

Table of Contents

State/Territory Name: Maryland

State Plan Amendment (SPA) #: 17-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Summary Page (CMS-179 form)
- 3) Superseding Pages of State Plan Material
- 4) Approved State Plan attachments S28, S32, and S33
- 5) Supporting documents

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #052320174111

July 20, 2017

Shannon McMahon, Deputy Secretary
Health Care Financing
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 17-0003. This SPA updates Maryland's State Plan to permit state and local correctional facilities to make presumptive eligibility determinations for pregnant women, former foster care adults and the adult group eligibility groups.

The effective date for this amendment is July 1, 2017. Attached is a copy of the CMS Summary Page (CMS-179 form), Superseding Pages of State Plan Material, approved State Plan attachments S28, S32, and S33, and the supporting documents.

If you have questions about this SPA, please contact Talbatha Myatt of my staff at 215-861-4259.

Sincerely, /s/


Francis McC
Associate Regional Administrator

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)**State/Territory name:** Maryland**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.*

MD-17-0003

Proposed Effective Date

07/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.110 1902(a)(10)(A)(i)(I), 1931(b) and (d); 42 CFR 435.116 1902(a)(10)(A)(i)(III) and (IV), 1902(a)(10)(A)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2017	\$ 0.00
Second Year	2018	\$ 0.00

Subject of Amendment

To permit state and local correctional facilities to make presumptive eligibility determinations for pregnant women, former foster care adults and the adult group eligibility groups.

Maryland's updated MAGI Eligibility requirements for Maryland Medicaid Population.**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:

Authority delegated to Deputy Secretary for Health Care Financing, Shannon McMahon

Authority delegated to Deputy Secretary for Health Care Financing, Charles Milligan.**Signature of State Agency Official**

Submitted By: Molly Marra

Last Revision Date: Jul 18, 2017

Submit Date: Jul 17, 2017

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

17-0003

STATE:

Maryland

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

S28 Eligibility Groups- Mandatory Coverage: Pregnant Women
S32 Eligibility Groups- Mandatory Coverage: Adult Group
S33 Eligibility Groups- Mandatory Coverage: Former Foster Care Children

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):**

S28 Eligibility Groups- Mandatory Coverage: Pregnant Women, TN 13-0020 MM1
S32 Eligibility Groups- Mandatory Coverage: Adult Group, TN 13-0020 MM1
S33 Eligibility Groups- Mandatory Coverage: Former Foster Care Children, TN 13-0020 MM1



Medicaid Eligibility

State Name: Maryland

OMB Control Number: 0938-1148

Transmittal Number: MD - 17 - 0003

Eligibility Groups - Mandatory Coverage Pregnant Women

S28

42 CFR 435.116
1902(a)(10)(A)(i)(III) and (IV)
1902(a)(10)(A)(ii)(I), (IV) and (IX)
1931(b) and (d)
1920

Pregnant Women - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

Yes No

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

Yes No

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant

women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



Medicaid Eligibility

- The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
 - 185% FPL

The amount of the maximum income standard is: % FPL

Income standard chosen

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard
- Another income standard in-between the minimum and maximum standards allowed.

There is no resource test for this eligibility group.

Benefits for individuals in this eligibility group consist of the following:

- All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

- Yes No

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

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.

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

A written application must be signed by the applicant or representative.



Medicaid Eligibility

Yes No

- The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

- The presumptive eligibility determination is based on the following factors:
 - The woman must be pregnant
 - Household income must not exceed the applicable income standard at 42 CFR 435.116.
 - State residency
 - Citizenship, status as a national, or satisfactory immigration status
- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

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, and that meets at least one of the following requirements. Select one or more of the following types of entities 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 participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- 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
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act



Medicaid Eligibility

- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	State & Local Correctional Facilities	State facilities under the direction of the Maryland Department of Public Safety and Correctional Services (DPSCS) and local detention centers within the State's 24 local jurisdictions.	X

- 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. 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.

