

# Medicaid State Plan Eligibility

## Presumptive Eligibility

### Adult Group - Presumptive Eligibility

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The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

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## Package Header

<b>Package ID</b>	OH2020MS00030	<b>SPA ID</b>	OH-20-0016
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	System-Derived		


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## A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
  - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made, or
  - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
  - a. No more than one period within a calendar year.
  - b. No more than one period within two calendar years.
  - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
  - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
  - e. Other reasonable limitation:

## B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
<a href="#">PE Portal Screenshots</a>	10/31/2019 11:48 AM EDT	

## C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must meet the categorical requirements of 42 CFR 435.119.
- 2. Household income must not exceed the applicable income standard described at 42 CFR 435.119.
  - a. A reasonable estimate of MAGI-based income is used to determine household income.
  - b. Gross income is used to determine household income.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status



## D. Qualified Entities

- 1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.
- 2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:
  - Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
  - Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
  - Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
DYS	Ohio Department of Youth Services
CDJFS	County Department of Job & Family Services
Health Department	Local Health Department
DRC	Ohio Department of Rehabilitation and Correction

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
<a href="#">Presumptive Eligibility Training</a>	10/31/2019 11:49 AM EDT	
<a href="#">QE Training Material rev 12-01-2020</a>	12/1/2020 10:20 AM EST	

## E. Additional Information (optional)

Ohio requires that 85% of all PE recipients must submit an application for full/ongoing Medicaid within 90 days of the PE approval. Additionally, Ohio requires that 85% of all applications received from PE recipients must result in a full Medicaid determination.

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