

Families

Have you ever wondered...

Why isn't my baby crawling?
Why doesn't he or she follow moving objects with their eyes?

Why doesn't my baby roll over?

Why doesn't he or she imitate actions or words?

Why does my child seem to ignore me?

Why can't I understand what my child is saying?

If you have any concerns about your child's growth and development, call your pediatrician to schedule an appointment or contact Children 1st.

What can I expect after a referral?

Children 1st staff will contact you to schedule a developmental screening.

How do I reach Children 1st?

To find your local office, please call 800-300-9003 or visit dph.georgia.gov/children1st to learn more about the program.

growth
learning &
development

Children

1st

Children 1st
800-300-9003

Insert district sticker here.

dph.georgia.gov/children1st

February 2021

DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH



Providers

Who is eligible?

Children 1st is available for children birth to 5 years of age who have:

- A suspected speech, physical or other developmental delay
 - Three or more social or environmental risk factors
 - A chronic medical condition impacting development or requiring care coordination
- Visit dph.georgia.gov/children1st for a detailed list of risk factors.



How can I make a referral?

Contact your local Children 1st office:

1. Visit dph.georgia.gov/children1st to download and complete the Children 1st screening and referral form
2. Click "Service Locator" on the Children 1st webpage and select the child's county of residence, mark the box next to Children 1st and click search for a list of locations
3. Attach any supporting documents, including:
 - Child's hospital discharge summary
 - Developmental screening results
 - Medical records summary
4. Send the completed screening and referral form and all supporting documents to the local Children 1st coordinator
5. Call your local Children 1st coordinator to submit a referral by phone

What is Children 1st?

Children 1st provides screening to identify children birth to 5-years of age, at risk for poor growth and learning.

Children 1st is the single point of entry to services for children in public health.

Why is Children 1st important?

Children develop rapidly during their early years, and each child is unique and will progress at his or her own pace. Children 1st identifies services that will support the development of children in Georgia before they enter school at age 5.

Is there a cost for services?

There is no cost for services provided by Children 1st.

Babies Can't Wait (BCW)
Children's Medical Services (CMS)
Early Hearing Detection & Intervention (EHDI)
1st Care
Home Visiting
Community resources

Visit our website to learn more about eligible conditions for Children 1st and other Maternal and Child Health programs.

dph.georgia.gov/children1st

How can you choose a Health Plan?

In Georgia Families®, you will get all the health services that you get now as a member of Medicaid or PeachCare for Kids® — plus more. While each plan offers the same basic health services, they also offer different "extra services" or "benefits," such as programs to help you manage your asthma, diabetes, or weight! Take a look at the chart on the other side of this brochure to compare each plan and choose the one you like best!

Do you want to keep seeing your current doctor? Is there a hospital or clinic where you often go for care? Are there specialists, counselors, or special services that you want to keep using? Find out which Health Plans they accept. Visit www.georgia-families.com, or call the providers' or 1-888-GA-Enroll (1-888-423-6765). TDD: 1-877-889-4424.

What are the basic health services you will get?

- 24 Hour Nurse Help line
- Telemedicine services
- Flu shot
- Member outreach services in the community
- Telephonic translation services
- Case management services
- Smoking Cessation program
- Dental benefits for children and pregnant women
- Vision benefits for children and pregnant women
- Member friendly website with easy access to request new ID cards, view doctors and much more

Dental Services

- Oral exam every six months for members 21 and older with no copay
- Teeth cleaning every six months for members 21 and older with no copay
- Simple tooth removal for members 21 and older with no copay
- No referrals needed for primary dental services
- Free Bitewing X-Rays once a year for members 21 and older with no copay.

Behavioral Health Services

- Case manager who works with you to tailor behavioral and medical services to your individual needs
- Case management support after a behavioral health discharge
- 24 Hour Nurse Crisis Support for Substance Abuse.

Vision Services

- Free eye exam once per year for members age 21 and over with no copay
- Each plan offers assistance with glasses (see plan website for more details).

Choosing your Health Plan

- For eligible Medicaid members (and escort, if required)
 - For treatment, evaluation, medication, equipment.
 - NEMT is a ride-share program and multiple members may be riding in the same vehicle.
 - Request must be made at least three workdays prior to the non-urgent, scheduled appointment.
 - Some plans provide transportation for PeachCare for Kids® members.



Families®

Choices for a Healthy Life.



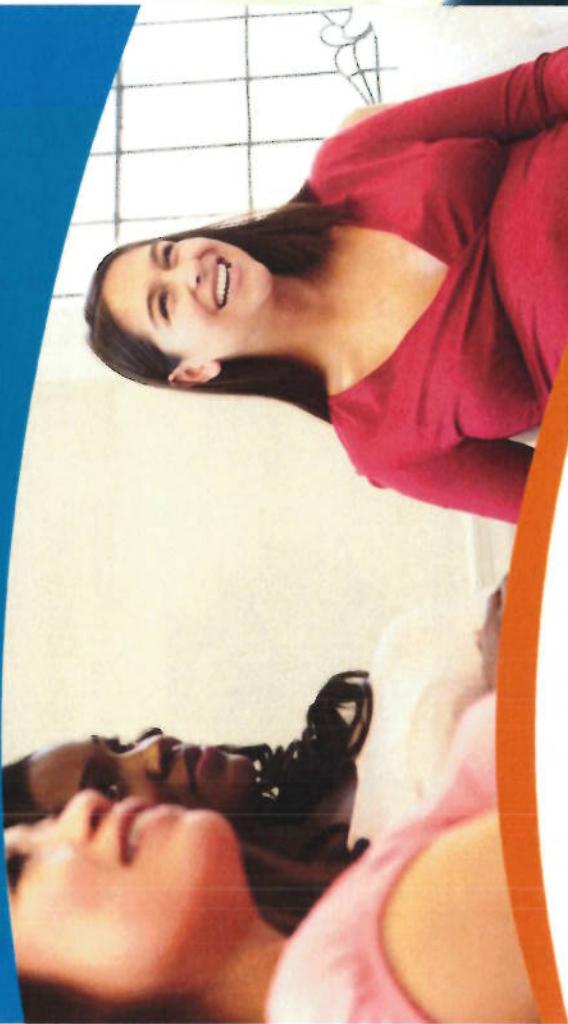
GEORGIA GATEWAY

If you need help completing an application, there are Community and Medical Assistance Partners who can assist you with this process.

- For help locating a resource by phone, you may call 1-877-423-4746
- If you have a hearing impairment, call GA Relay at 1-800-255-0135

Georgia Gateway

Your path to Social Services Benefits.



Temporary Assistance for
Needy Families (TANF)



Food Stamp (SNAP)



Medical Assistance Program



For more information, visit www.gateway.ga.gov or call 1-877-423-4746.

What Should I Expect?

It can take between 30 and 60 minutes to complete the online application. However, you can save your application and complete it at a later time if you need to.

What is Georgia Gateway?

Georgia Gateway is Georgia's new system for determining eligibility and maintaining benefits for five health and human service programs. The Georgia Gateway Customer Portal replaces COMPASS as the new self-service portal where you can manage your benefits for several public assistance programs. You can use the Customer Portal to check the status of your application, view notices, and submit documents online.



You can submit verification documents by mail, in person, directly to the Georgia Gateway Customer Portal, or by scanning/uploading directly via the self-service kiosk located in your local Division of Family and Children Services (DFCS) office.

Keep in mind that incomplete applications will be deleted from the system after 60 days. Renewal and change requests are deleted after 24 hours if not completed. Be sure to save your login information so you can get back to your application.



What Do I Need To Do?

You may access the Georgia Gateway Customer Portal to view and manage your benefits using your COMPASS user ID and password. If you do not have a COMPASS account, you may create one by following the instructions on the Georgia Gateway Customer Portal homepage.

What Programs Can I Access Through Georgia Gateway?

The Georgia Gateway Customer Portal gives you access to manage your benefits online for five programs, including:

The eligibility requirements for health and human services programs are not changing.

- Medical Assistance (Medicaid, PeachCare for Kids® (PCK), Planning for Healthy Babies (P4HB), Aged, Blind and Disabled Medicaid, and more)
- Food Stamps (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Childcare and Parent Services (CAPS)

How Can I Access Georgia Gateway?

