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 | ADMINISTRATIVE DIRECTIVE |
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TRANSMITTAL: 90 ADM-9

DIVISION: Medical
 Assistance

TO: Commissioners of
 Social Services

DATE: February 21, 1990

SUBJECT: MA Eligibility: Perinatal Care/Presumptive Eligibility

SUGGESTED

DISTRIBUTION:

Medical Assistance Staff
 Fair Hearings Staff
 Public Assistance and Services Staff
 Designated Pregnancy Workers
 Staff Development Coordinators
 TASA Coordinators/Providers

CONTACT

PERSON:

County Representative - 1-800-342-3715, ext.3-7581
 New York City Representative - (212) 587-4853
 Providers - See Provider Manual Inquiry Section

ATTACHMENTS:

See page 2 for listing of Attachments.
 (Listing is available on-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21		360-1.4(r)	PHL 2521	MARG	GIS
89 ADM-5		360-3.3(c)	2522,2529	Pregnancy Section	Messages 89MA0046
88 ADM-4		(5) & (15)	SSA Sect.		
87 ADM-39		360-3.7(d)	1902(a)(10)		87MA0032
82 ADM-6		360-4.1(b)	(A)(i)(IV),		87MA025
		360-4.7	1902(1),1920		
		360-4.8	1902(a)(47)		
			SSL 365-a		
			SSL 366.4		
			(m)-(o), 368 a		

ATTACHMENTS

- I Monthly Medical Assistance Income Levels
(Available on-line)
- II Screening Checklist: Presumptive Medical Assistance
Eligibility for Pregnant Women
(Not available on-line)
- IIa Instructions for Completing Screening Checklist
(Not available on-line)
- III Presumptive Eligibility Determination
(Available on-line)
- IV Benefit Packages for Pregnant Women
(Not available on-line)
- V Summary Comparison for Pregnant Women
(Not available on-line)
- VI Summary Comparison for Infants
(Not available on-line)
- VII Sample Acceptance Notices - Perinatal Care Only
(Not available on-line)

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I. PURPOSE

The purpose of this directive is to advise social services districts of the amendments to the Social Services and Public Health laws to provide expanded Medical Assistance (MA) eligibility for pregnant women and infants up to age one whose family incomes are at or below 185% of the federal income official poverty line (as defined and annually reported by the federal Office of Management and Budget), and to also provide presumptive eligibility for pregnant women and to specify the conditions under which such presumptive eligibility will be authorized.

II. BACKGROUND

Studies have indicated that many pregnant women do not seek prenatal care until very late in the pregnancy, if at all. The most commonly cited barrier for not seeking early prenatal care is lack of sufficient funds to pay for such care. The lack of early prenatal care is one of the causes of low birth weight in infants and contributes to the high infant mortality rate in New York State. The State was found to compare poorly with other states in the nation in its rates of low-birthweight, infant mortality, percent of early prenatal care registration, and percent of late or no prenatal care use. Additionally, Census Bureau Statistics indicate that the State has serious health care coverage deficiencies for young children.

Sections 1902(a)(47) and 1920 of the federal Social Security Act (SSA) as added by Section 9407 of the Omnibus Budget Reconciliation Act of 1986 (OBRA 1986), Public Law 99-509, permit states to authorize presumptive MA eligibility for pregnant women to encourage them to seek early prenatal care.

SSA section 1902(a)(10)(A)(i)(IV), as added by Section 302 of the Medicare Catastrophic Coverage Act (MCCA), Public Law 100-360, requires states to expand MA coverage to pregnant women and infants up to age one with income up to 100% of the federal poverty line. At their option, states may also extend MA coverage to pregnant women and infants up to one year whose family income does not exceed 185% of the federal poverty line. [SSA 1902(1), 1902(a)(10)(A)(ii)(IX)].

