

Presumptive Eligibility Training Guide

Hospital Presumptive Eligibility

South Dakota Division of Economic Assistance

November 2023

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PREFACE

Medicaid is a joint federal and state program established in 1965, under Title XIX of the Social Security Act. The purpose of the Medicaid Program is to assure the availability of quality medical care for low-income individuals and families through payments for specific covered services. The Medicaid program was implemented in South Dakota in 1967. The Department of Social Services (DSS) is the single-state agency responsible for administering the Medicaid program in South Dakota. The Division of Medical Services oversees the Medicaid Program. Eligibility determinations for the Medicaid program are performed by the Division of Economic Assistance.

The Hospital Presumptive Eligibility (HPE) Program allows qualified hospitals to make temporary eligibility determinations in accordance with federal law and state policy for the Medicaid program. This guide contains the policies and procedures governing the HPE Program in South Dakota. Questions about this guide may be directed to:

South Dakota Department of Social Services
Division of Economic Assistance
700 Governors Drive
Pierre, SD 57501
Phone: (605) 773-4678
Fax: (605) 773-7183

The policies and procedures found in this manual are subject to review and amendment by the South Dakota Department of Social Services. Check this manual frequently for updates.

GENERAL INFORMATION

HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)

Under 42 CFR §435.1110, a qualified hospital or qualified individual may elect to make HPE determinations based on a State's policies and procedures. HPE is a temporary medical assistance category that allows an individual to receive covered medical services.

A hospital may elect to make HPE determinations for one or more of the following groups:

- Low-Income Families (Parent and Other Caretaker Relatives)
- Medicaid Children Under Age 19
- Pregnant Women
- South Dakota Medicaid for Youth Formerly in Foster Care
- Breast and Cervical Cancer Program (*the hospital must be an All Women Count! Program provider*)
- Medicaid Expansion – Adult Group (Individuals Aged 19 or Older and Under Age 65 At or Below 138% of the Federal Poverty Level)

Hospitals must identify the eligibility groups that the hospital elects to make HPE determinations for on the South Dakota Hospital Presumptive Eligibility Application.

Hospitals may not delegate the authority to determine HPE eligibility to another entity.

COVERED SERVICES

The following services are eligible for reimbursement during an HPE period:

- Low Income Families (Parents and Other Caretaker Relatives), Medicaid Children Under age 19, South Dakota Medicaid for Youth Formerly in Foster Care, Breast and Cervical Cancer Program, and Medicaid Expansion – Adult Group (Individuals Aged 19 or Older and Under Aged 65 At or Below 138% of the Federal Poverty Level) are eligible to receive all Medicaid covered services.
- Pregnant Women are eligible for ambulatory prenatal care. Ambulatory prenatal care includes pregnancy-related Medicaid covered services except charges associated with inpatient care in a hospital or other medical institution and charges associated with delivery of the baby, including miscarriage. A woman is allowed only one presumptive eligibility period per pregnancy.

HPE PERIOD

The HPE period refers to the **duration** of coverage (the length of time HPE lasts, which has a start and end date) and the **frequency** of coverage (how often someone can receive HPE).

Duration

The HPE period begins with the date on which a qualified hospital determines that the individual is eligible.

The HPE period ends when one of the following circumstances happens, whichever is earliest:

- If the individual does not file a Medicaid application with the Department of Social Services, the HPE period ends on the last day of the month following the HPE determination (the “second month”), or
- If the individual does file a full application with the Department of Social Services before the last day of the second month, HPE ends on the date the eligibility determination is made for regular coverage.

Frequency

An individual is allowed one HPE period every two calendar years.

A pregnant woman is allowed one presumptive eligibility period per pregnancy.

QUALIFIED HOSPITAL PRESUMPTIVE ELIGIBILITY APPLICATION

A “qualified hospital” is defined as a hospital that:

1. Participates as a provider under the South Dakota Medicaid State Plan;
2. Notifies the South Dakota Department of Social Services of its election to make presumptive eligibility determinations;
3. Agrees to make presumptive eligibility determinations consistent with South Dakota policies and procedures;
4. Assists individuals in completing and submitting the full application for medical assistance and understanding any documentation requirements; and
5. Has not been disqualified by the Department of Social Services.

Hospitals must submit an application to become a qualified hospital. Providers may contact the Division of Medical Services at (605) 733-3495 to request a South Dakota Hospital Presumptive Eligibility Application.

DISQUALIFICATION OF QUALIFIED HOSPITAL

The State of South Dakota is required to establish standards for qualified hospitals. The qualified hospital must agree to make presumptive eligibility determinations consistent with South Dakota policies and procedures. The State of South Dakota is required to take action,

including, but not limited to, disqualification of a hospital as a qualified hospital if the State determines the hospital is not making, or is not capable of making presumptive eligibility determinations in accordance with applicable South Dakota policies and procedures or meeting the standards established by the Department of Social Services. The hospital may only be disqualified from the HPE Program after the Department of Social Services has provided the hospital with additional training or taken other reasonable corrective measures.

Performance standards and compliance with South Dakota policies will be evaluated on a quarterly basis. Qualified hospitals failing to meet performance standards or adhere to South Dakota policies will be required to submit a corrective action plan to the Department of Social Services that includes remedial training provided by the Department. If the qualified hospital fails to meet minimum performance standards following remedial training and the corrective action plan, the hospital may be disqualified from participation in the HPE program.

Qualified hospitals may withdraw from the HPE program at any time upon written notice to the South Dakota Department of Social Services.