- Visit www.gateway.ga.gov wherever you can easily access a computer.
- Visit a local county office to use a self-service computer or speak to an office representative, or
- Work with a registered Community and Medical Assistance Partners who can provide assistance. Call 1-877-423-4746 to find a partner near you.



FACT SHEET



Georgia Families® – 2017

Overview

Effective June 1, 2006, the state implemented Georgia Families®, a managed care program through which health care services are delivered to members of Medicaid, PeachCare for Kids® and Planning for Healthy Babies®, which serves approximately 1.3 million members. DCH contracts with Care Management Organizations (CMOs) to provide benefits and services to Georgia Families® members. DCH currently contracts with the following CMOs: Amerigroup, CareSource, Peach State Health Plan and WellCare. By providing a choice of health plans, Georgia Families® allows members to select a healthcare plan that fits their needs. The Medical Assistance Plans Division of DCH also monitors the CMOs to ensure compliance with contractual requirement standards for contract management, member, provider and quality services.



Program Description

Georgia Families® provides health care services to children enrolled in PeachCare for Kids®, and certain men, women, children, pregnant women and women with breast or cervical cancer covered by Medicaid.

Children, youth and young adults in foster care will be enrolled in Georgia Families 360®, as are those receiving adoption assistance, and certain youth in the juvenile justice system. These populations are served by a single CMO (Amerigroup) to ensure continuity of health care and improved health outcomes.

The remainder of Georgia's Medicaid population, which includes aged, blind and disabled citizens, is not included in the Georgia Families program.



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® beginning spring 2015

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Benefits

Georgia Families® members receive the same benefits that are offered to Medicaid and PeachCare for Kids® members enrolled in traditional fee-for-service Medicaid. The health plans also offer additional benefits such as:

- Expanded access to health care services and providers.
- Added member education about accessing care, referrals to specialists, member benefits and wellness education.
- More efficient delivery of health care services and member care.

Care Management Organizations

DCH contracts with four CMOs:

- Amerigroup Community Care – 800-249-0442
- CareSource – 855-202-0729
- Peach State Health Plan – 866-874-0633
- WellCare of Georgia Inc. – 866-231-1821



Ways to Enroll in a Health Plan

There are three ways to enroll:

1. Telephone by calling 888-GA-ENROLL (888-423-6765). The call is free.
2. By Fax: Fax the Enrollment Form to 1-866-4U2ENROLL (1-866-482-3676). The fax is free.
3. By Mail: Mail the Enrollment Form to the following address:

Georgia Families
P.O. Box 1096
Atlanta, Georgia 30301-9920

Additional Information

Georgia Families representatives are available to answer any questions about the program and to help members select a plan and primary care physician by calling 888-GA-ENROLL (888-423-6765)



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Medicaid Eligibility

Overview

Medicaid is a Medical Assistance program that provides health coverage for children under 19 years of age, pregnant women, families with dependent children under 19 years of age, and people who are aged, blind and/or disabled and whose income is insufficient to meet the cost of necessary medical services. PeachCare for Kids® is another of Georgia's Medical Assistance programs, and is Georgia's State Children's Health Insurance Program or S-CHIP program. It provides health coverage for uninsured children living in Georgia. This fact sheet provides the basic requirements for Medical Assistance eligibility in Georgia.

Medicaid and PeachCare for Kids are funded by federal and state governments. In Georgia, the Department of Community Health (DCH) and the Department of Human Services (DHS) work together to process applications and make Medical Assistance eligibility determinations.

Who Can Apply For Medicaid?

Many groups of people are covered by Medicaid. Even within these groups, though, certain requirements must be met. These may include your age; whether you are pregnant, aged, blind, or disabled; your income and assets; and whether you are a U.S. citizen or a qualified immigrant. Non-qualified immigrants or undocumented immigrants may only be eligible for coverage of emergency medical services. When you apply for Medical Assistance, the requirements listed above will be taken into account before a decision is made. If you or someone in your family needs health care, you should apply for Medical Assistance even if you are not sure whether you qualify or if you have been turned down in the past. For additional information about applying for Medicaid, please visit the Division of Family and Children Services (DFCS) website at www.dfc.dhs.georgia.gov. The categories and requirements for eligibility are listed below.



Basic Eligibility Criteria

You may become eligible for Medicaid if your income is low and you match one of the following descriptions:

- You think you are pregnant.
- You are a child or teenager under age 19.
- You are legally blind.
- You have a disability.
- You need nursing home care.

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Parent/Caretaker With Children Under Age 19

Individuals and families may be eligible for coverage if they are U.S. citizens or lawfully admitted immigrants and their income does not currently exceed \$653 per month for a family of four. Eligibility for children is based on the child's status, not the parent's; however, the parent's income is counted toward the income limit.

Pregnant Women Presumptive

Pregnant women may complete a short application and have their local county health department make a determination the same day for Presumptive Eligibility (PE) Medicaid. This will usually allow the applicant to receive a Medicaid number right away. PE Medicaid is temporary and is valid from the date approved to the end of the following month or when a full Medicaid determination is made. It covers most Medicaid services except inpatient hospital services and labor and delivery. The PE Medicaid application is sent to Right from the Start Medical Assistance Group (RSM) or DFCS for a complete eligibility determination to be processed within 10 days.

Women's Health Medicaid Presumptive

The county Health Departments and its affiliates, Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) can process PE Medicaid applications for Women's Health Medicaid (WHM). WHM is for women with a diagnosis of breast or cervical cancer currently receiving treatment. The county Health Department or Federally Qualified Health Center sends the PE application to the Right from the Start Medical Assistance (RSM) Group's Morrow Office for a complete eligibility determination to be processed within 10 days. These applications do not go to the Division of Family and Children Service (DFCS) for Medical Assistance.

To qualify for Medicaid, a woman with breast or cervical cancer must be:

- Diagnosed and in treatment for breast or cervical cancer,
- Income (at or below 200 percent of the FPL Income Guidelines),
- Uninsured,
- Under age 65,
- A biological woman or a transgender woman
- A Georgia resident; and
- A U.S. citizen or qualified immigrant.

Any woman who meets the criteria above and has been diagnosed with breast or cervical cancer should go to the county public health department in her county of residence or Federally Qualified Health Center to apply for Women's Health Medicaid. The woman can contact the Department of Public Health at 404- 657-3143 for county health department locations.

The RSM Group's Women's Health Morrow team makes the final eligibility determination for Women's Health Medicaid to continue after the PE period.

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Aged, Blind or Disabled

If you are age 65 or older, blind or disabled, you may qualify for Medicaid. This may mean qualification for a nursing home, waiver services, Adult Medically Needy services, or a Medicare Savings Plan program that helps with the payment of Medicare services and premiums.

What Are Aged, Blind or Disabled (ABD) Medicaid's Basic Requirements?

In addition to income limits, basic requirements to determine eligibility under any Aged, Blind or Disabled (ABD) Medicaid program include:

- Aged (65 or older), blind or disabled.
- Application for other benefits.
- Citizenship/Qualified Immigrant status and Identity verification.
- Valid Social Security Number.
- Residency.
- Assignment of medical benefits based on the Medical Assistance Plan.

How Is PeachCare For Kids® Different From Medicaid?

PeachCare for Kids® is another of Georgia's Medical Assistance programs, and is Georgia's State Children's Health Insurance Program or S-CHIP program. It provides health coverage for uninsured children living in Georgia. It provides benefits that include primary and specialist care, preventive care, dental and vision care. This program serves working families whose income is more than that set by the Medicaid program, but does not exceed the income limit based on the federal poverty level. A child who is eligible for the Medicaid program cannot be eligible for the PeachCare for Kids program.

To qualify for PeachCare for Kids currently, the family's income may not exceed 247 percent of the federal poverty level (FPL) for their household size. PeachCare for Kids also requires a monthly premium ranging from 0 - \$70 to be paid for coverage for children age 6 and older. Children who are members of federally recognized American Indian or Alaskan Native tribes may be eligible for free coverage. Foster children are exempted from premium payments. Children that are enrolled in PeachCare for Kids receive benefits through Care Management Organizations (CMO) under contract with the Department of Community Health. Families may choose from 4 CMOs. Some copays may also apply for members enrolled in the PeachCare for Kids program.

