

Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #: 13-0021-MM7

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

July 11, 2014

Mr. Justin Senior
Deputy Secretary for Medicaid
2727 Mahan Drive, MS#8
Tallahassee, Florida 32308

Re: Title XIX State Plan Amendment, FL 13-0021-MM7

Attention: April Cook

Dear Mr. Senior:

Enclosed is an approved copy of Florida's state plan amendment (SPA) 13-0021-MM7, which was originally submitted to the Centers for Medicare & Medicaid Services (CMS) on November 27, 2013. SPA 13-0021-MM7 establishes that one or more qualified hospitals are determining presumptive eligibility, and that the state is providing coverage for individuals determined presumptively eligible, in accordance with the Affordable Care Act. The SPA was approved on July 10, 2014. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the back of Florida's approved state plan.

If you have any questions, please contact Etta Hawkins at 404-562-7429.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

Medicaid State Plan Eligibility: Summary Page (CMS 179)

- State/Territory name:

Florida

- **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

FL-13-002

- **Proposed Effective Date**

01/01/0014 (mm/dd/yyyy)

- **Federal Statute/Regulation Citation**

42 CFR 431

- **Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 11718695E
Second Year	2015	\$ 12912799E

- **Subject of Amendment**

Character Count: out of 2000

Original submission of Hospital

- **Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Character Count: out of 2000

Reviewed by the Deputy Secre

- **Signature of State Agency Official**

- Submitted By:

April Cook

- Last Revision Date: Jul 8, 2014
-
- Submit Date: Nov 27, 2013



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of
 its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance
 with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.



Medicaid Eligibility

Yes No

Select one or both:

- The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

During the first 18 months of enrollment as a Qualified Hospital:

- 1) An average of 90% of individuals determined to be presumptively eligible by the qualified hospital will submit a regular application before the end of the presumptive eligibility period.
- 2) Average (mean) days from date of presumptive eligibility determination to date of application submission is less than 10 calendar days.

After the first 18 months of enrollment as a Qualified Hospital (based on a quarterly review of data):

- 1) 95% of individuals determined to be presumptively eligible will submit a regular application before the end of the presumptively eligible period.
- 2) Average (mean) days from date of the presumptive eligibility determination to date of application submission is less than 10 calendar days.

- The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards:

For the first 18 months:

- 1) An average of 90% of the individuals who submit an application before the end of the presumptive eligibility period will be determined eligible for regular Medicaid.

After the first 18 months (based on a quarterly review of the data):

- 1) 97% of the individuals who submit an application before the end of the presumptive eligibility period will be determined eligible for regular Medicaid.

Data Collection:

The Agency will collect basic data (number of PE requests, number of follow-up applications submitted, number of denials based on the full application) for each Qualified Hospital electing to make presumptive eligibility determinations.

Corrective Action:

If a Qualified Hospital fails to meet the established performance standards based on the data collected, the State will notify the Qualified Hospital of the deficiencies and request that the hospital submit a corrective action plan detailing the steps that it will take to remediate the issue(s) along with a time line for completion. If the Qualified Hospital continues to fail to meet the performance standards after the completion of their corrective action plan, the State may terminate their ability to make presumptive eligibility determinations (as outlined in 42 CFR 435.1110) under the Florida Medicaid program. During, for the first 18 months of enrollment as a Qualified Hospital, the State will provide the hospitals with the opportunity to demonstrate continued improvement by establishing a lower standard (as previously described). If the Qualified Hospital fails to meet the established standards after the first 18 months of enrollment, the State will perform quarterly review of the data and will require the hospital to remediate deficiencies (as described above).

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

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



Medicaid Eligibility

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.

Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

- Yes No

The presumptive eligibility determination is based on the following factors:

The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is

- being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
- Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
- State residency
- Citizenship, status as a national, or satisfactory immigration status

- The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

Florida Medicaid Qualified Hospital (QH) Presumptive Eligibility May 2014



Florida Medicaid QH Presumptive Eligibility

Effective January 1, 2014, Florida Medicaid enrolled hospital providers may elect to make presumptive eligibility (PE) determinations in accordance with federal law and state policy.

Presumptive eligibility provides temporary Medicaid coverage for individuals who are likely to be eligible for Medicaid.

Qualified hospitals (QH) may make presumptive eligibility determinations for:

- ❖ Pregnant women
- ❖ Infants and children under age 19
- ❖ Parents and other caretaker relatives
- ❖ Former foster care children

Recipients will have immediate access to certain Medicaid covered services.

Hospitals will be reimbursed according to Medicaid policy for services provided during the PE period.



Florida Medicaid QH Presumptive Eligibility

I. Qualified Hospitals (QH)

How to become a QH

II. QH Performance Goals

Standards for QHs making PE determinations

III. Presumptive Eligibility (PE)

How to determine PE

IV. Submitting PE Approvals

How to submit PE determinations using the provider portal



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Florida Medicaid QH Presumptive Eligibility

I. Qualified Hospitals (QH)

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How to become a QH

Hospitals must meet the following criteria to make presumptive eligibility determinations as a Qualified Hospital (QH):

1. Be enrolled in the Florida Medicaid program as a hospital provider (provider type 01)
2. Complete and submit the Institutional Medicaid Provider Agreement for Qualified Hospitals Electing to Make Presumptive Eligibility Determinations
3. Ensure all employees who are authorized to make presumptive eligibility determinations complete the training certification requirements and maintain documentation of these certifications in a central location
4. Make PE determinations consistent with state policies and procedures
5. Assist individuals with submitting full Medicaid eligibility applications and supporting documentation within certain timeframes
6. Continually meet the established performance standards



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How to become a QH

- **Be enrolled in the Florida Medicaid program as a hospital provider (provider type 01)**

To enroll as a Florida Medicaid provider:

Visit <http://mymedicaid-florida.com>
select **Public Information for Providers**
then select **Enrollment**

How to become a QH

- ✓ **Complete and submit the: Institutional Medicaid Provider Agreement for Qualified Hospitals Electing to Make Presumptive Eligibility Determinations**

A copy of the Agreement can be found at:

<http://ahca.myflorida.com/Medicaid/QHPE/index.shtml>

Submit the signed copy to:

QH Enrollment Coordinator
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 20
Tallahassee, Florida 32308



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How to become a QH

- ✓ 1. Be enrolled in the Florida Medicaid program as a hospital provider
 - ✓ 2. Complete and submit the Institutional Medicaid Provider Agreement for Qualified Hospitals electing to make Presumptive Eligibility determinations
- **Ensure all employees who are authorized to make presumptive eligibility determinations complete the training certification requirements and maintain documentation of these certifications in a central location**
- a. Authorized Agents
 - b. Florida Medicaid QH Presumptive Eligibility Training
 - c. Certification Requirements

How to become a QH a- Authorized Agents

QH may designate employees to make PE determinations as Authorized Agents.

