _____		
Gross Income Ceiling \$ <u>784</u>		SON \$ _____		
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____		
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>				<b>424</b>
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit				
2. Earned Income				
<b>Total Earned Income</b>			<b>Subtotals</b>	
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>	<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

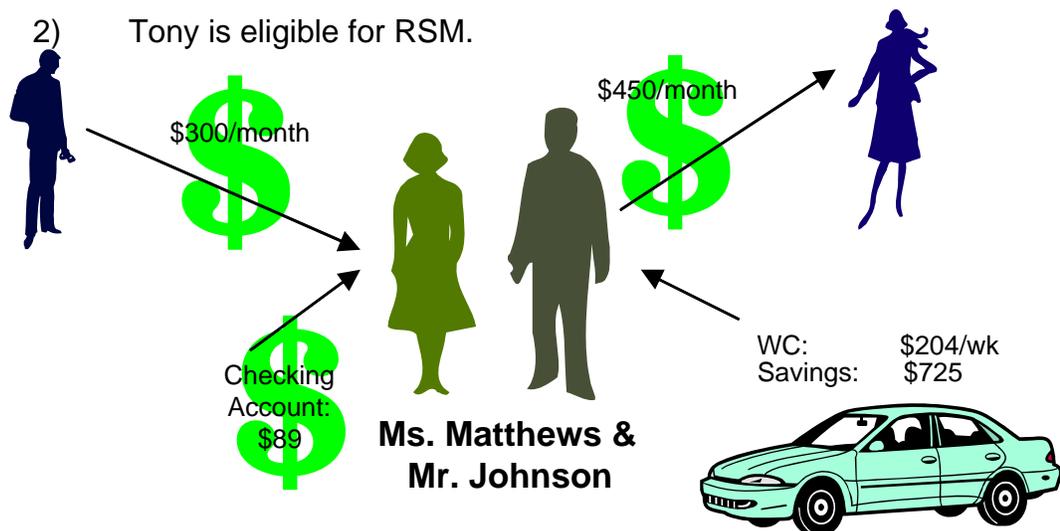
Name of Grantee Relative <b>Ms. ROGERS</b>	Number in AU <b>AG 3</b>	Action Taken: <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Initial <input type="checkbox"/> Review <input checked="" type="checkbox"/> Change
AU ID Number <b>156735921</b>	Effective Month <b>Mar</b>	<b>C. Standard 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</b>
9. Plus Child Support (Less \$50 - Medicaid only)		<b>650.00</b>
10. Plus Deemed Income		
11. Less Allocation		
12. Total Countable Income		<b>650.00</b>
13. Surplus/Deficit (SON less line 12)		<b>650</b>
14. Family Maximum <b>Eligible RSM Child (6-19)</b>		
15. Benefit Amount <b>Michael</b>		

## 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. There is now a Blended Family.
- C. Budgets completed to determine continued LIM eligibility.
  - 1) Responsibility budget completed to determine the amount of income available to deem.
  - 2) 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>	C. Standard of Need Test 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
A. Resource Test Total Nonexempt Resources \$ <u>814</u> Resource Limit \$ <u>1000</u> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
B. Income Ceiling Test Gross Income \$ <u>1133.99</u> (Plus deemed, less allocated income) Gross Income Ceiling \$ <u>925</u> Surplus/Deficit \$ _____ Eligible based on ceiling test? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
D. Eligibility/Payment Budget <b>LIM AU ME(G)6(e)</b>		
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit		
2. Earned Income		Subtotals WC #204 x 4.3333 = #883.99 Child Support #300 - 50 = #250
Total Earned Income		
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		

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> Surplus/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>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>Verinda 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>	<b>C. Standard of Need Test</b>			
<b>A. Resource Test</b>		Gross Wages \$ _____				
Total Nonexempt Resources \$ <u>89</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>327.99</u> (Plus deemed, less allocated income)		Less Allocation \$ _____				
Gross Income Ceiling \$ <u>659</u>		Total \$ _____				
Surplus/Deficit \$ _____		SON \$ _____				
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Surplus/Deficit \$ _____				
<b>D. Eligibility/Payment Budget</b>		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						
3. Less \$90		Child Support #300-50 = 250 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		<b>LIM Eligible AU - Ms Matthews and Jacoby</b>				
15. Benefit Amount						

Georgia Department of Human Resources  
TANF BUDGET SHEET

Name of Grantee Relative <b>Verlinda Matthews</b>		Number in AU <b>BC/A</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				
<b>D. Eligibility/Payment Budget</b>				
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		<b>1721</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>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				

## 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 March 15<sup>th</sup>. Mr. Tucker receives \$1680 per month from a trust fund. This change is reported and verified on March 16<sup>th</sup>.

