

CF OPERATING PROCEDURE
NO. 165-9

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, January 1, 2014

Economic Self-Sufficiency Services

PRESUMPTIVE MEDICAID ELIGIBILITY FOR PREGNANT WOMEN

1. Purpose. This operating procedure describes the process for determining presumptive Medicaid eligibility for pregnant women (PEPW) by non-ACCESS Program staff in order to facilitate the pregnant woman's access to early prenatal care. This operating procedure does not apply to regular and ongoing Medicaid eligibility determinations made by Department of Children and Families staff.
2. Scope. This operating procedure applies to the following organizational entities and the qualified designated entities with whom they contract for prenatal services:
 - a. Department of Health (DOH) County Health Departments.
 - b. Children's Medical Services through the Regional Perinatal Intensive Care Centers (RPICC).
 - c. Qualified Designated Providers.
3. References.
 - a. Chapter 409, Florida Statutes.
 - b. CFOP 165-22, ACCESS Florida Program Policy Manual.
 - c. Sections 65A-1.702(2)(a) and 65A-1.704(2), Florida Administrative Code.
 - d. Title XIX, Section 1920, of the Social Security Act.
4. Definitions.
 - a. Qualified Provider.

(1) A qualified provider is a medical provider who is eligible for Medicaid payments; provides services of the type provided by outpatient hospitals, rural health clinics or other physician directed clinics; has been determined by the Department of Children and Families to be capable of making presumptive eligibility determinations; and either receives funds under the Migrant Health Centers, Community Health Centers, Public Health Service primary care research and demonstration projects, Maternal and Child Health Services block grants programs or Title V of the Indian Health Care Improvement Act.

(2) A qualified provider may also participate in the Special Supplemental Food Program for Women, Infants and Children (WIC) or the Commodity Supplemental Food Program, or participate in the state's perinatal program; or in the Indian Health Service or in a health program or facility operated under the Indian Self Determination Act.

This operating procedure supersedes CFOP 165-9 dated April 6, 2012 and is effective January 1, 2014.

OPR: PDESA

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Department of Health.

(3) In Florida, the following are included among “qualified providers”:

(a) DOH County Health Departments (DOH-CHD).

(b) Regional Perinatal Intensive Care Centers (RPICC).

(c) Federally Qualified Health Centers (FQHC).

(d) Maternal and Infant Care Projects.

(e) Children’s Medical Services (CMS) units.

(f) Private providers certified through written agreement by the Department of Health to be participating in RPICC program.

b. Qualified Designated Provider. A qualified designated provider (QDP) is an entity approved to conduct presumptive eligibility determinations for Medicaid for pregnant women. All Department of Health County Health Departments and Regional Perinatal Intensive Care Centers are designated to perform this function. Other qualified providers are designated by the DCF ACCESS Program Headquarters Office. Refer to paragraph 5 of this operating procedure for more information about becoming a qualified designated provider.

c. Presumptive Eligibility. Presumptive eligibility is a reasonable determination of eligibility made by QDP staff based only on the-countable income of the pregnant woman. The income must be less than or equal to 185% of the Federal Poverty Level (FPL). There is no asset limit for coverage and citizenship/alien status or the provision of a social security number are not factors of eligibility for PEPW.

(1) Presumptive eligibility allows a pregnant woman to receive temporary Medicaid for prenatal care (including transportation services, emergency room services and prescriptions) provided by Medicaid providers. Presumptive eligibility does not cover inpatient hospital services or delivery.

(2) The presumptive period begins with the date the eligibility determination is completed by the QDP and extends up to an additional two months, during which DCF makes a determination of eligibility for regular Medicaid. If the pregnant woman fails to apply for Medicaid by the last day of the month following the month of the PEPW determination, or fails to follow through with her Medicaid application, presumptive coverage is closed. The presumptive period ends on the date of the full Medicaid determination or the last day of the month after the PEPW determination.

