



FAMILY MEDICAID

DFCS LEADERSHIP:

Bobby Cagle
Interim Director

Katie Jo Ballard
Deputy Director

Carol Christopher
Deputy Director

Family Medicaid is a broad description that includes Medicaid coverage for Parents or Caretakers with Child(ren) under 19 years of Age, Children under 19 years of Age and Pregnant Women. These include categories formerly termed “Low Income Medicaid” (LIM) and “Right from the Start Medicaid” (RSM). DFCS Eligibility workers often determine multiple benefits for a family at the same interview, including Food Stamps and Medicaid and/or TANF. Families select the benefits they need when filing an application with DFCS.

HOW DOES A FAMILY APPLY FOR FAMILY MEDICAID?

An application may be filed online at www.COMPASS.ga.gov. When requesting coverage for a family with children under 19 years of age or a pregnant woman, select “Health Coverage for Families”. Also, paper applications can be filed at any local DFCS office by mail, fax or in person. If you have difficulty completing the application, someone will assist you at the local office.

If a family is only interested in Medicaid coverage, they may also apply with the Right from the Start Medicaid Project, which may be contacted toll-free at **1-800-809-7276**. They may also contact the Healthy Mothers/Healthy Babies Powerline at **1-800-822-2539**.

For persons seeking Medicaid coverage only, there are other options to apply in many communities that include schools, hospitals or community centers.

WHO CAN RECEIVE COVERAGE UNDER FAMILY MEDICAID?

Pregnant women may qualify if their monthly income (minus 5 percent of the Federal Poverty Level (FPL)) does not exceed 220 percent of the FPL limit. A pregnant woman’s family size is determined by herself and the number of babies she is expecting. Her husband is also counted, although husbands do not receive coverage under Pregnant Woman Medicaid.

In addition, a woman meeting the income standards may become eligible within 60 days after giving birth, even if she did not apply during pregnancy or delivery. Infants, born to women receiving or eligible for Medicaid on the day the child is born, receive Medicaid until they reach their first birthday.

220 Percent Federal Poverty Level Income Limits:

Family Size	Income Limit	5% Deduction
2	\$2,845	\$65
3	\$3,582	\$82
4	\$4,319	\$99
5	\$5,056	\$115

Children under 19 years of age (through the month of the child’s 19th birthday) may qualify at various income levels (minus 5% of the FPL limit) depending upon age and family size. Children up to age 1 may qualify if their family income is 205 percent of poverty or below; age 1 to 5 if their family income is 149 percent of poverty or below; and age 6 to 19 if their family income is 133 percent of poverty or below.

Federal Poverty Level Income Limits:

Family Size	Monthly Net Income Limit 133% Age 6-19	Monthly Net Income Limit 149% Age 1-5	Monthly Net Income 205% Age 0-1	5% Deduction
1	\$1,323	\$1,207	\$1,679	\$48
2	\$1,785	\$1,631	\$2,268	\$65
3	\$2,248	\$2,054	\$2,857	\$82
4	\$2,710	\$2,478	\$3,446	\$99
5	\$3,172	\$2,901	\$4,035	\$115

- Car or home ownership does not affect eligibility.
- Married as well as single pregnant women may qualify for Pregnant Woman Medicaid.

Families who meet the income eligibility standards (minus 5% of the FPL limit) for the Parent or Caretaker Relative with Child(ren) under 19 years of age may be for Medicaid coverage.

WHAT IF I DON'T MEET THESE STANDARDS?

Families or individuals who do not meet the standards above and are 65 years of age or older, blind or disabled, may be eligible under an Aged, Blind or Disabled category of Medicaid assistance. You can see a fact sheet about this type of Medicaid coverage at {insert link}. Families or individuals that are over the income standards, or who are not 65 years of age or older, blind or disabled, may be better off applying for health coverage directly with the Federal Facilitated Marketplace (FFM) at www.healthcare.gov. There they will find additional options for choosing health insurance coverage. An application submitted with DFCS that does not meet Medicaid requirements will automatically be referred to the FFM.

HOW LONG CAN A FAMILY RECEIVE FAMILY MEDICAID COVERAGE?

A pregnant woman who meets the eligibility requirements is eligible for coverage from up to three months prior to application (if there are outstanding medical bills for one of those months) through the month the 60th day following delivery falls. Infants born to women eligible for or receiving Medicaid on the day the child is born receive Medicaid coverage through the month of their first birthday. Individuals who are receiving Medicaid coverage under a Family Medicaid category continue to receive Medicaid unless there is a change in their situation or regulations.

HOW DO I RENEW MY BENEFITS?

Every 12 months, or when a change is reported, DFCS will attempt to renew this coverage based on electronic data sources or information already known to us. If we cannot complete a renewal based on that data, or need additional information or documents, a letter is sent telling what needs to be done to keep getting Medicaid. Families can renew their benefits at www.compass.ga.gov. In order to use the online renewal process, the family must know the client ID of the head of the household and use it to create an online account prior to going to the 'renew my benefits' section. A paper renewal form may also be requested. For pregnant women, DFCS begins sending a notice the month before the pregnancy due date and follows up each month until the birth is reported.