



# Senate

General Assembly

**File No. 432**

February Session, 2008

Senate Bill No. 659

*Senate, April 3, 2008*

The Committee on Human Services reported through SEN. HARRIS of the 5th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

***AN ACT REPLACING EXPEDITED ELIGIBILITY FOR PREGNANT WOMEN WITH PRESUMPTIVE ELIGIBILITY UNDER THE SOCIAL SECURITY ACT.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 17b-277 of the 2008 supplement  
2 to the general statutes is repealed and the following is substituted in  
3 lieu thereof (*Effective January 1, 2008*):

4 (b) The commissioner shall [expedite] implement presumptive  
5 eligibility for appropriate pregnant women applicants for the Medicaid  
6 program [The process for making expedited eligibility determinations  
7 concerning needy pregnant women shall ensure that emergency  
8 applications for assistance, as determined by the commissioner, shall  
9 be processed no later than twenty-four hours after receipt of all  
10 required information from the applicant, and that nonemergency  
11 applications for assistance, as determined by the commissioner, shall  
12 be processed no later than five calendar days after the date of receipt of  
13 all required information from the applicant] in accordance with section

14 1920 of the Social Security Act. The commissioner shall designate  
15 qualified entities to receive and determine presumptive eligibility  
16 under this section consistent with the provisions of federal law and  
17 regulations.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2008	17b-277(b)

**HS**      *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

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**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect
Department of Social Services	GF - See Below

**Municipal Impact:** None

**Explanation**

This bill replaces the current Medicaid process of expedited eligibility for pregnant women to a process of presumptive eligibility. Under expedited eligibility, Medicaid coverage is provided when various eligibility criteria have been verified, including alien status. Once these have been met, full Medicaid coverage is provided. Under presumptive eligibility, women are given Medicaid eligibility in a much shorter time period without the verification process. However, presumptive eligibility covers only ambulatory pre-natal services, which excludes such things as inpatient care. Full Medicaid benefits become available when the regular eligibility process has been completed.

By providing eligibility to Medicaid quicker, presumptive eligibility will lead to increased costs as more women access services sooner. However, these costs may be offset as presumptive eligibility provides a less comprehensive benefit package in the short term. Therefore, this change is expected to result in a minimal net fiscal impact.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****SB 659*****AN ACT REPLACING EXPEDITED ELIGIBILITY FOR PREGNANT WOMEN WITH PRESUMPTIVE ELIGIBILITY UNDER THE SOCIAL SECURITY ACT.*****SUMMARY:**

This bill replaces the existing expedited Medicaid-eligibility process for pregnant women with a presumptive eligibility process under Section 1920 of the federal Social Security Act. It requires the social services commissioner to designate “qualified entities” to receive and determine presumptive eligibility in accordance with federal laws and regulations.

Under current law, the commissioner must perform expedited eligibility for pregnant women with income up to 250% of the federal poverty level (\$35,000 for a family of two). In emergencies, this requires DSS to process applications no later than 24 hours after receiving all required minimum information from the applicant. For non-emergency applicants, DSS can take up to five days. Within 30 days of applying, an applicant must submit required information, including proof of identity, pregnancy, residency, citizenship status, and income.

EFFECTIVE DATE: January 1, 2008

**BACKGROUND*****Presumptive Eligibility for Pregnant Women***

Section 1920 of the Social Security Act permits states to establish presumptive Medicaid eligibility (PE) for pregnant women (42 USC § 1396r-1). PE allows states to grant immediate health care coverage to these women without initially requiring a full Medicaid-eligibility

determination. But, PE only covers ambulatory prenatal care, including doctor visits, prescription drugs, immunizations, and lab and x-ray services. It does not cover inpatient hospital services or labor and delivery services.

PE is determined by a “qualified provider” based only on the family income of the pregnant woman, which must be less than or equal to 250% of the federal poverty level. There are no citizenship or asset limit requirements for PE. A qualified provider must submit a copy of the PE application to DSS within five working days after making the determination.

The PE period begins on the date the eligibility determination is made. The individual has until the end of the following month to submit a full Medicaid application to DSS. The PE period ends when DSS makes a final eligibility determination or, if the individual does not complete the full Medicaid application process, the last day of the second month.

### **Qualified Providers**

Federal law requires that a “qualified provider” make PE determinations. A “qualified provider” is defined as a medical provider who:

1. is eligible for Medicaid payments;
2. provides the type of services provided by outpatient hospitals, rural health clinics, or other physician directed clinics;
3. has been determined by DSS to be capable of making presumptive eligibility determinations; and
4. receives funds under either the federal Public Health Service Act’s Migrant Health Center or Community Health Center programs; Maternal and Child Health Services block grant programs; or Title V of the Indian Health Care Improvement Act.

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

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable

Yea 18 Nay 0 (03/18/2008)