PE determinations cannot be made by:

- × non-hospital staff
- × third party vendors
- × contractors

Authorized Agents must be trained and certified prior to making PE determinations.



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How to become a QH

b- Florida Medicaid QH Presumptive Eligibility Training

At the minimum, QH employees must review and understand the content of this presentation:

I. Qualified Hospitals (QH)

How to become a QH

II. QH Performance Goals

Standards for QHs making PE determinations

III. Presumptive Eligibility (PE)

How to determine PE

IV. Submitting Presumptive Eligibility Determinations

How to submit PE determinations using the provider portal



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How to become a QH c- Certification Requirements

Once training is complete, hospital employees must submit the signed training certificate to the QH manager.

A QH employee is an Authorized Agent when the QH manager signs the employee PE training certificate.

Authorized Agents must renew training certificates at least every 6 months.

QH must maintain documentation of Authorized Agent training certificates in a central location.

Qualified Hospital Presumptive Eligibility Authorized Agent Training Certificate

I, _____ have completed the Florida Medicaid Qualified Hospital (QH) Presumptive Eligibility training.

This certification will remain in effect as of _____ until _____, unless terminated by the Agency. I am currently employed by a qualified hospital and have received authorization from the hospital to provide determinations of presumptive eligibility for Medicaid eligible populations.

I agree to abide by the regulatory requirements and state policies for making presumptive eligibility determinations.

I understand that failure to comply may result in disqualification of _____ as a qualified hospital.

I will conduct all presumptive eligibility screenings and provide an accurate determination based on true answers to the best of my knowledge.

I will comply with appropriate federal and state laws and regulations when creating, receiving, maintaining or transmitting confidential information.

Employee signature: _____ Date: _____

ID: _____

_____ is a qualified hospital (as defined by 42 CFR 435.1110) and hereby grants _____ authority to make determinations of presumptive eligibility for Medicaid eligible populations.

QH Manager signature: _____ Date: _____ ID: _____



How to become a QH

- ✓ 1. *Be enrolled in the Florida Medicaid program as a hospital provider*
 - ✓ 2. *Complete and submit the Institutional Medicaid Provider Agreement for Qualified Hospitals Electing to make Presumptive Eligibility Determinations*
 - ✓ 3. *Ensure all employees who are authorized to make presumptive eligibility determinations complete the training certification requirements and maintain documentation of these certification in a central location*
- **Make determinations consistent with state eligibility policy**

See III. Presumptive Eligibility (PE)

How to become a QH

- ✓ 1. *Be enrolled in the Florida Medicaid program as a hospital provider*
 - ✓ 2. *Complete and submit the Institutional Provider Agreement for Qualified Hospitals Electing to make Presumptive Eligibility Determinations*
 - ✓ 3. *Ensure all employees who are authorized to make presumptive eligibility determinations complete the training certification requirements and maintain documentation of these certifications in a central location*
 - ✓ 4. *Make determinations consistent with state eligibility policy*
- **Assist individuals with submitting full Medicaid eligibility applications and supporting documentation within certain timeframes**

See III. Presumptive Eligibility (PE)

How to become a QH

- ✓ 1. *Be enrolled in the Florida Medicaid program as a hospital provider.*
 - ✓ 2. *Complete and submit the Institutional Provider Agreement for Qualified Hospitals Electing to make Presumptive Eligibility Determinations*
 - ✓ 3. *Ensure all employees who are authorized to make presumptive eligibility determinations complete the training certification requirements and maintain documentation of these certifications in a central location*
 - ✓ 4. *Make determinations consistent with state eligibility policy*
 - ✓ 5. *Assist individuals with submitting full Medicaid eligibility applications and supporting documentation within certain timeframes*
- **Continually meet the established performance standards**

See II. QH Performance Goals



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Florida Medicaid QH Presumptive Eligibility

II. Qualification Requirements

1. Age and Residency

II. QH Performance Goals

Standards for QHs making PE determinations

III. Program of Evaluation

1. Data Collection

III. Program of Evaluation

1. Data Collection

Standards for QHs making PE determinations

Each QH will be granted 18 months to demonstrate the ability to make PE determinations consistent with state policies and procedures.

The Agency sets forth the following as performance goals for QH:

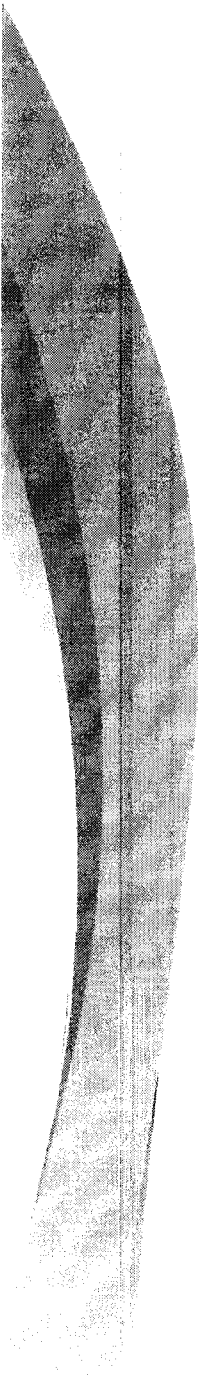
- 95% of individuals determined to be presumptively eligible will submit a regular application before the end of the presumptive eligibility period.
- 90% of the individuals who submit an application before the end of the presumptive eligibility period will be determined eligible for regular Medicaid.

After the initial 18 months, if the QH fails to meet performance goals, the Agency will work with the QH to identify corrective action goals and monitor progress in meeting those goals. Any QH that fails to meet corrective action goals will lose QH status.



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Florida Medicaid QH Presumptive Eligibility

Eligible for Medicaid QH PE

and presumptive PE

I. QH Performance Standards

Standards for QH assessment of a person's income

III. Presumptive Eligibility (PE)

How to determine PE

Medicaid QH PE is available to individuals who are eligible for Medicaid QH PE

and presumptive PE



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How to determine PE

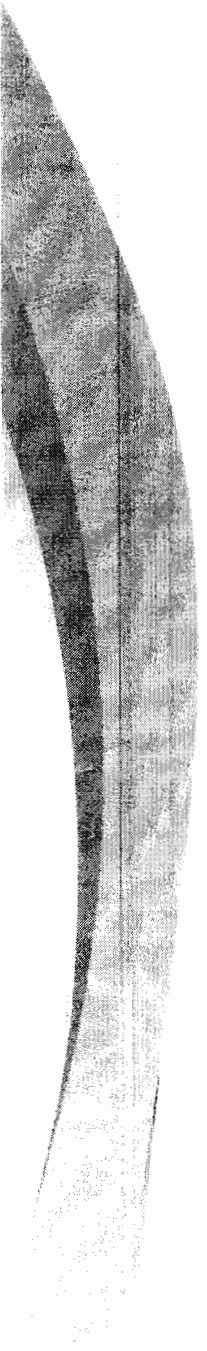
Individual Applicants must:

- ✓ Be US citizens or qualified noncitizens
- ✓ Be Florida residents
- ✓ Fall into one of the following groups:
 - Pregnant women
 - Infants and children under age 19
 - Parents and other caretaker relatives
 - Former foster care children
- ✓ Meet income eligibility requirements



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How to determine PE

Individual Applicants must not:

- × Be currently enrolled in Medicaid
- × Have been determined eligible as PE in the last 12 months
- × Be an inmate of a public institution, including care and custody of the Department of Juvenile Justice (DJJ)
- × Be enrolled in another state Medicaid program



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How to determine PE

YES

QH must accept individual applicant's self-attestation for all information

~~NO~~

QH cannot ask individuals to provide documentation to support PE determination, including:

- **medical verification of pregnancy**
- **birth certificate**
- **Social Security card**



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How to determine PE

QH Authorized Agents can make PE determinations using the following steps:

1. Verify applicant is not currently enrolled in Medicaid
2. Determine applicant's residence and citizenship status
3. Determine applicant's eligibility category
4. Determine applicant's income eligibility
5. Submit eligible applicant information and PE coverage in the Provider Portal
6. Explain PE benefits and coverage span
7. Provide applicant with a written notice of eligibility
8. Assist applicant with completing and submitting the full Medicaid application



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How to determine PE

➤ **Verify applicant is not currently enrolled in Medicaid**

Recipient eligibility status may be determined by using basic information such as Recipient ID, Birth Date, Gender, Social Security Number, Recipient Name, and Date of Service.

Learn how to verify eligibility using the provider Web Portal:

[http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Training/Web Portal_CBT_Lesson 4 - Eligibility.exe](http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Training/WebPortal_CBT_Lesson_4_-_Eligibility.exe)



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How to determine PE

- ✓ ***Verify applicant's residence and citizenship status***
- ***Determine applicant's residence and citizenship status***

How to determine PE
Determine applicant's residence and citizenship status

Do you currently live in Florida and intend to remain?

YES

Continue with determination

No

Ineligible

How to determine PE
Determine applicant's residence and citizenship status

Are you a US citizen or qualified noncitizen?

YES **Continue with determination**



NO

Ineligible

Use this link to help evaluate noncitizen status:
<https://www.healthcare.gov/immigration-status-and-the-marketplace/>

How to determine PE

- ✓ *Parents and other caretaker relatives*
- ✓ *Pregnant Women*
- ✓ *Infants and Children under Age 19*

➤ Identify the applicant's eligibility category

- Parents and other caretaker relatives
- Pregnant Women
- Infants and Children under Age 19
- Former foster care children

How to determine PE
Identify the applicant's eligibility category

**Are you a parent or other relative
caring for a child or children under age
18?**

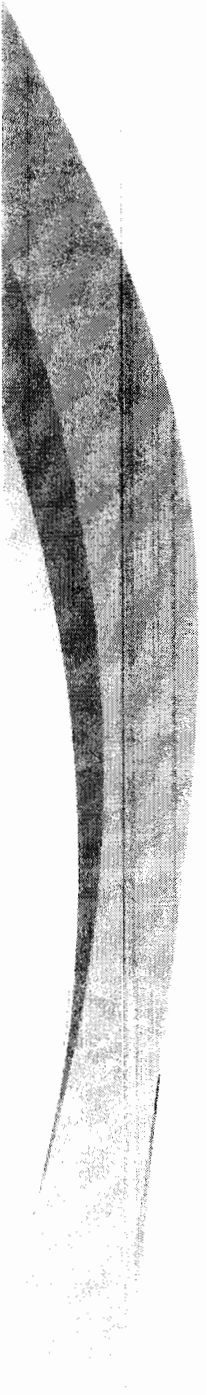
YES **Parent or other caretaker relatives**

**How to determine PE
Identify the applicant's eligibility category**

Are you a parent or other caretaker relative of dependent children under age 18? No

Are you a pregnant woman?

YES Pregnant Women



How to determine PE

Identify the applicant's appropriate eligibility category

Are you a parent or other caregiver relative of dependent children under age 18?

No

Are you a pregnant woman?

No

Are you under age 19?

YES Infants and Children under Age 19



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How to determine PE Identify the applicant's eligibility category

Are you a parent or other caretaker relative of dependent children under age 18?

No

Are you a pregnant woman?

No

Are you under age 19?

No

Are you a former foster care child?

YES Former Foster Care Child

To qualify applicant must be under age 26 and previously enrolled in Florida Medicaid when aged out of foster care.

How to determine PE Identify the applicant's eligibility category

If the applicant does not fall into any of these categories, then the applicant is not eligible.

Are you a parent or other caretaker relative of dependent children under age 18?

No

Are you a pregnant woman?

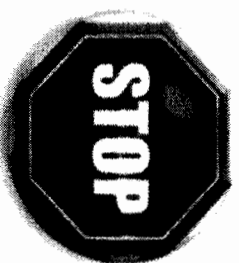
No

Are you under age 19?

No

Are you a former foster care child?

No



**PE determination is
complete: applicant is
ineligible**



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How to determine PE

- ✓ Review applicant's income tax return for the previous year
- ✓ Review the applicant's pay stubs for the previous year
- ✓ Interview the applicant to determine income

➤ Determine the applicant's income eligibility

❖ Determine household size

- Determine household size for each household member
- Determine the number of dependent children in the household

***How to determine PE
Determine household size***

Count the following individuals in determining household size:

Applicant + spouse + children < 19 (natural, adoptive, step)

If applicant is a child < 19, count:

Applicant + parents (natural, adoptive, and/or step) + siblings < 19 (natural, adoptive, step)

If applicant is pregnant, count the number of expected babies.



How to determine PE

- ✓ ...
- ✓ ...
- ✓ ...

➤ Determine the applicant's income eligibility

- ❖ Determine total household income



***How to determine PE
Determine monthly household income***

Monthly household income = total monthly income **before** **taxes** for individuals considered to be part of the household

Count:

- ✓ Job income (for example, wages, salaries, self-employment)
- ✓ Other income (for example, unemployment, alimony, disability payments from Social Security)

DO NOT count:

- × Supplemental Security Income (SSI) payments
- × Child support payments



How to determine PE

- ✓ Verify applicant status and is covered by insurance
- ✓ Determine applicant's marital status and income
- ✓ Verify applicant's health insurance

➤ Determine the applicant's income eligibility

- ✦ Determine household size
- ✦ Determine total household income
- ✦ Determine if applicant is eligible based on income

How to determine PE Determine if applicant is eligible based on income

1. Find the income standard for the applicant's eligibility category and household size on the PE Income and Deduction Chart .
2. Determine if the applicant's household income is equal to or less than the income standard:

From the income standard, subtract the following:

- monthly household income,
- standard disregard (unless applicant is a child age 6-18), and
- MAGI income.

