

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 510-03 and 510-05.

Par. 2. **Effective Date** – Changes included in this manual letter are effective on or after October 1, 2023 unless otherwise indicated.

Policy Chapter 510-03 (ACA) & 510-05 (Non-ACA)

The following sections of the ACA manual regarding the Federal Poverty Level increase for pregnant women and available benefits for lawfully present pregnant women have been updated.

1. Coverage Groups 510-03-30

Updating the federal poverty level percentage for pregnant women.

Groups Covered under ACA Medicaid 510-03-30-05

- 1. Categorically Needy Group
 - d. Pregnant Women up to ~~157%~~ 170% FPL (COE of M066)

Assigning Category of Eligibility 510-03-30-15

4. Pregnant Women

COE	COE Description	Rule to Assign COE
66	Pregnant Woman (Categorically Needy)	A woman who is: <ul style="list-style-type: none"> • Pregnant and through the end of the twelfth month post-partum period; • Has income at or below 162% 175% of the FPL.

20F	Pregnant Woman (Medically Needy)	<p>A woman who is:</p> <ul style="list-style-type: none"> • Pregnant and through the end of the twelfth month post-partum period; • Has income above 162% 175% of the FPL; • Has a medical need that exceeds the calculated Client Share (Recipient Liability).
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Eligible Individuals Health Care Coverage 510-03-30-20

1. Individuals who have their coverage under Traditional Medicaid are:
 - d. Eligible pregnant women with income below ~~162%~~ 175% of the Federal Poverty Level (FPL) and ~~for through the duration of the 60 free day period~~ end of the twelfth month post-partum period.

1. Basic Factors of Eligibility 510-03-35

Adding information regarding pregnant women who are lawfully present.

Aliens Lawfully Admitted for Permanent Residence on or after August 22, 1996 510-03-35-65

1. Aliens admitted for Lawful Permanent Residence (LPR) on or after August 22, 1996 are banned from Medicaid, for five years from the date they obtained LPR status. After the five-year ban, aliens who are lawful permanent residents who can be credited with forty qualifying quarters of social security coverage may be eligible for Medicaid.

Exception: Pregnant women who are lawfully present in the United States and are otherwise eligible for medical assistance, are not subject to the 5 year waiting period/40 quarter requirement through the twelve month postpartum period.

Emergency Services for Non-Citizens 510-03-35-70

Non-qualified aliens -- Ineligible aliens, illegal aliens, permanent non-immigrants (identified in subsection 3 of [510-03-35-55](#)), and qualified aliens, who are not eligible for Medicaid because of the time limitations or forty qualifying quarters of social security coverage requirement, may be eligible to receive emergency services that are not related to an organ transplant procedure, if all of the following conditions are met:

3. The alien's need for the emergency service continues. Eligibility for Medicaid ends when the emergency service has been provided, and does not include coverage of follow-up care if the follow-up care is not an emergency service. ~~A pregnant woman may be covered from the date she entered the hospital for labor and delivery through the date she was discharged. A pregnant woman who delivers a child and is covered under this provision is not eligible for the sixty-day period of eligibility after pregnancy. Her child, however, is a citizen and may be eligible for twelve months of continuous coverage.~~
4. Pregnant women who are lawfully present in the United States and are otherwise eligible for medical assistance are not subject to the 5 year waiting period /40 quarter requirement through the 12 month postpartum period.

3. Extended Medicaid for Pregnant Women and Newborns 510-03-45

Adding information regarding pregnant women who are lawfully present.

Extended Medicaid for Pregnant Women 510-03-45-05

Pregnant women who applied for Medicaid during pregnancy, and are determined to be eligible as of the last day of pregnancy, continue to be eligible for twelve (12) months, beginning on the last day of pregnancy, and through the last day of the twelfth month.

Note: Includes pregnant women who are lawfully present in the United States. Refer to **Aliens Lawfully admitted for Permanent Residence on or after August 22, 1996 510-03-35-65**

4. Income 510-03-85

Updating federal poverty level percentage and income levels.

Income Levels 510-03-85-40

Following are the Income Levels for the various categories under ACA Medicaid Categorically Needy:

1. Pregnant Women - ~~157%~~ 170% + 5% Disregard or ~~162%~~ 175%

The family size is increased for each unborn when determining the appropriate family size.

Household Size	Monthly Income Level	Yearly Income Level
1	\$1,969 2,127	\$23,620 25,515
2	2,663 2,876	31,947 34,510
3	3,357 3,626	40,274 43,505
4	4,050 4,375	48,600 52,500
5	4,744 5,125	56,927 61,495
6	5,438 5,875	65,254 70,490
7	6,132 6,624	73,581 79,485
8	6,826 7,374	81,908 88,480
9	7,520 8,123	90,234 97,475
10	8,214 8,873	98,561 106,470
+1	\$694 750	\$8,327 8,995
Effective October 1, 2023		

5. Budgeting 510-03-90

Updating information for pregnant women already enrolled in the Adult Expansion Group.

Budgeting Procedures for Pregnant Women 510-03-90-25

The Omnibus Budget Reconciliation Act of 1990 provided for extended eligibility for pregnant women effective July 1, 1991.