Chapter 822 of the Laws of 1987 (the Prenatal Care Act of 1987) authorized provision of specified prenatal care services to certain women with income up to 185% of the federal poverty line. The Prenatal Care Assistance Program (PCAP) was targeted to those areas of the State with particular need for improved access to such services and was funded by grants of State monies.

Chapter 584 of the Laws of 1989 amends the Public Health Law (PHL) and the Social Services Law (SSL) to expand PCAP into a statewide MA program with federal financial participation. Infants up to age one with family incomes up to 185% of the federal poverty line and pregnant women with family incomes up to 100% of the federal poverty line will be eligible for full MA coverage. Pregnant women with incomes between 100% and 185% of the federal poverty line will be provided with a prescribed array of MA services that will offer comprehensive perinatal care from the determination of pregnancy through delivery and the

postpartum period. Presumptive eligibility may be authorized so that necessary services may be provided without delay. There will be no local share required for services provided to pregnant women or infants whose income is between 100% (or the medically needy income level, whichever is higher) and 185% of the federal poverty line.

III. PROGRAM IMPLICATIONS

A. Public Health Law (PHL)/Social Services Law (SSL)

PHL Section 2529 provides for immediate MA coverage pending a full eligibility determination by allowing for presumptive eligibility for pregnant women. SSL sections 366.4(m), (n) and (o) provide expanded MA eligibility for pregnant women and infants up to age one with incomes up to 185% of the federal poverty lines. Resources will not be considered in determining presumptive or expanded eligibility for pregnant women and infants regardless of their income level. Due to the preliminary injunction issued in Lewis V. Grinker (88 ADM-4 and 87MA0032), citizenship is not a requirement in determining eligibility for alien pregnant women (i.e., MA coverage for prenatal care cannot be denied to an alien woman residing in the State with a medically verifiable pregnancy if her child would be eligible for MA if born at the time of the application.) However, citizenship status for infants continues to be an eligibility requirement.

B. Public Assistance Implications

While a Public Assistance (PA) application is pending, a pregnant woman may be eligible for presumptive eligibility for MA. Cases containing pregnant women and infants under the age of one who are ineligible for PA should be sent to MA for an expanded eligibility determination. Pregnant women and infants under the age of one who are eligible for MA are guaranteed MA eligibility until the end of the month in which the 60th postpartum day occurs, regardless of any verified income changes or non-compliance with non-financial requirements. Since PA recipients are automatically eligible for MA, this guaranteed eligibility also applies to them.

C. Applicability of Expanded Standards

Expanded eligibility standards apply only to pregnant women and infants up to age one. All other family members applying with a pregnant woman or infant are subject to medically needy standards and requirements. See Attachment I for medically needy and expanded eligibility standards.

D. Definitions

1. Ambulatory MA services include all outpatient MA covered services, except services provided pursuant to a waiver under SSA Section 1915(c). (See Attachment IV). This definition applies to the presumptive eligibility determination for pregnant women whose family income does not appear to exceed 100% federal poverty line.

2. Ambulatory Prenatal Care includes all outpatient MA services necessary to promote a healthy outcome. (See Attachment IV). This definition applies to the presumptive eligibility determination for pregnant women whose family income appears to be between 100% and 185% of the federal poverty line.
3. Expanded MA Eligibility provides MA coverage (full or perinatal) to pregnant women and infants with income in excess of current MA standards or 100% of poverty, but less than or equal to 185% of the federal poverty lines. Expanded eligibility will be determined by the social services districts.
4. Family Income includes the income of the pregnant woman, any legally responsible relative(s) and any legally dependent relative(s) with whom she resides. This applies only to the presumptive eligibility determination.
5. Household Income includes the income of the pregnant woman, any of her applying children and any legally responsible relative(s) with whom she resides. This does not apply to the presumptive eligibility determination.
6. Medically Needy Standards or Levels means MA-only income and resources exemption standards which are usually revised annually in January. (See 89-ADM-5).
7. Perinatal Care includes all MA services, necessary to promote a healthy outcome from the determination of pregnancy through the postpartum period. This applies to expanded MA for pregnant women with incomes between 100% - 185% of the federal poverty line. This includes all services listed in Section 2522 of the Public Health law.
8. Poverty Line means the federal income official poverty line (as defined and annually revised by the federal office of management and budget).
9. Presumptive Eligibility is a means of immediately providing MA services for prenatal care pending a full MA determination. Under this determination process, a qualified provider performs a brief assessment of a woman's family income and, based upon guidelines established by the Department, determines whether or not the woman is financially eligible for either of two packages of services described in Section E.
10. Qualified Provider may be a PCAP, a local department of health, the Public Health Nursing Service, or an Article 28 facility (hospital or diagnostic and treatment center) [18 NYCRR 360-3.7(d)]. Providers must be designated by the Department as qualified to determine presumptive eligibility.