YES If the remaining income is equal to or less than the income standard, the applicant is eligible.

No If the remaining income is more than the income standard, the applicant is ineligible



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How to determine PE Charts and forms

You **MUST**:

- Use the **Presumptive Eligibility Income and Disregards chart** to determine the appropriate Income standard for each eligibility category

You **MAY**:

- Use the **Presumptive Eligibility Worksheet** to assist when making PE determinations



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Presumptive Eligibility Income and Disregards - Effective April 2014

Household Size	Parents & Caretakers		Pregnant Women		Infants < 1		Children 1 - 5		Children 6 - 18 *		MAGI Disregard
	Income Standard	Standard Disregard	Income Standard	Standard Disregard	Income Standard	Standard Disregard	Income Standard	Standard Disregard	Income Standard		
1	180	109	1,800	58	1,945	58	1,294	68	1,294	49	
2	241	146	2,426	79	2,622	79	1,744	92	1,744	66	
3	303	183	3,051	99	3,299	99	2,194	116	2,194	83	
4	364	221	3,677	119	3,975	119	2,644	139	2,644	99	
5	426	258	4,303	140	4,652	140	3,094	163	3,094	116	
6	487	296	4,929	160	5,329	160	3,544	187	3,544	133	
7	549	333	5,555	180	6,005	180	3,994	210	3,994	150	
8	610	371	6,181	200	6,682	200	4,444	234	4,444	167	
9	671	408	6,807	221	7,359	221	4,894	258	4,894	184	
10	733	446	7,433	241	8,035	241	5,344	281	5,344	201	
11	795	484	8,059	261	8,712	261	5,794	305	5,794	218	
12	857	522	8,685	282	9,389	282	6,244	329	6,244	235	
13	919	560	9,311	302	10,065	302	6,694	352	6,694	252	
14	981	598	9,937	322	10,742	322	7,144	376	7,144	269	
15	1,043	636	10,562	343	11,419	343	7,594	400	7,594	286	
16	1,105	674	11,188	363	12,095	363	8,044	423	8,044	302	
17	1,167	712	11,814	383	12,772	383	8,494	447	8,494	319	
18	1,229	750	12,440	404	13,449	404	8,944	471	8,944	336	
19	1,291	788	13,066	424	14,125	424	9,394	494	9,394	353	
20	1,353	826	13,692	444	14,802	444	9,844	518	9,844	370	
21	1,415	864	14,318	464	15,479	464	10,294	542	10,294	387	
22	1,477	902	14,944	485	16,155	485	10,744	565	10,744	404	
23	1,539	940	15,570	505	16,832	505	11,194	589	11,194	421	
24	1,601	978	16,196	525	17,509	525	11,644	613	11,644	438	



FOR AGENCY FOR HEALTH CARE ADMINISTRATION
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How to determine PE

- ✓ *Review the provider's contract to determine if the provider is a participating provider.*
- ✓ *Check the provider's contract to determine if the provider is a participating provider.*
- ✓ *Check the provider's contract to determine if the provider is a participating provider.*
- ✓ *Check the provider's contract to determine if the provider is a participating provider.*
- ✓ *Check the provider's contract to determine if the provider is a participating provider.*
- **Submit eligible applicant information and PE coverage in the Provider Portal**

See IV. Submitting Presumptive Eligibility Determinations

How to determine PE

- ✓ PE begins on the first day of the month in which the QH makes the PE determination
- ✓ PE ends on the last day of the month in which the QH makes the PE determination
- ✓ PE begins on the first day of the month in which the QH makes the PE determination
- ✓ PE ends on the last day of the month in which the QH makes the PE determination
- ✓ PE begins on the first day of the month in which the QH makes the PE determination

➤ Explain the PE benefits and coverage span

Coverage begins on the day the QH makes the PE determination

PE Medicaid coverage ends on either:

- The date the eligibility determination for full Medicaid is made by DCF, or
- The last day of the following month in which the QH made the PE determination (if a full Medicaid application is not filed by the individual)

➤ *Example: PE determined 1/2/2014. PE eligibility period 1/2/14 – 2/28/14. DCF determines eligibility on 2/15/14. PE ends the date of the approval or denial for full Medicaid (2/15/14).*



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Better Health Care for All Floridians
AHCA.MYFlorida.com

How to determine PE

- ✓ **Step 1:** Determine if the individual is currently receiving a PE. If the individual is currently receiving a PE, the PE determination is not needed.
- ✓ **Step 2:** Determine if the individual is currently receiving a regular Medicaid application. If the individual is currently receiving a regular Medicaid application, the PE determination is not needed.
- ✓ **Step 3:** Determine if the individual is currently receiving a regular Medicaid application and a PE application. If the individual is currently receiving a regular Medicaid application and a PE application, the PE determination is not needed.
- ✓ **Step 4:** Determine if the individual is currently receiving a regular Medicaid application and a PE application and a regular Medicaid application. If the individual is currently receiving a regular Medicaid application and a PE application and a regular Medicaid application, the PE determination is not needed.
- ✓ **Step 5:** Determine if the individual is currently receiving a regular Medicaid application and a PE application and a regular Medicaid application and a PE application. If the individual is currently receiving a regular Medicaid application and a PE application and a regular Medicaid application and a PE application, the PE determination is not needed.

➤ Provide applicant with a written notice of eligibility

QH must provide individuals with a written notice after the PE determination is made, including:

- PE approval or denial
- If **approved**, beginning and ending dates of the PE period, which will be extended if the individual files a Medicaid application and full eligibility is not determined by then
- If **denied**, the reason for the denial and the option to submit a regular Medicaid application



How to determine PE

- ✓ Review the applicant's income and assets
- ✓ Determine if the applicant meets the criteria for the program
- ✓ Check for any other programs the applicant may be eligible for
- ✓ Review the applicant's medical history and current medical needs
- ✓ Determine if the applicant is eligible for the program
- ✓ Review the applicant's income and assets

➤ Assist the applicant with completing and submitting the full Medicaid application

Applications for full Medicaid coverage can be submitted online in the DCF ACCESS System.

