

# Medicaid State Plan Eligibility

## Presumptive Eligibility

### Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | OH2020MS00030 | OH-20-0016

CMS-10434 OMB 0938-1188

## Package Header

|                          |                |                                |                 |
|--------------------------|----------------|--------------------------------|-----------------|
| <b>Package ID</b>        | OH2020MS00030  | <b>SPA ID</b>                  | OH-20-0016      |
| <b>Submission Type</b>   | Official       | <b>Initial Submission Date</b> | 6/30/2020       |
| <b>Approval Date</b>     | 1/8/2021       | <b>Effective Date</b>          | <u>4/1/2020</u> |
| <b>Superseded SPA ID</b> | OH-16-0030     |                                |                 |
|                          | System-Derived |                                |                 |

The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.


## 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. There may be no more than one period of presumptive eligibility per pregnancy.

## 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            |   |
|-----------------------|-------------------------|---|
| PE Portal Screenshots | 10/31/2019 11:45 AM EDT |  |

## C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The woman must be pregnant.
2. **Household income must not exceed the applicable income standard at 42 CFR 435.116.**
  - a. A reasonable estimate of MAGI-based income is used to determine household income.
  - b. Gross income is used to determine household size.
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                                      |
|-------------------|--|
| Health Department | Local Health Department                          |
| DRC               | Ohio Department of Rehabilitation and Correction |
| DYS               | Ohio Department of Youth Services                |
| CDJFS             | County Department of Job & Family Services       |

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 11:46 AM EDT |  |
| <a href="#">QE Training Material rev 12-01-2020</a> | 12/1/2020 10:18 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.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 4/27/2021 2:40 PM EDT*