(3) Presumptive eligibility is limited to one span per pregnancy.

d. Medicaid. Medicaid is a health care program funded jointly by the state and federal government. Medicaid provides basic health care to low-income families with children, pregnant women, and elderly and disabled individuals who meet all the financial and technical criteria.

e. Reimbursable Medicaid Services. During the presumptive eligibility period, only covered outpatient services are reimbursable. Any Medicaid provider who provides such a Medicaid service may be reimbursed.

f. FLORIDA (The Florida On-Line Recipient Integrated Data Access) System. The integrated on line public assistance computer system that is used to determine eligibility for PEPW as well as other public assistance programs, such as TCA, Medicaid, and food assistance.

g. Personal Identification Number (PIN). This is the pregnant woman's Medicaid identification number, which is assigned by the FLORIDA System. The PIN is used to bill for Medicaid services.

h. Filing Unit. A filing unit consists of family members who are living together and whose needs and income are included in determining the pregnant woman's eligibility for PEPW. This includes individuals who intend to file a federal tax return together and persons who are claimed on the return as dependents with the pregnant woman. The unborn is always counted as a member of the filing unit. Family members that are receiving Supplemental Security Income (SSI) are counted in the filing unit, but their SSI income is not included in the budget computations. Any other nonexempt income the SSI recipient receives is counted.

i. Monthly Gross Earned Income. Monthly gross earned income includes the total wages, prior to deductions, which are earned or expected to be earned in the application month for those included in the filing unit. Earned income includes, but is not limited to, wages, salaries, and tips paid by an employer, as well as self-employment income.

j. Monthly Gross Unearned Income. Monthly gross unearned income includes, but is not limited to, alimony, social security benefits, retirement benefits, and unemployment compensation received or expected to be received by a member of the filing unit in the month of application. Food assistance, SSI or TCA benefits are not counted as unearned income.

k. Disregards. Disregards are amounts that may be subtracted from income received by the filing unit. A standard disregard will be deducted from the household's countable income if the disregard is needed to place the income within the program's income limit. If the pregnant woman is not eligible with the standard disregard, the Modified Adjusted Income disregard (5% of 100% of the Federal Poverty Level) will also be deducted.

5. Extending Authority to Other Qualified Providers for Presumptive Eligibility Determinations. A qualified provider may request approval from the Department of Children and Families, ACCESS Program Headquarters Office, to complete PEPW determinations. Qualified providers must meet the following:

a. Criteria. Failure to meet the following criteria constitutes good cause in denying or rescinding a provider's request to be a Qualified Designated Provider.

(1) Meet the federally defined criteria for qualified providers (as listed in paragraph 4a of this operating procedure).

(2) Provide on-site prenatal services.

(3) Participate in a countywide perinatal system with Healthy Start and Children's Medical Services (CMS) Regional Perinatal Intensive Care Centers (RPICC) program.

b. Responsibilities. Failure to carry out the following responsibilities constitutes good cause in denying or rescinding a provider's request to be a Qualified Designated Provider.

(1) The QDP must coordinate presumptive eligibility determination activities and/or monitoring activities with the DOH County Health Departments, Healthy Start programs, and, as appropriate, DOH central office program staff and DCF region/circuit program office staff.

(2) The QDP must agree to follow the procedures for presumptive eligibility determinations as outlined in CFOP 165-9 and any corresponding training materials.

(3) The QDP must agree to complete the PEPW determinations using the FLORIDA System.

c. QDP Approval Process.

(1) A qualified provider requesting approval to complete PEPW determinations must submit the request in writing to the DCF Regional Director, or designee. The request must conform to the requirements in paragraph 5a above and contain any other pertinent information.

(2) The DCF region/circuit must determine if the requester is participating in a perinatal system with the Healthy Start or RPICC programs. The region/circuit will need to contact the local County Health Department to obtain this information.

(3) The DCF region/circuit must submit the approval request to ACCESS Program Headquarters Office, and include both the region/circuit ACCESS Program and local County Health Department endorsements confirming that the requester is participating in a perinatal system.

(4) Request for approval must be sent to ACCESS Program Headquarters Office, Program Policy Unit (PDESA), Building 3, Room 450, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700.

(5) The ACCESS Program Headquarters Office will coordinate the approval process with the Agency for Health Care Administration (AHCA) and the Department of Health (DOH). Once AHCA and DOH have reviewed the request, they will notify DCF of their decisions. The DCF Regional Director, or designee, will be notified in writing of the decision. Approval letters will include information regarding the coordination of training and technical assistance that will be provided by DCF and DOH staff.