Instructions can be found at

<http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash>

How to determine PE Checklist

- 1. Verify applicant is not currently enrolled in Medicaid
- 2. Determine applicant's residence and citizenship status
- 3. Determine the applicant's eligibility category
- 4. Determine the applicant's income eligibility
- 5. Submit eligible applicant information and PE coverage in the Provider Portal
- 6. Explain the PE benefits and coverage span
- 7. Provide applicant with a written notice of eligibility
- 8. Assist the applicant with completing and submitting the full Medicaid application



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Florida Medicaid QH Presumptive Eligibility

1. Qualifying Presumptive Eligibility

March 2020 - 2021

2. Accompanying Information (QI)

April 2020 - 2021

3. QH Determination Letter

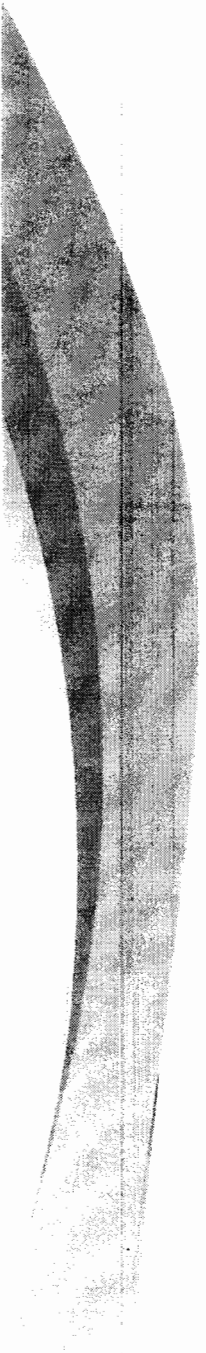
March 2020 - Present (with updates)

IV. Submitting Presumptive Eligibility Determinations

How to submit PE determinations using the provider portal



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DCF Presumptive Eligibility



Authorized Agents must log on to FMMS to enter the Presumptive Eligibility (PE) request into the system using the DCF Presumptive Eligibility application.



agency for health care administration

**FLORIDA
MEDICAID**



For assistance, call 850-298-7123 during normal business hours 8:00 am - 5:30 pm Monday - Friday EST.

Sign in to the Florida Medicaid

- Access your applications
- Manage your account
- Change your password

Sign in to Florida Medicaid [Help](#)

Username

Password

[Florida Medicaid](#)
[Forgot your password?](#)

Privacy | Disclaimer

IMPORTANT: Only enter individuals who have been determined **ELIGIBLE.**

DCF Presumptive Eligibility



- Authorized Agents must submit applicant eligibility using the *DCF Provider View* link.
 - Select the *DCF Presumptive Eligibility* link* to submit a PE determination request.
- *link is only accessible by certified Authorized Agents



**FLORIDA
MEDICAID**



Florida Medicaid Home

Vijaya Rani, Welcome to Florida Medicaid

For assistance, call 850-298-7123 during normal business hours 8:00 am - 5:30 pm Monday - Friday EST.

Applications

Application	Description
Account Management	Manages contact information, password, and authorizations for applications.
Authorization Request	This is the Authorization Request workflow application
BAM (MO)	BAM for Model Office
BAM (UAT)	BAM (UAT)
Claim App	This application is used for debugging claim data.
Dashboard Reporting (MO)	Dashboard Reporting (MO)
Dashboard Reporting (UAT)	Dashboard Reporting for BAM UAT
DCF Presumptive Eligibility	Allows access to Department of Children and Families (DCF) site to systematically submit recipient presumptive eligibility applications.
DCF Provider View	This is a link to the Department of Children and Families My ACCESS Account system to review customer Medicaid coverage.
DSS (MO)	DSS (Model Office)
DSS (Test)	DSS (Test)

Entering a PE Request



The *Presumptive Eligibility Request* screen will allow the authorized agent to add a new determination request for an applicant or continue and submit an existing request.

Presumptive Eligibility Requests

This table displays all requests that are saved but not submitted.

Presumptive Eligibility Requests Not Submitted

Name	PE Request Number	Date Saved by Provider	Details
Kate Pearson	500000230	02/04/2014	Continue
John Smith	500000229	02/04/2014	Continue

[Exit](#) [ADD +](#)

Note: Authorized Agents will only be able to view saved and un-submitted PE requests associated with their individual MEUPS User ID.

Entering a PE Request

To continue and submit a saved PE request, select the **Continue** link under the *Details* column.

The order of the requests will be listed based on the "Date" the request was saved, with the most recent at the top of the page.

Presumptive Eligibility Requests

This table displays all requests that are saved but not submitted.

Presumptive Eligibility Requests Not Submitted

Name	PE Request Number	Date Saved by Provider	Details
Kate Pearson	500000230	02/04/2014	Continue
John Smith	500000229	02/04/2014	Continue

Note: Requests that are saved but not submitted will be automatically deleted from system after 90 days

Exit **MDD** +

Entering a PE Request



To avoid duplicate determination requests, Authorized Agents should review all un-submitted determination requests prior to beginning a new one.

To create a new request, select **ADD** from the bottom right corner.

Presumptive Eligibility Requests

This table displays all requests that are saved but not submitted.

Presumptive Eligibility Requests Not Submitted

Name	PE Request Number	Date Saved by Provider	Details
Kate Pearson	500000230	02/04/2014	Continue
John Smith	500000229	02/04/2014	Continue

[Exit](#) [ADD +](#)

Entering a PE Request



On the *Presumptive Eligibility Customer Data* screen, enter basic demographic information about the recipient.

Select the appropriate Medicaid eligibility category and date of the PE period.

Presumptive Eligibility Customer Data

Presumptive Eligibility Customer Data

* First Name	^ Middle Name	* Last Name	^ Suffix
* Gender	^ Male	^ Female	<Click here to choose>
* Citizenship Status	^ Citizen	^ Qualified Noncitizen	
* Date of Birth		Ex: mm/dd/yyyy	
Social Security Number		<input type="checkbox"/> SSN Not Provided by Customer	
^ Race	<Click here to choose>		
* Medicaid Eligibility Categories	<Click here to choose>		
* Requested Benefit Begin Date		Ex: mm/dd/yyyy	

Customer Address

* Address Line 1

Address Line 2

* City

^ State

Florida

* Zip Code

When complete, click NEXT

Prepare Save & Exit Next



Note: Only one person can be entered on a PE request.

Entering a PE Request



The *Presumptive Eligibility Data* screen contains the following data fields:

- First Name and Last Name *
- Gender *
- Citizenship Status *
- Date of Birth *
- Social Security Number (*check box if SSN not provided)
- Race
- Medicaid eligibility category *
- PE begin date *
- Address *

* *Mandatory fields*

This information will be verified against the database to see if the individual is known to the FLORIDA system.

Entering a PE Request



The Medicaid Eligibility Categories drop-down field includes the following:

* Medicaid Eligibility Categories

<Click here to choose>	▼
<Click here to choose>	
Children age 1 up to 19	
Infants aged less than 1 year	
Parent/Caretakers	
Pregnant Women	
Prior Foster Care individuals less than 26 years	

Entering a PE Request



Select the **Save & Exit** button on the bottom right of the screen to save the data entered and re-access it at a later time.