PROGRAM REQUIREMENTS

The State of South Dakota has established the following requirements for qualified hospitals participating in the HPE Program. Qualified hospitals must:

1. Designate an interviewer(s) and notify the South Dakota Department of Social Services of the name, title, and telephone number of all employees conducting presumptive eligibility determinations.
2. Notify the Department when new employees are designated to perform presumptive eligibility determinations.
3. Assure employees authorized to perform presumptive eligibility determinations are not employees with authority or responsibility to submit claims to the Medicaid program for reimbursement of Medicaid services. Assure no presumptive eligibility determination functions will be delegated to non-hospital staff, third party vendors, or contractors.
4. Assure that all designated employees complete presumptive eligibility training provided by the Department of Social Services prior to performing presumptive eligibility determinations. Retain documentation of all training completed on file at the hospital. *Note: HPE training and determinations are not reimbursable. Qualified hospitals are reimbursed for Medicaid covered services provided to individuals determined to be presumptively eligible.*
5. Assure capability of assisting applicants who need the assistance of an interpreter.
6. Provide training to all designated employees on security and privacy laws, regulations, and standards prior to the performing presumptive eligibility determinations. Assure all designated employees sign a statement regarding confidential information obtained during the presumptive eligibility process. Proof of signed confidentiality agreements must be retained on site by the qualified hospital for

a minimum of 3 years.

Any information obtained during the HPE application process is considered confidential and may not be disclosed to any persons or agencies other than representatives of the Department of Social Services and its designees. Information is confidential whether the application is approved or denied and may not be shared with collection agencies or any other third-party.

7. Provide *Notice of Privacy Practices* to the applicant.
8. Verify that the individual is not currently enrolled in Medicaid or CHIP or that the individual has had a prior presumptive eligibility determination in the previous two calendar years. On a monthly basis, the Department will provide qualified hospitals with a list of applicants determined presumptively eligible in the previous two years.
9. Follow procedures found in the *Presumptive Eligibility Training Guide– Hospital Presumptive Eligibility*.
10. Screen applicants using the *Presumptive Eligibility Worksheet* and perform necessary calculations to determine if the applicant meets the criteria for presumptive eligibility.
11. Issue an HPE determination letter on the approved form to the applicant that clearly indicates the outcome of the presumptive eligibility determination. If determined presumptively eligible, explain the next steps the applicant must take to complete the application process, including the end date of presumptive eligibility period and covered Medicaid services during the presumptive eligibility period.
12. Assist applicants in the completion and submission of a full Medicaid application and understanding any documentation requirements.
13. Provide all applicants with contact information for the South Dakota Department of Social Services.
14. If the applicant does not complete a full Medicaid application during the presumptive eligibility interview or at the hospital, provide the applicant with a copy of the application and direct the applicant where to submit the application upon its completion.
15. Forward the completed Presumptive Eligibility Medicaid application, *Presumptive Eligibility Worksheet*, and a copy of the determination letter to the Division of Economic Assistance, ATTN: Presumptive Eligibility within two working days of the presumptive eligibility determination.
16. Have a computer, internet, telephone, printer, and fax access available for applicants to facilitate the presumptive eligibility and full Medicaid application process.
17. Secure all documents in a locked file cabinet not accessible to public or employees not designated as presumptive eligibility employees or who have not signed a confidentiality statement.

18. Communicate with the Department of Social Services to resolve any issues or concerns and to establish efficient policies and procedures to perform presumptive eligibility determinations.
19. Each qualified hospital must maintain records of the hospital's activities related to presumptive eligibility determinations. Records must be retained for a minimum of 6 years as required by Administrative Rule of South Dakota (ARSD) [§67:16:34:05](#).

Track and report the following data each quarter:

- (1) Number of individuals screened for presumptive eligibility
 - (2) Number of individuals approved for presumptive eligibility
 - (3) Number of individuals rejected for presumptive eligibility
 - (4) Reasons for each presumptive eligibility rejection
 - (5) Dates on which individuals are screened, approved, and rejected for presumptive eligibility
20. Maintain at least a 90% accuracy rate when performing HPE Determinations. 90% of all the presumptive eligibility decisions made by the hospital must be the same decision reached by the Department when a full Medicaid eligibility decision is made.
 21. Provide written notice to the Department of intent to withdraw from the HPE Program. Written notice may be given at any time.
 22. The qualified hospital must monitor the quality of the case processing by reviewing a sample of completed cases. It is recommended that at least one case review per month be completed for each designated employee. If frequent errors are noted, corrective action must be taken.

NON-DISCRIMINATION

Title IV of the Federal Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 prohibit discrimination on the groups of race, sex, color, national origin, or handicap in the administration of federally-funded programs. This includes Medicaid and CHIP programs.

TRAINING AND COMMUNICATIONS

The qualified hospital must designate a primary contact for the HPE Program for the Department of Social Services who is responsible for communication to the Department regarding program changes, questions, personnel changes, and other issues.

Qualified hospitals must designate all employees involved in the HPE process. All designated employees must obtain training from the Department of Social Services prior to performing HPE functions. Each employee will be required to certify that they have received training on South Dakota policies and procedures and agree to perform presumptive eligibility determinations in accordance with the requirements outlined by the Department of Social Services. The qualified hospital must retain a copy of employee certifications.

After the Department has approved the hospital's Presumptive Eligibility Application, the Department will work with the primary contact to schedule face-to-face training with designated employees. During the training period, the qualified hospital and the Department of Social Services will make ten joint presumptive eligibility determinations. Joint determinations will not count towards the qualified hospital's Medicaid determination rate. In the event that the qualified hospital requires remedial training, the Department and the qualified hospital will make another ten joint presumptive eligibility determinations.

