



Emergency Medicaid – Urgent Medical Services for Immigrant Crime Victims and Children

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Emergency Medicaid for Non-Qualified Immigrants

Introduction and General Guidelines

Recognizing the importance of ensuring that all residents are able to receive necessary emergency medical care, every state has enacted some sort of emergency Medicaid program. While states are constrained by federal law in their ability to provide public benefits to certain types of “non-qualified” aliens, all states provide them coverage for emergency medical services. While program features and restrictions vary somewhat across the states, most have borrowed essential definitions and restrictions from federal law. Thus, there is some degree of conceptual uniformity. For example, because the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“PRWORA”) allows the provision of only emergency benefits to nonqualified aliens, most states have borrowed the federal definition of “emergency medical condition” in order to ensure their compliance.

This information is current as of December 2016. It is intended to provide an overview regarding health benefits and emergency Medicaid for each state. Victims in need of legal advice should contact their local domestic violence/sexual assault program for referrals.

Who Qualifies for Emergency Medicaid?

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“PRWORA”), P.L. 104-193, provides that only “qualified aliens” are permitted access to federal and state public benefits, including Medicaid. A “qualified alien” is one who falls into one of the following nine categories:

1. Aliens lawfully admitted for permanent residence under the INA;(Note that aliens who entered the U.S. after the date of PRWORA, August 22, 1996, are subject to a 5 year bar or waiting period on the receipt of benefits.)
2. Refugees admitted under § 207 of the INA;
3. Asylees admitted under § 208 of the INA;
4. Cuban or Haitian Entrants as defined in § 501(e) of the Refugee Education Assistance Act of 1980;
5. Aliens granted parole for at least one year under § 212(d)(5) of the INA;
6. Aliens whose deportation is being withheld under either § 243(h) of the INA in effect prior to April 1, 1997, or § 241(b)(3) of the INA, as amended;
7. Aliens granted conditional entry under § 203(a)(7) of the INA in effect before April 1, 1980;
8. Battered aliens who meet the conditions set forth in § 431(c) of PRWORA;
9. Victims of a severe form of trafficking, in accordance with § 107(b)(1) of the Trafficking Victims Protection Act of 2000.

Under the PRWORA, aliens who do not fall into the categories enumerated above, including undocumented immigrants, are considered “non-qualified aliens.” “Non-qualified aliens” can receive only limited federal and state public benefits. However, they may receive Medicaid benefits for care and services necessary for the treatment of an emergency medical condition (excluding organ transplants), provided that they meet all other general Medicaid requirements except those related to immigration status.

State residency is one of the federal Medicaid eligibility requirements that non-qualified aliens must meet in order to receive emergency Medicaid benefits. According to the State Medicaid Manual, “in some cases an alien in a currently valid non-immigrant classification may meet the State rules” for residency (see “Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, State Medicaid Manual (1997), Section 3211.10.) The State Medicaid Manual indicates that non-citizens holding valid Employment Authorization Cards (“EAD” cards) as well as those in valid status as visitors, foreign students, and certain work-authorized non-immigrants may be eligible for emergency Medicaid. However, note that in *Okale v. North Carolina Department of Health and Human Services*, 570 S.E. 2nd 741 (N.C. Ct. App. 2002), the state Medicaid agency of North Carolina denied emergency Medicaid benefits to an individual who was in the U.S. on an unexpired tourist visa. The court took the position that a person holding a tourist visa by definition could not have the requisite intent to reside in the state. *Okale*, 570 S.E. 2d at 741. See also, *Salem Hospital v. Commissioner of Public Welfare*, 574 N.E. 2nd 385 (1991). On the other hand, state residency may be established even by individuals who enter the U.S. illegally or without inspection (see, e.g., *St. Joseph’s v. Maricopa County*, 142 Ariz. 94, 688 P. 2nd. 986 (1984).)

What Constitutes an Emergency Medical Condition?

“Emergency medical condition” is defined at §1903(v)(3) of the Social Security Act (“SSA”) (42 U.S.C. §1396b(v)(3)) as a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (1) placing the patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part. Although the PRWORA severely limits what public benefits a state can provide to non-qualified aliens, it allows states to provide additional state funded benefits if state laws enacted after August 22, 1996 affirmatively provide for such eligibility. There is also a federal rule requiring that the condition must have had a “sudden onset,” however, the Medicaid Act does not contain this language. See *Medical Coverage of Emergency Medical Conditions* by Jane Perkins, in Clearinghouse Review Journal of Poverty Law and Policy September-October 2004.

