



# Medical Assistance Plans



**Presented to: House Rural Development Council**

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Deputy Commissioner**



# Mission

## The Georgia Department of Community Health

We will provide access to affordable, quality health care to Georgians through effective planning, purchasing and oversight.

*We are dedicated to A Healthy Georgia.*

# What is Medicaid?

- Medicaid is a health insurance program supported with state and federal funds that pays medical bills for eligible low-income families, including: pregnant women and women with breast or cervical cancer, foster and adoptive children, and aged, blind and/or disabled individuals whose income is insufficient to meet the cost of necessary medical services.



# Basic Eligibility Criteria

Individuals may be eligible for Medicaid if their income is low and they match one of the following descriptions:

• You think you are pregnant	• You are age 65 or older	• You have a disability
• You are a child or teenager	• You are legally blind	• You need nursing home care

Individuals that are aged (65+), blind or have a disability, and qualify for the SSI program will automatically receive Medicaid.

# Basic Eligibility Criteria

- Income criteria vary across programs, and many are determined as a percentage of the federal poverty line and family size. (A detailed chart is provided as the last slide)
- In addition to income limits, Medicaid criteria also includes resource limits.
- Citizenship criteria must be met for all applicants.

# Covered Medicaid Services

## Mandatory Medicaid Services

- Physician Services
- Inpatient Hospital Services
- Outpatient Hospital Services
- Laboratory and X-Ray Services
- Home Health Services
- Nursing Home Care
- Early and Periodic Screening, Diagnostic, and Treatment Services for Individuals under age 21
- Family Planning and Supplies
- Federally Qualified Health Care Center Services
- Rural Health Clinic Services
- Nurse Midwife Services
- Non-Emergency Transportation

## Optional Medicaid Services

- Pharmacy
- Dental Care for Adults
- Orthotics, prosthetics and durable medical equipment
- Primary care case management
- Mental Health clinical services
- Psychological Services
- Vision Care
- Hospice Care
- Inpatient Hospital Care for Individuals under age 21 (psychiatric)



# Georgia Families

Georgia Families® is a program that delivers health care services to members of Medicaid and PeachCare for Kids®. The program is a partnership between the Department of Community Health (DCH) and private care management organizations (CMOs). Georgia Families provides members a choice of health plans, allowing them to select a health care plan that fits their needs.



# Georgia Families

## Included Populations

- PeachCare for Kids®
- Parent/ Caretaker with Children Medicaid
- Transitional Medicaid
- Pregnant Women with Children Under 19
- Newborns
- Women Eligible Due to Breast and Cervical Cancer
- Children, Youth and Young Adults in Foster Care, Adoption Assistance and Juvenile Justice System\*

## Excluded Populations

- Aged, Blind and Disabled
- Nursing Home
- Hospice

\*Covered by Amerigroup under Georgia Families 360 o@beginning spring 2015

- PeachCare for Kids is the Children's Health Insurance Program (CHIP) in Georgia.
- PeachCare members are enrolled with a CMO through the Georgia Families program.
- PeachCare provides a comprehensive health care program for uninsured children in Georgia.

- The income threshold for PeachCare eligibility is higher than that of traditional Medicaid (247% FPL).
- There is no cost for children under the age of 6, but a monthly premium may be required for children 6 and older. The maximum premium amount for a household is \$72 per month.

# Planning for Healthy Babies

This program was developed to assist the Department in reducing the number of low birth weight (LBW) and very low birth weight (VLBW) births in Georgia.

- LBW is defined as babies born weighing less than 2500 grams (5 pounds, 8 ounces)
- VLBW is the category of babies born weighing less than 1500 grams (3 pounds, 5 ounces).

# Planning for Healthy Babies (P4HB)

Eligible P4HB women will be enrolled in one of the following three components of the family planning waiver program:

- Family Planning Only - family planning and family planning related services for eligible participants for the duration of the waiver.
- Inter-pregnancy Care - family planning and additional services for women who have delivered a VLBW (<1500 grams or 3.3 pounds) baby for a 24 months duration.
- Resource Mother Outreach – inclusive of a specially trained case manager to women on traditional Medicaid plans who have delivered a VLBW baby for a 24 months duration.

Enrollees must meet the following eligibility requirements:

- Be a woman between the ages of 18 through 44
- Be able to become pregnant
- Not be eligible for any other Medicaid program or managed care program
- Meet family gross income requirements of no more than 211 percent of the federal poverty level (FPL).



