

Medicaid State Plan Eligibility

Medicaid State Plan Eligibility: General Information

State/Territory name: **Kentucky**
 Transmittal Number: **KY-13-0009**

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

S21 - Presumptive Eligibility by Hospitals

Description:

Establishes PE by hospitals

Populations Covered:

Mandatory Coverage:

- Parents and Other Caretaker Relatives
- Pregnant Women
- Infants and Children under Age 19
- Adult Group
- Former Foster Care Children

Options for Coverage:

- Individuals above 133% FPL
- Optional Coverage of Parents and Other Caretaker Relatives
- Reasonable Classification of Individuals under Age 21
- Children with Non IV-E Adoption Assistance
- Optional Targeted Low Income Children
- Individuals with Tuberculosis
- Independent Foster Care Adolescents
- Individuals Eligible for Family Planning Services

Medicaid State Plan Eligibility: File Management Summary

State/Territory name: **Kentucky**
 Transmittal Number: **KY-13-0009**

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	no
MAGI-Based Eligibility Groups	S25	Mandatory: Parents and Other Caretakers	no
MAGI-Based Eligibility Groups	S28	Mandatory: Pregnant Women	no
MAGI-Based Eligibility Groups	S30	Mandatory: Infants and Children Under Age 19	no

Type of SPA	Form Code	Form Name/Description	Uploaded?
MAGI-Based Eligibility Groups	S32	Mandatory: Individuals Below 133% of the FPL	no
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	no
MAGI-Based Eligibility Groups	S50	Optional: Individuals Above 133% of the FPL	no
MAGI-Based Eligibility Groups	S51	Optional: Optional Parents and Caretakers	no
MAGI-Based Eligibility Groups	S52	Optional: Reasonable Classifications of Individuals	no
MAGI-Based Eligibility Groups	S53	Optional: Non IV-E Adoption Assistance	no
MAGI-Based Eligibility Groups	S54	Optional: Optional Targeted Low Income Children	no
MAGI-Based Eligibility Groups	S55	Optional: Tuberculosis	no
MAGI-Based Eligibility Groups	S57	Optional: Foster Care Adolescents - Chafee	no
MAGI-Based Eligibility Groups	S59	Optional: Family Planning	no
Eligibility Process	S94	Single streamlined application or alternative, Renewals, Coordination for enrollment and eligibility (agreements with Exchanges)	no
MAGI Income Methodology	S10	Designates the income options the state is electing in 2014 (e.g. how pregnant women are counted, reasonably predictable changes in income, cash support, how full-time students are counted)	no
Single State Agency	A1-3	Addresses single state agencies delegation of appeals and determinations	no
Residency	S88	State affirms residency regulations and addresses interstate agreements and temporary absence	no
Citizenship & Immigration Status	S89	State affirms citizenship regulations, specifies reasonable opportunity options, and specifies policy options related to immigrant eligibility	no
Hospital Presumptive Eligibility	S21	State specifies options for presumptive eligibility conducted by hospitals	yes

Medicaid State Plan Eligibility: Tribal Input

State/Territory name:

Kentucky

Transmittal Number: KY-13-0009

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

- This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
- The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Indicate the key issues raised in Indian consultative activities:

Access

Summarize Comments

Text input field for Access - Summarize Comments

Summarize Response

Text input field for Access - Summarize Response

Quality

Summarize Comments

Text input field for Quality - Summarize Comments

Summarize Response

Text input field for Quality - Summarize Response

Cost

Summarize Comments

Text input field for Cost - Summarize Comments

Summarize Response

Text input field for Cost - Summarize Response

Payment methodology

Summarize Comments

Text input field for Payment methodology - Summarize Comments

Summarize Response

Text input field for Payment methodology - Summarize Response

Eligibility

Summarize Comments

Text input field for Eligibility - Summarize Comments

		▲	▼
Summarize Response			
		▲	▼
<input type="checkbox"/>	Benefits		
Summarize Comments			
		▲	▼
Summarize Response			
		▲	▼
<input type="checkbox"/>	Service delivery		
Summarize Comments			
		▲	▼
Summarize Response			
		▲	▼
<input type="checkbox"/>	Other Issue		

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Kentucky**

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.

