

OTHER ELIGIBILITY REQUIREMENTS**PREGNANT WOMEN**

The local social services district will authorize Medicaid for the presumptively eligible woman. If the woman does not submit the required documentation by the date specified on the documentation checklist, without good cause, her presumptive case may be closed after appropriate notification.

Eligibility for pregnant women is determined as follows:

- (a) If the net household income is equal to or less than 100% of the federal poverty level, the Medicaid level or Medicaid Standard (whichever is most beneficial), the woman and any infant under age one are fully eligible for all Medicaid services.
- (b) If the net household income is above 100% of the federal poverty level and does not exceed 200% of the federal poverty level, the woman is eligible for ambulatory Medicaid prenatal care services and any infant under age one is fully eligible for all Medicaid services. If the net household income exceeds 200% of the federal poverty level, the pregnant woman is referred to the local social services district to determine eligibility for Medicaid under the "spenddown" provisions.

Disposition:

A pregnant woman may be determined presumptively eligible for Medicaid. A qualified provider completes a preliminary assessment of the woman's income and establishes her eligibility based on Department guidelines. If the woman's income is less than 100% of the federal poverty level, she is eligible for all ambulatory Medicaid services. When the income is above 100% but less than or equal to 200% of the poverty level, the pregnant woman is eligible for ambulatory prenatal care Medicaid services only. For the pregnant woman to continue her coverage past the period of presumptive eligibility, she submits the required documentation to the local social services district. Only one period of presumptive eligibility is allowed per pregnancy.

Presumptive Medicaid eligibility begins on the date the qualified provider determines presumptive eligibility. This is usually the date of the pregnant woman's first visit or the date services were first rendered to her. This is also the date of application for on-going Medicaid.