# Long-Term Care

Medicaid Long-Term Care programs enable eligible Georgians to live in the setting most appropriate for their needs – nursing facilities, their own home, or a caregiver’s home. In addition to income and asset limits, eligibility criteria for these programs may also include functional status, age, and level of care required. Long-term care programs include:

- Waiver programs
- Nursing facility care
- Hospice care
- Home health services
- Community Mental Health

# Georgia's Medicaid Waiver Programs

Waiver programs assist people who are elderly or have disabilities and need help to live in their home or community instead of an institution such as a nursing home. Each program offers several "core" services:

- service coordination (help with managing care needs and services)
- personal support (assistance with daily living activities, i.e. bathing, dressing, meals and housekeeping)
- home health services (nursing, home health aide, and occupational, physical and speech therapy)
- emergency response systems
- respite care (caregiver relief)

Additional services are available under each program.

# Georgia's Medicaid Waiver Programs

Georgia's Medicaid waiver programs are differentiated by the population served and have varying eligibility criteria. There are currently wait lists for these programs, which include:

- Elderly & Disabled Waiver
  - Community Care Services Program (CCSP)
  - Service Options Utilizing Resources in a Community Environment (SOURCE)
- Comprehensive Supports Waiver (COMP)
- New Options Waiver (NOW)
- Independent Care Waiver Program (ICWP)
- Georgia Pediatric Program (GAPP)



# Katie Beckett Program

The Katie Beckett program makes Medicaid benefits available to eligible children who may not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of parental income or resources. In order to be eligible, it must be determined that the child:

- Requires a level of care that is provided in a hospital, skilled-nursing facility or intermediate-care facility
- Can appropriately be cared for at home
- Has an estimated cost of care outside of the institution that will not exceed the estimated cost of treating him/her within the institution



# Questions?

## 2017 Financial Limits – All Programs

Income Limits  
Effective  
04/17

FAMILY SIZE	MEDICALLY NEEDY PG & Children	PT/CT Children under age 19	RSM Child 6-19 133% FPL	RSM Child 1-5 149% FPL	RSM Child 0-1 205% FPL	RSM PG Women 220% FPL	PCK 247% FPL	P4HB 211% FPL	WHM 200% FPL
MONTHLY Family Size =1	\$208	\$310	\$1,337	\$1,498	\$2,061	\$2,211	\$2,483	\$2,121	\$2,010
ANNUAL	\$2,496	\$3,720	\$16,044	\$17,976	\$24,732	\$26,532	\$29,796	\$25,452	\$24,120
MONTHLY Family Size =2	\$317	\$457	\$1,800	\$2,017	\$2,775	\$2,978	\$3,343	\$2,856	\$2,707
ANNUAL	\$3,804	\$5,484	\$21,600	\$24,204	\$33,300	\$35,736	\$40,116	\$34,272	\$32,484
MONTHLY Family Size =3	\$375	\$551	\$2,264	\$2,536	\$3,489	\$3,744	\$4,204	\$3,591	\$3,404
ANNUAL	\$4,500	\$6,612	\$27,168	\$30,432	\$41,868	\$44,928	\$50,448	\$43,092	\$40,848
MONTHLY Family Size =4	\$442	\$653	\$2,727	\$3,055	\$4,203	\$4,510	\$5,064	\$4,326	\$4,100
ANNUAL	\$5,304	\$7,836	\$32,724	\$36,660	\$50,436	\$54,120	\$60,768	\$51,912	\$49,200

Resource Limits  
**TANF \$1000**  
 (All Family Sizes)  
**SSI & MN**  
 \$2000 (Individual)  
 \$3000 (SSI Couple)  
 \$4000 (Med Needy Cpl)  
 \$100 PP for Family MN  
**NH/CCSP/HOSPICE**  
 \$2000 (Individual)  
 \$3000 (Couple)

FAMILY SIZE	Medically Needy ABD	SSI Payment Amount (Eff 1/1/17)	NURSING HOME/CCSP HOSPICE (Eff 1/1/17)	QMB (100% + \$20) (Eff 4/1/17)	SLMB (120% + \$20) (Eff 4/1/17)	QI-1 (135% + \$20) (Eff 3/1/17)	QDWI (Eff 3/1/17)
GROSS MONTHLY Individual	\$317	\$735	\$2,205	\$1,025	\$1,226	\$1,377	\$4,105
GROSS ANNUAL		\$8,820		\$12,300	\$14,712	\$16,524	\$49,260
GROSS MONTHLY Couple	\$375	\$1,103		\$1,374	\$1,644	\$1,847	\$5,499
GROSS ANNUAL		\$13,236		\$16,488	\$19,728	\$22,164	\$65,988

**QMB**  
 \$7,390 (Individual)  
 \$11,090 (Couple)

**COMMUNITY SPOUSE \$3022.50**  
**DEPEND. FAMILY MEMBER \$2030.00 (Eff. 4/1/17)**