In nearly every state, the condition for which treatment is sought must be severe and acute, such that the absence of immediate attention may lead to either placing the patient’s health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of a bodily organ or part.

There have been several cases dealing with the issue of the type and/or duration of medical services covered by emergency Medicaid. In *Lewis V. Thompson*, 252 F. 3rd 567 (2nd. Cir. 2001,) the Second Circuit determined that the Welfare Reform Act’s denial of pre-natal care to non-qualified aliens had a rational basis and did not violate equal protection. The court also held that citizen children of non-qualified pregnant women are eligible for Medicaid on the same basis as children of citizen mother.

There is no definitive rule on when an emergency condition ends for the purposes of cutting off emergency Medicaid. In *Scottsdale Healthcare, Inc. v. Arizona Health Care Cost Containment System*, 75 P.3rd. 91, 2003 (Ariz. 2003), five plaintiffs were treated for emergency medical conditions, and the state agency concluded that the emergency medical conditions had ceased when their conditions had been stabilized and they had been transferred from an acute ward to a rehabilitative type ward. The court concluded that even though a patient’s initial injury is stabilized, the emergency medical

condition may not have ended. The court found that the focus must be on whether the patient’s medical condition was acute and of sufficient severity that the absence of immediate medical treatment could result in (1) placing the patient’s health in serious jeopardy, (2) serious impairment to bodily functions or (3) serious dysfunction of any bodily organ or part, the three consequences set for under the statutory language. Similarly, in *Luna v. Division of Social Services*, 589 S.E.2d 917, 2004, a patient who presented to the hospital’s emergency room with weakness and numbness in the lower extremities was diagnosed with cancer and underwent surgery. All charges incurred after the initial hospitalization were denied payment on the basis that this was not treatment of an emergency medical condition. The provider argued that all treatment rendered was for an emergency medical condition, as defined by state and federal law, because the patient's cancer was rapidly progressing in a life-threatening manner. The appellate court determined that the lower court should have assessed whether the absence of the continued medical services could be expected to result in one of the three consequences outlines in the Medicaid statute. However, in *Greenery Rehabilitation Group, Inc. v. Hammon*, 2d Cir., Nos. 97-6236 97-6238, July 28, 1998, undocumented aliens who suffered serious traumatic head injuries were not entitled to payment of their expenses for the ongoing care of chronic conditions following initial emergency treatment because such care did not qualify as an emergency medical condition. The court found that, while the patients' sudden and severe head injuries initially satisfied the plain meaning of Sec. 1902(v)(3), the continuous and regimented care subsequently provided to them did not constitute emergency medical treatment pursuant to the statute.

What Procedures Must be Followed for Qualification?

The procedures for receiving such aid vary significantly as well. Several states require or allow individuals to be preauthorized as emergency Medicaid participants prior to the receipt of services. Others refuse to accept applications without a detailed description of the emergency service required; thereby eliminating the possibility of advance authorization. It is important that applicants check their state’s rules to determine what steps must be taken in order to qualify for emergency Medicaid, as failure to follow the proper procedures and meet the stated deadlines may prevent eligibility and place the full financial burden for all services on the applicant. Note that under federal law, non-qualified aliens who are eligible for emergency Medicaid need not furnish Social Security numbers. Many states specify that no Social Security number is required. However, in *Crispin v. Croye*, 27. Cal. App. 4th 700, 34 Cal. Rptr. 2d 10 (1st Dist. 1994), a California court held that the state Department of Health could require applicants to declare whether they are US citizens or nationals, or aliens with “satisfactory immigration status.”

Please note that in all jurisdictions (other than Puerto Rico and the U.S. Virgin Islands) covered by this summary, Emergency Medicaid Services are available to Non-Qualified Immigrants

| Jurisdiction | Eligibility (Income, Residency or Time Period Requirements) | Coverage (What services are covered? How are key terms defined?) | Application Process |
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| Alabama | Non-qualifying immigrants are eligible only for emergency services for treatment of emergency medical conditions. | Emergency services are “those medical services which are necessary to prevent the death or serious impairment of the health of | Applicants can apply through mail by following the Alabama Medicaid Agency instructions: http://medicaid.alabama.gov/CONTE |

