



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S59a - Individuals Eligible for Family Planning
Services - Presumptive Eligibility RU PRA
Document**

Version 1.0

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Table of Contents

1. S59a - Individuals Eligible for Family Planning Services - Presumptive Eligibility Screenshots	1
1.1 Package Header	1
1.2 A. Presumptive Eligibility Period	1
1.3 B. Application for Presumptive Eligibility – Screenshot 1	2
1.4 B. Application for Presumptive Eligibility – Screenshot 2	2
1.5 C. Presumptive Eligibility Determination and D. Qualified Entities	3
1.6 E. Additional Information (optional)	3

List of Figures

Figure 1: Package Header	1
Figure 2: Section A	1
Figure 3: Section B – Screenshot 1	2
Figure 4: Section B – Screenshot 2	2
Figure 5 : Section C and Section D	3
Figure 6 : Section E	3

List of Tables

No table of figures entries found.

1. S59a - Individuals Eligible for Family Planning Services - Presumptive Eligibility Screenshots

1.1 Package Header

Records / Submission Packages
NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Presumptive Eligibility

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

View Implementation Guide
[VIEW ALL RESPONSES](#)

The state covers family planning services for individuals qualifying for the family planning group under 42 CFR 435.214 when determined presumptively eligible by a qualified entity.
The state also covers medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting during the presumptive eligibility period.

Yes
 No

A. Presumptive Eligibility Period

Figure 1: Package Header

1.2 A. Presumptive Eligibility Period

A. Presumptive Eligibility Period

- 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:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Name of limitation	Description
No items available	

Figure 2: Section A

1.3 B. Application for Presumptive Eligibility – Screenshot 1.

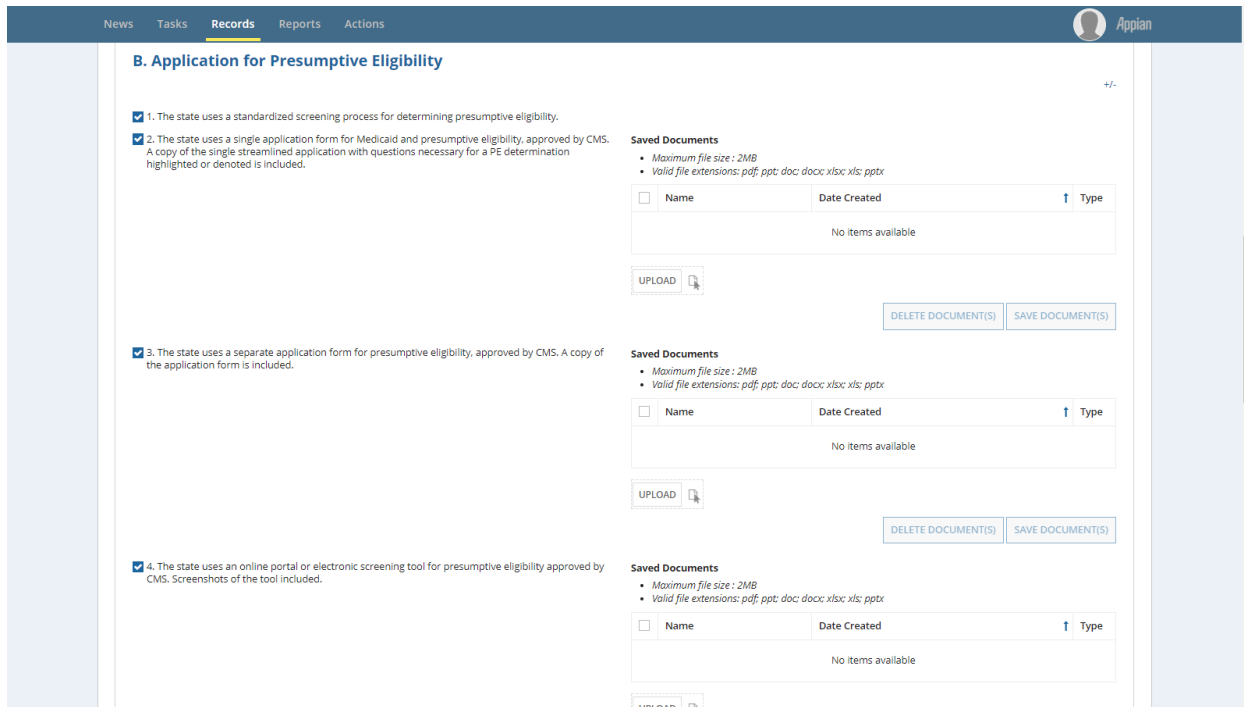


Figure 3: Section B – Screenshot 1

1.4 B. Application for Presumptive Eligibility – Screenshot 2

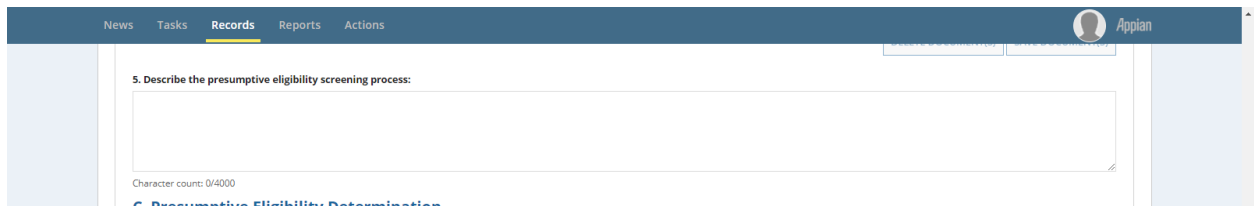


Figure 4: Section B – Screenshot 2

1.5 C. Presumptive Eligibility Determination and D. Qualified Entities

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. The main content area is divided into two sections:

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- The individual must meet the categorical requirements of 42 CFR 435.214.
- Household income must not exceed the applicable income standard described at 42 CFR 435.214.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
- State residency
- Citizenship, status as a national, or satisfactory immigration status

D. Qualified Entities

- The state uses entities, as defined in section 1920C, to determine eligibility presumptively for this eligibility group. These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.
- The following qualified entities are used to determine presumptive eligibility for this eligibility group.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size: 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; pptx

<input checked="" type="checkbox"/>	Name	Date Created	Type
No items available			

Figure 5 : Section C and Section D

1.6 E. Additional Information (optional)

The screenshot shows the 'E. Additional Information (optional)' section of the application. It includes a large text area for input, with a character count of 0/4000. Below the text area is a 'Validation & Navigation' section with the following elements:

Validation & Navigation

Would you like to validate the reviewable unit data?
 Yes No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

A progress indicator shows three stages: 'Not Started', 'In Progress', and 'Complete'. The 'Not Started' stage is currently active.

PRA Disclosure Statement: 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 0938-1188. 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.

Figure 6 : Section E