V.20160722



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: MD - 17 - 0003

Eligibility Groups - Mandatory Coverage Adult Group

S32

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

Yes No

Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Have attained age 19 but not age 65.

Are not pregnant.

Are not entitled to or enrolled for Part A or B Medicare benefits.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

Have household income at or below 133% FPL.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Under age 20

Under age 21

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No

TN: 17-0003

Approved Date: 07/18/2017

Effective Date: 07/01/2017

Superseding TN:13-0020 MMI



Medicaid Eligibility

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

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 or representative.

Yes No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

The presumptive eligibility determination is based on the following factors:

The individual must meet the categorical requirements of 42 CFR 435.119.

Household income must not exceed the applicable income standard described at 42 CFR 435.119.

State residency.

Citizenship, status as a national, or satisfactory immigration status.

The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities **S17**

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, and that meets at least one of the following requirements. Select one or more of the following types of entities 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 participate in a Head Start program under the Head Start Act



Medicaid Eligibility

- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- 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
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	State & Local Correctional Facilities	State facilities under the direction of the Maryland Department of Public Safety and Correctional Services (DPSCS) and local detention centers within the State's 24 local jurisdictions.	X

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. 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.

V.20160722



Medicaid Eligibility

State Name: Maryland

OMB Control Number: 0938-1148

Transmittal Number: MD - 17 - 0003

Eligibility Groups - Mandatory Coverage Former Foster Care Children

S33

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

- Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

The state attests that it operates this eligibility group under the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are under age 26.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

Yes No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No

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

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:



Medicaid Eligibility

	Name of limitation	Description	
+			X

The state requires that a written application be signed by the applicant or representative.

Yes No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

The presumptive eligibility determination is based on the following factors:

The individual must meet the categorical requirements of 42 CFR 435.150.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities **S17**

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, and that meets at least one of the following requirements. Select one or more of the following types of entities 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 participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- 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
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act



Medicaid Eligibility

- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	State & Local Correctional Facilities	State facilities under the direction of the Maryland Department of Public Safety and Correctional Services	X

- 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. 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.

V.20160722



APPLICATION FOR PRESUMPTIVE (TEMPORARY) ELIGIBILITY FOR MEDICAL ASSISTANCE

PART I – INFORMATION REQUIRED FOR DETERMINATION

(Items marked with an * are required for determination.)

Legal Name:

First*: | Middle: | Last*: | Suffix:

Family Size*: | Household Gross Monthly Income*: | Maryland Resident?*

Yes No

U.S. Citizen, U.S. National or Eligible Non-Citizen?* Yes No

If readily available, also tell us the following (optional):

Are you pregnant? Yes No | If yes, what is your due date? | How many babies are you expecting?

Other Insurance Coverage? Yes No | In Foster Care at age 18? Yes No | Already have Medicaid? Yes No | Already have Medicare? Yes No

PART II – PRESUMPTIVE DETERMINATION: Representative must make the determination based on the REQUIRED information in Part I only and give the applicant an approval or denial notice.

Eligible? Yes No | If yes, select the eligibility group: Adult Pregnant Woman Former Foster Youth <26

PART III – INFORMATION NECESSARY TO ENTER THIS APPLICATION

Contact Information

Home Address:

City: | State: | Zip Code: | County:

Mailing Address (if different from Home):

City: | State: | Zip Code: | County:

Phone Number:

Home: | Work: | Cell:

Additional Information

Date of Birth: / / | Social Security Number (optional): | Sex: Male Female

PART IV - SIGNATURES

Applicant: By signing, you are attesting that the information you provided for this form is true as far as you know and that you have received a copy of the Approval Notice that lists your Rights and Responsibilities, or a Denial Notice. We will keep your information secure and private.

Signature of Applicant (or legal guardian) _____ Date _____

Signature of Witness (or legal guardian) _____ Date _____

Representative: By signing, you are attesting that you have accurately recorded the information provided by the applicant or someone representing the applicant, made a determination based on that information, and provided the applicant with an Approval Notice that lists their Rights and Responsibilities or a Denial Notice.