Additional trainings may be scheduled as the qualified hospital designates new employees for presumptive eligibility determinations.

CLAIMS PROCESSING

Qualified hospitals should delay submitting claims for services provided to individuals determined eligible by the HPE Program for one week from the eligibility start date to ensure the eligibility information is transmitted to the Division of Medical Services and to prevent claims from being inappropriately denied.

Claims must be for a covered Medicaid Service and submitted in accordance with ARSD §67:16. HPE claims should be submitted in the same manner as all other claims submitted by the entity. No special processing is needed.

SCREENING AND APPLICATION ASSISTANCE

STEP 1: MEDICAL ASSISTANCE SCREENING

Qualified hospitals are required to verify if an applicant is currently enrolled in Medicaid before providing services to the applicant.

All providers are encouraged to use the [South Dakota Medicaid Provider Portal](#), Medicaid Eligibility Verification System (MEVS), or the South Dakota Medicaid Interactive Voice Response (IVR) and Telephone Service Unit by calling 1-800-452-7691 to verify eligibility.

If an applicant is enrolled in Medicaid, do not have the applicant complete an application and do not complete an HPE determination.

If a baby is born to a mother enrolled in Medicaid, do not have the mother complete an application and do not complete an HPE determination. The baby will be eligible for the Automatic Newborn program when the birth is reported to the Department of Social Services. The hospital may contact the Division of Economic Assistance to report the birth.

If an applicant is not currently enrolled in Medicaid, assist the applicant in completing an application and determine eligibility for the HPE Program.

STEP 2: PRESUMPTIVE ELIGIBILITY SCREENING

HPE periods are limited to no more than one period within two calendar years per applicant. Pregnant Women are eligible for one HPE period per pregnancy, even if they had an HPE period that occurred less than 24 months prior. Qualified hospitals are required to verify if an applicant has been enrolled in an HPE period within two calendar years of the date of the HPE application. On a monthly basis, the Department will provide qualified hospitals with a list of applicants determined presumptively eligible in the previous two years.

If an applicant has an HPE period within the previous two calendar years, give the applicant information about how to complete a full Medicaid application.

STEP 3: PRESUMPTIVE ELIGIBILITY APPLICATION ASSISTANCE

Qualified hospitals must use the *Presumptive Eligibility Medicaid Application*. This form may be obtained from the Department of Social Services, Division of Economic Assistance, 605-773-4678.

If an individual does not elect to submit a full Medicaid application, *only the questions needed for an HPE determination are required*. **These questions are denoted with an asterisk on the *Presumptive Eligibility Medicaid Application* and only these questions should be asked for an HPE determination. Do not ask other questions if the individual is not submitting a full Medicaid application.**

The answers to these questions will provide enough information to complete the Presumptive Eligibility Worksheet found in Appendix 1.

DETERMINING PRESUMPTIVE ELIGIBILITY

Section 1 – Non-Financial Eligibility

Before starting, ensure the [SCREENING AND APPLICATION ASSISTANCE](#) chapter has been reviewed.

Reference the guidance in this section to determine if the boxes in Section 1 of the Presumptive Eligibility Worksheet (Appendix 1) can be checked.

Eligible Population Screening

If an applicant is enrolled in Medicaid, do not have the applicant complete an HPE application and do not complete an HPE determination.

An individual is allowed one HPE period every two calendar years. A pregnant woman is allowed one HPE period per pregnancy. The following examples can assist in determining if an individual is within the allowable timeframes for an HPE period.

Example 1

Dee applies for HPE on April 21, 2023. She did not have an HPE period in the last 24 months. She is determined eligible on April 21, 2023.

HPE Start Date	HPE End Date: Dee <i>does file</i> a full Medicaid application and is determined eligible on May 5, 2023.	HPE End Date: Dee <i>does not file</i> a full Medicaid application.
April 21, 2023	May 5, 2023	May 31, 2023

Example 2

Janice applies for HPE on May 1, 2023. She is pregnant. Her last HPE period occurred during her previous pregnancy, with a start date of July 1, 2022.

Is Janice eligible?	HPE Start Date	HPE End Date: Janice <i>does file</i> a full Medicaid application and is determined eligible on May 10, 2023.
Yes. Even though it has been less than a year since her last HPE determination, she is pregnant and pregnant individuals are allowed one HPE period per pregnancy.	May 1, 2023	May 10, 2023

Citizenship/National or Qualified Alien

Immigrants who are “qualified non-citizens” are generally eligible for coverage through Medicaid and the Children’s Health Insurance Program (CHIP) if they meet income and residency rules.

In order to get Medicaid and CHIP coverage, many qualified non-citizens (such as many LPRs or green card holders) have a 5-year waiting period. This means they must wait 5 years after receiving "qualified" immigration status before they can get Medicaid and CHIP coverage. There are exceptions. For example, refugees, asylees, or LPRs who used to be refugees or asylees don't have to wait 5 years.

Without a Five-Year Waiting Period

1. Citizens of the Marshall Islands, Micronesia, and Palau who are living in one of the U.S. states or territories (referred to as Compact of Free Association or COFA migrants);
2. Lawful Permanent Residents (green-card holders or LPRs who adjusted to LPR from an immigration status that is exempt from the 5-year bar listed at numbers 3-10, below);
3. Refugee admitted to the U.S. under section 207 of the INA;
4. Granted asylum under section 208 of the INA;
5. Withholding of deportation or removal under section 243(h) or 241(b)(3) of the INA;
6. Cuban or Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980;
7. Amerasian immigrant admitted pursuant to section 584 of Public Law (Pub. L. No.) 100-202 (12/1987), as amended by Pub. L. No. 100-461 (10/1988);
8. Applicants for a victim of trafficking/T-visa or victim of trafficking with a certification or eligibility letter from the Office of Refugee Resettlement;
9. Iraqi/Afghan special immigrant visa holder; and
10. Members of a federally recognized Indian tribe or American Indian born in Canada.