E. Presumptive Eligibility

PHL section 2529 and 18 NYCRR 360-3.7(d) permit pregnant women to be presumptively eligible for MA for up to 45 days from the date a qualified provider determines that the income of the family including the pregnant woman does not exceed 185% federal poverty line. Federal financial participation is available for up to 45 days regardless of whether the woman is ultimately determined eligible for MA. Presumptive cases are exempt from federal quality control errors. Only one period of presumptive eligibility per pregnancy will be allowed. Presumptive eligibility can be determined only for pregnant women who are applying on behalf of themselves.

Only qualified providers, as listed in Section III.D.10. of this ADM, may determine presumptive eligibility. However, a presumptively eligible woman may receive services to which she is entitled from any provider enrolled in the MA program. A screening checklist (Attachments II & IIa) has been designed to aid in the presumptive eligibility determination.

A pregnant woman will be presumed eligible for ambulatory MA services (Attachment IV), when a qualified provider determines on the basis of preliminary information that the income of the pregnant woman's family does not exceed 100% of the federal poverty line. A pregnant woman will be presumed eligible for ambulatory prenatal care (Attachment IV), when a qualified provider determines on the basis of preliminary information that the income of the pregnant woman's family is above 100% but less than or equal to 185%.

Presumptive MA eligibility begins on the date the qualified provider determines eligibility. This will usually be the date of the first visit or the date services were first rendered to the pregnant woman. This is also the date of application for on-going MA.

A pregnant woman who has been presumptively eligible for MA, must complete the application in full in order to be determined eligible for on-going MA. If a pregnant woman is presumptively eligible and subsequently determined ineligible for MA, she is entitled to a Fair Hearing on her MA application, but she is not entitled to extended presumptive eligibility (i.e., no aid-continuing).

F. Expanded Eligibility

Federal law requires states to expand MA eligibility to pregnant women and infants up to age one with income up to 100% of the federal poverty line. Federal law also permits states to expand MA eligibility to pregnant women and infants up to the age of one with income up to 185% of the federal poverty line. Chapter 584 of the Laws of 1989 expands MA eligibility to provide:

- o full MA coverage to pregnant women with incomes less than or equal to 100% of the federal poverty line (or the medically needy income level, whichever is higher);
- o full MA coverage to infants up to age one with household incomes less than or equal to 185% of the federal poverty line; and,
- o comprehensive perinatal care services under the MA program to pregnant women with incomes greater than 100% and less than or equal to 185% of the federal poverty line.

G. Guaranteed Eligibility for Pregnant Women and Infants Under the Age of One

A pregnant woman determined eligible for MA for any month during her pregnancy is guaranteed MA eligibility until the end of the month in which the 60th day occurs following the date the pregnancy ends, without regard to any changes in family circumstances. (For example: pregnancy ends on November 15, 60th day following is January 15, eligibility continues until January 31.)

Infants born to eligible women will also retain eligibility until the end of the month in which the 60th day following birth occurs, without regard to changes in household income or non compliance with non financial requirements. Eligible infants hospitalized on their first birthday will continue to be eligible for MA until the end of the hospital stay when their hospital stay began prior to or on their first birthday, without regard to changes in household income.