Signature of Applicant (or legal guardian) _____ Date _____

Signature of Witness (or legal guardian) _____ Date _____

Presumptive Eligibility (PE) Worksheet

(For use by PE Worker)

Name of Applicant: _____

Name of PE Worker: _____

Check the Eligibility Verification System (EVS) to make sure the applicant is not already enrolled with Medicaid. Include the applicant's Social Security Number when/if provided.

(Circle One)

1. Did EVS report any findings for the applicant's information? Yes No

If YES, generally you should STOP. (The only exception is if EVS indicates that the applicant has Family Planning Coverage only. In this case, you may continue to question 2. Otherwise, STOP.)
If NO, continue to question 2.

2. Does the applicant have active Medicare? Yes No

If YES, STOP only if the applicant falls under the Adult eligibility group. (For Pregnant Women or Former Foster Children up to age 26, you may continue to question 3.)
If NO, continue to question 3.

3. Is the applicant a Maryland resident? Yes No

If NO, STOP. The applicant is not eligible for PE.
If YES, continue to question 4.

4. Has the applicant declared that he/she is a U.S. Citizen, U.S. National, or Eligible Non-Citizen (Refer to Page 2 for guidance)? Yes No

If NO, STOP. The applicant is not eligible for PE.
If YES, continue to question 5.

5. Is the applicant 65 years of age or older? Yes No

If YES, STOP. The applicant is not eligible for PE. However, refer the applicant to the Department of Social Services to complete a full application.
If NO, continue to question 6 Family Size and Income Level eligibility guide below.

Eligible Non-Citizens include:

- Lawful Permanent Residents (LPRs or “green card” aliens) who entered the U.S. before 8/22/1996 or who have been in a qualified status for more than 5 years
 - LPRs that have adjusted from a status that is exempt from a 5-year waiting period are not subject to the 5-year waiting period regardless of the date of entry
- Aliens paroled into U.S. for at least 1 year (subject to 5-year waiting period)
- Aliens admitted as battered spouse, child or parent (subject to 5-year waiting period)
- Asylees
- Refugees
- Cuban/Haitian entrants
- Amerasians born to U.S. armed services members in Southeast Asia during Vietnam War
- Individuals with Iraqi or Afghan special immigrant status
- Members of a federally recognized Indian tribe or American Indian born in Canada
- Aliens granted With-holding of Deportation or Removal (unsafe to return to country)
- Aliens granted Conditional Entrant status before 1980
- Victim of trafficking and spouse, child, sibling or parent
- Alien veteran of active- duty U.S. military and spouse or un-remarried surviving spouse, and children
- Children under 21 and pregnant women *lawfully present* in the US

The following individuals are considered *lawfully present*:

- All qualified non-citizens (as defined on slides 7 and 8)
- A non-citizen in valid non-immigrant status (for example, student visas, worker visas, etc.)
- A non-citizen who has been paroled into the United States, for less than 1 year, except for a non-citizen paroled for prosecution, deferred inspection or pending removal proceedings
- A non-citizen who belongs to one of the following classes:
 - Non-citizens currently in temporary resident status
 - Non-citizens currently under Temporary Protected Status (TPS) (and pending applicants for TPS who have been granted employment authorization)
 - Non-citizens who have been granted employment authorization;
 - Family Unity beneficiaries
 - Non-citizens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President
 - Non-citizens currently in deferred action status (note that this does not include individuals with DACA granted under the June 2012 DHS Policy [Deferred Action for Childhood Arrivals] status)
 - Granted an administrative stay of removal
 - Non-citizens whose visa petition has been approved and who have a pending application for adjustment of status.
- A pending applicant for asylum or for withholding of removal or under the Convention Against Torture who has been granted employment authorization, or is an applicant under the age of 14 and has had an application pending for at least 180 days
- A non-citizen who has been granted withholding of removal under the Convention Against Torture
- A child who has a pending application for Special Immigrant Juvenile status;
- A non-citizen who is lawfully present in American Samoa under the immigration laws of American

