



Presumptive Eligibility for Children Fact Sheet

What is Presumptive Eligibility for children?

Presumptive eligibility is a way for someone to get medical coverage right away while the full application for medical benefits is being completed or reviewed.

Who can get Presumptive Eligibility?

A Child under age 19 -

- Has family income at or below the monthly income limit for All Kids Premium Level 1 (for a family of four, the monthly income is at or below \$4,224*); and
- Is:
 - a U.S. citizen, a legal permanent resident, a lawfully present non-citizen, a refugee or has a visa or other immigration paper that shows the child is allowed to live in the U.S. (see below** for more information); and
 - a resident of Illinois.
- Has not gotten presumptive eligibility in the last 12 months.

Important: children can get regular medical coverage regardless of their immigration status, as long as they meet the other eligibility requirements. However, only children who are in the United States legally can be *presumed* eligible without a full application review.

How can a child get Presumptive Eligibility?

A parent or caretaker relative who lives with the child, or a child who is living on their own may apply online at abe.illinois.gov, visit an All Kids Application Agent, call 1-800-843-6154 to apply over the phone, or call 1-800-226-0768 and ask for an application to be mailed to them.

Presumptive eligibility decisions for children are made by State caseworkers as they are processing an application for All Kids coverage.

*Monthly income limits usually increase in April every year. The income limits in this Fact Sheet are from 2015.

**For more information on immigration status for a child, visit www.uscis.gov or call the USCIS National Customer Service call Center at 1-800-375-5283.

What information is needed to start presumptive eligibility?

Use an application for medical coverage for children under 19. Include as much information as you can but at a minimum, tell us:

- Applicant name and address (when a parent or caretaker relative applies for a child);
- Child's name and date of birth;
- Family income per month and family size;
- That the child is an Illinois resident; and
- That the child is a U.S. citizen or has ok immigration status.

Note: Undocumented non-citizen children do not qualify for **presumptive eligibility**, but **they can still get regular All Kids medical coverage**. A child can get All Kids regardless of immigration status. Children who have expired immigration documents or do not have any immigration documents are not required to provide proof of their immigration status. Making an application for medical benefits will NOT result in a report of children or their families' immigration status to the U.S. Citizenship and Immigration Services.

Do I need to provide proof for any of the information to get presumptive eligibility for my child?

No. Presumptive eligibility for children is based only on what you report on the application. Still, it is very important that you answer the questions truthfully.

What do I do when Presumptive Eligibility ends?

Presumptive eligibility will end soon if you do not answer all of the questions and submit a full application for medical benefits as soon as possible.



Presumptive Eligibility for Pregnant Women Fact Sheet

What is Medicaid Presumptive Eligibility (MPE)?

MPE is a way for a pregnant woman to get coverage for outpatient medical care right away while her full application for medical benefits is being completed or reviewed.

Who can get Medicaid Presumptive Eligibility?

A woman can get MPE coverage if:

- She is pregnant;
- She is an Illinois resident; and
- Her monthly family income is not more than the MPE limit.
Family income must be within the monthly income limit for Moms & Babies. For example, a woman in a family of four including her unborn child can get MPE if the family's income at or below \$4,304 a month*.

How can a pregnant woman get MPE?

Pregnant women can apply for MPE by visiting an MPE provider. To find an MPE provider, call the All Kids hotline at 1-866-255-5437. A Hotline operator can help find an MPE provider near where you live.

Almost all county health departments in Illinois are MPE providers but call ahead to make sure. For a listing of health departments, go to <http://www.idph.state.il.us/local/alpha.htm>

What information is needed to start presumptive eligibility?

Pregnant women must tell an MPE provider-

- That they are pregnant;
- Their name and address;
- That they are an Illinois resident; and
- Their family's monthly income and family size.

*Monthly income limits usually increase in April every year. The income limits in this Fact Sheet are from 2015.

Do I need to provide proof for any of the information required?

No. Presumptive eligibility for pregnant women is decided based on what you report on the application. Still, it is very important that you answer the questions truthfully.

What do I do when MPE ends?

Presumptive eligibility will end soon if you do not give us any more information than what is listed above. Also, MPE does not cover the cost of labor and delivery in a hospital. We encourage all pregnant women to complete a full application for medical benefits as soon as possible. **An MPE provider may be able to help you complete and submit a full application at the same time as your MPE application.**



MPE INCOME WORKSHEET

1. Enter the Family Size
 Count the following people when determining family size:
 - Pregnant woman and number of unborn child(ren);
 - Husband and his children living in the home;
 - Parents/stepparents and siblings living in the home if the pregnant woman is under age 19; and
 - Children under age 19 of the pregnant woman living in the home.

