

**2067 – PRESUMPTIVE ELIGIBILITY (FAMILY MEDICAID)**

<b>POLICY STATEMENT</b>	<p>Presumptive Eligibility (PE) Medicaid allows Qualified Providers (QP), authorized by the Division of Medical Assistance (DMA), to make temporary determinations of Medicaid eligibility for pregnant women whose statement of gross BG income is equal to or less than 235% of the Federal Poverty Level (FPL). PE continues while a formal determination of eligibility for Medicaid is pending with DFCS.</p>
<b>BASIC CONSIDERATIONS</b>	<p>PE Medicaid provides outpatient prenatal care to pregnant women during the period that a formal Medicaid application pends with DFCS. All Medicaid services given by any participating Medicaid provider are covered during the presumptive period with exceptions of inpatient hospital and delivery services.</p> <p>The PE Medicaid eligibility period begins the first day of the month in which the QP determines the woman is eligible and ends the last day of the month in which DFCS either approves or denies Medicaid.</p> <p>DMA issues PE Medicaid cards to the pregnant woman until DFCS completes a formal determination of eligibility. If the recipient loses her PE Medicaid card or the PE Medicaid card is not received, the QP is responsible for issuance of a duplicate, temporary Medicaid card.</p> <p>DFCS staff cannot process applications for PE or issue eligibility forms for PE.</p> <p>Potential Qualified Providers include county health departments, federally funded health centers, primary care centers receiving migrant funding and/or homeless funding, hospital outpatient clinics and hospital-based special prenatal clinics.</p>

**PROCEDURES****Responsibilities of a  
Qualified Provider**

The QP determines eligibility for PE Medicaid based on a medically verified pregnancy and the countable income of the budget group (BG). The QP conducts a face-to-face (FTF) interview with the pregnant woman and performs the following functions:

- advises the pregnant woman that she may be eligible for Medicaid benefits as a presumptively eligible pregnant woman and as a RSM pregnant woman for ongoing and retroactive Medicaid coverage
- accepts the pregnant woman's statement of income and collects adequate information from her to complete the following forms:

- Form DMA-632, Presumptive Eligibility Determination Worksheet
- "Right From The Start Medicaid Application" (abbreviated)
- Form DMA-285, Third Party Liability Health Insurance Questionnaire

- determines if the pregnant woman meets eligibility criteria for Medicaid.

If the QP determines that the woman is eligible for PE Medicaid, the QP completes the determination process as follows:

- provides the pregnant woman with a copy of the signed and completed PE Medicaid Worksheet

**NOTE:** The worksheet will serve as the initial month of Medicaid certification.

- obtains adequate information to complete the RSM application form and the Form DMA-285
- provides the pregnant woman with the form, "DMA Not Action", explaining the action taken and the involvement of DFCS in the determination process
- forwards the following three forms to DFCS within five working days of the pregnant woman's application:
  - Form DMA-632
  - a signed and completed RSM application
  - a signed and completed Form DMA-285

## PROCEDURES

**Responsibilities of  
a Qualified Provider  
(cont.)**

- informs the pregnant woman of the PE Medicaid time lin covered services
- provides the pregnant woman with the address and tele number of the local county DFCS office where the application will be sent.

**NOTE:** To ensure that RSM applications for pregnant women are processed within the 10 day standard of promptness, each county DFCS should negotiate a process with the local QP(s) to forward applications to DFCS daily.

If the QP determines that the pregnant woman is ineligible for PE Medicaid, the QP completes the determination process as follows:

- informs the woman that she is not eligible and provides he the form “DMA Notice of Action”, explaining the action taken and the role of the local county DFCS
- advises the woman that if her circumstances change, sh have another determination of PE Medicaid completed by a QP
- informs the pregnant woman that her application for Me will be forwarded to the local county DFCS for a formal determination of eligibility
- forwards the following three forms to DFCS:

- the PE Medicaid Worksheet
- a signed and completed RSM application form
- a signed and completed Form DMA-285

**Responsibilities of  
DFCS**

- provides the pregnant woman with the address and tele number of the local county DFCS office.

Upon receipt of the PE Medicaid packet, complete a formal determination for Medicaid eligibility for the pregnant woman and any other individuals for whom Medicaid is requested.

**NOTE:** The application date is the date the applicant applies for benefits with the QP and signs the RSM application form.

Process the PE as LIM or RSM Pregnant Woman. Refer to Sections 2162, LIM and 2184, RSM Pregnant Woman.