Saved requests will appear on the *Presumptive Eligibility Request* landing page.

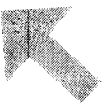
Select the **Next** button at the bottom right of the screen once the request has been fully completed,

Presumptive Eligibility Customer Data

First Name	Mr. John	Last Name	Smith		
DOB	12/12/1980	SSN	123-45-6789		
Gender	Male	Marital Status	Single		
Address	123 Main St, Anytown, CA 90210				
City	Anytown	State	CA	Zip	90210
Phone	555-123-4567				
Work Email	john.smith@anytown.com				
Home Email	john.smith@anytown.com				
Emergency Contact Name	Jane Smith				
Emergency Contact Phone	555-123-4567				
Emergency Contact Email	jane.smith@anytown.com				
When You Live	123 Main St, Anytown, CA 90210				
When You Work	456 Main St, Anytown, CA 90210				

The Customer Residency status and other demographics data needed for the Presumptive Eligibility determination has been established

When complete, click NEXT

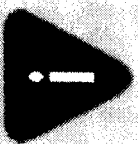


Navigation bar with three buttons: **Previous** (left arrow), **Save & Exit**, and **Next** (right arrow).

Entering a PE Request



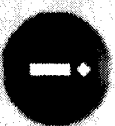
If additional information is required, an error or informational message may indicate where further review or information may be required



Error Messages

This symbol will appear when additional data before the request can be successfully submitted.

Example:



Informational Messages

This symbol will appear when information is highlighted prior to submission. These messages can be by-passed, however pay special attention to these messages.

Example:

Before you can go to the next page, you must:



Please select 'SSN Not Provided by Customer', if SSN is not available.



All demographic data matched, except for Last Name.

Entering a PE Request



Error and Informational Messages may include:

- *All demographic data matched. Please enter SSN if available.*
- *All demographic data matched, except for First Name.*
- *All demographic data matched, except for Gender.*
- *All demographic data matched, except for Date of Birth.*
- *All demographic data matched, except for Last Name.*
- *All demographic data matched, except for SSN.*
- *The customer has been approved Presumptive Eligibility within the last 12 months.*
- *The customer already has active Medicaid eligibility.*

Entering a PE Request



Example 1:

No Social Security Number was provided and other demographic data matched in the database

If a SSN is not entered on the PE request the following informational message will appear.



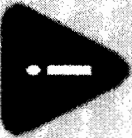
- *All demographic data matched. Please enter the SSN if available.*

Entering a PE Request

Example 2:

Social Security Number matches, but some other demographic data does not match

The following error messages will appear and the Authorized Agent will not be able to continue until the data elements are updated to match the database:

-  *All demographic data matched, except for First Name.*
- *All demographic data matched, except for Gender.*
- *All demographic data matched, except for Date of Birth.*

Entering a PE Request



Example 3:

Social Security Number, First Name, Gender and Date of Birth match, but different Last Name

The following informational message will appear if there is a discrepancy in last name and the existing data for the individual will be updated with the last name entered on the request.



- *All demographic data matched, except for Last Name.*

This is an informational message, that Authorized Agents may by-pass.

Entering a PE Request



Example 4:

Social Security Number partial match, but First Name, Gender, and Date of Birth match

The following informational message will appear if the Authorized Agent enters a SSN that is a very close match to all of the other demographics that have been entered:



- *All demographic data matched, except for SSN.*

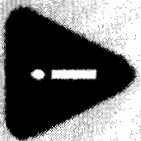
The Authorized Agent can confirm the SSN with the customer and correct if applicable. If the SSN is not updated, the customer will be processed as a new individual.

Entering a PE Request



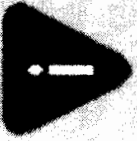
The data submitted is compared to PE requests submitted within the last 12 months in the ACCESS system. The following message will appear when the individual is not eligible.

- *The applicant has been approved Presumptive Eligibility within the last 12 months.*



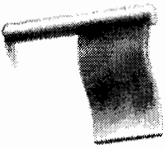
Applicants who have current, active Medicaid eligibility are ineligible for PE coverage and the following error message will appear.

- *The applicant already has active Medicaid eligibility.*



Entering a PE Request – Address Validation

The system will validate the address.



Address Validation

Address Validation

The addresses that you entered are being validated through the United States Post Office. If the addresses are not valid, you may not get mail from us or your benefits may be delayed.

Living address:

1950 North Monroe Street
Tallahassee, FL 32303-0000

1950 N Monroe St
Tallahassee, FL 32303-0000

- Select this option if you would like to correct the address that you have entered.
- Select this option if you want to use the standardized address.

When complete, click NEXT

Next



Entering a PE Request – Submission Confirmation



The confirmation page for each successfully submitted PE request will include the following:

- Applicant's name
- Last 4 digits of SSN (if provided)
- Request Number (ex. 5XXXXXXXXXX)
- PIN number if known to FLORIDA



ACCESS Florida

SYSTEM TEST

User ID : PROVIDER

Presumptive Eligibility Request Successfully Completed

This confirmation page is proof that Presumptive Eligibility has been completed and submitted for George .XXX-XX-5555

Important Information

The request number is 500000256
Please provide this information to the customer so that he/she can keep track in his/her records

If you have questions or concerns about your Presumptive Eligibility, please contact the Authorized Agent at the facility where your eligibility was determined or contact the Florida Medicaid Area Office in your area http://portal.flmhs.com/flpublic/Provider_AreaOffice/tabid/37/Default.aspx

Presumptive Eligibility is time limited. In order to determine your ongoing eligibility you must file a paper or on-line application for Medicaid. You may apply on-line at the following website: <http://www.myfloridacommunityaccess.com>

Print PE Request



Exit

Continue

Entering a PE Request – Submission Confirmation



Print the confirmation page in PDF format to provide a copy to the applicant.



Presumptive Eligibility Confirmation

Customer Information

Name: George Anne
Social Security Number: XXXX-XX-5555
Date of Birth: 2/13/2000
PE Eligibility Begin Date: 2/10/2014
PE Request Submitted Date: 2/20/2014
PE Request Number: 500000256

If you have questions or concerns about your Presumptive Eligibility, please contact the Authorized Agent at the facility where your eligibility was determined or contact the Florida Medicaid Area Office in your area:
http://portal.flomas.com/tpublic/Provider_AreaOffices?tabid=37Default.aspx

Presumptive Eligibility is time limited. In order to determine your ongoing eligibility you must file a paper or on-line application for Medicaid. You may apply on-line at the following web site: <http://www.myflorida.com/accessflorida/>

Questions, Concerns, Comments...