The eligibility of an infant is not guaranteed following the postpartum period and up to the infant's first birthday. Changes in household income will affect the eligibility of infants during this time period.

IV. REQUIRED ACTION

A. Presumptive Eligibility

1. QUALIFIED PROVIDER'S RESPONSIBILITIES:

- a. Complete the MA Presumptive Eligibility for Pregnant Women Screening Checklist (Attachment II) if the pregnant woman indicates she wishes to apply for presumptive eligibility.
- b. Determine presumptive eligibility (using Screening Checklist) at the time of the first visit in order to receive MA reimbursement for that visit.

(1) Request information related to the income and composition of the pregnant woman's family. No verification is required. Resources are not considered.

- (2) Compare the pregnant woman's family net income to 100% of the federal poverty line for a family of that size.
 - (3) If income is equal to or less than 100% of the federal poverty line for a family of that size, advise the woman that she is presumptively eligible for all ambulatory MA services.
 - (4) If income exceeds 100% of the federal poverty line for a family of that size, compare income to 185% of the federal poverty line for a family of that size.
 - (5) If income is greater than 100%, and equal to or less than 185% of the federal poverty line for a family of that size, advise the woman she is presumptively eligible for ambulatory prenatal services only.
 - (6) If income exceeds the 185% of the federal poverty line for a family of that size, deny presumptive eligibility and refer the woman to the social services district for MA determination as a "spenddown" case.
 - (7) If a pregnant minor is living with her parent(s), the parents' stated income must be included, and the parents and siblings under age 21 must be included in the family size. In this situation, if a pregnant minor is ineligible for presumptive eligibility, she should be referred immediately to the social services district for an application for the unborn. (Note: Under the Woe v. Perales preliminary injunction which is still under litigation, pregnant women may still apply on behalf of the unborn.)
- c. Assist presumptively eligible women in completing sections 1, 2, 3, 6, 8, 9, 12, 13, 16 and 19 of the standard MA application (DSS-2921).
 - d. Advise presumptively eligible women of their responsibility to complete the MA application process, including a face-to-face interview at the social services district in order to continue receiving MA if the provider is not acting as their representative.
 - e. Forward the Screening Checklist and MA application to the social services district within five working days after a determination of presumptive eligibility is made. Applications for homeless pregnant women should be forwarded to the social services district in which the pregnant woman considers herself a resident. The pregnant woman should provide a statement listing the county where she is currently residing.

- f. Provide the pregnant woman with a copy of the completed Screening Checklist indicating her eligibility status (Denied, Eligible \leq 100%, Eligible \leq 185%).
- g. Provide the pregnant woman with a completed Presumptive Eligibility Determination form. (Attachment III).
- h. Advise presumptively eligible women they will receive an MA card in approximately three weeks. If they need other ambulatory services prior to receiving their MA ID card, they should take their copy of the Screening Checklist to the social services district to obtain a temporary MA ID card.
- i. Advise all pregnant women that they have the right to apply for MA at their social services district regardless of the presumptive eligibility determination.
- j. Advise pregnant women that they have the right to apply for MA on the behalf of other family members at the local district.

Note: The qualified provider may represent the pregnant woman at the face-to-face interview if the woman has given the provider written authorization to represent her in applying for MA. Providers certified by DOH as PCAPs must offer to represent pregnant women at the social services district.

2. SOCIAL SERVICES DISTRICTS' RESPONSIBILITIES:

- a. Designate one or more staff to act as liaison(s) to qualified providers serving the social services district.
- b. Establish internal procedures providing for immediate data entry for cases determined presumptively eligible by a qualified provider.
- c. Authorize presumptive eligibility for 45 days based on the qualified provider's determination (\leq 100% or \leq 185%) after receipt of screening checklist and application.
- d. Issue a temporary MA card to a pregnant woman who has been found presumptively eligible by a qualified provider, who needs ambulatory services before a regular MA ID card can be issued and who brings her screening checklist to the social services district to request a temporary MA ID card. If the presumptively eligible pregnant woman has immediate needs, her case should be put up on the system IMMEDIATELY.
- e. Notify the qualified provider of the pregnant woman's MA ID number, and any other information necessary to submit a claim.

