PRESUMPTIVE ELIGIBILITY
DWSS CASE MANAGER GUIDANCE

H-200 OVERVIEW

Presumptive Eligibility (PE) allows qualified providers and hospitals to determine certain individuals "presumptively eligible" for Medicaid based on preliminary information obtained from the applicant. Individuals determined eligible for PE receive Medicaid benefits for a temporary period of time, provided all eligibility criteria is met.

The purpose of PE is to provide a streamlined process for individuals to get access to immediate coverage and to promote ongoing Medicaid enrollment, by encouraging individuals to complete a full application for health insurance with DWSS.

H-201 QUALIFIED PROVIDERS/QUALIFIED HOSPITALS

A qualified provider or hospital participates as a provider under the State Medicaid program and must agree that they will make PE determinations consistent with state policies and procedures outlined in both the Division of Health Care Finance & Policy (DHCFP) Medicaid Services Manual (MSM), and the Division of Welfare and Supportive Services (DWSS) Medicaid Assistance Manual (MAM).

Each provider or hospital electing to participate in the PE program must have a signed Presumptive Eligibility (PE) Medicaid provider contract amendment in place with DHCFP. Provider of hospital staff making the PE determination must be trained and certified by the DWSS Learning and Development unit to obtain PE system access to the DWSS Portal.

H-205 ELIGIBLE GROUPS

Qualified providers and hospitals participating in the PE program may make presumptive eligibility determinations for the following eligibility groups. Eligibility for medical assistance is categorized in groups based on the budgeting methodology associated with the eligibility determination.

a. **Children** (This group only covers children approved for the CH and/or CH1 categories. Hospitals do not make determinations for Nevada Check Up.)

b. **Parents and caretaker relatives**

c. **Pregnant women** (Providers can approve prenatal services, hospitals can approve full PE).

d. **Childless adults age 19-64**

e. **Aged Out of Foster Care**

Qualified providers and hospitals are not limited to registered patients; they may assist with presumptive determinations for family members and other non-patients.

Participants are eligible for one (1) presumptive eligibility period in a 24-month period.

Exception: Pregnant individual may receive one (1) presumptive eligibility (prenatal or hospital) period per pregnancy.

H-210 FACTORS OF ELIGIBILITY

To be eligible for PE, potential recipients must meet certain citizenship, residency and income criteria.

Citizenship – Individuals must attest to U.S. Citizenship or indicate they are a Lawful Permanent Resident and have been continuously residing in the U.S. for 5 years.

Residency – Individuals must be living in Nevada with the intention of making Nevada their home permanently OR must be living in Nevada with a job commitment or seeking employment. Individuals are not required to have a fixed place of residence to meet this requirement.

Income – Individuals must meet income eligibility criteria for the appropriate eligibility group.

Assistance Unit – Must apply non-filer rules to all cases. The household consists of the individual and, if living with the individual;

a. the individual's spouse/domestic partner; and

b. the individual's natural, adopted and step children under age 19; and

c. in the case of children under age 19:

    1. the child's natural, adopted and step parents; and
    2. natural, adoptive and step siblings under age 19

H-215 VERIFICATION

Hospitals are prohibited from requiring individuals to provide verification of any of the eligibility factors used in a Medicaid determination. Hospitals must accept client attestation for all factors of eligibility.

H-220 HPE COVERAGE PERIOD

The PE period begins the day the HPE determination is made by the hospital and ends the last day of the month following the month of the eligibility determination, **if** an

application for medical assistance is not received by DWSS for the individual. If a full application for medical assistance is received during the HPE period, HPE ends the day DWSS approves or denies the application.

Example: HPE determination is made on January 10th and no medical assistance application is received. Medicaid eligibility begins January 10th and ends February 28th. The system will automatically terminate eligibility, requiring no action by DWSS staff.

Example: PE determination is made on February 10th and a full medical assistance application is received on March 2nd. DWSS processes the application on April 10th. Presumptive eligibility ends April 10th.

Note: Adverse action is not required when ending a presumptive eligibility period by denying the medical assistance application.

DWSS case managers are not required to update the HPE determination in the system. When the full application for medical assistance is processed, using all current eligibility policies, the system will update the PE determination automatically.

Example: PE determination was made in January and the full medical assistance application was received in January, but not processed until March. Case manager would post application month of January and ongoing regardless of the PE determination. This will allow DHCFP and their MMIS system to adjust the eligibility status and retroactively claim the appropriate federal match rates for newly eligible individuals.

H-225 NOTIFICATION

Qualified providers and hospitals are required to provide written notification of the eligibility determination (Notice of Decision) to individuals applying for PE.

The notice must:

a. advise the applicant of the eligibility determination; and
b. the PE period; and
c. the importance of submitting a complete medical assistance application

Notice and fair hearing regulations do not apply to the PE determination. The PE Notice of Decision (form 2991) will be provided to qualified providers and hospitals by DWSS.