Income and Family Size Assessment

List the gross income (earned and unearned) for the following individuals living together:

Family Size	Family Member	Weekly	Bi-weekly	Monthly	Mark "X" if this Person is employed
1	Applicant	\$ X4	\$ X2	\$	
2		\$ X4	\$ X2	\$	
3					
4					

Total Monthly Income: \$ _____

Circle Applicant's Family Size and Income Level below:

Notes:

- A pregnant woman's family size should always be at least 2 – herself and her unborn child.
- There are no income limits for former foster care children up to age 26 years old

2017 Monthly Income Limits

Family Size	Adults 19 < 65 ≤ 138%	Pregnant Women ≤ 264%
1	\$1,386	-
2	\$1,868	\$3,574
3	\$2,348	\$4,493
4	\$2,829	\$5,412
5	\$3,310	\$6,333
6	\$3,790	\$7,252
7	\$4,271	\$8,170
8	\$4,752	\$9,092

2017 Annual Income Limits

Family Size	Adults 19 < 65 ≤ 138%	Pregnant Women ≤ 264%
1	\$16,643	-
2	\$22,411	\$42,055
3	\$28,180	\$53,038
4	\$33,948	\$64,020
5	\$39,716	\$75,002
6	\$45,485	\$85,985
7	\$51,253	\$96,967
8	\$57,022	\$107,950

6. Is the applicant's income at or below the amount listed for the family size? Yes No

If NO, STOP. The applicant is not eligible for PE. Do not enter the application into eMedicaid.

If YES, please circle which MAGI group the applicant classifies as:

- Adult
- Former Foster Care at any age prior to 26
- Pregnant woman

You will need to include this eligibility group within the PE application. Proceed to PE eMedicaid portal/manual. Follow instructions for PE eMedicaid information input.



CHANGING
Maryland
for the Better

Presumptive Eligibility Training

For State and Local Correctional Facilities



Agenda

Today's training will cover:

- Understanding PE as a program
- Becoming a PE worker
- How to make PE eligibility determinations
- Notifying the PE applicant of the result of the PE determination



Understanding PE



What is PE?

What is Presumptive Eligibility (PE)?

- PE allows “qualified entities” to temporarily enroll individuals into Medicaid based on basic, self-attested income and demographic information

Most recently, Maryland has expanded its program to include state and local correctional facilities as “qualified entities” to conduct PE

- PE determination may only be conducted by certified PE workers within these facilities



What is the Purpose of PE?

Presumptive Eligibility enables:

- Timely access to necessary health care services;
- Temporary medical coverage while full eligibility is being determined; and
- A pathway to longer-term Medicaid coverage, based on minimum eligibility information

Must attempt to complete the full MA application prior to submitting a PE application.



Who is Eligible for PE?

Under the Affordable Care Act (ACA), Modified Adjusted Gross Income (MAGI) populations are eligible for PE.

They include:

- Adults through 138% FPL,
- Pregnant women through 264% FPL;
- Individuals up to and including age 26 formerly in Foster Care in Maryland, no FPL limit.



Who is Eligible for PE?

In addition, individuals must be Maryland residents and either a US Citizen or Eligible Non-Citizen to qualify for PE.

Eligible Non-Citizens include:

- Lawful Permanent Residents (LPRs or “green card” aliens) who entered the U.S. before 8/22/1996 or who have been in a qualified status for more than 5 years;
 - LPRs that have adjusted from a status that is exempt from a 5-year waiting period are not subject to the 5-year waiting period regardless of the date of entry
- Aliens paroled into U.S. for at least 1 year (subject to 5-year waiting period); and
- Aliens admitted as battered spouse, child or parent (subject to 5-year waiting period).



Who is Eligible for PE?