With a Five-Year Waiting Period (from the date they received the qualifying status)

11. Lawful Permanent Residents (i.e., green-card holders or LPRs), unless adjusted from a status that is exempt from the 5-year waiting period at 3-10 (above);
12. Battered non-citizens and their children or parents;
13. Non-citizens paroled into the U.S. for at least one year. **Exception: Afghan and Ukrainian nationals:**
 - **Afghans** who are paroled between July 31, 2021 and September 30, 2023 are eligible for Medicaid or CHIP to the same extent as refugees, without a five-year waiting period, if they meet other eligibility requirements (e.g., income) for coverage in the state, until March 31, 2023, or the term of parole granted to the evacuee, whichever is later, and
 - **Ukrainian nationals** who enter the United States as parolees on or between February 24, 2022 and September 30, 2023 are eligible for Medicaid or CHIP to the same extent as refugees).
 - Ukrainian nationals who are paroled into the U.S. after September 30, 2023 and are the spouse or child of a parolee described above, or who is the parent, legal guardian, or primary caregiver of a parolee described above who is determined to be an unaccompanied child will also be eligible for Medicaid and CHIP to the same extent as refugees.
 - Eligible parolees can also include individuals other than Ukrainian nationals (i.e., individuals who are stateless or have another nationality) who last habitually resided in Ukraine.

14. Conditional entrants granted status prior to April 1, 1980 (Note: because of the grant date requirement, these non-citizens will already have met the 5-year waiting period);
15. **Exception:** qualified non-citizens (11-15) are exempt from the 5-year waiting period if they are:
- Veterans who received an honorable discharge, or
 - A military service member on active duty in the armed forces of the United States (other than active duty for training-i.e., Reserves), or
 - A spouse or unmarried dependent child of a veteran or active duty service member as described above, or
 - Have lived in the US since 1996, or
 - An American Indian born in Canada to whom the provisions of 8 U.S.C. 1359 apply, or
 - A member of an Indian tribe, as defined in 25 U.S.C. 450b(e).
16. **Exception:** Non-citizens receiving SSI are eligible for Medicaid without a 5-year waiting period, regardless of immigration status. 435.406(a)(iii)(A).

Residency

In order to be eligible for South Dakota Medicaid, an applicant must be a resident of the State of South Dakota. Applicants can attest to state residency by declaring an intent to remain in South Dakota. Additional verification is not required.

It is **not** a condition of HPE eligibility to have a fixed (residential) address. Applicants should provide an address where they can receive mail. Persons experiencing homelessness, the unhoused, and those with nonpermanent residences may use any mailing address they find convenient, including but not limited to mail forwarding services, local nonprofit mail centers, the address of a friend or family, post office boxes, or USPS General Delivery.

An applicant is not considered a resident if the applicant is in South Dakota for a temporary reason such as a vacation, business trip, or attending a South Dakota college without intent to remain in South Dakota after completion of the course of study.

Section 2 – Applicant Coverage Group

Reference the guidance in this section to accurately determine the coverage group in Section 2 of the Presumptive Eligibility Worksheet (Appendix 1).

For HPE eligibility to exist, the individual must meet the criteria of an HPE coverage group.

Individuals in the following groups may be eligible for an HPE period if they meet the category criteria:

Coverage Group	Eligibility Criteria
Low-Income Families (Parents and Other Caretaker Relatives)	Individuals of any age living with and caring for a related (biological, adopted, or step) child or grandchild, sibling, nephew, niece, or first cousin under age 19 with household income at or below the income threshold.
Medicaid for Children Under Age 19	Children under age 19 with household income up to 187% FPL.
Pregnant Women	Individuals who attest that they are pregnant and have household income at or below the 138% FPL threshold.
South Dakota Medicaid for Youth Formerly in Foster Care	Individuals aged 18 to 26 who were in DOC or CPS custody under the responsibility of any State or Tribe on their 18 th birthday and leave foster care. There is no income test.
Breast and Cervical Cancer Program	Individuals aged 30 through 64 who have been found in need of treatment for breast or cervical cancer, are not eligible for Medicare Part B, and attest to income below 200% FPL.
Medicaid Expansion – Adult Group	Adults at least age 19 but less than 65 who are not pregnant, not entitled to or enrolled in Medicare, and who have household income at or below the income threshold of 138% FPL.

If an individual meets the criteria of more than one coverage group, choose the coverage group with the highest income limit or the category that provides the best coverage. For example, a pregnant 18-year-old may meet the criteria of Medicaid for Children Under Age 19 and Pregnant Women. They would gain eligibility through the Medicaid for Children Under Age 19, which provides a higher level of coverage than Pregnant Women.

The following examples are included to assist in determining possible coverage categories for HPE applicants. These examples are not comprehensive.

Example 1:

James (52) and John (54) are married. They have one adult child who lives outside of the home.

Individual	Coverage Group
James	Medicaid Expansion – Adult Group
John	Medicaid Expansion – Adult Group

Example 2:

Annie (28) and Albert (24) are not married. They live with their two children – Alice (5) and Alexis (3).