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| | <p>Ala. Admin. Code 560-X-25-.05(1)(d).</p> <p>Non-qualifying aliens must meet income, residency, and other requirements.</p> <p>http://medicaid.alabama.gov/documents/3.0 Apply/3.1 General Info/3.1 MAGI Medicaid Eligibility Handout 3-1-16.pdf</p> <p>http://medicaid.alabama.gov/documents/3.0 Apply/3.2 Qualifying Medicaid/3.2 Medicaid Income Limits 3-1-16.pdf</p> <p>Ala. Admin. Code 560-X-25-.06</p> | <p>a recipient and which, because of the threat to the life or health of the recipient, necessitates the use of the most accessible services available and equipped to furnish such services.”</p> <p>Ala. Admin. Code 560-X-29-.01(5).</p> | <p>NT/3.0 apply/3.2 Qualifying for Medicaid.aspx</p> <p>or apply online: https://insurealabama.adph.state.al.us/</p> |
| Alaska | <p>The Alaska Family Medicaid Eligibility Manual may be found online at: http://dpaweb.hss.state.ak.us/manuals/fam-med/fmem.htm</p> <p>Emergency Treatment for Aliens is a special category of the Medicaid program that provides coverage for aliens who do not meet the Medicaid citizenship</p> | <p>Coverage is limited to the treatment of emergency medical conditions. Emergency Medical Condition means the individual has, after sudden onset, a medical condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical</p> | <p>Applicants can apply by mail: http://dpaweb.hss.state.ak.us/forms/pdf/Gen50c.pdf</p> <p>or apply online: https://my.alaska.gov/</p> |

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| | <p>requirements. An alien eligible under this special category is not considered to be a regular Medicaid recipient.</p> <p>Alaska Family Medicaid Eligibility Manual § 5600.</p> <p>For the purposes of Emergency Treatment for Aliens eligibility, an alien is</p> <ul style="list-style-type: none"> • a non-qualified alien as defined in Section 5011-8; or • a qualified alien as defined in Section 5011-3 who is subject to the five-year bar on Medicaid eligibility. <p>Applicant must also meet the financial, non-financial, and residency eligibility requirements for Medicaid.</p> <p>Alaska Family Medicaid Eligibility Manual § 5600 B.</p> <p>http://dpaweb.hss.state.ak.us/POLICY/PDF/Medicaid_standards.pdf</p> | <p>attention could reasonably be expected to result in:</p> <ul style="list-style-type: none"> • placing the patient's health in serious jeopardy; • serious impairment to bodily functions; or • serious dysfunction of any bodily organ or part. <p>An emergency medical condition does not include care and services related to either an organ transplant procedure or routine prenatal or postpartum care.</p> <p>Alaska Family Medicaid Eligibility Manual § 5600(A)(3).</p> | |

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| Arizona | <p>The Arizona Health Care Cost Containment System (AHCCCS) Medical Policy Manual (AMPM) is available online at https://www.azahcccs.gov/shared/MedicalPolicyManual/.</p> <p>AHCCCS provides emergency health care services through the Federal Emergency Services Program (FESP) for qualified and nonqualified aliens, as specified in 8 USC 1611 et seq. who meet all requirements for Title XIX eligibility as specified in the State Plan except for citizenship.</p> <p>AHCCCS AMPM § 1100.</p> | <p>Only emergency services are covered.</p> <p>Ariz. Rev. Stat. Ann. § 36-2903.03(D),(F).</p> <p>"Emergency Medical or Behavioral Health Condition" for a Federal Emergency Service (FES) member – means a medical condition (including labor and delivery) or a behavioral health condition manifesting itself by acute symptoms of sufficient severity, including extreme pain, such that the absence of immediate medical attention could reasonably be expected to result in:</p> <ol style="list-style-type: none"> 1. Placing the member’s health in serious jeopardy (this includes serious harm to self for purposes of behavioral health) 2. Serious impairment to bodily functions 3. Serious dysfunction of any bodily organ or part, or 4. Serious physical harm to another person (for behavioral health condition). <p>AHCCCS AMPM § 1100.</p> | <p>Applicants may apply by mail or online. A social security number is not required for emergency coverage only:</p> <p>https://www.azahcccs.gov/Members/GetCovered/apply.html</p> |