Proposed Effective Date

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	<input type="text" value="2013"/>	<input type="text" value="\$0.00"/>
Second Year	<input type="text" value="2014"/>	<input type="text" value="\$0.00"/>

Subject of Amendment

Establishes Presumptive Eligibility by Hospitals

Governor's Office Review

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

Describe:

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- No reply received within 45 days of submittal
- Other, as specified
Describe:
Governor's office has tranferred review to the Cabinet for Health and Family Services

Signature of State Agency Official

Submitted By:	Sharley Hughes
Date Submitted:	Oct 18, 2013



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

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

Yes No

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

A qualified hospital is a hospital that:

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

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

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

Yes No

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

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

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

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

Former Foster Care Children

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

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

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



Medicaid Eligibility

Yes No

Select one or both:

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

Description of standards:

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, parent or representative, as appropriate.

Yes No

The presumptive eligibility determination is based on the following factors:

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

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

An attachment is submitted.

PRA Disclosure Statement



Medicaid Eligibility

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.

PRESUMPTIVE ELIGIBILITY FOR MEDICAID SERVICES

Provider Certification Training Program

TODAY'S OBJECTIVES

- ❖ INTRODUCE THE FEATURES & OBJECTIVES OF PRESUMPTIVE ELIGIBILITY (P.E.)
- ❖ HIGHLIGHT P.E. BENEFITS & ELIGIBILITY REQUIREMENTS
- ❖ EDUCATE HOSPITAL OFFICES ON THE P.E. SCREENING & CONFIRMATION PROCESS
- ❖ DEMONSTRATE THE ON-LINE PROVIDER ENTRY FORM
- ❖ VERIFY LESSONS LEARNED
- ❖ ANSWER QUESTIONS

WHAT IS PRESUMPTIVE ELIGIBILITY?

A PROCESS IN KENTUCKY WHICH EXPEDITES AN INDIVIDUAL'S ABILITY TO RECEIVE TEMPORARY COVERAGE FOR MEDICAID SERVICES.

WHO ARE AUTHORIZED TO CONDUCT A PATIENT'S P.E. DETERMINATION?

EMPLOYEES OF HOSPITALS THAT:

- ❖ ARE QUALIFIED HOSPITALS
- ❖ ABIDE BY THE STANDARDS OF THE MEDICAID AGENCY REGARDING P.E.
- ❖ CURRENTLY PARTICIPATE IN THE MEDICAID PROGRAM
- ❖ HAVE NOTIFIED MEDICAID OF THEIR ELECTION TO MAKE P.E. DETERMINATIONS
- ❖ HAVE COMPLETED THIS P.E. CERTIFICATION/TRAINING PROGRAM AND
- ❖ HAVE ACCESS TO THE INTERNET.

EXPECTED RESULTS

- ❖ PATIENTS CAN RECEIVE TEMPORARY COVERAGE
- ❖ PROVIDER PAYMENT ASSURED AS WELL AS FEDERAL FUND PARTICIPATION FOR KENTUCKY
- ❖ AVOID HEALTH RISKS TO PATIENT

WHAT SERVICES ARE COVERED UNDER P.E.?

- Medicaid Covered Services Including:
 - Hospital
 - Pharmacy
 - Emergency Room Services
 - Physician
 - Dental
 - Physician
 - Lab
 - X-Ray

RESTRICTIONS FOR PREGNANT WOMEN ONLY

- Only ambulatory prenatal care services delivered in an outpatient setting.
- These include:
 - Services furnished by a primary care provider, a rural health clinic, a primary care center, or a federally qualified health care center;
 - Laboratory services ;
 - X-ray services;
 - Dental services;
 - Emergency room services;
 - Emergency and nonemergency transportation;
 - Pharmacy services.
- Birthing expenses are not covered under PE

DURATION OF COVERAGE

- ❖ EFFECTIVE IMMEDIATELY UPON RECEIPT OF P.E. IDENTIFICATION CARD OR NEXT BUSINESS DAY. RETROACTIVE DETERMINATION CAN BE MADE UP TO 3 DAYS IN LIMITED CIRCUMSTANCES, FOR EXAMPLE, SYSTEM UNAVAILABILITY.
- ❖ COVERAGE CONTINUES UNTIL
 - ❖ DAY PRIOR TO THE EFFECTIVE DATE OF PATIENT'S MEDICAID COVERAGE OR
 - ❖ LAST DAY OF SECOND CALENDAR MONTH THAT P.E. IS IN EFFECT
- ❖ THE INDIVIDUAL CAN APPLY FOR FULL MEDICAID COVERAGE:
 - ❖ ONLINE AT [HTTPS://KYENROLL.KY.GOV.](https://kyenroll.ky.gov)
 - ❖ IN PERSON AT DEPARTMENT FOR COMMUNITY BASED SERVICES
 - ❖ BY MAIL USING PAPER APPLICATION
 - ❖ BY FAX USING PAPER APPLICATION
 - ❖ BY PHONE CALLING CONTACT CENTER AT 1-855-4KYNECT (459-6328)

