B-280 Presumptive Eligibility – Pregnant Woman (PE-PW)

MS Manual 07/01/25

Agencies who have been designated by DHS as Qualified Entities* may determine women presumptively eligible for PE-PW Health Care based on preliminary information, subject to federal and state requirements, in order that the individual may receive temporary coverage until ongoing eligibility for Health Care is officially determined by DHS. The goal of the PE-PW process is to offer immediate health care coverage to pregnant women likely to be Health Care eligible before there has been a full Health Care eligibility determination.

* See the Medical Services Policy Glossary for more information on Qualified Entities for PE-PW.

If determined eligible for PE-PW, the individual will have temporary coverage during the PE-PW period. The PE-PW period begins on the day that a qualified entity determines the individual to be presumptively eligible. The individual must not be currently receiving Health Care coverage through Medicaid or the Children's Health Insurance Program (CHIP). Pregnant women are limited to one PE-PW determination per pregnancy. If a woman is pregnant more than once in a calendar year, they may have more than one presumptive eligibility period in a calendar year due to multiple pregnancies.

NOTE: PE-PW coverage is temporary and will end on the last day of the month following the month in which the client was determined presumptively eligible by the qualified entity.

Qualified Entities (QE), including DHS, are responsible for determining eligibility for PE-PW. The QE will make the PE-PW determination based on the following criteria:

- State residency
- Income

PE-PW Coverage will be determined based off self-attested information and may be approved while information is pending to determine eligibility for an ongoing Health Care coverage. Self-attestation of household income and state residency will be accepted for PE-PW. The income limit for the PE-PW category may be found in Appendix F.

Citizenship or immigration status, household income and state residency will be accepted for PE- PW. The income limit for the PE-PW category may be found in Appendix F.

Medicaid provides temporary Presumptive Eligibility Pregnant Woman (PE-PW).
Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

plan of care is ONLY good for 60 days. If it expires, the assessment must be redone to re- determine need and/or establish eligibility date for ALF.

Qualified Alien –

An alien lawfully admitted and lawfully given the privilege of residing permanently in the United States.

Qualified Entities (QE) –

Designated agencies along with the Department of Human Services (DHS) that determine eligibility for the Presumptive Eligibility-Pregnant Woman category. Agencies outside of DHS must be approved and trained by the Department of Human Services.

Recipient –

Someone enrolled in Medicaid who actually received a health service for which Medicaid reimbursed the provider.

Renewal –

A periodic review of an approved Medicaid case to determine continued eligibility.

Serious Mental Illness or Disorder –

Schizophrenia, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; or other psychotic disorder.

Skilled Level of Care –

Services required on a 24 hour a day basis, delivered by licensed medical personnel in accordance with a medical care plan requiring a continuing assessment of needs and monitoring of response to plan of care. The services must be reasonable and necessary to the treatment of the individual's illness or injury, i.e., be consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, accepted standards of medical practice, and in terms of duration and amount.

Spend Down (SD) –

The amount of money a beneficiary must pay towards medical expenses when income exceeds the Medicaid financial guidelines. A component of the medically needed program allows an individual or family whose income is over the Medically Needy Income Limit (MNIL) to use medical bills to spend excess income down to the MNIL.

Substantial Gainful Activity –

The performance of significant physical and/or mental work activities for pay, or profit or work activities generally performed for pay or profit.

TOC required

124.140 Presumptive Eligibility Pregnant Woman (PE-PW) 7-1-25

Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

TOC not required

215.260 Expansion of Medicaid Eligibility for Pregnant Women 7-1-25

A. Arkansas Medicaid provides expanded coverage for pregnant women. Women in Aid Category 61 (PW) receive the full range of Medicaid benefits. Service settings may be both outpatient and inpatient, as appropriate.

