



An Overview of Medicaid Eligibility

Overview

Medicaid is a medical assistance program that helps many people who can not afford medical care pay for some or all of it. This fact sheet provides the basics of applying and becoming eligible for Medicaid in Georgia.

Who can apply for Medicaid?

Many groups of people are covered by Medicaid. Within these groups certain requirements must be met.

A child may be eligible for coverage if he or she is a U.S. citizen or a lawfully admitted immigrant, even if the parent is not. Eligibility for children is based on the child's status, not the parent's; however, the parent's income is counted towards the income limit.

What are Medicaid's basic requirements?

In addition to income, basic requirements to determine eligibility under any Aged Blind Disabled (ABD) Medicaid program include:

- Aged (65 or older), blind or disabled
- Application for other benefits
- Citizenship/Qualified Alien status and identity
- Valid Social Security Number (SSN)
- Residency
- Assignment of medical benefits to the Division of Medicaid

In addition to income, basic requirements to determine eligibility under a Family Medicaid program include:

- Age
- Application for other benefits
- Citizenship/Qualified Alien status and identity
- Cooperation with Child Support Services (CSS)
- Valid SSN
- Residency
- Assignment of medical benefits to the Division of Medicaid

DCH requires full documentation of income and resources, if applicable, at the initial eligibility application and review for both Medicaid and PeachCare for Kids.® All applicants and members must provide proof of monthly family income. All eligibility points are reviewed in both programs as part of either the annual or semi-annual review process. Citizenship and identity must be documented at initial application.

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Average Monthly Enrollment for Medicaid and PeachCare for Kids

Fiscal Year	Medicaid	PeachCare for Kids
2005	1,376,730	208,185
2006	1,389,692	239,033
2007	1,278,476	274,025
2008	1,261,031	250,055
2009	1,361,771	205,305
2010	1,457,448	202,240
2011	1,492,345	200,065

An Overview of Medicaid Eligibility, Continued

What does Medicaid consider income?

Income is all money, earned or unearned, cash or any type of support received from any source by you/or your household that can be used to meet basic needs for food, clothing or shelter. Income is considered on a monthly basis and is used to determine financial eligibility and benefit level.

How can I verify my income?

- Income verification can be provided in a variety of ways, including:
- Pay stubs
- Copy of check reflecting gross income
- Form 809 - Wage Verification form

For some Medicaid programs, your statement of the source and amount of income, earned or unearned, may be accepted unless questionable. For others, all income must be verified. Verification of income is required when the information available to the agency contradicts your statement or your statement is otherwise questionable.

Where can an individual or family apply for Medicaid?

Medicaid applications are taken at many locations across the state, including:

- County Department of Human Services (DHS) Division of Family and Children Services (DFCS) offices
- Social Security Administration offices
- Health departments
- Some hospitals and nursing homes
- Local Right from the Start Medicaid (RSM) project offices

RSM project offices by county may be found by going to: www.dfcs.dhr.georgia.gov/rsm, and an application for Medicaid may be requested by contacting the RSM project at **800-809-7276**.

When is an application complete?

An application is complete when it is signed and submitted with your name and the information necessary on it to contact you or your personal representative, such as a relative, friend, guardian or any person in a position to know your circumstances.

Eligibility Determination

In Fiscal Year 2008, the Georgia Department of Community Health (DCH), along with outside vendors, began new initiatives to enhance the state's Medicaid eligibility determination and functions. DCH also changed policy requirements to ensure the highest level of program integrity in both Medicaid and PeachCare for Kids eligibility determination. The eligibility initiatives help prepare Georgia for the ongoing federal Payment Error Rate Measurement (PERM). Through PERM, the state verifies that it is properly paying for services, providing services for appropriately enrolled members and adhering to eligibility policies.

DCH belongs to the Public Assistance Reporting Information System (PARIS), a federal and state partnership that collects, houses and matches public assistance eligibility information to improve program integrity among participating states. Data files are sent by individual states to the U.S. Health and Human Services Administration for Families and Children for data matching at least once and up to four times a year. All states and Puerto Rico participate in PARIS data matching. Georgia first began file matches with PARIS in August, 2008. As of January 2009, eligibility files containing interstate matches, potential veterans' benefits and federal benefits are monitored by DCH staff.

In 2011, DCH Program Integrity began monitoring the PARIS files. DCH Program Integrity takes appropriate action to correct cases based on the results of PARIS match monitoring and investigation.