

OTHER ELIGIBILITY REQUIREMENTS**CHILDREN UNDER THE AGE OF 19****Policy:**

Presumptive eligibility is a means of immediately providing Medicaid covered care and services to children under the age of 19. A Qualified Entity (QE) performs a preliminary assessment of the child's eligibility based upon guidelines established by the Department. If the child is found to be presumptively eligible for Medicaid s/he is provided full Medicaid care and services for a limited period of time during which a full determination of eligibility is performed.

References:

SSL Sect. 364-i4. (a)-(e)

ADM 08 OHIP/ADM-2

Interpretation:

A child under the age of 19 is presumed eligible for full Medicaid coverage when a Qualified Entity determines that the child's household income does not exceed the appropriate federal poverty level (133% for children ages 1-5; 100% for children ages 6-18; and 200% for children under the age of 1).

The information used in the presumptive eligibility determination may be attested to and does not have to be verified.

The household size is determined by counting the child and the mother of the applying child, and, if she is pregnant, count as 2 (mother plus the unborn child). Count the legal spouse and/or father of the child, if they live in the household. Count as 1 the Caretaker Relative (if no parents live in the household) and if the Caretaker Relative will also be applying for Medicaid. Count all of the children under age 21 in the household whether or not they are applying. Do not count persons who receive Temporary Cash Assistance or SSI cash assistance.

The following deductions from monthly gross income of the household (including the income of the caretaker relative, if they are part of the household count and are applying for Medicaid) are allowed: \$90 from earned income (See **INCOME** ADC, LIF, AND S/CC-RELATED BUDGETING METHODOLOGY \$90 WORK EXPENSE DISREGARD); child care from employment income (See **INCOME** ADC, LIF, AND S/CC-RELATED BUDGETING METHODOLOGY CHILD/INCAPACITATED ADULT CARE COST);

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\$50 from child support received (See **INCOME** ADC, LIF, AND S/CC-RELATED DISREGARDS); and health insurance premiums (See **INCOME** ADC, LIF, S/CC AND SSI-RELATED BUDGETING METHODOLOGY HEALTH INSURANCE PREMIUM), if not already deducted from the wages. Do not count grants, loans, or student wages or grants of Temporary Assistance (TA) and Supplemental Social Security Income (SSI). All resources are disregarded.

When the child under age 19's family income is equal to or less than the appropriate federal poverty level, s/he is presumptively eligible for all Medicaid covered care and services.

The qualified provider:

- completes a personal screening interview using the DOH-4441, "Medicaid Presumptive Eligibility for Children Screening Form";
- contacts the designated toll-free number to determine whether the screened eligible child is entitled to PE (**NOTE:** a child is entitled to only ONE period of PE in a 12 month period);
- provides the applying household a determination letter on the approved form, "Presumptive Eligibility for Children Screening Determination Letter" OHIP-0012 indicating their findings, and advises the applying household of the next steps in the process, which includes mandatory completion of a full application for Medicaid if eligible for PE, and/or referrals to the LDSS, or to a Facilitated Enroller if ineligible for PE.
- informs the applicant/representative of his/her rights and responsibilities as well as issuing required informational materials and brochures;
- assists the PE eligible applicant/representative with the "Access NY Health Care Application", DOH-4220 which must be completed, signed and properly documented in order for the LDSS to determine ongoing Medicaid eligibility. Responsibilities including requesting and compiling necessary documentation are delegated to the QE;

NOTE: QE's may enter into formal agreements with Facilitated Enrollers (FEs) to assist them in the Medicaid application,

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documentation requirement and collection process. However, the QE continues to be responsible for the PE screening process and issuance of the PE screening determination form.

- forwards the completed application package within 21 days from the date of initial screening (or within a reasonable extended timeframe if the applicant is making a good-faith effort to secure necessary documentation).
- QEs are not responsible for forwarding completed PE screening forms to the LDSS for children who do not screen as PE eligible. The QE should provide the ineligible household with the DOH-4220 application form to complete and submit to a Facilitated Enroller or to the LDSS. Children are to be referred to FEs and/or Child Health Plus health plans.

The local social services district:

- designates one or more staff as a liaison to the designated QEs;
- delegates to and accepts the QEs PE screening interview as the face-to-face interview for ongoing Medicaid;
- accepts completed applications from the QE and processes them in a timely manner, but in no event later than 30 days from the date of the QE screening/assessment for pregnant women and children, and within 45 days for all other applications not requiring a disability determination;
- allows for a reasonable extension of time and extends PE coverage so that the applying household and/or the QE can obtain required documentation;
- determines eligibility for the 3 month retroactive period as appropriate;
- provides notice of the results of the final Medicaid eligibility determination simultaneously to the applicant and the QE
- documents in the case record delays in the receipt of completed applications from the QE that result in untimely determinations of eligibility;

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- open and maintain Medicaid case (s) including all undercare and renewals for individuals found eligible for ongoing coverage for a period of no less than 12 months from the date of screening/application. If the PE child would turn 19 during the authorization period, authorizes the case to the last day of the month in which the child turns 19;

Disposition:

Parents/guardians of children up to age 19 may attest to basic information including citizenship, identity, residency, household size and composition and income during a brief interview with a Qualified Entity. The QE may provide services under Medicaid presumptive eligibility when the screened child's estimated family income (after applying simple disregards), does not exceed the applicable income standards. The PE eligible child may receive all care, services and supplies covered by the Medicaid program, from any Medicaid enrolled provider, prior to a full Medicaid determination by the LDSS.

Children screened eligible for PE may receive ONE presumptive coverage authorization period in a 12-month period. Children found fully eligible will be authorized for no less than 12 months of Medicaid coverage OR through the last day of the month in which their 19th birthday occurs, whichever is earlier.