6. Determining Presumptive Eligibility.

a. Medicaid Status. Before beginning the PEPW process, determine whether the pregnant woman is currently receiving Medicaid. If she is on Medicaid, do not complete the PEPW determination, but record the Medicaid number in her case record. If the pregnant woman is not receiving Medicaid, complete the PEPW determination.

b. Filing Unit. Determine who should be included in the filing unit. Use the pregnant woman's statement of who lives in her home. This includes individuals who intend to file a federal tax return together and persons who are claimed on the return as dependents with the pregnant woman. Always count the unborn child(ren) in the filing unit. For example, if the pregnant woman is expecting twins, add two more people to the filing unit. Accept the pregnant woman statement of the number of unborns.

c. Basic Filing Unit Rules.

(1) If the pregnant woman is under age 21, unmarried, has never been married, or the marriage has been annulled, she is considered a child. If she is considered a child and lives with parent(s), the parent(s) are included in the filing unit and their income is counted when determining eligibility.

(2) If the pregnant woman is married and lives with the father of the unborn, he is included in the filing unit and his income is counted.

(3) For pregnant women who do not live with their parents, but live with relatives or other non-related adults, do not count the income of the other adults, or include them in the filing unit.

For example, if the pregnant woman lives with a grandparent, do not count the income of the grandparent.

(4) For pregnant women who are under age 21, and live with their siblings, include the unmarried siblings who are under age 21 in the filing unit.

(5) A pregnant woman does not have to live with a responsible adult to receive Medicaid.

(6) If the pregnant woman has children under the age of 21, the children are included in the filing unit. If the father of the unborn is married to the pregnant woman and lives in the home, and he has children, his children are also included in the filing unit.

(7) If the pregnant woman is married or has been married (and not annulled) regardless of her age, do not count her parents' income.

(8) Individuals receiving SSI benefits are counted in the filing unit but their SSI income is excluded; however, other non-excluded income of an SSI recipient is counted.

d. Basic Filing Unit for Pregnant Woman Over Age 21 or Married.

(1) Pregnant woman.

(2) Her unborn child(ren).

(3) Father of unborn, if he is married to the pregnant woman and lives in the home.

(4) The pregnant woman's child(ren), the spouse's child(ren) and/or their mutual child(ren) under age 21.

e. Filing Unit for Unmarried Pregnant Woman Under Age 21.

(1) When the pregnant woman is unmarried, under age 21 and living with her parent(s), the filing unit is:

(a) Pregnant woman.

(b) Her unborn child(ren).

(c) Her parent(s), including natural, adopted, and stepparents.

(d) The pregnant woman's siblings (including natural, adopted and step), who are unmarried, under age 19 or 19 and 20 if in school full time.

(e) The pregnant woman's child(ren), under age 21.

(2) When an unmarried pregnant woman who is under 21, lives with siblings in the home of a caretaker relative (not her parents) or non-relative, the filing unit is:

(a) Pregnant woman.

(b) The unborn child(ren).

(c) The pregnant woman's minor child(ren).

(d) The pregnant woman's siblings (biological, adopted, and step) who are unmarried and under age 19, or 19 and 20 and in school full time.

f. Computing Income and Budgeting. After determining the filing unit, determine the filing unit's total countable income. Use the pregnant woman's statement of income. Verification of income is not required.

(1) Use the following steps when completing the PEPW determination:

(a) Include the income of all filing unit members, except for the SSI income of SSI recipients and the income of minor siblings. NOTE: Parents and siblings include natural, adopted and step.

(b) Determine the total monthly gross earned income by adding up total wages earned and wages that will be earned in the application month. If the individual is self-employed, deduct business expenses and work-related expenses.

(c) Compute the monthly countable earned income in the following manner: weekly income is multiplied by 4, biweekly income and semimonthly income is multiplied by 2.

(d) Determine the total amount of unearned income that has been received or is anticipated to be received, in the application month. Examples of countable unearned income include alimony, Social Security benefits, and unemployment compensation. NOTE: Child support, contributions, VA income, and Workman's Compensation are not included as countable unearned income.

(e) Total the income. Determine the total countable income by combining the total gross earned income and total gross unearned income.

(f) Deduct allowed tax deductions from the total income to arrive at the Modified Adjusted Gross Income (MAGI).

(2) When the FLORIDA System is used the steps listed above are automatically done.

g. Monthly Income Standard. The next step in determining presumptive eligibility is determining the monthly income standard, as follows:

(1) Identify the size of the filing unit by counting all filing unit members identified in paragraphs 6d and 6e above.