Individual	Coverage Group
Annie	Low-Income Families (Parents and Other Caretaker Relatives) or Medicaid Expansion – Adult Group
Albert	Low-Income Families (Parents and Other Caretaker Relatives) or Medicaid Expansion – Adult Group
Alice	Medicaid for Children Under Age 19
Alexis	Medicaid for Children Under Age 19

Example 3:

Jordan (39) is pregnant with twins and lives with her boyfriend, Jose (33), and Jose’s son, Jamal (17), from a previous relationship.

Individual	Coverage Group
Jordan	Pregnant Women
Jose	Low-Income Families (Parents and Other Caretaker Relatives)
Jamal	Medicaid for Children Under Age 19

Example 4:

Amir (42) and Amiya (45) are married and live with Amiya’s children from a previous relationship, Brynn (22) and Breanna (16).

Individual	Household Size
Amir	Low-Income Families (Parents and Other Caretaker Relatives) or Medicaid Expansion – Adult Group
Amiya	Low-Income Families (Parents and Other Caretaker Relatives) or Medicaid Expansion – Adult Group
Brynn	Medicaid Expansion – Adult Group
Breanna	Medicaid for Children Under Age 19

Section 3 – Eligibility Calculation

This section is not required if the applicant is applying for South Dakota Medicaid for Youth Formerly in Foster Care.

For all other coverage groups, reference the guidance in this section to complete the steps in Section 3 of the Presumptive Eligibility Worksheet (Appendix 1).

Step 1 - Household Size

Presumptive eligibility is based on an individual's income as a percentage of the FPL. To determine a person's percentage of the FPL, the household size must be accurately determined. A household size includes all the individuals in the home who are required to be in it. There are specific family relationships that are tied together, which make certain individuals financially responsible for each other.

The household size determination must be done *for each applicant* requesting a presumptive eligibility determination. Count the following people as part of the applicant's household*:

If the applicant is under age 19, their household includes (if living with):	If the applicant is age 19 or older, their household includes (if living with):
<ul style="list-style-type: none"> • The individual • The individual's children • If pregnant, the number of unborn children of the individual • The individual's spouse (if married) • Parent(s) – biological, adoptive, and step • Any sibling under the age of 19 	<ul style="list-style-type: none"> • The individual • If pregnant, the number of unborn children of the individual • The individual's spouse (if married) • Children under the age of 19 – biological, adoptive, and step

*Former Foster Care is always a household of one, which includes only the individual.

Examples – How to Determine Household Size

Example 1:

James (52) and John (54) are married. They have one adult child who lives outside of the home.

Individual	Household Size
James	2 – James (self) and John (spouse)
John	2 – John (self) and James (spouse)

Example 2:

Annie (28) and Albert (24) are not married. They live with their two children – Alice (5) and Alexis (3).

Individual	Household Size
Annie	3 – Annie (self), Alice (minor child), and Alexis (minor child)
Albert	3 – Albert (self), Alice (minor child), and Alexis (minor child)
Alice	4 – Alice (self), Annie and Albert (parents), and Alexis (sibling under 19)
Alexis	4 – Alexis (self), Annie and Albert (parents), and Alice (sibling under 19)

Example 3:

Jordan (39) is pregnant with twins and lives with her boyfriend, Jose (33), and Jose’s son, Jamal (17), from a previous relationship.

Individual	Household Size
Jordan	3 – Jordan (self) and unborn twins
Jose	2 – Jose (self) and Jamal (minor child)
Jamal	2 – Jamal (self) and Jose (parent)

Example 4:

Amir (42) and Amiya (45) are married and live with Amiya’s children from a previous relationship, Brynn (22) and Breanna (16).

Individual	Household Size
Amir	3 – Amir (self), Amiya (spouse), and Breanna (minor stepchild)
Amiya	3 – Amiya (self), Amir (spouse), and Breanna (minor child)
Brynn	1 – Brynn (self)
Breanna	3 – Breanna (self), Amir (stepparent), and Amiya (parent)

After determining household size, enter the number in Step 1 of Section Three on the Presumptive Eligibility Worksheet (Appendix 1).

Step 2 – Income Limit

Reference the Income Limit Chart on the Presumptive Eligibility Worksheet to enter the corresponding income limit for the household size and coverage group in Step 2.

Income limits for coverage groups are based on a percentage of the Federal Poverty Level (FPL), which is the minimum amount of income a person or family needs for necessities. Low Income Families (Parents and Other Caretaker Relatives) is not based on a percentage of FPL, but instead on a converted threshold of the income limits South Dakota Administrative Rule 67:46:12:08.

Each coverage group is subject to different income standards. This means that, depending on each family member’s eligibility group, some members of a family may be eligible for HPE while others are not eligible, even though the family members have the same household income and household size.

There is no income limit for South Dakota Medicaid for Youth Formerly in Foster Care.

Coverage Group	FPL
Low-Income Families (Parents and Other Caretaker Relatives)	N/A (see above)
Medicaid for Children Under Age 19	187%
Pregnant Women	138%
South Dakota Medicaid for Youth Formerly in Foster Care	N/A (see above)
Breast and Cervical Cancer Program	200%
Medicaid Expansion – Adult Group	138%

Income guidelines and additional eligibility information is available on the Department’s website at https://dss.sd.gov/economicassistance/medical_programs.aspx.

Step 3 – Household Monthly Income

Countable & Non-Countable Income

You must first determine if the income is countable or not countable. Some types of income are not counted when determining eligibility.