PeachCare for Kids coverage begins on the first day of the month that proof of income and citizenship have been verified, all data matches have been completed and all applicable premiums have been paid for an eligible child. Coverage for any months can be requested back to the month of application if a family has incurred medical expenses that can be covered by the PeachCare for Kids program. By contrast, Medicaid will retroactively cover a child up to three months prior to the application if the family has incurred medical expenses. Note: PeachCare for Kids members that are exempt from premium payment are approved from the month of application.

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Average Monthly Enrollment for Medicaid and PeachCare for Kids

Average Monthly Enrollment for Medicaid and PeachCare for Kids

Fiscal Year	Medicaid	PeachCare for Kids
2015	1,815,391	157,549
2016	1,866,883	128,364
2017	1,830,630	132,202

In addition to income limits, basic requirements to determine eligibility under a Family Medicaid (non- PeachCare for Kids) program include:

- Age.
- Application for other benefits.
- Citizenship/Qualified Immigrant status and identity. Cooperation with the Division of Child Support Services (DCSS).
- Specified relative relationships/tax filer or non-tax filer status
- Valid Social Security Number.
- Residency.
- Assignment of medical benefits to the Medical Assistance Plans Division.

Applicants and members must have income at or below the appropriate income limit. DCH requires full documentation of income, certain tax deductions and resources, if applicable, at the time of the initial eligibility application and the time of review for both Medicaid and PeachCare for Kids. As of January 1, 2014, certain Family Medicaid populations and PeachCare for Kids used Modified Adjusted Gross Income (MAGI) rules to determine how income is counted and family size is determined. MAGI is a methodology based on federal tax rules. The following Family Medicaid populations use MAGI to determine eligibility: Children under age 19, Parent/Caretaker Relatives of Children under 19 and Pregnant Women. All applicants and members must provide proof of monthly family income.

All eligibility requirements are reviewed in both programs annually. Citizenship and identity or Legal immigration status must be documented to determine initial eligibility. Confirmation of citizenship and identity or legal immigration status must be received before the 90-day reasonable opportunity period expires.

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What is Considered Income for Medical Assistance?

Income is all money, earned or unearned, cash or any type of support received from any source by you/or your household that can be used to meet basic needs for food, clothing or shelter. For certain Family Medicaid populations and PeachCare for Kids, only taxable income is considered. Non-taxable income is excluded in the eligibility determination based on federal statute. Some examples of excluded income are: adoption assistance payments, earnings from the Census Bureau, Child Support, Veteran's Benefits, Supplement Security Income (SSI), Earned Income Tax Credits, Disaster relief assistance and TANF (formerly AFDC) benefits. Income is considered on a monthly basis and is used to determine financial eligibility and benefit level.

How Can I Verify My Income?

Income verification can be provided in a variety of ways, including:

- Pay stubs covering at least the past four weeks.
- Copy of check reflecting gross income.
- Form 809 – Wage Verification form.

The need and method used to verify income may vary based on the Medical Assistance program. For some Medicaid programs, your statement of the source and amount of income, earned or unearned, may be accepted unless it is questionable. For other programs, all income must be verified.

Where Can an Individual or Family Apply for Medical Assistance, including Medicaid and PeachCare for Kids?

When you submit an application for Medical Assistance in Georgia, we look at potential coverage under both Medicaid and PeachCare for Kids. Applications are not for one type of coverage or the other. Applications for Medical Assistance are taken at many locations across the state, including:

- Division of Family and Children Services (DFCS) County offices.
- Social Security Administration offices.
- County Public Health departments.
- Some hospitals and nursing homes.
- Local Right from the Start Medical Assistance (RSM) Group offices.

A list of RSM Group offices by county may be found at <https://dch.georgia.gov/rsm-contact-information> or <https://dch.georgia.gov/sites/dch.georgia.gov/files/RSM%20County%20Office%20Feb.%202017.pdf>.

An application for Medical Assistance may be requested by contacting the RSM project at 800-809-7276, or request an application at your local DFCS Office. You may also apply via gateway.ga.gov or by calling 1-877-423-4746.

When Is An Application Complete?

An application is complete when it is signed and submitted with your name and the information necessary to contact you or your personal representative, such as a relative, friend, guardian or any person in a position to know your circumstances.

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Program Integrity

In Fiscal Year 2008, the Georgia Department of Community Health (DCH), along with outside vendors, began initiatives to enhance the state's Medicaid eligibility determination and functions. DCH also changed policy requirements to ensure the highest level of program integrity in both Medicaid and PeachCare for Kids eligibility determination. The eligibility initiatives help prepare Georgia for the ongoing federal Payment Error Rate Measurement (PERM). Through PERM, the state verifies that it is properly paying for services, providing services for appropriately enrolled members, and adhering to eligibility policies.

DCH belongs to the Public Assistance Reporting Information System (PARIS), a federal and state partnership that collects, houses and matches public assistance eligibility information to improve program integrity among participating states. Data files are sent by individual states to the U.S. Department of Health and Human Services Administration for Families and Children for data matching. All states and Puerto Rico participate in PARIS data matching.

Georgia first began file matches with PARIS in August 2008. Since January 2009, eligibility files containing interstate matches, potential veterans' benefits and federal benefits have been monitored by DCH staff.

In 2011, DCH Program Integrity in the Office of the Inspector General (OIG) began monitoring the PARIS files, under its Integrus/M3 program. DCH Program Integrity takes appropriate action to correct cases based on the results of PARIS match monitoring and investigation.

Data files are sent by individual states to the U.S. Department of Health and Human Services Administration for Families and Children for data matching at least once and up to four times a year. All states and Puerto Rico participate in PARIS data matching.

For More Information

For additional information about applying for Medicaid, please visit the Division of Family and Children Services website at www.dfcs.dhs.georgia.gov.

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Frequently Asked Questions about Non-Emergency Medical Transportation (NEMT)

The Georgia Department of Community Health's (DCH) Non-Emergency Medical Transportation (**NEMT**) services are defined as medically necessary, cost-effective transportation for any eligible Medicaid member (and escort, if required) with no other means of transportation available to any Medicaid-reimbursable service to receive treatment, medical evaluation, obtain prescription drugs or medical equipment. NEMT is a ride-share program and multiple members may be riding in the same vehicle.

To download a copy of the NEMT policies and procedures manual go to: <https://www.mmis.georgia.gov/portal>, select *Provider Information*, then select *Provider Manuals*.

For Members

1. How does the NEMT program operate?

The NEMT program provides transportation through a NEMT Broker System. Five NEMT regions have been established in the state: North, Atlanta, Central, East and Southwest. DCH has contracted with a broker in each of the five NEMT regions to administer and provide non-emergency medical transportation for eligible members.

2. Who are the NEMT Brokers and how do I arrange transportation?

There are two brokers providing NEMT services: LogistiCare LLC and Southeastrans Inc. A member or person acting on behalf of a member must contact the broker serving the county in which he/she lives (see chart below) between the hours of 7 a.m. to 6 p.m., Monday through Friday to request NEMT services. Requests must be made at least three workdays prior to the non-urgent, scheduled appointment. The three-day advance scheduling includes the day of the call but not the day of the appointment. Requests for urgent care situations and other exceptions may be arranged more quickly.

For purposes of the NEMT contract, urgent care is defined as an unscheduled episodic situation, in which there is no immediate threat to life or limb. However, the member must be seen on the date of the request and treatment cannot be delayed until the next day. Valid requests for urgent care transport will be honored within three hours of the time the request is made. *The NEMT Broker call centers are operational 24/7 for "Where's My Ride" and hospital discharges.*

Region	Broker/Phone Number	Counties Served
North	Southeastrans • Toll free: 866-388-9844 Local: 678-510-4555	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield
Atlanta	Southeastrans 404-209-4000	Fulton, DeKalb and Gwinnett
Central	LogistiCare Toll free: 888-224-7981	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson
East	LogistiCare • Toll free: 888-224-7988	Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes
Southwest	LogistiCare • Toll free: 888-224-7985	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Worth

Frequently Asked Questions about Non-Emergency Medical Transportation (NEMT)

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3. What modes of transportation are available and how are they selected?

The broker uses the most appropriate mode of transportation — minibus, wheelchair vans, automobiles, stretcher vans, public or para-transit that meets the member's health needs. In addition, the broker may use gas reimbursement and taxicabs for urgent care and/or back-up services when necessary.

