

Presumptive Eligibility for Pregnant Women Screening Determination Letter

Pregnant Woman's Name

Residential Address Street Apt. # City Zip

Mailing Address (if different) Street Apt. # City Zip

Phone/Message Number

Date of Presumptive Eligibility Determination

To the Applying Pregnant Woman:

According to our review of the information you provided, your family's income is less than or equal to 223% of the federal poverty level and **you are presumptively eligible** for all ambulatory prenatal Medicaid services (all Medicaid covered services except inpatient care, alternate level care, institutional long term care, and long term home health care) until the Local Department of Social Services (LDSS) completes a full determination of your ongoing Medicaid eligibility.

Based on this determination, covered Medicaid services have been temporarily authorized from today's date of ____/____/____. In order for you to be determined eligible to receive ongoing Medicaid coverage, a signed and dated application must be submitted. Your Medicaid application will be forwarded to the _____ County Local Department of Social Services. They may contact you or your representative if there are any questions or more documents are needed to make a full Medicaid determination.

If the LDSS determines that you are eligible for ongoing Medicaid coverage, you will receive a notice after the full determination is completed.

We are able to provide most covered Medicaid services through our Health Care Centers and associated medical partners.

It is important for you to know that Medicaid services will not continue beyond the end of next month if you do not complete the application process with your LDSS.

If the LDSS determines that you are not eligible for Medicaid, you will be sent a notice and your presumptive eligibility coverage will end.

According to the information you have provided us, we are **not able to determine your presumptively eligibility** for Medicaid services at this time. You may apply for Medicaid at the _____ County Department of Social Services, where a complete eligibility determination can be completed. You may also apply for Medicaid, Child Health Plus, and for other health insurance coverage through the New York State of Health at <http://healthbenefitexchange.ny.gov/>.

Signature of Screener

Provider's Name - Please Print

Phone Number

Provider's Location

If you have been determined to be **presumptively eligible**, you are eligible for all ambulatory prenatal Medicaid services. These services include:

- Physician Care
- Midwife Care
- Outpatient Clinic
- Pharmacy
- Dental
- Laboratory
- Eye Care
- Transportation
- Home Health Care
- Personal Care
- Podiatry
- Nursing Services
- Physical Therapy
- Occupational Therapy
- Speech Pathology
- Durable Medical Equipment
- Abortion
- Clinical Psychology
- Outpatient/Mental Health
- Outpatient/Alcoholism
- Health Education
- Nutritional Counseling
- Lactation Counseling
- Family Planning Services