Eligible Non-Citizens also include:

- Asylees;
- Refugees;
- Cuban/Haitian entrants;
- Amerasians born to U.S. armed services members in Southeast Asia during Vietnam War;
- Individuals with Iraqi or Afghan special immigrant status;
- Members of a federally recognized Indian tribe or American Indian born in Canada;
- Aliens granted With-holding of Deportation or Removal (unsafe to return to country);
- Aliens granted Conditional Entrant status before 1980;
- Victim of trafficking and spouse, child, sibling or parent; and
- Alien veteran of active- duty U.S. military and spouse or un-remarried surviving spouse, and children.



Who is Eligible for PE?

Children under 21 and pregnant women lawfully present in the U.S. are also eligible for PE.

The following individuals are considered lawfully present:

- All qualified non-citizens (listed on slides 7 and 8);
- A non-citizen in valid non-immigrant status (for example, student visas, worker visas, etc.);
- A non-citizen who has been paroled into the United States, for less than 1 year, except for a non-citizen paroled for prosecution, deferred inspection or pending removal proceedings;
- A pending applicant for asylum or for withholding of removal or under the Convention Against Torture who has been granted employment authorization, or is an applicant under the age of 14 and has had an application pending for at least 180 days;
- A non-citizen who has been granted withholding of removal under the Convention Against Torture;



Who is Eligible for PE?

The following individuals are considered lawfully present (cont.):

- A child who has a pending application for Special Immigrant Juvenile status;
- A non-citizen who is lawfully present in American Samoa under the immigration laws of American; and
- A non-citizen who belongs to one of the following classes:
 - Non-citizens currently in temporary resident status
 - Non-citizens currently under Temporary Protected Status (TPS) (and pending applicants for TPS who have been granted employment authorization
 - Non-citizens who have been granted employment authorization;
 - Family Unity beneficiaries
 - Non-citizens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President
 - Non-citizens currently in deferred action status (note that this does not include individuals with DACA granted under the June 2012 DHS Policy [Deferred Action for Childhood Arrivals] status
 - Granted an administrative stay of removal
 - Non-citizens whose visa petition has been approved and who have a pending application for adjustment of status.



What Does PE Offer Enrollees?

PE enrollees are entitled to temporary Medicaid benefits.

However, it is important for PE enrollees to complete the full MA application.

- PE enrollees do not enroll in HealthChoice managed care organizations (MCO) until found eligible for full MA
- Maryland Medicaid offers a full set of benefits through its MCOs for full MA enrollees



What Does PE Mean for the Incarcerated?

Eligibility:

- Incarcerated individuals within Maryland's state and local correctional facilities that fall within a MAGI eligibility group are eligible for PE.

Benefits:

- PE approved individuals may begin to receive Medicaid benefits within the PE period only upon release.



What Does PE Offer Providers?

Medicaid can reimburse providers for services rendered to PE enrollees during the temporary PE coverage period.

- However, services rendered to PE enrollees must meet all applicable MA requirements, including any preauthorization and utilization review



What is the Length of PE Coverage?

PE coverage begins..

- The day PE determination is made.

PE coverage ends the earlier of the two.....

- The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the end of the last day of the month following the month in which the determination of PE is made; or
- The last day of the month following the month in which the PE worker makes the PE determination, if the individual does not file a full application.



How often can someone have PE Coverage?

The PE coverage span depends on the PE coverage group:

- Individuals are permitted only one PE coverage span in a 12-month period.
- Pregnant women are permitted only one PE coverage span per pregnancy.
- This is calculated from the last day of the most recent prior PE coverage span.



Becoming a PE Worker



Who can be a PE Worker?

PE workers must be certified government employees in order to make PE determinations. PE workers may be employees of:

- Department of Health and Mental Hygiene;
- Department of Public Safety and Correctional Services;
- Local Detention Centers; and
- Local Health Departments.

Contractual workers are not eligible to become PE workers.



What is a PE Worker's Role?

PE workers are the PE program's gatekeepers. They:

- Identify individuals eligible for Medicaid coverage;
- Screen individuals through EVS to ensure they do not already have Medicaid coverage;
- Assist in completing the full MA application, when possible;
- If a full MA application is not possible, conduct presumptive eligibility determination for individuals;
- Enter the PE application information into the PE eMedicaid portal;
 - Self-attestation is sufficient to verify information required to make a PE determination.