Please contact your local Medicaid Area Office

AHCA Presumptive Eligibility

1. Introduction

- Discusses who can determine eligibility for PE and the recipients that qualify for PE.
- The steps used by the Authorized Agents to determine eligibility.
- The log in page that the Authorized Agents will use when logging in.
- The link to select for eligibility and the next link to enter PE request.

2. Processing Presumptive Eligibility Request

- Slide of what the Authorized agent will see once DCF PE link is selected.
- Opening a request that has been started and saved with slide. All request requests should be viewed and verified before a new one is generated
- Steps to create a new request
- Information needed to complete request and title of fields to enter it. Information will be verified against FLORIDA system.
- Reason for eligibility
- Explains when PE begins and ends depending on the approval of eligibility.
- Authorized Agent has to acknowledge request before submitting or save and exit the system to keep the entered information. The Agent can also go back to the previous page.
- Gives scenarios that may ask for more validation or if some fields match with existing data but discrepancies with other demographics.
- Symbols for and actual error messages to amend or to make aware of prior.
- Address validation with USPS and option to change it after being provided options.
- Confirmation page and the information displayed.

3. PE Coverage Periods for Pending Family-Related Medicaid

- If a person applies for regular Medicaid, the system will check if there is an open PE case to determine their eligibility
- If eligible for regular Medicaid, PE will end. Regular Medicaid will not be retroactive but continue in future months. Authorization date will be current date. If ineligible for regular Medicaid, the PE will close effective the end day of current month
- Scenarios on if the person is determined eligible or ineligible for regular Medicaid.
- Open PE cases will be closed in batches once it is determined that a person is eligible or ineligible for regular Medicaid (Reason code 520 will be used)

❖ Persons with other benefit account cannot link those benefits to the PE

Presumptive Eligibility Income and Disregards - Effective April 2014

Household Size	Parents & Caretakers			Pregnant Women			Infants < 1			Children			All Groups
	Income Standard	Standard Disregard	Income Standard	Income Standard	Standard Disregard	Income Standard	Income Standard	Standard Disregard	Income Standard	Standard Disregard	Income Standard	Income Standard	
1	180	109	1,800	58	58	1,945	58	1,294	68	1,294	1,294	1,294	49
2	241	146	2,426	79	79	2,622	79	1,744	92	1,744	1,744	1,744	66
3	303	183	3,051	99	99	3,299	99	2,194	116	2,194	2,194	2,194	83
4	364	221	3,677	119	119	3,975	119	2,644	139	2,644	2,644	2,644	99
5	426	258	4,303	140	140	4,652	140	3,094	163	3,094	3,094	3,094	116
6	487	296	4,929	160	160	5,329	160	3,544	187	3,544	3,544	3,544	133
7	549	333	5,555	180	180	6,005	180	3,994	210	3,994	3,994	3,994	150
8	610	371	6,181	200	200	6,682	200	4,444	234	4,444	4,444	4,444	167
9	671	408	6,807	221	221	7,359	221	4,894	258	4,894	4,894	4,894	184
10	733	446	7,433	241	241	8,035	241	5,344	281	5,344	5,344	5,344	201
11	795	484	8,059	261	261	8,712	261	5,794	305	5,794	5,794	5,794	218
12	857	522	8,685	282	282	9,389	282	6,244	329	6,244	6,244	6,244	235
13	919	560	9,311	302	302	10,065	302	6,694	352	6,694	6,694	6,694	252
14	981	598	9,937	322	322	10,742	322	7,144	376	7,144	7,144	7,144	269
15	1,043	636	10,562	343	343	11,419	343	7,594	400	7,594	7,594	7,594	286
16	1,105	674	11,188	363	363	12,095	363	8,044	423	8,044	8,044	8,044	302
17	1,167	712	11,814	383	383	12,772	383	8,494	447	8,494	8,494	8,494	319
18	1,229	750	12,440	404	404	13,449	404	8,944	471	8,944	8,944	8,944	336
19	1,291	788	13,066	424	424	14,125	424	9,394	494	9,394	9,394	9,394	353
20	1,353	826	13,692	444	444	14,802	444	9,844	518	9,844	9,844	9,844	370
21	1,415	864	14,318	464	464	15,479	464	10,294	542	10,294	10,294	10,294	387
22	1,477	902	14,944	485	485	16,155	485	10,744	565	10,744	10,744	10,744	404
23	1,539	940	15,570	505	505	16,832	505	11,194	589	11,194	11,194	11,194	421
24	1,601	978	16,196	525	525	17,509	525	11,644	613	11,644	11,644	11,644	438

Presumptive Eligibility Income and Disregards - Effective April 2014

Household Size	Parents & Caretakers				Pregnant Women				Children				All Groups
	Income Standard	Standard Disregard	Income Standard	Standard Disregard	Income Standard	Standard Disregard	Income Standard	Standard Disregard	Income Standard	Standard Disregard	Income Standard	Standard Disregard	
1	180	109	1,800	58	1,945	58	1,294	68	1,294	49			
2	241	146	2,426	79	2,622	79	1,744	92	1,744	66			
3	303	183	3,051	99	3,299	99	2,194	116	2,194	83			
4	364	221	3,677	119	3,975	119	2,644	139	2,644	99			
5	426	258	4,303	140	4,652	140	3,094	163	3,094	116			
6	487	296	4,929	160	5,329	160	3,544	187	3,544	133			
7	549	333	5,555	180	6,005	180	3,994	210	3,994	150			
8	610	371	6,181	200	6,682	200	4,444	234	4,444	167			
9	671	408	6,807	221	7,359	221	4,894	258	4,894	184			
10	733	446	7,433	241	8,035	241	5,344	281	5,344	201			
11	795	484	8,059	261	8,712	261	5,794	305	5,794	218			
12	857	522	8,685	282	9,389	282	6,244	329	6,244	235			
13	919	560	9,311	302	10,065	302	6,694	352	6,694	252			
14	981	598	9,937	322	10,742	322	7,144	376	7,144	269			
15	1,043	636	10,562	343	11,419	343	7,594	400	7,594	286			
16	1,105	674	11,188	363	12,095	363	8,044	423	8,044	302			
17	1,167	712	11,814	383	12,772	383	8,494	447	8,494	319			
18	1,229	750	12,440	404	13,449	404	8,944	471	8,944	336			
19	1,291	788	13,066	424	14,125	424	9,394	494	9,394	353			
20	1,353	826	13,692	444	14,802	444	9,844	518	9,844	370			
21	1,415	864	14,318	464	15,479	464	10,294	542	10,294	387			
22	1,477	902	14,944	485	16,155	485	10,744	565	10,744	404			
23	1,539	940	15,570	505	16,832	505	11,194	589	11,194	421			
24	1,601	978	16,196	525	17,509	525	11,644	613	11,644	438			

Instructions for Presumptive Eligibility Worksheet

•HOUSEHOLD INFORMATION:

