

**Section 4. Eligibility Standards and Methodology. (Section 2102(b))**

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 5.

**4.1.** The following standards may be used to determine eligibility of targeted low-income **children** for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable, describe the criteria that will be used to apply the standard. (Section 2102)(b)(1)(A))

- 4.1.1  Geographic area served by the Plan: Georgia's Title XXI plan will be available statewide to children in all 159 Georgia counties.
- 4.1.2  Age: The plan will be available to children 0 through 18 years of age. If the child is otherwise eligible, coverage will continue through the month of his/her nineteenth birthday.
- 4.1.3  Income: Eligible children will have family income that is at or below 235% of the federal poverty level and will not be eligible for Medicaid. Income in the amount of one dollar plus the amount of income by which 235 percent of the federal poverty level (for the size family involved as revised annually in the Federal Register) exceeds 200 percent of the federal poverty level is disregarded.
- 4.1.4  Resources (including any standards relating to spend downs and disposition of resources): There will be no resource test.
- 4.1.5  Residency: Georgia residency will be required. Residency will be based on current circumstances. There will be no requirement that a child have lived in Georgia a specified length of time prior to application.
- 4.1.6  Disability Status (so long as any standard relating to disability status does not restrict eligibility): No child will be denied eligibility based on disability status.
- 4.1.7  Access to or coverage under other health coverage: A child will be denied eligibility if it is determined that he or she: 1) is covered under a group health plan or under health insurance coverage as defined in section 2791 of the Public Health Service Act; or 2) is eligible for Medicaid; or 3) is a member of a family that is eligible for health benefits coverage under a State health benefit plan based on a family member's employment with a public agency in the State; or 4) voluntarily dropped coverage

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Effective Date \_\_\_\_\_

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under an employer plan during the past three months. (Voluntary termination of coverage does NOT include the following: employer cancellation of the entire group plan; loss of eligibility due to parent's layoff, resignation of parent from employment, employment termination; leave of absence without pay, or reduction of work hours; cancellation of a private health plan in which cost-sharing is expected to exceed 5% of the family's annual income; cancellation of an individual within a family policy due to meeting lifetime maximum of benefits; or cancellation of COBRA or an individual insurance policy. A child born during the three month waiting period would be eligible.) The CHIP application will contain questions about current and past coverage under group health plans and family members employment with State agencies. The CHIP application will contain questions about current and past coverage under group health plans and family members employment with State agencies. State employment information will be verified through monthly matches with the State Merit System. In addition, as claims are paid, if the providers report coverage under other health plans, eligibility will be terminated if the coverage meets any of the four criteria listed above.

4.1.8.  **Duration of eligibility:** With the approval of the CHIP application, a child will be eligible for twelve months as long as eligibility criteria continue to be met. The family will be notified of their responsibility to report changes in income, residency or health insurance coverage. There will be monthly matches with the Department of Medical Assistance's recipient database to ensure that Title XXI children have not been certified for Medicaid. At the end of the twelve month eligibility period, the family will be sent a letter detailing the information on the family's account pertinent to eligibility. The family will be required to report any changes to the information by mail or phone. Eligibility will be redetermined for another twelve month period.

4.1.9.  **Other standards (identify and describe):** None

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## PeachCare for Kids - Georgia's CHIP

Budget for SPA to Change Date of Enrollment for PeachCare for Kids

	Budget for SPA # 5		Budget prior to submission of SPA # 5	
	Federal Fiscal Year 2002	Federal Fiscal Year 2003	Federal Fiscal Year 2002	Federal Fiscal Year 2003
<b>Benefit Costs</b>				
Insurance payments				
Managed care				
per member/per month rate @ # of eligibles				
Fee for Service	\$4,440,000.00	\$4,662,000.00	\$81,486,230.50	\$112,542,648.00
<b>Total Benefit Costs</b>	<b>\$4,440,000.00</b>	<b>\$4,662,000.00</b>	<b>\$81,486,230.50</b>	<b>\$112,542,648.00</b>
(Offsetting beneficiary cost sharing payments)				
<b>Net Benefit Costs</b>	<b>\$4,440,000.00</b>	<b>\$4,662,000.00</b>	<b>\$81,486,230.50</b>	<b>\$112,542,648.00</b>
<b>Administration Costs</b>				
Personnel				
General administration				
Contractors/Brokers (e.g., enrollment contractors)	\$129,000.00	\$129,000.00		
Claims Processing				
Outreach/marketing costs				
Other				
<b>Total Administration Costs</b>	<b>\$129,000.00</b>	<b>\$129,000.00</b>	<b>\$7,133,885.50</b>	<b>\$8,810,434.50</b>
10% Administrative Cost Ceiling			\$ 9,054,025.61	\$ 12,504,738.67
Federal Share (multiplied by enh-FMAP rate)	\$3,279,171.30	\$3,415,983.00	\$63,602,657.25	\$86,524,747.82
State Share	\$1,289,828.70	\$1,375,017.00	\$25,017,458.75	\$34,828,334.68
<b>TOTAL PROGRAM COSTS</b>	<b>\$4,569,000.00</b>	<b>\$4,791,000.00</b>	<b>\$88,620,116.00</b>	<b>\$121,353,082.50</b>

Based on an estimated 5,000 new eligible children.

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