

OTHER ELIGIBILITY REQUIREMENTS**PRESUMPTIVE ELIGIBILITY**

Policy: Presumptive eligibility is Medicaid coverage provided to certain applicants who reasonably appear to meet all of the criteria, financial and non-financial, pending the completion of the full eligibility determination.

References:

SSL Sect.	364-i 4. (a)(e) 364-i 368-a
Dept. Reg.	360-3.7 Part 531
ADM	08 OHIP/ADM-2 97 ADM-10 90 ADM-9

Interpretation: A/Rs can apply for Medicaid through the presumptive eligibility process if they meet one of the following conditions:

- a pregnant women who applies for Medicaid at a prenatal care office certified to provide presumptive eligibility (qualified provider);
- a child under the age of 19 who applies for Medicaid with a Qualified Entity (QE) that has a signed Memorandum of Understanding (MOU) with the State Department of Health, or
- a patient in an acute care hospital awaiting discharge but needing the type of medical care provided by a Certified Home Health Agency, Long Term Home Health Care Program, nursing facility or hospice.

The sections that follow discuss these forms of presumptive eligibility:

- Nursing facility, hospice or home health care services,
- Children under the age of 19; and
- Pregnant women.