2. Enter Monthly Gross Earned Income from all sources \$ _____

3. Enter Monthly Gross Other Income from all sources \$ _____

4. Add the Gross Earned Income to the Gross Other Income for the Total Monthly Gross Income \$ _____

5. Compare Monthly Gross Income to Eligibility Limit

If the monthly gross income of the pregnant woman’s household is at or below the amount listed for the family size in the table below, the woman qualifies for MPE.

Monthly Gross Income Eligibility Limit							
Family Size	2	3	4	5	6	7	8
Income Limit	\$2,828	\$3,566	\$4,304	\$5,043	\$5,781	\$6,520	\$7,258

Note: Income guidelines are revised every year to reflect changes in the federal poverty level. The income amounts listed above are from 2015.



MEDICAID PRESUMPTIVE ELIGIBILITY APPLICATION
(Pregnant Women Only)

- Abe.illinois.gov application sent
- All Kids Application to follow
- Cash/SNAP appointment _____
- No application for on-going medical benefits

Name (Last, First) _____

STATE USE ONLY	
Case #:	_____
RIN#:	_____
MPE Eligibility Begin Date	_____

Are you pregnant? Yes No Do you live in Illinois? Yes No

Street Address _____ Apt # _____

City _____ State _____ Zip _____

County _____ Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Date of Birth _____ Social Security Number (optional) _____ - _____ - _____

Language Preference: English Spanish Other (Specify) _____ Previous RIN or Case # _____

Add previous address: _____

Are you employed? Yes No **If yes,** what is your monthly pay (including tips) before taxes? \$ _____

Do you receive any money other than what you earn from your job? Yes No
If yes, what is the monthly amount \$ _____ from where? _____

How many people do you live with? _____ If you are 19 or older, include only your spouse, children and stepchildren.
If you are under 19, also include your parents and brothers and sisters under age 19.

List their names and relationship to you.

Name: _____ Relationship: _____ Name: _____ Relationship: _____

Name: _____ Relationship: _____ Name: _____ Relationship: _____

Does anyone listed above receive money from work or any other source? Yes No **If yes,** complete the following:

Name _____ Monthly Amount \$ _____ Source _____

Name _____ Monthly Amount \$ _____ Source _____

I understand that this application is for medical assistance for a short time period and limited services. I understand that if I am interested in ongoing medical benefits only, I must complete an application for full medical benefits. I understand that my eligibility will not be considered for any other program such as cash or SNAP unless I file an application for those benefits. I can apply for all of these benefits online at abe.illinois.gov

By signing, I swear or affirm that the information above is true and correct to the best of my knowledge and belief.

Signature of Applicant _____ Date _____

APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR PROVIDER USE ONLY

CERTIFICATION OF PRESUMPTIVE ELIGIBILITY

Applicant's Expected Delivery Date	# of unborn babies	Eligibility Determination Date (Coverage Begin Date)	Household Size	\$ Total Monthly Income
According to the information provided, the above named applicant:				
<input type="checkbox"/> IS presumptively eligible for medical coverage for outpatient medical care based on her pregnancy. I have informed her of the reason to apply for ongoing medical benefits.				
<input type="checkbox"/> IS NOT presumptively eligible for medical coverage for outpatient medical care for the following reason. A Notice of Denial was issued to applicant.				
<input type="checkbox"/> Income exceeds MPE income standard <input type="checkbox"/> Not an Illinois resident <input type="checkbox"/> Not pregnant <input type="checkbox"/> MPE limited to once per pregnancy <input type="checkbox"/> Non-cooperation with eligibility process				
Provider Name			_____	
Provider Number			_____	
Provider Address				
City		State		Zip

Provider Contact Person				

Provider Telephone Number			Provider Fax Number	
_____			_____	

X _____

Provider Signature

Date

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Medicaid Presumptive Eligibility (MPE) Program Denial

Application Summary

Here is a summary of what you told us in your application. Your application tracking number is _____.

Summary of Information

Name	Date of Birth	SSN (optional)	Number of people in your household

Summary of Pregnancy Information

Declaration of Pregnancy	Number of unborn babies	Expected delivery date
Yes No		

Summary of Contact Information

Home Address	Previous Address
County	
Contact Information	
Phone number	
Email address	
Best way to get in touch with you	
Best way to contact	

Summary of Household Information

Total monthly gross earned income	Total monthly gross other income	Total monthly gross income
\$	\$	\$

Summary of Enrollment

You do not qualify for the MPE program (temporary medical coverage) for pregnant women for the reason listed below.

- Your income is over the limit
- You told us you are not an Illinois resident
- You told us you are not pregnant
- MPE coverage is limited to once per pregnancy
- You did not tell us the information we need to make a decision on your request for MPE

Provider Authorization

I, _____, certify that the information entered in this Medicaid Presumptive Eligibility application is based on the information given to me by the applicant, whom I have informed of the rights and responsibilities under the Medicaid Presumptive Eligibility program.

Provider signature

Date signed

KC 3090D (N-7-15)