The broker determines the most appropriate and cost-effective mode of transportation based on the information provided by the member at the time the reservation is made. All transportation must be scheduled and authorized by the NEMT broker.

4. How do NEMT brokers use public transit?

Brokers have procedures in place to determine whether public transportation is accessible to and appropriate for the member requesting service. Both NEMT brokers can identify electronic route information from public transit providers to determine if a member's pickup and drop-off locations are on a public transit route. There are also procedures in place for timely distribution of transit tokens/passes to the member and/or escort (if applicable) using public transit.

Information from public transit providers to determine if the place of treatment is reachable via a public transit route. There are also procedures in place for timely distribution of transit tokens/passes to the member and/or escort (if applicable) using public transit.

5. May an escort or attendant accompany me to an appointment?

The broker must allow, without charge to the escort or member, one escort to accompany a member when medically necessary. An escort is defined as an individual whose presence is required to assist a member during transport and while at the place of treatment. An escort must be 18 years of age or older.

An attendant is defined as a staff person of the broker or provider present during the trip when in the broker's judgment it is necessary to have an adult helper to assure the safety of all passengers. The attendant remains with the vehicle after the member has left the vehicle. Attendants must complete a training program to include first aid training, a passenger assistance orientation program, and a safety and sensitivity program.

Only one escort may accompany a member to an appointment. NEMT is a ride-share program and there may be other members scheduled to ride with you in the same vehicle. As such, seating may not be available for the additional individual or family members who are not scheduled to receive services.

6. May a parent or guardian take someone else with them to an appointment with a family member?

NOTE: NEMT Policy does not prohibit the broker from allowing a minor to accompany an adult member to an appointment because there is no one else to stay with the minor. If there is room or an available seat that is not otherwise occupied, the broker may allow a minor to be transported with the adult member requiring treatment. This arrangement must be authorized by the broker prior to transport. This

7. Is a co-pay required to ride NEMT?

There is no co-payment required.

8. What if I have a question about a problem/complaint with NEMT services?

If you have a question, comment or complaint about NEMT, you may call the NEMT Broker directly or call the Member Contact Center at 1-866-211-0950. You may also contact DCH at 404-651-6911, e-mail MemberComplaint.DCH@dch.ga.gov, or 404-656-4646, e-mail MemberComplaint@dch.ga.gov. To check the status of your ride, please call your broker and press option #2 for the "Where's My Ride" line. SmartRide@dch.ga.gov

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Frequently Asked Questions about Non-Emergency Medical Transportation (NEMT)

9. How is the quality of services monitored for NEMT?

NEMT staff monitors the quality of service provided, including but not limited to: reviewing various required monthly, quarterly and annual reports; conducting on-site reviews to ensure compliance and possibly riding on a NEMT vehicle to monitor service; and attending broker/provider meetings. In addition, the broker must contract with an independent agent to conduct annual customer service satisfaction surveys and provide the methodology for analyzing the data and report results to DCH.

For Providers

1. How do I become a NEMT provider with Georgia Medicaid?

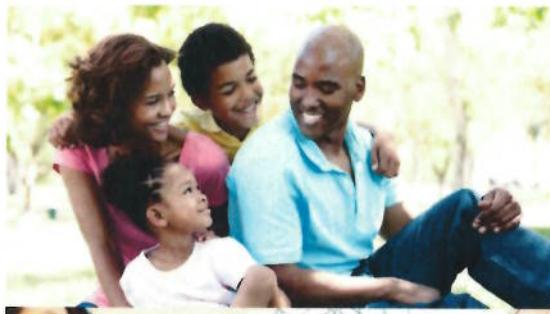
Transportation providers must contact LogistiCare and/or Southeasttrans to provide NEMT services to our members.

For more information on the NEMT program, please feel free to visit our website, call or email us at the information provided in this fact sheet.

Rider Tips

- ✓ Be ready!
- ✓ Be respectful and courteous of others!
- ✓ Become familiar with the Broker issued *Member Brochure/Rider's Guide*!
- ✓ Always call the Broker directly to inquire about your ride!
- ✓ Always immediately notify Broker of any cancellations or changes in your schedule!
- ✓ Always carry your Broker's telephone number with you!





Cómo acceder a Georgia Gateway:

- Visite www.gateway.ga.gov desde cualquier lugar donde tenga fácil acceso a una computadora.
- Visite una oficina local del condado para usar una computadora de autoservicio.
- Visite una agencia local de socios de asistencia comunitaria.

Para obtener información sobre los socios de asistencia médica y comunitaria registrados en su área, llame al 1-877-423-4746.



¿QUÉ ES EL PORTAL PARA CLIENTES DE GEORGIA GATEWAY?

El portal para clientes de Georgia Gateway reemplaza a COMPASS para convertirse en el nuevo portal web de autoservicio para que administre en línea sus beneficios de cinco programas, entre los que se incluyen los siguientes:

- Medical Assistance (Medicaid, PeachCare for Kids® [PCK], Planning for Healthy Babies [P4HB], Aged, Blind and Disabled Medicaid, y otros)**
- Food Stamps (SNAP)**
- Temporary Assistance for Needy Families (TANF)**
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**
- Childcare and Parent Services (CAPS)**

¿QUÉ PUEDO HACER EN EL PORTAL PARA CLIENTES?

- Verificar si soy elegible para poder recibir ciertos beneficios.
- Presentar la solicitud para Medicaid, WIC y beneficios de atención de niños.
- Verificar el estado de la solicitud y del caso.
- Renovar beneficios.
- Enviar documentos de verificación de manera electrónica.
- Ver y administrar la información del caso.
- Elegir opciones ecológicas y recibir avisos en línea.
- Informar cambios de circunstancias.

¿CUÁNDO SE REALIZARÁ ESTE CAMBIO?

Georgia Gateway se lanzará en tres fases en todo el estado. A partir de febrero de 2017, verá una nueva página cuando intente acceder a sus beneficios a través de COMPASS hasta que todos los clientes se hayan transferido a Georgia Gateway. Con la información que proporcione, la página de presentación lo dirigirá al sitio web correcto para que solicite y administre sus beneficios, ya sea COMPASS o el portal para clientes de Georgia Gateway.

¿QUÉ DEBO HACER?

Puede acceder al portal para clientes de Georgia Gateway para ver y administrar sus beneficios con el nombre de usuario y la contraseña de COMPASS. Si no tiene una cuenta de COMPASS, puede crear una siguiendo las instrucciones de la página de inicio del portal para clientes de Georgia Gateway. Si actualmente recibe asistencia pública en Georgia, la información de sus beneficios se transferirá automáticamente a Georgia Gateway.

Sin embargo, si es cliente actual de los programas PeachCare for Kids® (PCK) o Planning for Healthy Babies (P4HB), su número de cuenta familiar cambiará como parte de la transición. A partir del 6 de febrero de 2017, los clientes actuales de los programas PCK y P4HB pueden obtener su nuevo número de cuenta familiar, que también se conoce con el nombre de "número de caso" en Georgia Gateway, accediendo al portal para clientes de Georgia Gateway o llamando al 1-877-423-4746 para hablar con un representante del servicio de atención al cliente.



Visite el sitio web de Georgia Gateway en www.gateway.ga.gov o llame al 1-877-423-4746.



Visit Georgia WIC at wic.ga.gov

What Can I Buy with Georgia WIC Vouchers?