(2) Determine the monthly income standard based on filing unit size. The income levels are available on the internet at: <http://www.dcf.state.fl.us/programs/access/esspolicymanual.shtml>. Click on Appendix A-7.

(3) Compare the MAGI identified in paragraph 6f(1)(f) above to the Income Standard for the filing unit size. If the MAGI is equal to or less than the Income Standard, the AG is eligible; if not, continue to paragraph 6h below to apply the standard disregard.

h. Standard Disregard. The next step in determining presumptive eligibility is determining the Standard Disregard for the filing unit size. The standard disregards are available on the internet at <http://www.dcf.state.fl.us/programs/access/esspolicymanual.shtml>. Click on Appendix A-7.

(1) Subtract the standard disregard for the filing unit size.

(2) Compare the remainder after applying the standard disregard to the Income Standard for the filing unit size. If the remainder is equal to or less than the Income Standard, the AG is eligible; if not, continue to paragraph 6i below to apply the MAGI disregard (5% of 100% FPL).

i. MAGI Disregard. The final step in determining presumptive eligibility is applying the MAGI disregard. The MAGI disregards are available on the internet at <http://www.dcf.state.fl.us/programs/access/esspolicymanual.shtml>. Click on Appendix A-7.

(1) Subtract the MAGI disregard for the filing unit size.

(2) Compare the remainder after applying the MAGI disregard to the Income Standard for the filing unit size.

(3) If the total countable net income is equal to or less than 185% of the FPL, the pregnant woman is ELIGIBLE for presumptive Medicaid coverage. If the total countable net income is greater than 185% of the FPL, the pregnant woman is INELIGIBLE for presumptive Medicaid coverage.

NOTE: The FLORIDA system make all calculations for determining eligibility for the PEPW program.

j. Proof of Eligibility. There are two ways to show proof of Medicaid eligibility for PEPW coverage.

(1) The FLORIDA System Emergency Medicaid Identification Card (AMIC) is the primary type of proof of eligibility. The AMIC includes information about the limited coverage for PEPW and provides coverage for the remainder of the month in which the PEPW determination is made. When a PEPW determination is done on the FLORIDA System at the QDP's office, the AMIC should be printed at the end of the interview, and given to the eligible pregnant woman.

(2) The client can also print her own AMIC using My Access Account. The web address is <http://www.dcf.state.fl.us/programs/access/>. She will need her FLORIDA case number to set up an account. Training for My ACCESS Account is available on the DCF Training page at <http://www.dcf.state.fl.us/admin/training.shtml>.

k. Medicaid I.D. Card (gold plastic card). The Medicaid I.D. gold plastic card is a permanent I.D. that the recipient should always keep, even during times of ineligibility. Providers who accept Medicaid will use the gold plastic card to obtain the PEPW's Medicaid ID number (PIN) and verify eligibility when providing services. The card itself is **not** proof of eligibility. The card shows the recipient's name and card control number only.

NOTE: The eligible pregnant woman should receive a gold plastic Medicaid card in the mail within two weeks of the PEPW information being approved on the system.

l. Medicaid File/PIN Problems. PEPW staff must choose the correct Personal Identification Number (PIN) when the PEPW process is entered into FLORIDA. This requires thorough research on the FLORIDA System and FMMIS prior to completion of the PEPW determination. Refer to PEPW training material on Client Registration for detailed information. When problems occur with PINs or other Medicaid file problems, PEPW staff must take corrective action as soon as possible. The DCF Region/Circuit Medicaid Eligibility File Coordinator will provide assistance in solving these problems.

7. Operational and Referral Procedures. The FLORIDA System is the preferred method of determining presumptive eligibility. Clients are notified of their PEPW eligibility at the time the determination is done. The presumptive period begins the day the determination of presumptive eligibility is completed by the QDP staff. The Self Service Portal web application or My ACCESS

Account to the FLORIDA system is the method for submitting an application for ongoing Medicaid as there is no duplication of work.

a. The QDP staff must:

(1) Determine current Medicaid status, through inquiry on the FLORIDA System and/or FMMIS.

(2) If the pregnant woman is not an active Medicaid recipient, have her complete the Self Service Portal online application as completely as possible. DO NOT deny PEPW benefits if she refuses to complete, the full application.

