

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. A qualified provider or designee performs a preliminary assessment of a pregnant woman's income. 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 a qualified provider determines 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: <ol style="list-style-type: none">1. Public Assistance and SSI cash recipients and their income are invisible; and2. 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 (see page 144); child care from employment income (see page 162); \$50 from child support received (see page 150); and health insurance premiums (see page 163), if not already deducted from the wages. 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 ambulatory Medicaid covered services.

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 (see page 115 for the federal poverty levels).

The qualified provider or designee:

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;

advises a presumptively eligible woman of her responsibility to complete the Medicaid application process, which includes the requirement of a face-to-face interview;

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.

The Prenatal Care Assistance Providers (PCAP) and other qualified providers conduct the face-to-face interview for pregnant women. In addition the personal interview may be conducted by provider staff at local district authorized outreach sites. Outreach sites that are not PCAPs or qualified providers are **not** able to authorize presumptive eligibility.

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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 Public Assistance standard of need (whichever is greater), 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.