When a pregnant woman becomes eligible for Medicaid, including during the three month prior period (THMP), she continues to be eligible, without regard to any increase in income of the [ACA Medicaid Household](#), for twelve months after the day her pregnancy ends, and through the last day of the twelfth month. Decreases in income, however, will be considered to further reduce any client share (recipient liability). All other Medicaid eligibility factors continue to apply.

- Self-attestation of a single-birth or multi-fetus pregnancy is accepted unless it is questionable.
- For determinations made after the birth of the baby, the child's birth verification may be used as verification of pregnancy.

When a woman applies for coverage and is pregnant, if eligible, she must be enrolled in Medicaid coverage as a pregnant woman, rather than in the ~~new~~ [Adult Expansion Group](#).

When a woman is already enrolled in the Adult Expansion Group, and becomes pregnant after her enrollment, ~~her coverage will move to the ACA Pregnant Women group. She may request to move to the Adult Expansion Group if within the income level. she must be given a choice to move to the pregnant women coverage group.~~

- If the woman chooses Medicaid coverage as a pregnant woman, during the final month of the twelve-month period of eligibility, a review must be completed to evaluate whether she will remain eligible for Medicaid under another coverage group, or be referred to the Marketplace to choose an insurance policy. This will ensure there is no loss of coverage.

For policy relating to Extended Eligibility for Pregnant Women, refer to [510-03-45-05](#).

The following sections of the Non-ACA manual regarding the Federal Poverty Level pregnant women and available benefits for lawfully present pregnant women have been updated.

1. Medicaid Eligibility Factors 510-05

Definitions 510-05-05

5. ~~Eligible p~~Pregnant women who applied for and were eligible for Medicaid during pregnancy continue to be eligible for ~~sixty days~~ twelve (12) months, beginning on the last day of pregnancy, and ~~for~~ through the ~~remaining days of the month in which the sixtieth day falls~~ last day of the twelfth month;

2. Coverage Groups 510-05-30

Groups Covered Under Medicaid 510-05-30-05

Groups Covered Under Medicaid on or after January 1, 2014:

3. Medically Needy Group:

- a. Pregnant women ~~whose pregnancy has been medically confirmed and~~ who qualify on the basis of financial eligibility.
- Self-attestation of a single-birth or multi-fetus pregnancy is accepted unless it is questionable.
 - For determinations made after the birth of the baby, the child's birth verification may be used as verification of pregnancy.

~~**Example**—Mom had been on Healthy Steps, which does not cover labor and delivery. Mom chooses to be Medically Needy for the month of birth rather than be referred to the exchange for month of birth.~~

- b. Eligible pregnant women who applied for Medicaid during pregnancy, and for whom client share (recipient liability) for the month was met no later than on the date each pregnancy ends, continue to be eligible without regard to financial circumstances, ~~for sixty days~~ twelve months, beginning on the last day of pregnancy, and ~~for~~ through the ~~remaining days of the month in which the sixtieth day falls~~ last day of the twelfth month.

3. Basic Factors of Eligibility 510-05-35

Aliens Lawfully Admitted for Permanent Residence on or after August 22, 1996 510- 05-35-65

4. Pregnant women who are lawfully present in the United States and are otherwise eligible for medical assistance are not subject to the 5 year waiting period /40 quarter requirement through the 12 month postpartum period.

4. Emergency Services for Non-Citizens 510-05-35-70

3. The alien's need for the emergency service continues. Eligibility for Medicaid ends when the emergency service has been provided, and does not include coverage of follow-up care if the follow-up care is not an emergency service. ~~A pregnant woman may be covered from the date she entered the hospital for labor and delivery through the date she was discharged. A pregnant woman who delivers a child and is covered under this provision is not eligible for the sixty day period of eligibility after pregnancy. Her child, however, is a citizen and may be eligible for twelve months of continuous coverage.~~

When a non-qualified alien is requesting coverage for 'Emergency Services' for reasons other than childbirth, a completed SFN 451, Eligibility Report on Disability/Incapacity and medical reports must be submitted to the State Review Team for a determination of whether the medical condition meets ALL the criteria listed in #1 above.

Note: Remember to check the box in the upper right hand corner titled 'Emergency Services'.

4. ~~A pregnant woman, who is lawfully present, may be covered from the date she entered the hospital for labor and delivery through the date she was discharged. A pregnant woman who delivers a child and is covered under this provision is not eligible for the sixty day period of eligibility after pregnancy.~~ Pregnant women who are lawfully present in the United States and are otherwise eligible for medical assistance are not subject to the 5 year waiting period /40 quarter requirement through the 12 month postpartum period.

5. Budgeting Procedures for Pregnant Women 510-05-90-25

The Omnibus Budget Reconciliation Act of 1990 provided for extended eligibility for pregnant women effective July 1, 1991.

When a pregnant woman becomes eligible for Medicaid, she continues eligible, without regard to any increase in income of the [Medicaid unit](#), ~~for sixty days after the day her pregnancy ends, and for the remaining days of the month in which the sixtieth day falls~~ through the last day of the twelfth month.

Decreases in income, however, will be considered to further reduce any client share ([recipient liability](#)). Likewise, a pregnant woman can move from one coverage type to another (e.g. from Family Coverage to poverty level); however, if poverty level eligible and income increases, the pregnant woman remains poverty level eligible. All other Medicaid eligibility factors continue to apply.

Pregnancy must be medically confirmed only if questionable. For determinations made after the birth of the baby, the child's birth certificate may be used as verification of pregnancy.