Countable Income	Non-Countable Income
<ul style="list-style-type: none"> • Wages/tips • Net self-employment income • Pensions and annuities • Social Security (Old-Age, Survivors, and Disability Insurance – excluding SSI) • Unemployment 	<ul style="list-style-type: none"> • Federal Veteran’s Benefits • Child Support • Worker’s Compensation • Scholarships, fellowship grants, and awards used for educational purposes. • Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) • Supplemental Security Income (SSI) • Children’s wages when they do not exceed the tax filing threshold

Monthly Income Total – Individual

Income is based on pre-tax income (not take-home pay). If a gross amount is not provided, you may ask about the hourly rate of pay and number of hours worked per week or pay period.

If income is not reported as a monthly amount, you must convert the income to a monthly amount. You will need to know how often the individual is paid, how many hours per week they work, and their hourly rate. Use the following formulas to convert pay to a monthly amount.

If the individual is paid...	Then...
Weekly	Multiply gross pay by 4.3
Bi-weekly	Multiply gross pay by 2.15
Twice a Month	Multiple gross pay by 2
Monthly	No Calculation Needed
Annually	Divide gross pay by 12

Monthly Income Total – Household

Household income is the combined pre-tax income (not take-home pay) of *all included family members*.

To determine the household income, follow these steps:

1. Determine who must be included in the applicant’s household (Step 1)
2. Determine whether any of these individuals have countable income (see above)
3. Total the countable income of every individual in the applicant’s home.

Example 1:

James (52) and John (54) are married. James earns \$300 biweekly at his job and John earns \$100 monthly.

Individual	Household Income
James	\$745 ($\$300 \times 2.15 = \645 , + \$100 = \$745 monthly)
John	\$745 ($\$300 \times 2.15 = \645 , + \$100 = \$745 monthly)

Example 2:

Annie (28) and Albert (24) are not married. They live with their two children – Alice (5) and Alexis (3). Annie receives SSI of \$914 a month. Albert earns \$1,000 monthly at his job.

Individual	Household Income
Annie	\$0 (SSI is not countable and Albert is not in her household as they are not married)
Albert	\$1,000 (Annie is not in his household as they are not married)
Alice	\$1,000 (\$0 for Annie's SSI and \$1,000 monthly for Albert's wages)
Alexis	\$1,000 (\$0 for Annie's SSI and \$1,000 monthly for Albert's wages)

Example 3:

Jordan (39) is pregnant with twins and lives with her boyfriend, Jose (33), and Jose's son, Jamal (17), from a previous relationship. Jordan receives \$1,200 monthly in SSDI, Jose does not have income, and Jamal earns \$100 monthly.

Individual	Household Income
Jordan	\$1,200
Jose	\$0
Jamal	\$0 (Jose does not have income and Jamal's annual income of \$1,200 does not exceed the tax filing threshold)

Example 4:

Amir (42) and Amiya (45) are married and live with Amiya's children from a previous relationship, Brynn (22) and Breanna (16). Amir does not work and Amiya has an annual salary of \$45,000. Brynn earns \$200 weekly at her job.

Individual	Household Income
Amir	\$3,750 ($\$45,000 / 12 = \$3,750$ monthly)
Amiya	\$3,750 ($\$45,000 / 12 = \$3,750$ monthly)
Brynn	\$860 ($\$200 \times 4.3 = \860 monthly)
Breanna	\$3,750 ($\$45,000 / 12 = \$3,750$ monthly)

Step 4 – Compare

Using the most-current FPL charts available on the Department of Social Services' site, compare the individual's total monthly household income to the individual's coverage category and household size. If the individual's income is less than or equal to the income limit, the individual is presumptively eligible.

Section 4 – Results

It can be helpful to utilize the [APPENDIX 2: CHECKLIST & INCOME QUICK GUIDE](#) as a final tool in this process.

Notice Requirements

At the time of eligibility determination, you must give the individual immediate written notice of whether they are approved or denied coverage.

Denial Notice

If the individual is not eligible for HPE, you must complete the [Applicant Notice of Denial](#) (Appendix 4) that explains the reason for the denial. The individual may not appeal the HPE determination. They may still have their application sent to the Department of Social Services as outlined below.

Approval Notice

If the individual is determined eligible for an HPE period, you must complete the [Applicant Notice of Eligibility](#) (Appendix 3). This can be used by individuals as proof of coverage to obtain Medicaid-covered services. It also serves as their notice that this benefit is temporary and of the date that coverage will end.

Notifying the Department of Social Services

Qualified hospitals are required to notify the Department of Social Services' Division of Economic Assistance of HPE approvals *within 2 working days* with the following items:

1. Presumptive Eligibility Application
2. Presumptive Eligibility Worksheet
3. Applicant Notice of Eligibility

The above must be submitted by fax (605) 773-7183 to:

Department of Social Services
Division of Economic Assistance
ATTN: Presumptive Eligibility

Failure to submit the items within 2 working days could result in denied claims.

Full Medicaid Application

All applicants, whether determined eligible for an HPE period or not, must be assisted with completing and submitting a full Medicaid application if they elect to do so. This is optional.

Individuals should be informed they can have their application sent to the Department of Social Services in order for the Division of Economic Assistance to make a full Medicaid/CHIP eligibility determination. Additional information may be requested of the individual to determine eligibility for all available medical programs, not just those included in this guide.

If the individual chooses to complete and submit a full application to the Department of Social Services, the hospital must assist in assuring the application is submitted within *2 working days*.

You may submit the application by fax to (605) 773-7183 or by mail to the following address:

Department of Social Services
Division of Economic Assistance
ATTN: Presumptive Eligibility
700 Governors Drive
Pierre, SD 57501

Applications may also be submitted by phone at (605) 773-4678, by email to DSS-MEDELIG@DSS.STATE.SD.US, by mail to any Department of Social Services, in person at any South Dakota Department of Social Services, and by fax to (605) 773-7183 or any South Dakota Department of Social Services.