- f. Contact the pregnant woman or authorized representative within five working days of receipt of the information from the qualified provider to set up an appointment for an interview and to provide information concerning the documentation necessary to complete the application process. This may be accomplished by letter or telephone.
- g. Conduct a face-to-face interview with the pregnant woman or her authorized representative. Allow the pregnant woman to complete the application form and submit necessary documentation.
- h. Determine MA eligibility for the pregnant woman, and any other family members applying with her, within 30 days, according to the process described in IV.B.1.

Note: In accordance with the Vailes v. Blum and Mehler v. Blum court decisions, (see 82 ADM-6), the applicant has the option of including or excluding any legally dependent relative(s) and their incomes, to their advantage. If an applicant chooses to include a legally dependent relative, the legally dependent relative's income must also be included in the MA budget.

- i. Accept an MA application from a pregnant woman determined ineligible for presumptive eligibility using the original presumptive determination date as the MA application date if the woman contacts the social services district within 45 days. These applications should be processed as quickly as possible to assure early entry into prenatal care.
- j. Accept fiscal responsibility for presumptively eligible homeless pregnant women who state they are living in the social services district. The social services district of fiscal responsibility may change when determining ongoing MA eligibility. An ADM addressing this issue is forthcoming.

B. Expanded Eligibility for Pregnant Women

- 1. Determine eligibility for a pregnant woman as follows:
 - a. Compare the pregnant woman's net household income to 100% of the federal poverty line for a family of that size (or the MA level, whichever is higher). Resources are not counted.
 - (1) If income is equal to or less than 100% of the federal poverty line for a family of that size (or the MA level, whichever is higher) the pregnant woman and any infant under age one is fully eligible for all MA services.

- (2) If income exceeds the federal poverty line for a family of that size, the pregnant woman is ineligible for full MA coverage. Continue processing the application for the pregnant woman and any infants up to age one.
- b. Compare net household income to 185% of the federal poverty line for a family of that size.
 - (1) If income equals or is less than 185% of the federal poverty line for a family of that size, the pregnant woman is eligible for perinatal care services under the MA program and infants up to age one are eligible for full MA coverage.
 - (2) If income exceeds 185% of the federal poverty line for a family of that size, the pregnant woman and infants are ineligible for expanded MA coverage. However, the option to spenddown to the medically needy level must be explained.
- c. Pregnant women cannot become eligible by spending down to 100% or 185% of the federal poverty line for a family of that size. Women with income in excess of 185% of the federal poverty line for a family of that size must spenddown excess income to medically needy levels to become MA eligible. To become eligible for full MA coverage, women with income between 100% and 185% of the federal poverty line for a family of that size must spenddown to the medically needy level.
- d. Although a pregnant woman may not be eligible in her own right, a pregnant woman may want to apply for the unborn only, in accordance with Woe v. Perales preliminary injunction. In this situation, the pregnant woman's own income (as legally responsible relative of the unborn) must be under the medically needy level for a family size of two. (Woe v. Perales, GIS Message 87 MA0046).
- e. Eligibility must also be determined for up to three months prior to the month of application. Eligibility for any month prior to January 1, 1990 must be determined using medically needy income and resource levels.

Note: In accordance with the Vailes v. Blum and Mehler v. Blum court decisions, (see 82 ADM-6), an applicant has the option of including or excluding any legally dependent relative(s) and their income in the MA household, whichever is more advantageous. If an applicant opts to include a legally dependent relative, the income of the legally dependent relative must also be included in the household budget.