**Refer to the following budgets #1 and #3.**

- A. Mother and three children receive LIM.
- B. Mother marries the father of two children - Billy and Carrie.
- 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. (Budget #2, Step 1).  
  
Deem \$235 to Ms. Tucker and Angie (Budget #2, Step 2). They 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 - determine eligibility for Carrie and Billy (Budget #3). All are included in the BG.

Georgia Department of Human Resources  
TANF BUDGET SHEET

Step 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 \$ <u>0</u> Resource Limit \$ <u>1000</u> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <u>1680</u> (Plus deemed, less allocated income) Gross Income Ceiling \$ <u>1060</u> 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		

Mr. Franklin  
|  
Angie (12)

Mr. Tucker  
|  
Carrie (4)  
Billy (2)

DEEMING AND ALLOCATION WORKSHEET

Step 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> <del>Surplus</del>/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>If a deficit exists, there is no income to deem. Determine if allocation is appropriate.</p> <p>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

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 \$ <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>235</u>		Less Allocation \$ _____		
(Plus deemed, less allocated income)		Total \$ _____		
Gross Income Ceiling \$ <u>659</u>		SON \$ _____		
Surplus/Deficit \$ _____		Surplus/Deficit \$ _____		
Eligible based on ceiling test? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for \$30 + 1/3? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>D. Eligibility/Payment Budget</b>				<b>356</b>
1. <input type="checkbox"/> SON <input type="checkbox"/> RSM Limit				
2. Earned Income				
Total Earned Income			<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

Step 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>	<del> <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             </del>
<del> <b>A. Resource Test</b>                  Total Nonexempt Resources \$ _____                  Resource Limit \$ _____                  Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No             </del>		
<del> <b>B. Income Ceiling Test</b>                  Gross Income \$ _____                  (Plus deemed, less allocated income)                  Gross Income Ceiling \$ _____                  Surplus/Deficit \$ _____                  Eligible based on ceiling test? <input type="checkbox"/> Yes <input type="checkbox"/> No             </del>		
<del> <b>D. Eligibility/Payment Budget</b> </del>		
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		<b>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>Trust</b>		<b>1680.00 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 1680</b>
13. Surplus/Deficit (SON less line 12)		
14. Family Maximum <b>Eligible RSM Child (1-5)</b>		
15. Benefit Amount <b>Garnie and Billy</b>		

## 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:

<u>Ms. Hunter</u>		<u>Mr. Johnson</u>	
7/9	\$100	7/3	\$250
7/2	\$100	6/26	\$250
6/25	\$100	6/19	\$250
6/18	\$100	6/12	\$250
6/11	\$100		

- A. Budget completed to determine LIM eligibility for AU.
- B. LIM budget based on AU of 4. Ms. Hunter and Mr. Johnson are parents to John even though they are not married.
- C. Determined the entire AU is ineligible for LIM. Budgets completed to determine LIM eligibility for Ms. Hunter and Traci and RSM eligibility for John.

Georgia Department of Human Resources  
TANF BUDGET SHEET

Step 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 \$ <u>8</u> Resource Limit \$ <u>1000</u> Eligible Based on Resources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. Income Ceiling Test</b> Gross Income \$ <u>1516.65</u> (Plus deemed, less allocated income) Gross Income Ceiling \$ <u>925</u> 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 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		Wages \$100 x 4.3333 = \$433.33
4. Less \$30		\$250 x 4.3333 = \$1083.32
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		

Missy Hunter  
|  
Israel (6)

Kevin Johnson  
|  
John (3)

Georgia Department of Human Resources  
TANF BUDGET SHEET

Step 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>0</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 (343)</u> 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>		<b>356</b>		
1. <input checked="" type="checkbox"/> SON <input type="checkbox"/> RSM Limit				
2. Earned Income / <u>wages - Mr. Hunter</u>		<u>433.33</u>		
<b>Total Earned Income</b>		<u>433.33</u>	<b>Subtotals</b>	
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>	<u>343</u>
13. Surplus/Deficit (SON less line 12)				
14. Family Maximum		<u>LIM eligible AU - Mr. Hunter + Traci</u>		
15. Benefit Amount				