Address, phone number, and fax information for all South Dakota Department of Social Services can be located at <https://dss.sd.gov/findyourlocaloffice/>.

APPENDIX 1: PRESUMPTIVE ELIGIBILITY WORKSHEET

A separate worksheet must be completed for each individual applying for presumptive eligibility.

Presumptive eligibility determination for: _____

SECTION ONE – Non-Financial Eligibility

The applicant is not currently eligible for South Dakota Medicaid and has not received Presumptive Eligibility coverage within the last 24 months from the date of application. If pregnant, the applicant has not received presumptive eligibility for this pregnancy.

The applicant is a U.S. Citizen or Qualified Non-citizen and resident of South Dakota.

SECTION TWO – Applicant Coverage Group (check one)

- Low-Income Families (Parent and Other Caretaker Relatives)
- Medicaid Children under Age 19
- Pregnant Women
- South Dakota Medicaid for Youth Formerly in Foster Care
- Breast and Cervical Cancer Program
- Medicaid Expansion – Adult Group

SECTION THREE – Eligibility Calculation (not required for Former Foster Care)

Step	Description	Amount
1	Applicant's household size	_____
2	Income limit for the household size & coverage group (see below)	_____
3	Total monthly household income	_____
4	Is monthly household income equal to or less than the income limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Limit Chart (2023 FPL)				
HH Size	Low-Income Families	Medicaid Children Under 19	Pregnant Women or Medicaid Expansion – Adult Group	Breast and Cervical Cancer Program
1	\$ 590	\$ 2,273	\$ 1,677	\$2,430
2	\$ 740	\$ 3,074	\$ 2,268	\$3,287
3	\$ 842	\$ 3,875	\$ 2,859	\$4,143
4	\$ 941	\$ 4,675	\$ 3,450	\$5,000
5	\$ 1,042	\$ 5,476	\$ 4,042	\$5,857
6	\$ 1,145	\$ 6,277	\$ 4,633	\$6,713
7	\$ 1,244	\$ 7,078	\$ 5,224	\$7,570
8	\$ 1,343	\$ 7,879	\$ 5,815	\$8,427
Each Additional (approx.)		\$801	\$592	\$858

SECTION FOUR – RESULTS

Applicant is presumptively eligible.
 HPE Start Date: _____
 Date of HPE Determination: _____

Applicant is not presumptively eligible for the following reason: _____

APPENDIX 2: CHECKLIST & INCOME QUICK GUIDE

HPE CHECKLIST

Hospitals are responsible for identifying individuals who may be eligible for an HPE period. Once you have identified an individual who may be eligible for coverage, you must complete the following steps:

HPE Eligible Population

- The person has not received HPE within the HPE time frame restrictions.
- The person is not currently enrolled in Medicaid.

General Requirements

- The person has a coverage group.
- The person is a resident of South Dakota.
- The person is a U.S. Citizen or Qualified Non-Citizen.
- The person has income below the income limit for their household size and coverage group.

Application

- The person has completed and signed the HPE application.
- The hospital has completed the Presumptive Eligibility Worksheet for each applicant.

Noticing

- The hospital has issued the person a notice of approval or denial immediately after determination.
 - If approved, the hospital has submitted a copy of the approval and other required documents within two business days to the Department of Social Services.
- The hospital has offered to assist the individual with completing and submitting an application and has explained the benefits of a full Medicaid/CHIP determination by the Department of Social Services.
 - If the person chooses to complete and submit an application, it has been submitted to the Department of Social Services within two business days.

INCOME QUICK GUIDE

Instructions for Hospitals: Refer to the following table when making HPE determinations based on the information required in the HPE application.

1. Determine the household size for each application and potential coverage groups.
2. Count the gross monthly income (before taxes) of everyone included in the household size for the specific coverage group.
3. If the applicant's income is equal to or under the income limit for their coverage category, the applicant is considered financially eligible.

Household Size

If the applicant is under age 19, their household includes (if living with):	If the applicant is age 19 or older, their household includes (if living with):
<ul style="list-style-type: none"> • The individual • The individual's children • If pregnant, the number of unborn children of the individual • The individual's spouse (if married) • Parent(s) – biological, adoptive, and step • Any sibling under the age of 19 	<ul style="list-style-type: none"> • The individual • If pregnant, the number of unborn children of the individual • The individual's spouse (if married) • Children under the age of 19 – biological, adoptive, and step

Coverage Groups

Coverage Group	Eligibility Criteria
Low-Income Families (Parents and Other Caretaker Relatives)	Individuals of any age living with and caring for a related (biological, adopted, or step) child or grandchild, sibling, nephew, niece, or first cousin under age 19 with household income at or below the income threshold.
Medicaid for Children Under Age 19	Children under age 19 with household income up to 187% FPL.
Pregnant Women	Individuals who attest that they are pregnant and have household income at or below the 138% FPL threshold.
South Dakota Medicaid for Youth Formerly in Foster Care	Individuals aged 18 to 26 who were in DOC or CPS custody under the responsibility of any State or Tribe on their 18 th birthday and leave foster care. There is no income test.
Breast and Cervical Cancer Program	Individuals aged 30 through 64 who have been found in need of treatment for breast or cervical cancer, are not eligible for Medicare Part B, and attest to income below 200% FPL.
Medicaid Expansion – Adult Group	Adults at least age 19 but less than 65 who are not pregnant, not entitled to or enrolled in Medicare, and who have household income at or below the income threshold of 138% FPL.