What is a PE Worker's Role?

PE workers are responsible for educating PE enrollees that:

- Individuals are only eligible for PE coverage once over a 12-month period;
- Full Medicaid benefits are available to approved PE applicants;
 - except pregnant women, where PE benefits are limited to ambulatory pre-natal care;
- PE Approval Notice is the ONLY PROOF OF INSURANCE; and
- A full MA application should be completed before PE coverage ends.



How do I become a PE worker?

In order to be a PE worker, one must:

- Complete this webinar training;
- Take the PE Knowledge Test; and
- Achieve 80 percent or higher on PE Knowledge Test to pass.

Once completed, the Department will grant PE workers access to the PE eMedicaid Portal.



Making PE Determinations



How Do You Make PE Determinations?

Hand-off to PE Worker

- An eligibility worker may not be able to complete a full MA application for a Medicaid-eligible inmate for many reasons. If this occurs, the eligibility worker will conduct a PE determination if they are PE-certified or refer the individual to a PE worker.

PE workers are to conduct the following activities for each PE determination:

- Check EVS for current MA eligibility and prior PE period;
- Gather basic eligibility information from the PE applicant;
- Complete the PE worksheet and PE application;
- Submit the PE application through the PE eMedicaid portal;
- Notify the applicant of their PE determination;
- Further educate the PE enrollee about PE; and
- Follow up with the PE applicant in completing the full MA application, when possible.



Making PE Determinations: EVS

Check the Medicaid Eligibility Verification System (EVS)

- Participating correctional facilities may check web EVS via eMedicaid at emdhealthchoice.org
- If the applicant has current MA coverage, they are ineligible for PE
 - However, a PE applicant that only receives Family Planning coverage is eligible, because PE provides a richer benefits package



Making PE Determinations: Eligibility

Gather eligibility information. Family size and gross income are key to determining PE eligibility

- Collect the PE applicant's monthly gross household income; gross income includes earned and unearned income
- The applicant should define family size by attesting to how many family members live together
- A pregnant woman's family size includes the child/children in utero
 - For example: if the pregnant woman is married and having twins, for PE purposes, her family size is four



Making PE Determinations: PE Worksheet

Collect the PE applicant's information using the PE worksheet

- The PE worksheet helps to collect basic eligibility information
- The PE worksheet will prompt you on the next step to take
- Use only information provided by the PE applicant or his/her representative
- No additional documentation or verification is required at the time of the PE determination
- Proceed to the PE eMedicaid portal only if you are able to complete the PE worksheet



Making PE Determinations: PE Application

Make sure all required parts of the application are completed for all applicants.



STATE OF MARYLAND
DHMH

APPLICATION FOR PRESUMPTIVE (TEMPORARY) ELIGIBILITY FOR MEDICAL ASSISTANCE

PART I - INFORMATION REQUIRED FOR DETERMINATION <small>(Items marked with an * are required for determination.)</small>			
Legal Name:			
First*:	Middle:	Last*:	Suffix:
Family Size*:	Household Gross Monthly Income*:		Maryland Resident?*
			<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Citizen, U.S. National or Eligible Non-Citizen?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
If readily available, also tell us the following (optional):			
Are you pregnant?	If yes, what is your due date?	How many babies are you expecting?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Insurance Coverage?	In Foster Care at age 18?	Already have Medicaid?	Already have Medicare?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PART II - PRESUMPTIVE DETERMINATION: Representative must make the determination based on the REQUIRED information in Part I only and give the applicant an approval or denial notice.			
Eligible?	If yes, select the eligibility group:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Adult <input type="checkbox"/> Pregnant Woman <input type="checkbox"/> Former Foster Youth <26		
PART III - INFORMATION NECESSARY TO ENTER THIS APPLICATION			
Contact Information			
Home Address:			
City:	State:	Zip Code:	County:
Mailing Address (if different from Home):			
City:	State:	Zip Code:	County:
Phone Number:			
Home:	Work:	Cell:	
Additional Information			
Date of Birth:	Social Security Number (optional):	Sex	
/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female	
PART IV - SIGNATURES			

Applicant: By signing, you are attesting that the information you provided for this form is true as far as you know and that you have received a copy of the Approval Notice that lists your Rights and Responsibilities, or a Denial Notice. We will keep your information secure and private.