THE PRESUMPTIVE ELIGIBILITY PROCESS

AT PATIENT'S INITIAL VISIT:

- PATIENT APPEARS TO NEED FINANCIAL ASSISTANCE
- PATIENT COMPLETES INFO. FORM; MEETS FINANCIAL CRITERIA
- OFFICE SECURE P.E. CONFIRMATION
- OFFICES ENTERS PATIENT DATA VIA INTERNET
- OFFICE PRINTS P.E. CARD.

WHO CAN RECEIVE COVERAGE THROUGH P.E.?

INDIVIDUALS WHO:

- ❖ ARE RESIDENTS OF THE COMMONWEALTH OF KY
- ❖ DO NOT CURRENTLY RECEIVE MEDICAID BENEFITS
- ❖ HAVE NOT BEEN APPROVED FOR P.E. BENEFITS DURING THE CURRENT CALENDAR YEAR* AND
- ❖ HAVE MONTHLY FAMILY INCOMES BELOW:
 - ❖ ≤133% FOR ADULTS
 - ❖ ≤195% FOR PREGNANT WOMEN
 - ❖ ≤195% FOR CHILDREN FOR CHILDREN UNDER 1
 - ❖ ≤142% FOR CHILDREN FROM 1-5
 - ❖ 133% FOR CHILDREN 6-18.

*FOR PE FOR PREGNANT WOMEN, LIMITED TO ONE PE DETERMINATION PER PREGNANCY.

CATEGORIES OF ASSISTANCE

- ❖ ADULTS: INDIVIDUALS AGE 19 THROUGH 65
- ❖ PREGNANT WOMEN: WOMEN WHO ARE PREGNANT. THE NUMBER OF UNBORN COUNT IN THE HOUSEHOLD SIZE FOR INCOME ELIGIBILITY. EXAMPLE: SINGLE WOMAN WITH UNBORN TWINS WOULD BE A HOUSEHOLD SIZE OF 3.
- ❖ CHILDREN: UNDER THE AGE OF 19. THE AGE OF THE CHILD WILL DETERMINE WHAT THE INCOME LIMITS ARE.
- ❖ FORMER FOSTER CARE: INDIVIDUALS 19 THROUGH 26 WHO RECEIVED MEDICAID DUE TO FOSTER CARE STATUS UNTIL THEY AGED OUT OF THE PROGRAM AT 18 OR 19 (DEPENDING ON STATE). NO INCOME LIMIT.

DETERMINING PATIENT ELIGIBILITY

- ❖ ASSIST THE PATIENT IN COMPLETING THE PATIENT INFORMATION FORM
- ❖ ASSIST THE PATIENT IN CALCULATING MONTHLY FAMILY INCOME TO DETERMINE FIINANCIAL ELIGIBILTIY.

PATIENT APPLICATION

LET'S REVIEW IT NOW

DETERMINING FINANCIAL ELIGIBILITY

ADULTS – 138%

2013* P.E. FINANCIAL ELIGIBILITY

FAMILY SIZE	ANNUAL INCOME
1	\$15,856
2	\$21,404
3	\$26,951
4	\$32,499
5	\$38,047
6	\$43,595

* FINANCIAL CRITERIA CHANGES ANNUALLY

DETERMINING FINANCIAL ELIGIBILITY PREGNANT WOMEN – 200%

2013* P.E. FINANCIAL CRITERIA
(UNBORN CHILDREN COUNT IN FAMILY SIZE)

FAMILY SIZE	ANNUAL INCOME
2 (MOM AND SINGLE PREGNANCY)	\$31929
3	\$39060
4	\$47100
5	\$55140
6	\$63180

*FINANCIAL CRITERIA CHANGES ANNUALLY

DETERMINING FINANCIAL ELIGIBILITY CHILDREN UNDER 1 – 200%

2013* P.E. FINANCIAL CRITERIA

FAMILY SIZE	ANNUAL INCOME
1	\$22980
2	\$31020
3	\$39060
4	\$47120
5	\$55140
6	\$63180

*FINANCIAL CRITERIA CHANGES ANNUALLY