Georgia WIC vouchers make it easier for you to provide healthy, delicious foods that you feel good about giving your family. Georgia WIC vouchers are also easy to use. Just take them with you when you go grocery shopping and use them to buy healthy food including:

- Infant foods
- Brown rice
- Canned fish
- Cereal
- Cheese
- Dried or canned beans/peas
- Eggs
- Fruit juice
- Fruits and vegetables
- Milk
- Pasta
- Peanut butter
- Tortillas
- Tofu
- Yogurt
- Whole grain bread

Do you have questions? To apply and/or locate a Georgia WIC clinic near you, visit wic.ga.gov, or call 800-228-9173, Monday through Friday from 8 a.m. – 5 p.m.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the Agency, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

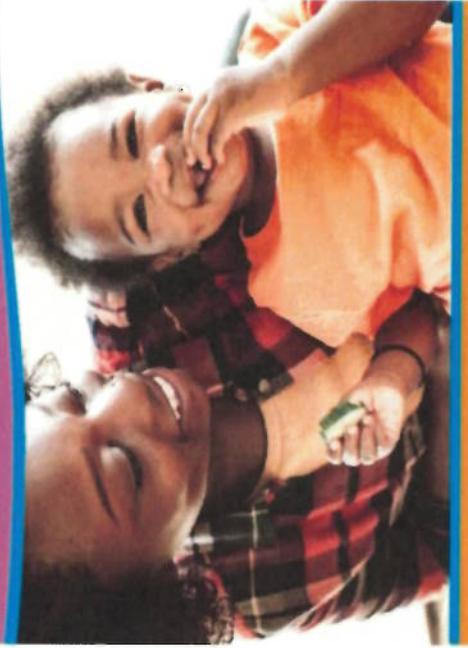
To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider

Georgia WIC

offering Yummy, Healthy Food and More!



wic.ga.gov



February 2020 • WIC A5010 Brochure, English-1

What is WIC?

Georgia WIC is the nation's fifth largest Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Georgia WIC provides nutrition and health education, healthy foods and other services free of charge to Georgia families who qualify.

What does Georgia WIC Offer?

Georgia WIC's goal is to help keep pregnant and breastfeeding women and kids under age 5 healthy. To do this, WIC provides:

- Personalized nutrition consultations

- Vouchers to buy healthy food

- Tips for eating well to improve health

• Referrals for medical and dental care, health insurance, child care, housing and fuel assistance, and other services that can benefit the whole family

Georgia WIC also offers breastfeeding classes, one-on-one breastfeeding support, as well as immunization screenings and referrals. In addition, Georgia WIC provides parents with opportunities to talk with other parents about nutrition and other health topics that are important to their families.

Who is Georgia WIC for?

Georgia WIC is for all kinds of families, married and single parents, working or not working. If you are a father, mother, grandparent, foster parent or other legal guardian of a child under 5, you can apply for Georgia WIC for your child.

You can participate in Georgia WIC if you:

- Live in Georgia
- Have a child under 5, or you are a pregnant or breastfeeding woman
- Are a postpartum nonbreastfeeding woman
- Have a family income less than WIC guidelines

Income Eligibility Guidelines:

July 1, 2019 to June 30, 2020

Household Size	Yearly Income (no greater than)	Monthly Income	Weekly Income
1	\$23,107	\$1,926	\$445
2	\$31,284	\$2,607	\$602
3	\$39,461	\$3,289	\$759
4	\$47,638	\$3,970	\$917
5	\$55,815	\$4,652	\$1,074
6	\$63,992	\$5,333	\$1,231
7	\$72,169	\$6,015	\$1,388
8	\$80,346	\$6,696	\$1,546
Blk/Arab/Pasny Nonwhite - Inc.		+\$6,177	+\$1,358

If you are pregnant, you should count yourself as two.

Visit Georgia WIC at wic.ga.gov



Income Eligibility

Applicants are automatically income eligible for Georgia WIC if they are currently receiving Medicaid, TANF or Supplemental Nutrition Assistance Program (SNAP) benefits. Foster kids under age 5, may also be eligible for WIC.

Can Men Participate in Georgia WIC?

Fathers, with a child(ren) under age 5, who meet the income requirements of Georgia WIC are encouraged to enroll their child(ren) in the program. Although a father cannot receive benefits for himself, he can receive benefits for his child(ren). Fathers are encouraged to attend and participate in WIC appointments, nutrition and health classes, as well as use WIC vouchers in grocery stores.

How do I Apply for Georgia WIC?

To apply for WIC, visit wic.ga.gov to find your local health department or call 800-228-9173. Many Georgia WIC clinics are open in the evenings and on Saturdays so you do not have to miss work.

Georgia WIC: 800-228-9173

Georgia WIC: wic.ga.gov



WIC

A Special Food and Nutrition Education Program For Women, Infants and Children

WHO IS ELIGIBLE?

- A pregnant woman
- A breastfeeding woman
- A woman who has recently been pregnant
- An infant or a child less than 5 years old

SERVICES PROVIDED:

- Nutritious foods
- Nutrition counseling
- Breast feeding support
- Health care referral

TO BE ELIGIBLE, YOU MUST ALSO:

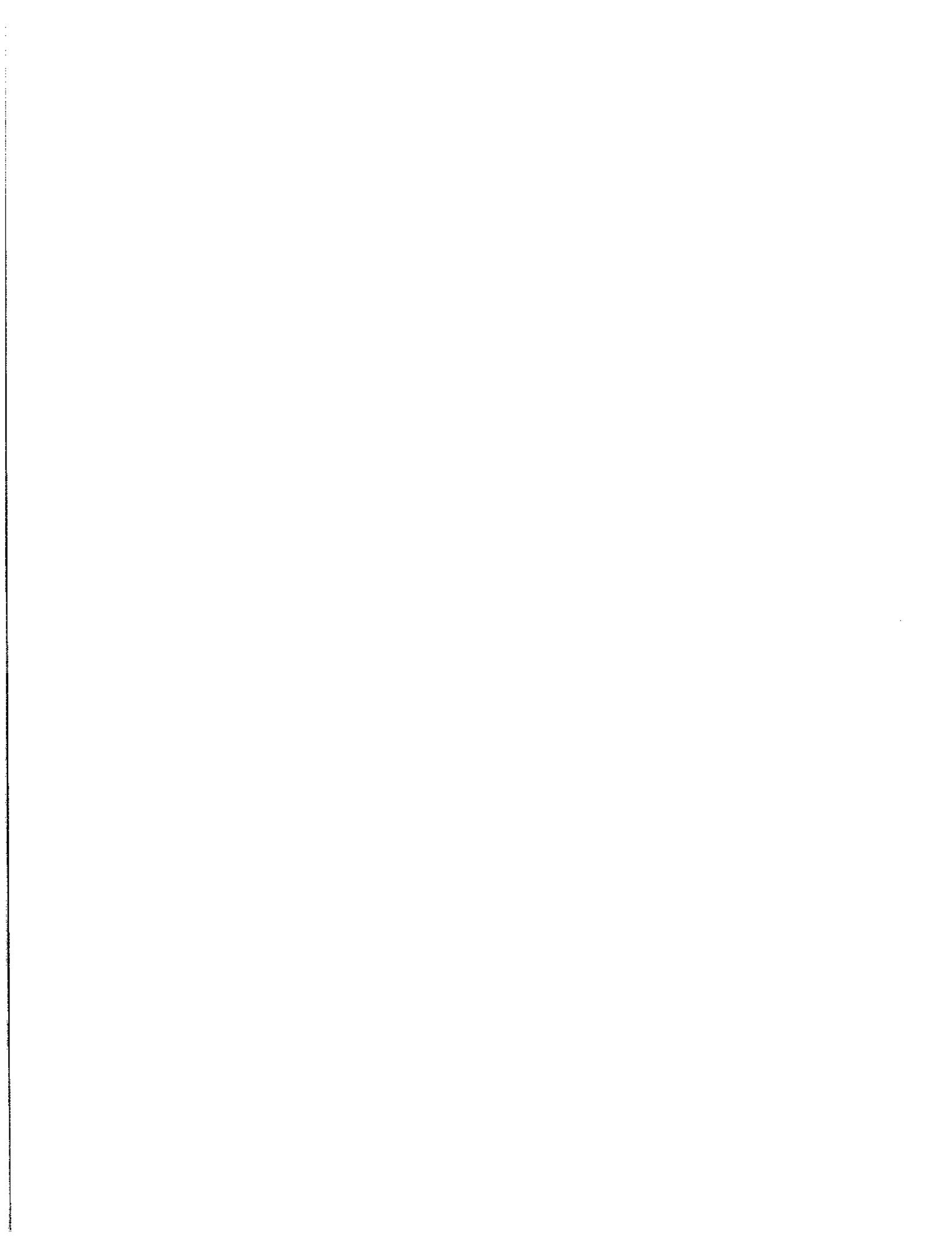
- Have a low or moderate income
AND
- Have a special need that can be helped by WIC foods and nutrition counseling

APPROVED WIC FOODS:

- Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula

**YOU DO NOT HAVE TO BE
ON PUBLIC ASSISTANCE
TO APPLY.**

**CALL YOUR LOCAL HEALTH
DEPARTMENT FOR MORE
INFORMATION.**

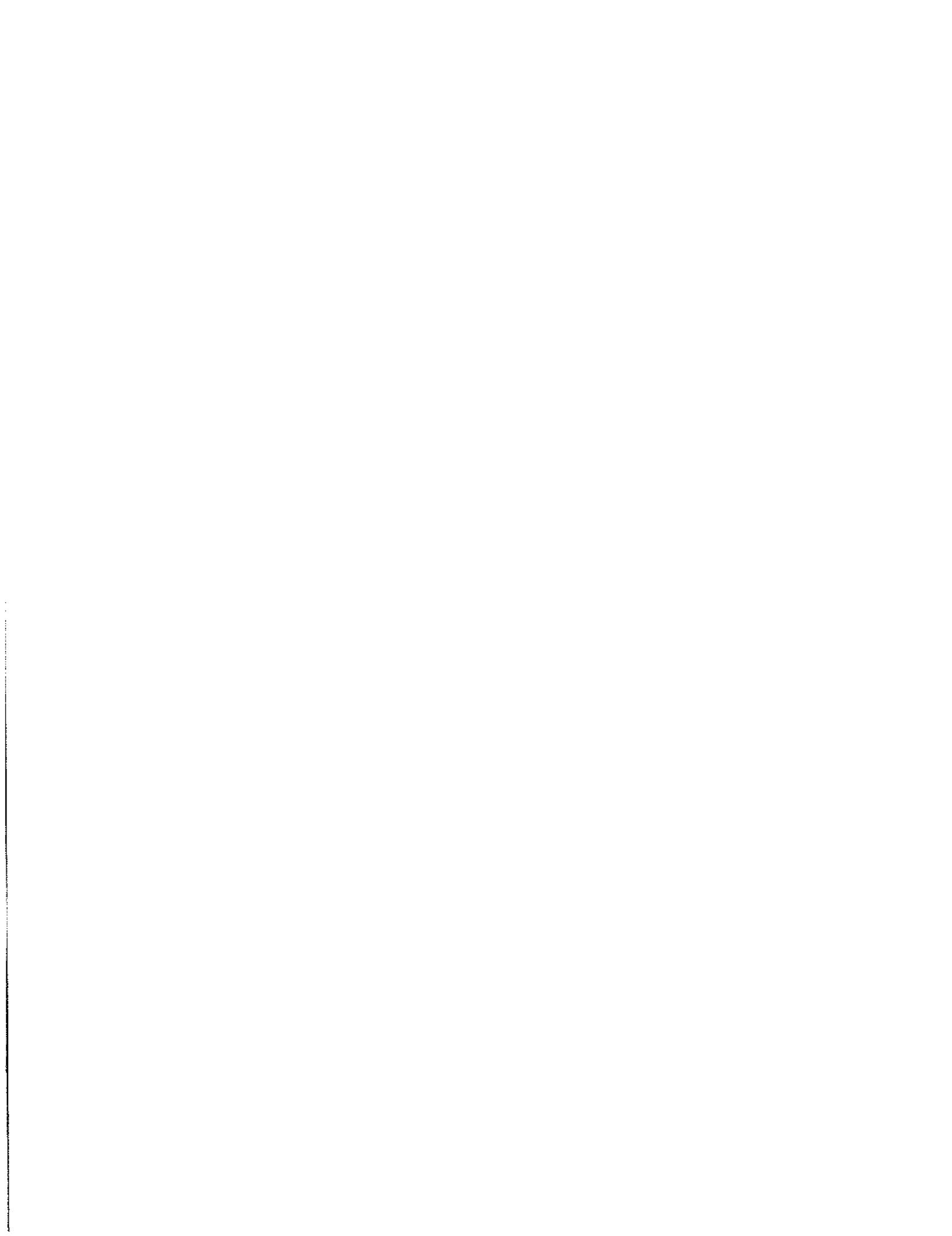


Georgia WIC Program

Georgia WIC
Georgia Department of Public Health
2 Peachtree Street, NW
10th Floor
Atlanta, GA 30303
Telephone: 1-800-228-9173
Website: <http://dph.georgia.gov/WIC>

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2021 to June 30, 2022)

Household Size	Reduced Meal Income Limits				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2.....	32,277	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5.....	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each additional family member add	+ 8,399	+700	+ 350	+324	+ 162



Choosing a Pediatrician

Your child's pediatrician is your partner in promoting your child's health and development. You should feel comfortable with your choice. Your baby's "first check-up" occurs within the first few days after birth. If you have not chosen a pediatrician or you are thinking about changing your pediatrician, here are some helpful tips.

- Contact your insurance provider for referrals to covered physicians
- Get a list of prospects from your health care provider
- Ask your friends and other parents you respect about pediatricians
- Call your local medical society board of health or hospital for reference
- You may also call **770-956-STAR (7827)** at Wellstar for a list of pediatricians
- Or the Powerline at **770-451-5501** for a list of Medicaid doctors and dentists

It is important to feel comfortable with your pediatrician and your pediatrician's staff. Here are some specific questions to ask that are important to you and your baby.

- What is your pediatric background?
- Do you have a subspecialty or area of pediatric interest?
- When are your office hours?
- How do I reach you after-hours or during an emergency?
- If I have a minor question, when is the best time to call?
- Do you charge for such "telephone time?"
- How long is a typical office visit? (A good answer would be 15 minutes or more)
- What hospitals do you use, and what HMOs do you work with?
- Is payment due at the time of visit?
- How do you support breastfeeding?
- When will I bring in my baby for the first office visit? (A good answer would be within the first week, especially if you have a short stay in the hospital)
- Are you board certified through the American Board of Pediatrics?
- Are you a member of the American Academy of Pediatrics?
- What's your advice about working while parenting?
- How well do you know the infant and toddler programs in the community?

Peter A. Gorski, MD, MPS. Pampers Parenting Institute

If at any time you feel your pediatrician's office is not meeting your expectations and your instincts tell you that the office setting is not right for you and your baby, you should use the tips listed above to find a "new" pediatrician.



Emotional Changes After Giving Birth

After the birth of your baby, you may feel many emotions. It takes time to adjust to your body's changes and to your baby's needs. While these feelings can be normal, it is important to know when to get help.

“Baby Blues”

You may have the “baby blues” in the first 2 weeks after your baby is born. Most new moms have some of these feelings.

You may have one or more of these signs:

- Cry for no reason
- Go from being happy to sad quickly
- Are easily irritated
- Feel overwhelmed or anxious
- Are tired and have little energy

These feelings often get better as your body adjusts and you get used to caring for your baby. Here are some things you can do to help:

- Ask for and accept help.
- Rest or nap when your baby sleeps.
- Take a break and have someone care for your baby while you go out.
- Talk about your feelings with family and friends.
- Join an online or in-person new mothers' support group.
- Exercise if your doctor says it is okay.
- Care for yourself. Read, take a bath or watch a movie.
- Eat a healthy diet.

Postpartum Depression

Sometimes depression does not go away on its own. If feelings of depression or anxiety get worse or last longer than 2 weeks, call your health care provider.

Symptoms can start at any time within the first year of having a baby. Depression after pregnancy is common and can get better with treatment.

Getting treatment is important for you and your baby. Common treatments include counseling and medications. There are medications that are safe for moms who breastfeed.

Untreated depression can make it harder to care for and bond with your baby.

It is important to ask for help from a health care provider.

Symptoms will be different for each person, but it might include:

- Feelings of sadness, hopelessness or guilt
- A lack of interest about your baby (or excessive worry about baby)
- Trouble sleeping
- Excessive crying
- Anger or irritability
- Weight loss or gain
- Lack of energy

Danger Signs

You may have a more serious problem if you:

- Are not able to care for yourself or your baby
- Are afraid to be alone with your baby
- Have thoughts of hurting yourself or your baby

These are danger signs and you need to get help. Call 911 or go to the nearest hospital emergency room.

New or Expecting Moms:

Are You Having a Hard Time?
You Deserve Support.

