



PLANNING FOR HEALTHY BABIES® (P4HB) AID CATEGORIES AND ELIGIBILITY CRITERIA



180 AID CATEGORY INTER-PREGNANCY CARE

APPLICATION REQUIRED

NET ELIGIBLE

IPC FORM COMPLETED BY PROVIDER REQUIRED

BIOLOGICAL WOMAN BETWEEN 18-44 YEARS OF AGE

NOT PREGNANT BUT FERTILE

INCOME NOT TO EXCEED 200% OF THE FEDERAL POVERTY LEVEL

GEORGIA RESIDENT THAT IS EITHER A U.S. CITIZEN or QUALIFIED IMMIGRANT

NOT RECEIVING MEDICAID, MEDICARE OR PRIVATE INSURANCE

DELIVERED A VERY LOW BIRTH WEIGHT BABY (3LBS. 5 OZ. OR LESS) ON OR AFTER JANUARY 1, 2011

CMO SELECTION REQUIRED (MCHB-Managed Care Healthy Babies)

181 AID CATEGORY FAMILY PLANNING

APPLICATION REQUIRED

NOT NET ELIGIBLE

BIOLOGICAL WOMAN BETWEEN 18-44 YEARS OF AGE

NOT PREGNANT BUT FERTILE

INCOME NOT TO EXCEED 200% OF THE FEDERAL POVERTY LEVEL

GEORGIA RESIDENT THAT IS EITHER A U.S. CITIZEN or QUALIFIED IMMIGRANT

NOT RECEIVING MEDICAID, MEDICARE OR PRIVATE INSURANCE

CMO SELECTION REQUIRED (MCHB-Managed Care Healthy Babies)

183 AID CATEGORY ABD/SSI RESOURCE MOTHER

NO APPLICATION- RM FORM COMPLETED BY PROVIDER REQUIRED

RECEIVING MEDICAID

NET ELIGIBLE

NOT PREGNANT BUT FERTILE

DELIVERED A VERY LOW BIRTH WEIGHT BABY (3LBS. 5 OZ. OR LESS) ON OR AFTER JANUARY 1, 2011

CMO SELECTION REQUIRED (MCHB-Managed Care Healthy Babies)

182 AID CATEGORY FAMILY MEDICAID RESOURCE MOTHER

NO APPLICATION- RM FORM COMPLETED BY PROVIDER REQUIRED

RECEIVING MEDICAID

NET ELIGIBLE

NOT PREGNANT BUT FERTILE

DELIVERED A VERY LOW BIRTH WEIGHT BABY (3LBS. 5 OZ. OR LESS) ON OR AFTER JANUARY 1, 2011

CONTINUE TO USE CURRENT CMO (MCHB)

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