

**CATEGORICAL FACTORS**

**PREGNANCY**

**Policy:** Pregnant women are eligible for Medicaid, if they meet all other eligibility requirements.

**References:** Dept. Reg. 360-3.3(b)(4)  
360-3.3(c)(5)

ADMs **01 OMM/ADM-6**  
OMM/ADM 97-2  
95 ADM-21  
90 ADM-9  
87 ADM-39  
85 ADM-33  
85 ADM-13  
80 ADM-47

**INF 00 OMM/INF-01**

GISs **00 MA/024**  
91 MA042

**Interpretation:** *A pregnant woman applying for health insurance is not eligible for Family Health Plus (FHPlus). A woman who becomes pregnant after enrolling in FHPlus is counseled on her options of either remaining in FHPlus until the end of her year of eligibility or switching to full Medicaid coverage. The counseling includes providing information on the services available under Medicaid compared to FHPlus, and assisting the woman in determining if her current providers also participate in Medicaid fee-for-service or managed care.*

Pregnant women with household income equal to or less than 100% of the federal poverty level may be eligible for full Medicaid coverage. Pregnant women with household income greater than 100% of the federal poverty level and equal to or less than **200%** of the federal poverty level may be eligible for **perinatal care** (see page 501).

A woman determined eligible for Medicaid for any day during her pregnancy remains eligible for Medicaid coverage for at least 60 days from the date the pregnancy ends, regardless of any changes in the family's income, resources or household composition. Eligibility continues until the last day of the month in which the 60<sup>th</sup> day occurs. This eligibility period is granted in all instances where a Medicaid application was made prior to the end of the pregnancy and the pregnant woman was determined

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eligible for Medicaid. At the end of the 60-day period, the A/R's circumstances are re-evaluated.

***NOTE: Infants under age one (1): A child born to an eligible pregnant woman remains eligible for Medicaid until the end of the month in which the child turns age one (see page 44). A child born to a woman eligible for and receiving FHPlus on the date of the child's birth is eligible for Medicaid until the end of the month in which the child turns age one.***

**When to Verify:** When an A/R indicates she is pregnant;

***When an A/R indicates that she has recently given birth.***

**Verification:** ***A birth or pregnancy may be verified by:***

***(a) Notification from a Managed Care Organization, Prenatal Care Assistance Program (PCAP), or other medical provider is acceptable; notification can be verbal or written. If notification is verbal, an appropriate notation is made in the case record with the name of the person and the organization providing the information and the date.***

***(b) For a woman who has an established case (whether there is an unborn on the case or not), written or verbal notification of the birth from an immediate family member or medical provider, or, in exceptional circumstances, an alternate reliable individual or agency, is acceptable. If notification is verbal, an appropriate notation is made in the case record with the name of the person and the organization providing the information and the date.***

***(c) Any official government, medical or church record continues to be an acceptable form of documentation of birth.***

***NOTE: Verification is NOT required for name, date of birth, or social security number in order to provide the one-year extension for the newborn.***

**Disposition:** ***NOTE: Pregnant women have a right to apply for presumptive eligibility (see page 495) at the site of a qualified provider.***

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Pregnancy, by itself, is not considered an incapacity. When pregnancy and/or other conditions cause a woman to be incapacitated, the incapacity is medically verified.

The eligibility of a pregnant woman is determined first under the LIF budgeting methodology. If ineligible under LIF budgeting, eligibility is determined using ADC-related budgeting methodology. If ineligible under ADC-related budgeting, the poverty levels are used for the pregnant woman and other children residing with her. This includes two-parent families (see page 20).

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