PSI
GA

Becoming a mother is a huge transition that comes with an incredible range of emotional responses. Some are known as the “baby blues,” a two-week period of mood swings and a feeling of overwhelm after delivery that 80% of mothers experience. Others can happen in pregnancy, begin or last longer than two weeks after delivery, or are more intense than the baby blues. These symptoms and conditions are called perinatal mood and anxiety disorders (PMADs). They affect as many as 1 in 5 moms (twice as many as gestational diabetes) and are completely treatable.

How Do I Know If It's More Than the Baby Blues?

The “blues” are caused by the drop in hormones after birth and are characterized by weepiness, intense highs and lows in your mood, as well as a general feeling of being overwhelmed, and having a low frustration tolerance or even anger. If you experience symptoms longer than two weeks, they begin during pregnancy or anytime in the year after birth, or they make it hard for you to function, you may be experiencing a PMAD.

But I Don't Feel Depressed

The “classic” symptoms of depression—lack of interest in life, fatigue, feeling intensely sad—are not the only symptoms of PMADs. That’s why experts use the term perinatal mood and anxiety disorders, because other symptoms are actually more common such as anxiety and intense irritability or rage. PMADs include depression, anxiety, obsessive-compulsive disorder (OCD), panic disorder, and post-traumatic stress disorder. Often, women experience a combination of more than one of these. There is a full list of symptoms on the back of this sheet.

Isn't Anxiety Just Part of New Motherhood?

Absolutely. Almost all parents report having thoughts and worries about harm coming to their babies. Our job is to protect them and that requires us to think through any possible threats (including ourselves). So, you are going to worry about things or even think about bad things happening to your baby. But, the difference between an acceptable level of anxiety and an anxiety disorder has to do with how intense your anxiety is and whether it makes it difficult for you to function normally.

What If I Am Scared Someone Will Take My Baby Away?

When you call Postpartum Support International, our trained volunteers will connect you with experienced professionals who understand perinatal mood and anxiety disorders and know that having one does not mean you are a danger to your child. In the very rare instances in which mothers harm themselves or their babies, they are usually suffering from a psychiatric emergency called postpartum psychosis, which is also treatable. If you or someone you know is experiencing delusions (believing things that are not true), hallucinations (seeing or hearing things that are not there), or believes hurting themselves or their child is the right thing to do, it is imperative that you seek immediate medical help in an emergency room.

Ways to Get Help

Are you in crisis? You can call the **GA crisis line** & talk with someone immediately: **1-800-715-4225**

Want to leave a message 24 hours a day? Call the **PSI HelpLine: 1-800-944-4773 (4PPD)** OR text: **503-894-9453** and someone will respond within 24 hours, 7 days a week.

Want to look for a local therapist who specializes in perinatal mental health?

Check out our **Provider Directory:** <https://psiga.org/get-help/find-a-provider/>

What Are the Symptoms of PMADs?

- Being unable to sleep or wanting to sleep all the time
- Crying continuously
- Experiencing constant, intrusive fears/worries
- Performing repetitive behaviors (such as handwashing or checking on your baby) to try to control the worries in your head
- Avoiding your baby because you are afraid of harming her
- Not being able to leave your baby for fear of him being hurt
- Constant racing thoughts
- A persistent sense of dread like something bad is about to happen
- A dramatic change in your appetite/weight
- Intense rage or constant irritability
- Feeling numb
- Having panic attacks
- Feeling hopeless or that things will never get better
- Reexperiencing a trauma from your past
- Reexperiencing elements of your delivery in a negative way
- Being unable to take care of your daily needs
- Thinking about harming yourself
- Believing your family would be better off without you
- Deep down, knowing that something is not right

If you are feeling one or more of the symptoms above, it is not your fault. You are not alone. And with help you will be well. It's time to reach out for it.



Postpartum Support International
Georgia Chapter

Is this Normal?

TYPICAL ADJUSTMENT		BABY BLUES		PPD/PPA	
SLEEP DEPRIVATION		BONDING WITH BABY		MAKES YOU TIRED	
MAKES YOU TIRED		HAPPENS SHORTLY AFTER BIRTH		MAKES YOU ANGRY	
DOESN'T HAPPEN IMMEDIATELY		FORGETFUL & DISTRACTED		DOESN'T REALLY HAPPEN AT ALL	
DOESN'T HAPPEN IMMEDIATELY		ABOUT MINOR THINGS		FULL OF SCARY THOUGHTS	
DOESN'T HAPPEN IMMEDIATELY		WEEPY & EMOTIONAL		IF YOU ARE A GOOD MOTHER	
DOESN'T HAPPEN IMMEDIATELY		YOU START TO FEEL BETTER		NOTHING/ GUILT/ EXT. SADNESS	
DOESN'T HAPPEN IMMEDIATELY		YOU GET INTO A GOOD ROUTINE		YOU START TO FEEL BETTER	
DOESN'T HAPPEN IMMEDIATELY		HAPPY & HOPEFUL		NOTHING/ GUILT/ EXT. SADNESS	
DOESN'T HAPPEN IMMEDIATELY		YOU WORRY		NOTHING/ GUILT/ EXT. SADNESS	
DOESN'T HAPPEN IMMEDIATELY		YOU FEEL		NOTHING/ GUILT/ EXT. SADNESS	
DOESN'T HAPPEN IMMEDIATELY		AFTER A FEW WEEKS		NOTHING/ GUILT/ EXT. SADNESS	

Remember:

- About 80% of new moms experience baby blues, typically subsiding within 1 month after delivery
- If you experience symptoms longer than 2-4 weeks, they begin during pregnancy or anytime in the year after birth, or they make it hard for you to function, you may be experiencing postpartum depression or anxiety (PPD/PPA)

learn more at psiga.org



General Resources:

You can search the following sites to find a provider specific to your needs. Select your zipcode/city, insurance, and area of need.

- www.psychology.com
- <https://www.psychologytoday.com/us>
- www.gapsychology.com

The following practices have many different providers and multiple locations. When you call, let the staff know your area of need, your insurance, and where you live. They should be able to help you connect with a provider.

- **Ray of Hope Counseling**
 - 678-213-2194
- **Powers Ferry Psychological Associates**
 - 770-953-4744
- **GA Behavioral**
 - 678-820-7868
 - This practice has multiple locations and offers both psychiatry and counseling care

Insurance company

- You can call your insurance company and ask for a list of counselors/psychologists who accept your insurance and are close to where you live.

Georgia Crisis and Access Line (GCAL)

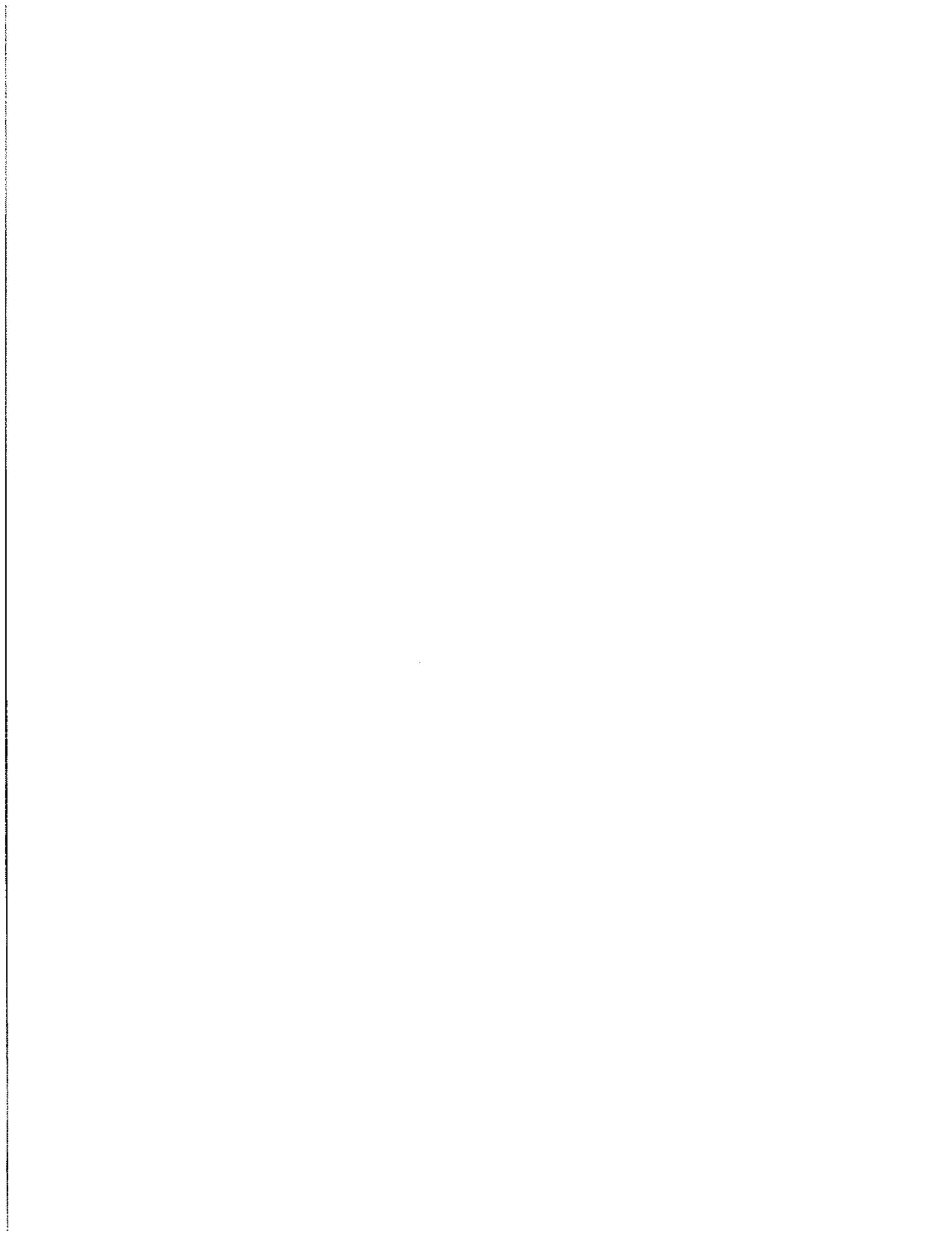
- For immediate access to routine or crisis services, please call the Georgia Crisis and Access Line (GCAL) at **1-800-715-4225**. GCAL is available 24 hours a day, 7 days a week and 365 days a year to help you or someone you care for in a crisis.
 - Phone: **1-800-715-4225**.