Item	Description	Instructions
1	Applicant Name	Enter name of individual for whom presumptive eligibility is being determined.
2	Date of Birth	Enter birthdate of applicant, entered MM/DD/YYYY.
3	<ul style="list-style-type: none"> • U.S Citizen or Qualified Non-Citizen ? • Florida resident? 	Enter Y or N to indicate whether applicant states he/she: <ul style="list-style-type: none"> • Is a U.S. citizen or qualified non-citizen. • Intends to stay in Florida.
4	Is Applicant pregnant?	Enter Y or N to indicate whether applicant states she is pregnant. If applicant is pregnant, enter the number of children expected to be born. (Note: Be sure to count any unborn children when determining household size.)
5	Household Size	Enter the number of individuals who will be counted as household members for the eligibility determination. Count: <ul style="list-style-type: none"> • The individual • The individual's spouse • The individual's natural, adopted and step children under age 19 • If the individual is a child under 19, the individual's natural, adopted and step parents and natural, adopted and step siblings under age 19 (Note: This may be different from the number of individuals living with the applicant.)
6	Coverage Group	Circle the applicable eligibility group for which the applicant is being determined presumptively eligible. If the individual does not fit into one of the coverage groups, he/she is ineligible .

Instructions for Presumptive Eligibility Worksheet

•INCOME ELIGIBILITY CALCULATIONS:

Item	Description	Instructions
①	Income Standard for Household Size:	Based on the eligibility group and household size, enter the appropriate income standard from the PE Income Standards and Disregards Chart.
②	Monthly Household Income:	Enter the total of the combined gross monthly earned income for all individuals in the household with countable income. Compare result to item ①, Income Standard for Household Size. <ul style="list-style-type: none"> • If item ② is less than or equal to item ①, the individual is eligible based on income; skip to item ⑦. • If item ② is greater than item ①, continue with item ③.
③	Standard Disregard: (Based on the eligibility group and household size, enter the appropriate Standard Disregard amount from the PE Income Standards and Disregards Chart. IMPORTANT: If the applicant is a child age 6 through 18, enter \$0. The household is not eligible for the disregard.
④	Countable Net Income:	Subtract item ③ from item ② and enter result. Compare result to item ①, Income Standard for Household Size. <ul style="list-style-type: none"> • If item ④ is less than or equal to item ①, the individual is eligible based on income; skip to item ⑦. • If item ④ is greater than item ①, continue with item ⑤.
⑤	MAGI Disregard:	Based on the eligibility group and household size, enter the appropriate MAGI Disregard amount from the PE Income Standards and Disregards Chart.
⑥	Net Income w/ MAGI Disregard:	Subtract item ⑤ from item ④ and enter result. Compare result to item ①, Income Standard for Household Size. <ul style="list-style-type: none"> • If item ⑥ is less than or equal to item ①, the individual is eligible based on income; go to item ⑦. • If item ⑥ is greater than item ①, the individual is ineligible based on income; go to item ⑦.

•PRESUMPTIVE ELIGIBILITY DETERMINATION RESULTS

⑦	Eligibility Determination:	Circle the result of the applicant's presumptive eligibility determination. <ul style="list-style-type: none"> • If the applicant meets all citizenship, residency and income eligibility requirements, he/she is eligible. • If the applicant fails to meet one or more of the eligibility requirements of citizenship, residency or income, he/she is ineligible.
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Instructions for Presumptive Eligibility Worksheet

-HOUSEHOLD INFORMATION:

Item	Description	Instructions
①	Applicant Name	Enter name of individual for whom presumptive eligibility is being determined.
②	Date of Birth	Enter birthdate of applicant, entered MM/DD/YYYY.
③	<ul style="list-style-type: none"> • U.S Citizen or Qualified Non-Citizen ? • Florida resident? 	Enter Y or N to indicate whether applicant states he/she: <ul style="list-style-type: none"> • Is a U.S. citizen or qualified non-citizen. • Intends to stay in Florida.
④	Is Applicant pregnant?	Enter Y or N to indicate whether applicant states she is pregnant. If applicant is pregnant, enter the number of children expected to be born. (Note: Be sure to count any unborn children when determining household size.)
⑤	Household Size	Enter the number of individuals who will be counted as household members for the eligibility determination. Count: <ul style="list-style-type: none"> • The individual • The individual's spouse • The individual's natural, adopted and step children under age 19 • If the individual is a child under 19, the individual's natural, adopted and step parents and natural, adopted and step siblings under age 19 (Note: This may be different from the number of individuals living with the applicant.)
⑥	Coverage Group	Circle the applicable eligibility group for which the applicant is being determined presumptively eligible. If the individual does not fit into one of the coverage groups, he/she is ineligible .

Instructions for Presumptive Eligibility Worksheet

•INCOME ELIGIBILITY CALCULATIONS:

Item	Description	Instructions
①	Income Standard for Household Size:	Based on the eligibility group and household size, enter the appropriate income standard from the PE Income Standards and Disregards Chart.
②	Monthly Household Income:	Enter the total of the combined gross monthly earned income for all individuals in the household with countable income. Compare result to item ①, Income Standard for Household Size. <ul style="list-style-type: none"> • If item ② is less than or equal to item ①, the individual is eligible based on income; skip to item ⑦. • If item ② is greater than item ①, continue with item ③.
③	Standard Disregard: (Based on the eligibility group and household size, enter the appropriate Standard Disregard amount from the PE Income Standards and Disregards Chart. IMPORTANT: If the applicant is a child age 6 through 18, enter \$0. The household is not eligible for the disregard.
④	Countable Net Income:	Subtract item ③ from item ② and enter result. Compare result to item ①, Income Standard for Household Size. <ul style="list-style-type: none"> • If item ④ is less than or equal to item ①, the individual is eligible based on income; skip to item ⑦. • If item ④ is greater than item ①, continue with item ⑤.
⑤	MAGI Disregard:	Based on the eligibility group and household size, enter the appropriate MAGI Disregard amount from the PE Income Standards and Disregards Chart.
⑥	Net Income w/ MAGI Disregard:	Subtract item ⑤ from item ④ and enter result. Compare result to item ①, Income Standard for Household Size. <ul style="list-style-type: none"> • If item ⑥ is less than or equal to item ①, the individual is eligible based on income; go to item ⑦. • If item ⑥ is greater than item ①, the individual is ineligible based on income; go to item ⑦.

•PRESUMPTIVE ELIGIBILITY DETERMINATION RESULTS

⑦	Eligibility Determination:	Circle the result of the applicant's presumptive eligibility determination. <ul style="list-style-type: none"> • If the applicant meets all citizenship, residency and income eligibility requirements, he/she is eligible. • If the applicant fails to meet one or more of the eligibility requirements of citizenship, residency or income, he/she is ineligible.
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