Signature of Applicant (or legal guardian)	_____	Date	_____
Signature of Witness (or legal guardian)	_____	Date	_____
Representative: By signing, you are attesting that you have accurately recorded the information provided by the applicant or someone representing the applicant, made a determination based on that information, and provided the applicant with an Approval Notice that lists their Rights and Responsibilities or a Denial Notice.			
Signature of Applicant (or legal guardian)	_____	Date	_____
Signature of Witness (or legal guardian)	_____	Date	_____



Notifying the PE Applicant



Notifying the PE Applicant

When are PE determinations made?

- PE determinations are made at the time the application is submitted through the eMedicaid portal.

How do you notify applicants of their application status?

- PE workers must provide applicants with written notice on the status of their application, whether eligible or ineligible for coverage.
- The PE eMedicaid portal generates the appropriate notice, which is to be presented to the applicant.



Approved PE Applicants

If an applicant is found eligible for PE coverage:

- eMedicaid generates an Approval Notice. Give this to the applicant.
- The Approval Notice is the PE enrollee's only proof of insurance. They will not receive a Medicaid card.
- Inform PE enrollees if they lose this form, they must return to the facility where they obtained it for another copy.
- A Spanish version is also available.

STATE OF MARYLAND
DHMH

Presumptive Eligibility Program _____

PRESUMPTIVE ELIGIBILITY NOTICE OF APPROVAL

Patient name:
Medical Assistance ID #:

YOUR TEMPORARY HEALTH COVERAGE PERIOD BEGINS: _____
YOUR TEMPORARY HEALTH COVERAGE PERIOD ENDS: _____

WHY YOU ARE RECEIVING THIS NOTICE
You qualify for Presumptive Eligibility (PE) through the Maryland Medical Assistance (MA) Program. PE provides temporary health coverage. PE offers full access to all benefits under Maryland Medicaid Fee-for-Service for a limited time only. Present this notice as *proof of coverage* during this temporary coverage period.

PRESUMPTIVE ELIGIBILITY IS NOT A FINAL DETERMINATION FROM THE MEDICAID AGENCY

The medical coverage you will receive is temporary unless you take action.

- For consideration to receive full MA coverage beyond the end date above, you must complete the Maryland Health Connection (MHC) application.
- The hospital can help you complete the full MCH application. You can apply any time online at <https://www.marylandhealthconnection.gov>, through the MD Health Connection Call Center at 1-855-642-8572 (TTY: 1-855-642-8573), or by visiting a local connector entity, health department or department of social services.
- Completing the MHC application does not extend this temporary coverage, but may qualify you for full coverage.
- If you submit a MHC application before the PE coverage end date and you are not found eligible, your temporary coverage will end on that date.

Issued by: ORGANIZATION/AGENCY NAME
Authorized PE Representative: XXXXXX
PE Representative Email: XXXXX

Notice to providers: Please use the Medical Assistance Eligibility Verification System (EVS) to check the MA ID number above prior to delivering services. PE enrollees are entitled to temporary, full Medicaid benefits. These include hospital services, as well as community-based physician, mental health and substance use services, and pharmacy benefits. Please note that all MA requirements, such as preauthorization and utilization review criteria, are also applicable to HPE enrollees!



Approved PE Applicants

You must also provide the following to all approved PE applicants:

- The full MA application packet;
- An explanation that the individual must complete and submit the full MA application before the temporary PE coverage end date to prevent a coverage gap if they are found eligible for full MA;
- Notice that when the PE coverage period ends, the PE participant will not receive word from the Department; and
- Assistance with completing the full MA application, when possible.