(3) Complete the automated PEPW determination on the FLORIDA System, using the ASPW driver. The paper application can be used to complete the driver.

(4) If the pregnant woman is PEPW eligible, print a FLORIDA Emergency Medicaid Identification Card (AMIC).

(5) The QDP may complete or have the pregnant woman submit an application via the internet. The web application is available on the following URL: <http://www.dcf.state.fl.us/programs/access/>. There is the option to use a paper application if desired.

NOTE: If the pregnant woman is already receiving assistance through DCF, a web application is not necessary. The pregnant woman may request additional benefits (Medicaid) through her My ACCESS Account. If she is already receiving Medicaid she may report her pregnancy through her My ACCESS Account.

(6) A web application may be completed for pregnant women who are not eligible based on income.

b. Coordination of Services.

(1) Each designated provider is responsible for maintaining contact with the applicant and the local DCF office to facilitate the application processing for full Medicaid coverage. The pregnant woman does not have to be interviewed by DCF, but may have to provide additional information. The QDP staff should assist in getting required documents to DCF.

(2) QDP staff may follow up on the status of the pregnant woman's application independently on the Community ACCESS Network Information for Customers and Community Partner Site Participants, available on the ACCESS website at <http://www.myflorida.com/accessflorida/>.

(3) The FLORIDA System will close MU (MU is the category code which displays for PEPW) automatically when there is no pending or approved Medicaid application. On the 15th of each month, FLORIDA will check the application date and close any PEPW category of assistance which is still open two months following the month of application. Staff should enter a 12 month review date on the AWAA screen. The FLORIDA System will still close correctly.

NOTE: Although the FLORIDA System will close PEPW cases, DCF staff or PEPW providers should continue closing PEPW cases sooner when appropriate.

8. Tracking.

a. Each qualified designated provider must maintain records of the provider's activities related to presumptive eligibility determinations that track the following data:

- (1) Number of pregnant women screened for presumptive eligibility.
- (2) Number of pregnant women approved for presumptive eligibility.
- (3) Number of pregnant women rejected for presumptive eligibility.
- (4) Reasons for each presumptive eligibility rejection.
- (5) The dates on which items (1), (2) and (3) above occurred.
- (6) Medicaid disposition (denied, approved).
- (7) Date of Medicaid disposition.
- (8) Date PEPW was closed.

b. QDPs should use the PEPW Tracking Log (form CF-ES 2679, available in DCF Forms), or a similar tracking system, for compiling information on PEPW applications.

9. Monitoring.

a. Supervisors of the PEPW staff should monitor the quality of the case processing by reviewing a sample of completed cases. It is recommended that at least one case review per month be completed for each staff member that does PEPW determinations.

b. If frequent errors are noted in the PEPW cases sent to DCF, this should be brought to the attention of the PEPW supervisor, or other appropriate personnel at the Qualified Designated Provider site, for corrective action.

10. FLORIDA System Access and Security – FLORIDA Access Request Procedure.

a. An individual must have his or her own user ID to access the FLORIDA System. User IDs cannot be shared. Inactive, suspended or deleted user IDs cannot be reissued to new employees. The employee's supervisor requests the user ID. New users must attend or be registered for Security Awareness Training within 30 days of obtaining a user ID. If neither has taken place within the prescribed timeframe, the user's access to the FLORIDA System will be terminated. Security Awareness Training is available on the DCF Training page at <http://www.dcf.state.fl.us/admin/training.shtml>.

b. To add, change or delete a FLORIDA System user ID, complete form CF 113, FLORIDA System Individual Security Information, available in DCF Forms. Every user must also complete and sign a Security Agreement (form CF 114, available in DCF Forms).

11. Availability of Forms. DOH county health departments, other state agencies, QDPs and other “third parties” will find electronic copies of the DCF forms referenced in this operating procedure in DCF Forms on the Internet at <http://www.dcf.state.fl.us/dcfforms/Search/DCFFormSearch.aspx>.

(Signed original copy on file)

ESTHER JACOBO
Interim Secretary

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

This operating procedure has been updated to include the requirement that QDP’s submit web applications and/or assist pregnant women in updating changes to active cases via My ACCESS Account. QDPs may verify and track approvals and denials via My ACCESS Community Partner View. Links to DCF training resources have been included. Links to obtain electronic copies of forms have been added. Manual procedures for PEPW Determinations have been deleted.