National Suicide Prevention Hotline

- Phone: 1-800-273-8255

Emergency Department:

- If you experience thoughts of wanting to hurt yourself, please take yourself to the nearest emergency department.



HOW ARE YOU FEELING NOW?

While many women experience some mild mood change or "the blues" during or after the birth of a child, 1 in 7 women experience more significant symptoms of depression or anxiety. 1 in 10 Dads become depressed during the first year.

PARENTS:

- Are you feeling sad or depressed?
- Is it difficult for you to enjoy yourself?
- Do you feel more irritable or tense?
- Do you feel anxious or panicky?
- Are you having difficulty bonding with your baby?

Do you feel as if you are "out of control" or "going crazy"?

Are you worried that you might hurt your baby or yourself?

FAMILIES:

- Do you worry that something is wrong but don't know how to help?
- Do you think that your partner or spouse is having problems coping?

Are you worried that it may never get better?

Any parent can suffer from pregnancy or postpartum mood or anxiety disorders. However, with informed care you can prevent a worsening of symptoms and can fully recover. It is essential to recognize symptoms and reach out as soon as possible so that you can get the help you need and deserve.

THINGS YOU CAN DO

Being a good parent includes taking care of yourself. If you take care of yourself, you will be able to take better care of your baby and your family.

• Talk to a counselor or healthcare provider who has training in perinatal mood and anxiety problems.

• Learn as much as you can about pregnancy and postpartum depression and anxiety.

• Get support from family and friends.
Ask for help when you need it.

• Join a support group in your area or online.

• Keep active by walking, stretching or whatever form of exercise helps you to feel better.

• Get enough rest and time for yourself.
• Eat a healthy diet.

• Don't give up! It may take more than one try to get the right help you need.

• Call or email us; we will help you.

Supporting Postpartum Families



Postpartum Support International
Office: (503) 894-9453
Fax: (503) 894-9452
www.postpartum.net
psioffice@postpartum.net
1-800-944-4PPD (4773)

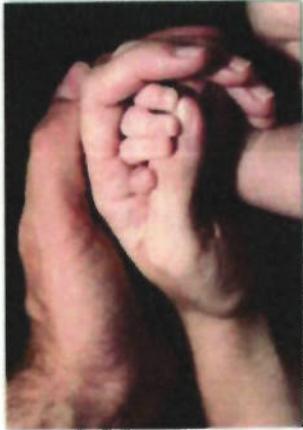
Resources available in English & Spanish
Find them at www.postpartumresources.com

www.postpartum.net



Remember

you are not alone
you are not to blame
with help, you will be well



We Can Help

PHONE SUPPORT

- Call the PSI Warmline (1-800-944-4PPD) for information and to get connected to resources for help and healing in your own community. Open during business hours Pacific Time, or leave a message any time.
- "Chat with the Expert" phone sessions. You can talk to an expert and get your questions answered in a safe and supportive setting with PSI's weekly chats. Chats for moms are on Wednesdays, and for dads on First Mondays. These conference calls are free and open to everyone. Callers may remain anonymous. Details at www.postpartum.net/resources.

WEBSITE

- Information and Articles about Pregnancy and Postpartum Mood Disorders
- Comprehensive List of Free Support Groups
- Knowledgeable local coordinators who will offer support, information, and resources, and email support
- Guide to Resources on the Web
- Calendar of events In the perinatal mood disorders community
- Latest News and Research
- Member's Section for Access & Networking

PSI NEWSLETTER

- Newsletter with updates on PSI activities
- Best practices, women's stories and legal issues
- Worldwide events and news

TRAINING

- Annual June conference to discuss latest science, treatment approaches, research, and social support systems.
- Standardized certificate training, manuals, and courses for professionals, volunteers, and support groups.
- Online Webinar certificate course in Maternal Mental Health.
- Training and guidance for developing social support groups and networks.

Parents of every culture, age, income level and race can get Perinatal Mood and Anxiety Disorders. Symptoms can appear any time during pregnancy and the first year after childbirth. There are effective and well-researched treatment options to help you recover. Although the term "postpartum depression" is often used, there are actually several overlapping illnesses.

- Pregnancy or Postpartum Depression might include feelings of anger, irritability, guilt, lack of interest in the baby, changes in eating and sleeping, trouble concentrating, thoughts of hopelessness and sometimes thoughts of harming the baby or yourself.
- Pregnancy or Postpartum Anxiety might include extreme worries and fears, including the health and safety of the baby. Some women have panic attacks and might feel shortness of breath, chest pain, dizziness, feeling of losing control, numbness and tingling.
- Pregnancy or Postpartum Obsessive-Compulsive Disorder might include repetitive, upsetting and unwanted thoughts or mental images, and sometimes the need to do certain things over and over to reduce the anxiety caused by those thoughts. These moms find these thoughts very scary and unusual and are very unlikely to ever act on them.
- Postpartum Stress Disorder is often caused by a traumatic or frightening childbirth, symptoms might include flashbacks of the trauma with feelings of anxiety and the need to avoid things related to that event.
- Postpartum Psychosis might include seeing or hearing voices or images others can't, feeling very energetic and unable to sleep, believing things that are not true and distrusting those around you. This rare illness can be dangerous so it is important to seek help immediately.

Call our Warmline

1-800-944-4PPD

Visit us on the web
www.postpartum.net

Postpartum Support International is a worldwide non-profit organization dedicated to helping women and families suffering from perinatal mood and anxiety disorders. PSI was founded in 1987 to increase awareness among public and professional communities about the emotional difficulties that women can experience during and after pregnancy. The organization offers support, reliable information, best practice training, and volunteer coordinators in all 50 U.S. states and more than 35 other countries. Working together with its volunteers, caring professionals, researchers, legislators and others, PSI is committed to eliminating stigma and ensuring that compassionate and quality care is available to all families.

Post-Partum Depression Resources:

1. Depression After Delivery

1-800-944-4773

2. Heartwork Counseling Center

404-658-1222

3. Parents and Partners

770-352-0029

4. Post Partum Support International

1-805-967-7636

5. Cobb/Douglas Mental Health

24 Hour Hotline

770-422-0202

Web-Links

1. <https://psiga.org/>

2. <https://www.psychologytoday.com/us/therapists/pregnancy-prenatal-postpartum/georgia>