2. Deny MA and send a denial notice if within 45 days of the date of application the pregnant woman is determined ineligible.
3. Deny MA eligibility and send notice at the end of 45 days if the pregnant woman fails to complete the eligibility process (i.e., if the pregnant woman does not respond to the request for an interview).
4. Authorize MA with appropriate service package (see Attachment IV) to the pregnant woman and the unborn based upon her income level if the pregnant woman is determined to be eligible for MA.
5. Send all appropriate notices to the pregnant woman, per 89-ADM-21. As Attachment VII illustrates, the social services district must make pen and ink changes in some instances.
6. Determine eligibility for other applying family members by comparing household income and resources to the appropriate medically needy standard.
 - a. Do Not delay a pregnant woman's eligibility determination pending documentation required for determining eligibility of other household members.
 - b. Other eligible household members may be added to the pregnant woman's case when their eligibility is determined.
7. Add the newborn infant to mother's (formerly eligible pregnant woman) case at birth and authorize full MA coverage, for the infant regardless of mother's income or MA coverage level.
8. Continue MA coverage for a mother (formerly eligible pregnant woman) and her newborn until the end of the month in which the 60th day following the end of the pregnancy occurs, without regard to changes in household income.
9. Recertify the case prior to the 60th day following the month the pregnancy ends.
 - a. Redetermine eligibility for the mother (formerly pregnant woman) and other applying household members using appropriate medically needy income and resource standards.
 - b. Redetermine eligibility for the infant by comparing family income to the 100% or 185% of the federal poverty line for a family of that size.
10. Review any current spenddown case containing a pregnant woman as it is brought to your attention to determine which income standard is most advantageous to the pregnant woman.

Note: If the pregnant woman appears in the social services district before she contacts a qualified provider, she should be verbally informed that she may be eligible for presumptive eligibility and where to go for such a determination. The regular application process should continue and not wait for the results of her visit to a qualified provider.

C. Expanded Eligibility for Infants Up To Age One

1. Authorize MA for infants born to women eligible for MA at time of delivery. (See Sect. IV.B.7.).
2. Determine eligibility for infants up to age one as follows:
 - a. Compare net household income to 100% of the federal poverty line for a family of that size.
 - (1) If income is equal to or less than the 100% of the federal poverty line for a family of that size, infant is fully eligible for all MA services.
 - (2) If income exceeds 100% of the federal poverty line for a family of that size, continue processing application for infant(s) and any pregnant woman in the household.
 - b. Compare net household income to 185% of the federal poverty line for a family of that size.
 - (1) If income is equal to or less than the 185% of the federal poverty line for a family of that size, the infant is eligible for all MA services.
 - (2) If income exceeds 185% of the federal poverty line for a family of that size, the infant is ineligible for expanded MA coverage. The social services district must explain the option to spenddown to the medically needy level.

NOTE: Resources do not count in the eligibility determination process of infants under the age of one, however all other eligibility requirements apply.

- c. Infants cannot become eligible by spending down to the 100% or 185% of the federal poverty line for a family of that size. Infants with household income in excess of 185% of the federal poverty line for a family of that size must spenddown to current MA income levels to become MA eligible.
- d. Eligibility will also be determined for up to three months prior to the month of application, if appropriate. Eligibility for any months prior to January 1, 1990 must be determined using medically needy income and resource levels.

3. Authorize assistance to the infant and any other household members found eligible for MA.
4. Send all appropriate notices to the parent(s) for the infant per 89-ADM-21.
5. Determine eligibility for other applying household members by comparing income and resources to the appropriate medically needy standard.
 - a. Do Not delay an infant's eligibility determination pending documentation required for other household members.
 - b. Other eligible household members may be added to the infant's case when their eligibility is determined.
6. If infant continues to be financially eligible, continue coverage until his or her first birthday; or if receiving inpatient care at the time of his or her first birthday, until the end of the inpatient stay.
7. Recertify infant's case prior to first birthday and redetermine eligibility for infant and any other household members using medically needy income and resource standards.
8. Review any spenddown case containing an infant under age one as it is brought to your attention. Compare household income to 185% of the federal poverty line for a family of that size in determining eligibility for the infant.

