

**OTHER ELIGIBILITY REQUIREMENTS  
PRESUMPTIVE ELIGIBILITY**

**PREGNANT WOMEN**

**Policy:** Presumptive eligibility is a means of immediately providing Medicaid services for prenatal care pending a full Medicaid determination. All Article 28 Pre-Natal Care providers and others as designated by the SDOH who have been trained must perform a preliminary assessment of a pregnant woman's income and provide application assistance if requested. Then, based upon guidelines established by the Department, s/he determines whether or not the woman is presumptively eligible for a limited array of medical services, based on income.

**References:**

PHL	2529
Dept. Reg.	360-3.7(d)
ADM	90 ADM-9
INF	90 INF-45
LCM	95 LCM-106
GISs	00 MA/024 97 MA/028 95 MA/034 94 MA/016 91 MA/007

**Interpretation:** A pregnant woman is presumed eligible for limited Medicaid coverage when it is determined that the woman's income does not exceed 200% of the federal poverty level. The information used in the presumptive eligibility determination does not have to be verified. Pregnant women have the benefit of a larger "family size" by counting other family members (parents, stepparents, siblings, stepsiblings and half-siblings), whether or not they are applying. The income of such family members residing in the household is counted when determining the eligibility of pregnant women and children under the federal poverty levels, with two exceptions:

1. Public Assistance and SSI cash recipients and their income are invisible; and
2. The income/resources of parents are not considered in determining the income/resources available to a pregnant minor.

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The following deductions from income are allowed: \$90 from earned income; child care from employment income; \$100 from child support received; and health insurance premiums, if not already deducted from the wages. (See INCOME LIF BUDGETING METHODOLOGY \$90 WORK EXPENSE DISREGARDS, ADC-RELATED BUDGETING METHODOLOGY CHILD/INCAPCITATED ADULT CARE COST, ADC-RELATED DISREGARDS, HEALTH INSURANCE PREMIUMS) All resources are disregarded.

When the pregnant woman's family income is equal to or less than 100% of the federal poverty level, she is presumptively eligible for all care, services and supplies available under the Medicaid program.

When the pregnant woman's family income exceeds 100% of the poverty level, but does not exceed 200%, she is presumptively eligible for Medicaid covered ambulatory prenatal services only.

The Article 28 Pre-Natal Care provider or others designated by SDOH:

- completes the screening checklist at the first visit to determine the applicant's presumptive eligibility;
- assists the pregnant woman in completing the standard application for assistance and assist her with choosing a health plan;
- advises a presumptively eligible woman of her responsibility to complete the Medicaid application process;
- forwards screening checklist and Medicaid application to the appropriate local social services district within five working days; and
- provides the pregnant woman with a copy of the checklist and notice of presumptive eligibility determination.

Outreach sites that are not Article 28 Pre-Natal Care providers or other providers designated by the SDOH are not able to authorize presumptive eligibility.