Aid Category 61 also includes benefits to unborn children of alien pregnant women who meet the eligibility requirements. The benefits for this eligibility category are:

1. Prenatal services
2. Delivery
3. Postpartum services for 60 days (plus the days remaining in the month in which the 60-day period ends)
4. Services for conditions that may complicate the pregnancy

System eligibility verification will specify “PW unborn ch-no ster cov/FP.”

Aid Category 61 PW Unborn Child does not include family planning benefits.

B. When verifying a client’s eligibility, please note the “AID CATEGORY CODE” and “AID CAT DESCRIPTION” fields. The “AID CATEGORY CODE” field contains the 2-digit numeric code identifying the client aid category. The “AID CAT DESCRIPTION” field contains an abbreviation of the aid category description, comprising 2 or more characters, usually letters, but sometimes numerals as well as letters.

1. Pregnant Women (PW) eligibility will occasionally overlap with eligibility in another category, such as Aid Category 20, TEA-GR. If a PW-eligible client is seeking services that are not for pregnancy or conditions that may complicate pregnancy and are not family planning services, other eligibility segments may be reviewed on the transaction response and other available electronic options. The woman may have benefits for the date of service in question under another aid category. If so, the service may be performed, and the claim filed with Medicaid as usual.
2. Medicaid provides coverage in Aid Category 61 (PW) to children who are eligible for all Medicaid benefits. The aid category code is the same as those of a pregnant woman.
3. Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

   Aid Categories 62 (PE-PW), 65 (PW-NG), 66 (PW-EC) and 67 (PW-SD) only cover the pregnant woman. Aid Categories 65, 66 and 67 have lower income limits than those listed above for Aid Category 61. Only Aid Category 61 may include eligible pregnant women and/or children.

TOC not required

214.600 Obstetrical Services 7-1-25

The Arkansas Medicaid Program covers obstetrical services for Medicaid-eligible clients in *full* coverage aid categories with a medically verified pregnancy.

Aid category 61, PW clients are eligible for full range Medicaid coverage. Aid category 61, PW pregnant women's eligibility ends on the last day of the month in which the 60th postpartum day falls.

Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

TOC not required

247.100 Pregnant Women in the PW Aid Category 7-1-25

Women in Aid Category 61 (PW) receive the full range of Medicaid benefits. Aid Category 61 also includes benefits to unborn children of alien pregnant women who meet the eligibility requirements. The benefits for this eligibility category are:

A. Prenatal services

B. Delivery

C. Postpartum services for 60 days (plus the days remaining in the month in which the 60-day period ends)

D. Services for conditions that may complicate the pregnancy

System eligibility verification will specify “PW unborn ch-no ster cov/FP.”

Aid Category 61 PW Unborn Child does not include family planning benefits.

Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

CMS-10434 OMB 0938-1188

The submission includes the following:

- [ ] Administration
- [x] Eligibility
  - [ ] Income/Resource Methodologies
  - [ ] Income/Resource Standards
  - [ ] Mandatory Eligibility Groups
  - [ ] Optional Eligibility Groups
  - [ ] Non-Financial Eligibility
  - [x] Eligibility and Enrollment Processes
    - [ ] Eligibility Process
    - [ ] Application
    - [x] Presumptive Eligibility

Reviewable Unit Name	Included in Another Submission Package	Source Type
Presumptive Eligibility		NEW

    - [ ] Continuous Eligibility for Children
    - [ ] Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage
- [ ] Benefits and Payments

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

Package Header

Package ID AR2025MS0002O
SPA ID AR-25-0002
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date N/A
Superseded SPA ID N/A

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Presumptive Eligibility for Children under Age 19	☐	☐	○	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	☐	☐	○	NEW
Presumptive Eligibility for Pregnant Women	☑	☑	○	NEW
Adult Group - Presumptive Eligibility	☐	☐	○	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	☐	☐	○	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	☐	☐	○	NEW
Former Foster Care Children - Presumptive Eligibility	☐	☐	○	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	☐	☐	○	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Presumptive Eligibility by Hospitals	☑	☐	○	NEW

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

Package Header

Package ID	AR2025MS0002O	**SPA ID**	AR-25-0002
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	N/A		

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

Package Header

Package ID	AR2025MS0002O	**SPA ID**	AR-25-0002
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	6/9/2025
Superseded SPA ID	N/A		

The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
    a. 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
    b. 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.
3. There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

☑ 1. The state uses a standardized screening process for determining presumptive eligibility.