Georgia Department of Human Resources  
TANF BUDGET SHEET

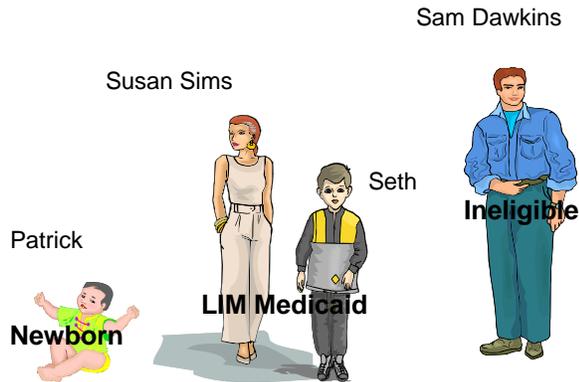
Step 3

Name of Grantee Relative <b>Kim Hunter</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>	C. Standard of Need Test
A. Resource Test		
Total Nonexempt Resources \$ _____ Resource Limit \$ _____ Eligible Based on Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Income Ceiling Test		
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
D. Eligibility/Payment Budget		<b>2289</b>
1. <input type="checkbox"/> SON <input checked="" type="checkbox"/> RSM Limit		
2. Earned Income / <b>wages Ms. Hunter</b>	<b>433.33</b>	
" <b>Mr. Johnson</b>	<b>1083.32</b>	
<b>Total Earned Income</b>	<b>1516.65</b>	<b>Subtotals</b>
3. Less \$90	<b>180.00</b>	<b>1336.65</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		

## Blended Families

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>.

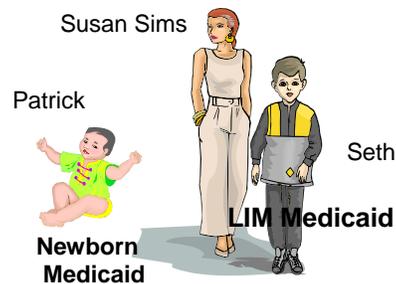
### Medicaid



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.

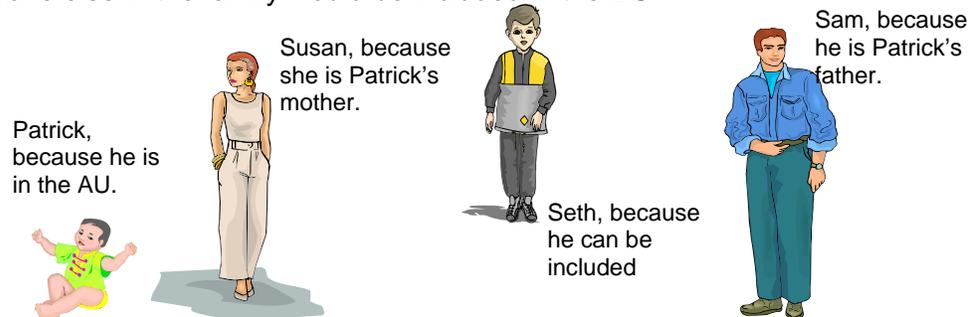
Once Patrick is born the family meets the definition of a blended family.

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.

## Continuing Medicaid Determination

Ms. Barnett applies for RSM-Pg 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-Pg 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. 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. 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.

# Objectives

- ⇒ Participants will be able to identify applicants who meet criteria for Emergency Medical Assistance.
- ⇒ Participants will be able to identify 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

## (MR 2054)

- I. Introductions
- II. Emergency Services
- III. Standard of Promptness
- IV. EMA Coverage Periods
- V. Steps to Approve EMA

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## **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:

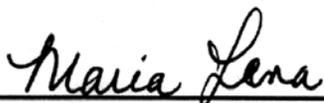
- Medically necessary, and
- Result from the sudden onset of a health condition with acute symptoms, and
- Which, in the absence of immediate medical attention, are reasonably likely to result in at least one of the following:
  - Placing the individuals health in serious jeopardy, or
  - Serious impairment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

Rona Nuday  
Signature

February 27, 2006  
Date

# 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.

Participants will be able to identify which Family Medicaid cases require reviews.

Participants will be able to identify the time frames for completing reviews.



# 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
- X. Changes in Income (MR 2701 and 2715)
- XI. Changes in AU/BG Composition (MR 2714)
- XII. Miscellaneous Changes (MR 2713 and 2716)
- XIII. Reviews (MR 2706)

# 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 Income

#### Example 3:

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 4:

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.

### Ongoing Recipient Reports Terminated or Decreased Deductions

#### Example 5:

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>.

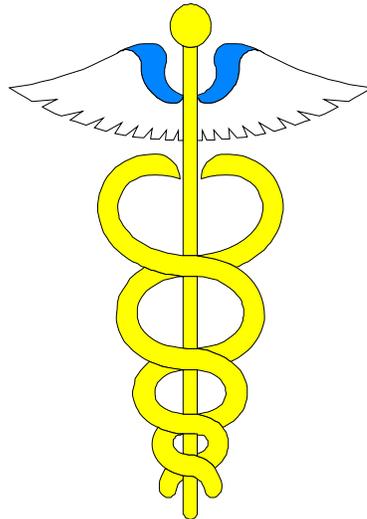
Remove the child care deduction effective August.