Denied PE Applicants

If the applicant is found ineligible for PE coverage:

- Give the applicant the denial notice. Relay status and reason for denial to applicant.
- Give and/or assist applicant with the full MA application, because they may still qualify.
- Inform applicant that all PE determinations are final, and there are no appeal rights.

Presumptive Eligibility Program

PRESUMPTIVE ELIGIBILITY NOTICE OF DENIAL

Patient name: _____
Date: _____

WHY YOU ARE RECEIVING THIS NOTICE

The qualified enrolling entity has determined that you do NOT qualify for temporary health coverage through the Maryland Medical Assistance (MA) Program.

Reason for Denial:

- You are not a Maryland resident.
- You are above the eligible income level.
- You are not a U.S. Citizen or Eligible Non-Citizen.
- You are enrolled in Medicaid.
- You are enrolled in Medicare (adults only, not including pregnant women).
- You have received PE in the last 12 months or within the same pregnancy period.

There are no appeal rights for Presumptive Eligibility (PE). PE decisions are final decisions made by the authorized PE representative.

PRESUMPTIVE ELIGIBILITY IS NOT A FINAL DETERMINATION FROM THE MEDICAID AGENCY

If you think you should qualify for MA coverage, please complete the Maryland Health Connection (MHC) application. The hospital can assist you with the application or provide you with information on completing the full application.

You can apply at any time online at <https://www.marylandhealthconnection.gov>, through the MD Health Connection Call Center at 1-855-842-8572 (TTY: 1-855-842-8573), or by visiting a local connector entity, health department or department of social services.

Issued by: _____
Authorized PE Representative: _____
PE Representative Email: _____



Denied PE Applicants

Applicants that are determined ineligible must be given a denial notice that indicates the reason for denial.

- Denial reasons includes:
 - Recipient is not a Maryland resident;
 - Recipient is not a US Citizen or Eligible Non-Citizen;
 - Recipient is above the eligible income threshold;
 - Recipient over 65 years old;
 - Recipient indicated or has active Medicaid coverage;
 - Recipient indicated or has active Medicare coverage; or
 - Recipient has prior PE.



Denied PE Applicants

Though a particular PE application may seem eligible at the initial intake stage, eMedicaid will ultimately confirm eligibility

- eMedicaid double checks to ensure the applicant does not have Medicaid, Medicare, or past PE coverage within the last 12 months
- eMedicaid will generate a denial notice and will print the reasons for denial
- For applicants that are found ineligible based on their attestations and not through eMedicaid, PE workers are to check the appropriate box(es) on a paper version of the denial notice and hand it to the applicant.



Enrollment Assistance into Full Medicaid

Enrollment into full Medicaid takes priority over PE.

- PE workers should conduct full MA enrollment first.
- PE determinations are only to be conducted when there are challenges in completing a full MA application.
- PE workers are encouraged to reconnect with applicants soon after PE determinations to assist them with completing the full MA application

The State understands a follow-up full MA application may not always be possible within the facilities due to the ever-changing circumstances for this population.

- Hence, we encourage full applications first.



Enrollment Assistance into Full Medicaid

Full MA application information:

- Applications are online any time at marylandhealthconnection.gov
- Follow the instructions online and input the information as requested
- If retroactive eligibility is necessary, assist the applicant with requesting retroactive coverage for up to three months prior to the month of the full MA application
- If the applicant does not have all the documentation necessary to complete the full MA application, continue filling out the application with all the information the applicant can provide and save the application for a follow up enrollment session



Tracking and Monitoring

The participating PE facility is responsible for maintaining the integrity of the program.

- The PE worker is responsible for keeping accurate records of the PE program at your facility. Every PE worksheet and signed attestation from eMedicaid must be kept in a location that is accessible to all facility PE workers.
- In the event, a PE worker or facility regularly has issues, the Department will require recertification and/or other corrective action measures to address these issues.



Questions