☑ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

☑ a. Paper - A copy of the application form is included.

Name	Date Created	
DCO-0004 (1)	3/10/2025 9:54 AM EDT	

☐ b. Online - A copy of the application form is included.

☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

None

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The woman must be pregnant.

2. Household income must not exceed the applicable income standard at 42 CFR 435.116.

◉ a. A reasonable estimate of MAGI-based income is used to determine household income.

○ b. Gross income is used to determine household size.

☑ 3. State residency

☐ 4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

Package Header

Package ID AR2025MS0002O
SPA ID AR-25-0002
Submission Type Official
Initial Submission Date N/A
Approval Date N/A
Effective Date 6/9/2025
Superseded SPA ID N/A

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

☑ Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Department of Human Services-Division of County Operations	Agency determines eligibility for Medicaid.

☑ 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.

Name	Date Created	
PUB-650 PE-PW	3/10/2025 9:51 AM EDT	
SYSTEM UPDATES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT	3/10/2025 9:56 AM EDT	

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

Package Header

Package ID	AR2025MS0002O	**SPA ID**	AR-25-0002
Submission Type	Official	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	6/9/2025
Superseded SPA ID	N/A		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 3/12/2025 10:59 AM EDT

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT Department of Human Services
BOARD/COMMISSION Division of County Operations and Division of Medical Services
PERSON COMPLETING THIS STATEMENT Jason Callan
TELEPHONE NO. (501) 320-6540 **EMAIL** Jason.Callan@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE Pregnant Presumptive Eligibility

1. Does this proposed, amended, or repealed rule have a financial impact?
   Yes ☑ No ☐

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
   Yes ☑ No ☐

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☑ No ☐

   If no, please explain:

   (a) how the additional benefits of the more costly rule justify its additional cost;

   (b) the reason for adoption of the more costly rule;

   (c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

   (d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:

   (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year		**Next Fiscal Year**	
General Revenue		General Revenue	
Federal Funds		Federal Funds	
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	
Total		Total	

(b) What is the additional cost of the state rule?

Current Fiscal Year		**Next Fiscal Year**	
General Revenue	$139,662	General Revenue	$486,844
Federal Funds	$344,267	Federal Funds	$1,120,300
Cash Funds		Cash Funds	
Special Revenue		Special Revenue	
Other (Identify)		Other (Identify)	
Total	$ 483,929.00	Total	$ 1,607,144.00

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year
$_____

Next Fiscal Year
$_____

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year
$ 139,662.00

Next Fiscal Year
$ 486,844.00

General revenue to fund program.

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars ($100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☑ No ☐

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:
(a) justifies the agency's need for the proposed rule; and
(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
(a) the rule is achieving the statutory objectives;
(b) the benefits of the rule continue to justify its costs; and
(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

FINANCIAL IMPACT STATEMENT ADDENDUM

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars ($100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes [X] No [ ]

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

Provide prenatal care to pregnant women, if eligible while awaiting full determination of Healthcare benefits, in compliance with Acts 124 and 140 of 2025.

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

Increase early access to quality prenatal care and address complications of pregnancy with better and earlier management of risk factors.

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and

(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

N/A

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

N/A

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

N/A

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

N/A

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:

(a) the rule is achieving the statutory objectives;

(b) the benefits of the rule continue to justify its costs; and

(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

The Agency monitors State and Federal rules and policies for opportunities to reduce and control cost.