

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	2100	Effective Date:	November 2023
	Policy Title:	ABD Medicaid Classes of Assistance Overview		
Policy Number:	2101	Previous Policy Update:	MT 58	

REQUIREMENTS

An individual must meet the requirements specified under a particular class of assistance (COA) in order to be determined eligible for ABD Medicaid.

BASIC CONSIDERATIONS

ABD Medicaid COAs are divided into the following two types:

- FBR (Federal Benefit Rate) – COAs that use the SSI FBR to determine income eligibility.
- Non FBR – COAs that use an income limit other than the FBR to determine income eligibility.

The FBR COAs consist of the following:

- SSI Medicaid
- Pickle (PL 94-566)
- Disabled Adult Child (PL 99-643)
- Disabled Widow(er) Age 50-64
- Widow(er) 60-64 (PL 100-203)
- Widow(er) 1983 (PL 99-272) ***
- Protected Medicaid 1972 (PL 92-603) ***
- Former SSI Disabled Child

***** No longer approve these COAs**

BASIC CONSIDERATIONS (cont.)

The Non-FBR COAs consist of the following:

- Elderly and Disabled Waiver Program (EDWP) formally known as Community Care Services Program (CCSP)
- New Options Waiver (NOW)
- Comprehensive Supports Waiver Program (COMP)
- TEFRA/Katie Beckett
- Hospice
- Hospital
- Independent Care Waiver Program (ICWP)
- Nursing Home (NH)
- ABD Medically Needy (AMN)
- Qualified Disabled Working Individuals (QDWI)
- Q Track:
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Qualifying Individual 1 (QI-1)

NOTE: QMB eligibility for persons receiving SSI is discussed in [Section 2143](#), Qualified Medicare Beneficiaries.

Refer to Chapter 2050, Application Processing, for a discussion of other Medicaid coverage, including the following:

- Emergency Medical Assistance, [Section 2054](#)
- Retroactive Medicaid, including three months prior and intervening months, [Section 2053](#)
- Sponsored Aliens, [Section 2055](#)

Refer to Chapter 2900, Referrals, for other sources of medical assistance.

PROCEDURES

Follow the steps below to determine ABD Medicaid eligibility under a specific COA.

- Step 1** Accept the individual's ABD Medicaid application and register the application on the system.
- Step 2** Screen each A/R to determine potential SSI eligibility, Family Medicaid, PeachCare for Kids® and/or TANF eligibility.
- Refer to Chapter 2500, ABD Financial Responsibility and Budgeting, to determine which SSI trial budget to complete (Individual, Couple or Spouse to Spouse Deeming).
 - Use the FBR as the income limit when completing the SSI trial budget.

PROCEDURES (cont.)

Step 3 Refer the A/R to the appropriate worker if the A/R appears to be eligible for Family Medicaid and/or TANF and wishes to file an application for either.

NOTE: The A/R's application for assistance is protected indefinitely.

Refer the A/R to SSA to file an SSI application if his/her Federal Countable Income (FCI) is less than the appropriate Federal Benefit Rate (FBR) unless one of the following situations exist:

- The A/R requests coverage for any of the 3 months prior to the SSI or ABD Medicaid Application Month.
- The A/R is ineligible due to the deemed income or resources of his/her spouse or parents.
- The A/R dies prior to applying for SSI.
- The A/R is ineligible for Family Medicaid/SSI due to excess resources.
- The A/R has Medicare or other insurance that is expected to pay (or pays) more than 50% of medical expenses, and the A/R is in a public or private hospital or nursing home.

Step 4 Obtain information necessary to process application. Request verification, if necessary.

Step 5 Determine the COA most advantageous to the A/R.

NOTE: Explain the advantages of each COA if the A/R is potentially eligible under more than one COA and allow the A/R to choose the COA.

Step 6 Determine basic eligibility. Refer to Chapter 2200, Basic Eligibility Criteria.

Step 7 Determine financial eligibility. Refer to PROCEDURES under the specific section on each COA.

Step 8 If the A/R is eligible under the COA currently being used to determine eligibility, approve ABD Medicaid on the system.

If the A/R is ineligible under the COA currently being used to determine eligibility, complete a CMD. Refer to [Section 2052](#), Continuing Medicaid Determination.