D. Public Assistance Responsibilities

1. Applicants - When a pregnant woman applies for Public Assistance (PA), it is even more imperative now that she be referred to the Prenatal Care Assistance Program (PCAP) because the PCAP may be able to authorize MA presumptively for up to 45 days while the PA eligibility determination is pending. (See 87 ADM-39)
2. Denials - When a pregnant woman or infant under the age of one is ineligible for PA, the case should be sent to MA for an eligibility determination under the MA expanded eligibility levels.
3. Discontinuances - In instances where a PA case containing a pregnant woman or infant under the age of one is closed, the MA case should be kept open until the end of the month in which the 60th day postpartum occurs because of the continuous eligibility provision (see Section III.G.). This provision is applied in all cases except where the pregnant woman received PA as a result of fraud.

Two examples of reasons for closing a PA case but continuing the MA case for a pregnant woman and infant under the age of one are an increase in income or resources and failure to appear for a face-to-face PA recertification interview.

E. Notices

1. As stated in 89-ADM-21, separate notices may be required when circumstances warrant different treatment of income/resources for individual case members.
 - a. A pregnant woman could be fully eligible and should be sent the DSS-3622, "Notice of Decision on Your Medical Assistance Application."
 - b. The other household members could be subject to a spenddown and should be sent a DSS-3973, "Notice of Decision on Your Medical Assistance Application (Excess Income)".
 - c. The other household members could be ineligible as a result of excess resources and should be sent a separate DSS-3622, "Notice of Decision on Your Medical Assistance Application" informing them of that decision.

F. PCAP Transition

1. PCAP PROVIDER RESPONSIBILITIES:
 - a. Assist enrolled women who will not give birth prior to January 1, 1990 with completing and filing an application for MA.
 - b. Advise enrolled women of their responsibility to complete the MA application process, including a face-to-face interview at the social services district, in order to continue funding for their perinatal care.
 - c. Forward completed MA applications to the appropriate social services district as soon as possible to ensure continued funding.
 - d. Advise enrolled women that they will be contacted by the social services district to arrange an interview.
 - e. Offer to attend the face-to-face interview as a representative of the pregnant woman.
 - f. Attend the face-to-face interview as representative of the pregnant woman if so authorized.

2. SOCIAL SERVICES DISTRICT RESPONSIBILITIES:

- a. Accept applications submitted by or on behalf of pregnant women who are currently enrolled in PCAP and not expected to deliver prior to January 1, 1990.
- b. Contact the pregnant woman or representative as soon as possible to set up an appointment for an interview and to provide information concerning the documentation necessary to complete the application process.
- c. Conduct the face-to-face interview with the pregnant woman or her representative as soon as possible.
- d. Determine MA eligibility for any period prior to January 1, 1990 using medically needy standards.
- e. Determine MA eligibility for January 1, 1990 and after by comparing income to 100% and 185% of the federal poverty line for a family of that size.

V. SYSTEMS IMPLICATIONS

A. WMS/MMIS

1. Upstate

Three new MA Coverage Codes, 13 (Presumptive Eligibility - Prenatal Care A), 14 (Presumptive Eligibility - Prenatal Care B), and 15 (Prenatal Care) have been added to the system. The new Coverage Codes will be restricted to females in MA Only cases (Case Type 20) with a coverage from date of January 1, 1990 or later. In addition, codes 13 and 14 will have a 45 day durational limit commencing with the WMS Application date. (See Attachment IV.) MA Coverage Codes 13 and 14 are date specific for openings and closings and the opening date must equal the application date.