Countable & Non-Countable Income

Countable Income	Non-Countable Income
<ul style="list-style-type: none"> • Wages/tips • Net self-employment income • Pensions and annuities • Social Security (Old-Age, Survivors, and Disability Insurance – excluding SSI) • Unemployment 	<ul style="list-style-type: none"> • Federal Veteran's Benefits • Child Support • Worker's Compensation • Scholarships, fellowship grants, and awards used for educational purposes. • Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) • Supplemental Security Income (SSI)

Income Limit Chart (2023 FPL)				
HH Size	Low-Income Families	Medicaid Children Under 19	Pregnant Women or Medicaid Expansion – Adult Group	Breast and Cervical Cancer Program
1	\$ 590	\$ 2,273	\$ 1,677	\$2,430
2	\$ 740	\$ 3,074	\$ 2,268	\$3,287
3	\$ 842	\$ 3,875	\$ 2,859	\$4,143
4	\$ 941	\$ 4,675	\$ 3,450	\$5,000
5	\$ 1,042	\$ 5,476	\$ 4,042	\$5,857
6	\$ 1,145	\$ 6,277	\$ 4,633	\$6,713
7	\$ 1,244	\$ 7,078	\$ 5,224	\$7,570
8	\$ 1,343	\$ 7,879	\$ 5,815	\$8,427
Each Additional (approx.)		\$801	\$592	\$858

There is no income test for the South Dakota Medicaid for Youth Formerly in Foster Care.

APPENDIX 3: APPLICANT NOTICE OF ELIGIBILITY

[HOSPITAL LETTERHEAD]

Medicaid Notice of Presumptive Eligibility

[Date]

[Applicant Name]

[Applicant Address]

[Applicant CITY/STATE/ZIP]

The following individual has been determined presumptively eligible to receive Medicaid coverage and is able to access coverage as of the date of the presumptive eligibility determination. This notice serves as proof of coverage and eligibility as of this date.

Coverage is temporary unless you take action. If you want to apply to continue with South Dakota Medicaid coverage after your temporary eligibility ends, a completed application must be submitted to the South Dakota Department of Social Services no later than _____ (the last day of the month following the month this notice was signed). If the application is not received by that date of _____, eligibility will stop on that date.

If you are found eligible for ongoing Medicaid coverage by the Department of Social Services, your Presumptive Eligibility period will end effective the date that determination is made.

Individual's Name	Individual's Aid Category (Check one)
Last: _____	<input type="checkbox"/> Low-Income Families (Parents and Other Caretaker Relatives)
First: _____	<input type="checkbox"/> Medicaid for Children Under Age 19
Middle: _____	<input type="checkbox"/> Pregnant Women
	<input type="checkbox"/> South Dakota Medicaid for Youth Formerly in Foster Care
	<input type="checkbox"/> Breast and Cervical Cancer Program (<i>the hospital must be an All Women Count! Program provider</i>)
	<input type="checkbox"/> Medicaid Expansion - Adult Group

- Pregnant Women are only covered for ambulatory prenatal care. Ambulatory prenatal care includes pregnancy-related Medicaid covered services except charges associated with inpatient care in a hospital or other medical institution and charges associated with delivery of the baby

This is not a formal ongoing Medicaid eligibility determination. See checked section below regarding your Presumptive Eligibility period:

Your completed application for medical assistance has been sent to the South Dakota Department of Social Services for a formal Medicaid eligibility determination. Your presumptive eligibility period will end when the Department of Social Services makes a formal eligibility determination for Medicaid. You will receive a notice from the Department of Social Services regarding the outcome of this determination.

You must submit a complete application to the Department of Social Services/Division of Economic Assistance to have a formal ongoing Medicaid eligibility determination processed. We have provided you with the application.

You may submit the application by fax to (605) 773-7183 or by mail to the following address:

Department of Social Services
Division of Economic Assistance
ATTN: Presumptive Eligibility
700 Governors Drive
Pierre, SD 57501

Applications may also be submitted by phone at (605) 773-4678, by email to DSS-MEDELIG@DSS.STATE.SD.US, by mail to any Department of Social Services, in person at any South Dakota Department of Social Services, and by fax to (605) 773-7183 or any South Dakota Department of Social Services.

Address, phone number, and fax information for all South Dakota Department of Social Services can be located at dss.sd.gov/findyourlocaloffice.

This Presumptive Eligibility determination was made by:

Qualified Hospital Name: _____

Designated Employee Name: _____

Phone Number: _____

Email Address: _____

APPENDIX 4: APPLICANT NOTICE OF DENIAL

[HOSPITAL LETTERHEAD]

Medicaid Presumptive Eligibility Notice of Denial

[Date]

Applicant Name

Applicant Address

Applicant CITY/STATE/ZIP

The application for presumptive eligibility has been denied for the following applicant because:

[Applicant Name]

- your family income is over the allowable limit
- you are not a resident of South Dakota
- you are not a United States Citizen or Qualified Alien
- you did not meet a Medicaid eligibility category
- you have asked that your application be withdrawn
- you have not provided the information we requested
- Other, indicate reason: _____

Temporary eligibility determinations are final

There is no right to appeal a temporary eligibility decision.

You may re-apply for Medicaid benefits at any time.

- Online Applications are available at: dss.sd.gov/applyonline or <https://www.healthcare.gov/>
- Paper applications are available at this facility or available at your local Department of Social Services office. A list of local offices can be found at: dss.sd.gov/findyourlocaloffice
- You may also apply by phone, to do this please contact your local DSS office.

This Presumptive Eligibility determination was made by:

Qualified Hospital Name: _____

Designated Employee Name: _____

Phone Number: _____

Email Address: _____