# 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



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# 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		

**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 44.5 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

(02/2006)

**OVERVIEW OF NON-FINANCIAL AND FINANCIAL ELIGIBILITY REQUIREMENTS FOR FAMILY MEDICAID**

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

Class of Assistance	Age	Application for other Benefits	CIT/Alien	OCSS**	Enumeration	Living with Specified Relative	Residency	TPR	Resources	Income	6 Month Reviews	Special Reviews
Newborn	0-13 months (through month of first birthday)	No	Yes	No	No	Yes (Birth Mother)	Yes	No	No	No	No	No
LIM	Yes (child<18) ♦	Yes: except SSI & TANF	Yes	Yes, unless child only case	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes ▲
TMA	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	Yes (child<18) ♦	Yes: except SSI & TANF	Yes	No	No, if requirements met under LIM	Yes	Yes	Yes	No	No	No	Yes ▲
RSM Child	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	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

<b>FAMILY MEDICAID DESK CHART: NEWBORN, LIM AND LIM-RELATED</b>				
<b>CLASS OF ASSISTANCE</b>	<b>REQUIREMENTS</b>	<b>ELIGIBLE MEMBERS</b>	<b>ELIGIBILITY PERIOD</b>	<b>BUDGETING METHOD</b>
Newborn Medicaid ( <b>NB</b> ) MR 2174 <b>F15</b>	Child born to and living with a Medicaid eligible mother. No formal application required for Newborn. Special reviews as needed.	Newborn child(ren) only	Newborn remains eligible for up to 13 months beginning with month of birth, provided that the child continues to live with the mother.	None
Low Income Medicaid ( <b>LIM</b> ) MR 2162 <b>F01</b>	Case eligible for Medicaid based on LIM non-financial and financial criteria. Six-month reviews are required. Special reviews as needed.	All assistance unit members. Can include adult relative	Indefinite – provided they continue to meet all eligibility requirements.	Prospective Exception: use actual income for prior months and intervening months (if applicable).
Transitional Medical Assistance ( <b>TMA</b> ) MR 2166 <b>F07</b>	Ineligible for LIM due to increased earned income or the loss of 30 or 1/3. Must have received LIM 3 of the last 6 months prior to the month of LIM ineligibility.	All assistance unit members.	2 consecutive 6 month periods.	Gross earned income (and dependent care expenses if needed) for TMA budget in the 7 <sup>th</sup> and 10 <sup>th</sup> months.
4 Months Medicaid Due to Child Support ( <b>4MCS</b> ) MR 2170 <b>F09</b>	Ineligible due to receipt of child support. Must have correctly received LIM in at least 3 of the last 6 months prior to the month of LIM ineligibility. No monthly contact required. Special reviews as needed.	All assistance unit members.	4 months	Prospective to determine LIM ineligibility, then none.

<b>FAMILY MEDICAID DESK CHART: RSM</b>				
<b>CLASS OF ASSISTANCE</b>	<b>REQUIREMENTS</b>	<b>ELIGIBLE MEMBERS</b>	<b>ELIGIBILITY PERIOD</b>	<b>BUDGETING METHOD</b>
RSM Pregnant Woman MR 2184 <b>F01</b>	Countable NET income not to exceed 200% of the FPL. Review the month prior to EDD and each month thereafter until pregnancy terminates	Pregnant woman only.	Month of conception through the month in which the 60 <sup>th</sup> day following termination of pregnancy falls. (Day One is the day pregnancy terminates.)	Prospective
RSM Infant( 0 – 1) MR 2182 <b>F22</b>	Countable NET income not to exceed 185% of the FPL. Six month reviews are required. Special reviews as needed.	Child from birth through month s/he reaches age 1.	Indefinite, up to age 1, based on continued financial and non-financial eligibility.	Prospective
RSM Child Under 6 MR 2182 <b>F22</b>	Countable NET income not to exceed 133% of the FPL. Six-month reviews are required. Special reviews as needed.	Child age 1 through the month s/he reaches age 6.	Indefinite, up to age 6, based on continued financial and non-financial eligibility.	Prospective
Other RSM children MR 2182 <b>F22</b>	Countable NET income not to exceed 100% of the FPL. Six month reviews are required. Special reviews as needed.	Child age 6 through the month s/he reaches age 19.	Indefinite up to age 19, based on continued financial and non-financial eligibility.	Prospective

**EXCERPTS FROM MEDICAID POLICY MANUAL**  
**(To be used only during this training class. Refer to online policy manual at [ODIS.DHR.STATE.GA.US](http://ODIS.DHR.STATE.GA.US) for current policy)**

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