Additionally, two new Individual Categorical Codes, 36 (Presumptive Eligibility - Pregnant Women) and 44 (Expanded Coverage - Infant) have been added to the system. Code 36 will be restricted to females in MA Only cases (Case Type 20) having Coverage Codes 13 (Presumptive Eligibility - Prenatal Care A) or 14 (Presumptive Eligibility - Prenatal Care B). Code 44 will be restricted to infants and unborns in MA Only cases (Case Type 20) with Coverage Code 01 (Full Coverage) or 30 (PCP Full Coverage). Code 44 is to be used for cases with income above the MA level or 100% of the poverty line, (whichever is higher) but less than or equal to 185% of the poverty line.

The new values have been added to identify individuals not otherwise eligible who have been provided additional MA coverage due to the MA eligibility expansion for pregnant women and infants and/or presumptive eligibility for certain pregnant women.

2. New York City

- Instructions will be forthcoming in a WMS Migration Summary.

B. EMEVS

1. New provider verification messages have been added as follows:

<u>Terminal</u>	<u>Telephone</u>
13 - Presumptive Elig Prenatal A	Presumptive Eligibility Prenatal A
14 - Presumptive Elig Prenatal B	Presumptive Eligibility Prenatal B
15 - Prenatal Care	Prenatal Care

2. Individuals with the above coverage codes should be assigned card codes as any other individual.

C. MBL

1. Upstate

MBL will be programmed to support the new policy outlined in this Administrative Directive when an EFFECTIVE FROM DATE of 1/1/90 or later is entered. Further information pertaining to MBL support and system availability will be provided to districts via MBL Transmittal.

2. New York City

- Instructions will be forthcoming in a MBL Transmittal.

VII. EFFECTIVE DATE

This Directive is effective January 1, 1990.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

MONTHLY MEDICAL ASSISTANCE INCOME LEVELS
For Pregnant Women and Infants

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	Add for each add. person
MA Levels	\$475*	684*	709	850	992	1134	1275	1417	+142
100% of Federal Poverty Line	\$499	669	838	1008	1178	1348	1518	1688	+170
185% of Federal Poverty Line	\$921	1236	1550	1865	2179	2494	2808	3123	+314

*effective January 1, 1990

PRESUMPTIVE ELIGIBILITY DETERMINATION

(Applicant's name)

(Address)

To the Applicant:

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+++ According to our review your family's income is less than or equal to 100% of the federal poverty level and you are presumptively eligible for all ambulatory Medical Assistance (MA) services (all MA services except inpatient care, alternate level care, institutional long term care, and long term home health care) for up to 45 days.

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+++ According to our review your family's income is between 100% and 185% of the federal poverty level and you are presumptively eligible for ambulatory prenatal services (all MA services except inpatient care, alternate level care, institutional long term care, podiatry, eye care, durable medical equipment, abortion, physical therapy, occupational therapy, speech pathology, hospice, and long term home health care) for up to 45 days.

Based on this determination (ambulatory)(ambulatory prenatal) services have been temporarily authorized from _____ to _____. You should receive an MA ID card within three weeks.

I will forward your Medical Assistance application to _____ County Department of Social Services. They should contact you or your representative within 10 days to arrange for an interview in order to complete your eligibility determination process. You should follow-up with your authorized representative or your local district to ensure that the interview is conducted within fourteen days.

It is important for you to know that Medical Assistance services will not continue beyond the 45 day period if you do not complete the application process with your local department of social services.

If the local department of social services determines in less than 45 days that you are not eligible for Medical Assistance, your presumptive eligibility coverage will be discontinued at that time.

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+++ According to our review you do not appear to be presumptively eligible for Medical Assistance services. You may wish to apply for Medical Assistance at the _____ County Department of Social Services, where a more complete eligibility determination can be done. In order to protect your authorization date you must contact the local district within 45 days to apply for Medical Assistance.

AUTHORIZATION DATE

PROVIDER'S SIGNATURE

PROVIDER'S NAME (Please Print)

(address)

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(phone)