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| Arkansas | <p>Arkansas Medical Services Policy Manual (MS Manual) is available online at https://ardhs.sharepointsite.net/DHS/Policy/DCOPublishedPolicy/Forms/MedicalServices.aspx</p> <p>Nonqualified aliens living in the U.S. or qualified aliens living in the U.S. for less than five years are eligible for Medicaid benefits to cover the cost of emergency medical services if they meet the financial and categorical eligibility requirements.</p> <p>MS Manual § B-500.</p> | <p>To be eligible for emergency Medicaid, the applicant must have, or must have had within the last 3 months, an emergency medical condition. Labor and delivery is considered an emergency medical condition.</p> <p>Emergency medical condition is defined as a medical condition, including labor and delivery, manifesting itself by acute symptoms of such severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in at least one of the following:</p> <ul style="list-style-type: none"> • Placing the patient’s health in serious jeopardy; • Serious impairment of bodily function; • Serious dysfunction of any bodily part or organ. <p>MS Manual § B-500.</p> <p>Before eligibility can be determined, the existence of an emergency medical condition must</p> | <p>An application may be completed and submitted electronically via Access Arkansas, (https://access.arkansas.gov/), or through the Federally Facilitated Health Insurance Marketplace (FFM). An application may also be completed in writing on an approved DHS application form and submitted to the Agency via mail, fax, email, telephone or in person to a designated DHS Agency.</p> <p>MS Manual § C-120.</p> |

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| | | <p>be verified by a physician’s statement that the alien met the conditions shown above. A physician’s statement that the individual will die without medical treatment does not in and of itself, constitute an emergency. The eligibility determination must include a determination of whether the condition is acute or chronic. Verification that medical expenses were incurred for treatment of the condition must also be presented.</p> <p>MS Manual § B-500.</p> | |
| California | <p>A non-qualified immigrant who meets the residency and income requirements for MediCal program coverage shall only be eligible for care and services that are necessary for the treatment of an emergency medical condition and medical care directly related to the emergency, as defined in federal law.</p> <p>Cal. Welf. & Inst. Code § 14007.5.</p> <p>Applicants must satisfy income requirements.</p> | <p>The term “emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:</p> <ul style="list-style-type: none"> • (1) Placing the patient's health in serious jeopardy. • (2) Serious impairment to bodily functions. | <p>Patients can receive benefits (i.e. payment to the service provider) after the emergency treatment has been provided. Alternatively, California has a pre-approval process. Thus, persons who would qualify for emergency medical treatment can apply in advance and obtain a card to indicate they are eligible for restricted Medi-Cal coverage, which can be used for emergency treatment.</p> <p>All acute level inpatient days (except an emergency admission for labor and delivery) continue to require authorization via a Treatment</p> |

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| | <p>Cal. Welf. & Inst. Code § 14005.64.</p> <p><u>Cancer Screening and Treatment:</u> California provides state funding for low-income, uninsured or underinsured women who are residents of California to receive free breast cancer screening if at least 40 years old and free cervical cancer screening if at least 25 years old. Funding is also provided for breast cancer screening for men of any age. If cancer is detected, cancer treatment may be available through the Breast and Cervical Cancer Treatment Program.</p> <p>See Cal. Health & Safety Code §§ 104150, <i>et seq</i></p> | <ul style="list-style-type: none"> (3) Serious dysfunction to any bodily organ or part. <p>Cal. Welf. & Inst. Code § 14007.5.</p> <p>Non-qualified immigrants are also eligible to receive federally reimbursable long-term care services.</p> <p>Cal. Welf. & Inst. Code § 14007.65.</p> <p>Non-qualified immigrants are also eligible to receive medically necessary pregnancy related services.</p> <p>Cal. Welf. & Inst. Code § 14007.7.</p> <p><u>Cancer Screening and Treatment:</u> Qualified immigrants are eligible for services under the Breast and Cervical Cancer Treatment Program, which covers breast and/or cervical cancer treatment and related services for up to 18</p> | <p>Authorization Request (“TAR”) from the appropriate Medi-Cal field office.</p> <p>MediCAL Policy Manual, Part 1. https://files.medi-cal.ca.gov/pubsdoco/hipaa/icd9_policy_holding_library/part1/obra_z01.pdf</p> <p>Applicants may file by mail, online, or in person. http://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx</p> <p>Applicants must file a simplified application with their county. No social security number is required for emergency medical coverage under Medi-Cal. The application for a card to receive restricted Medi-Cal benefits may be submitted at any time.</p> <p>See, Cal. Welf. & Inst. Code §14011.2(c).</p> |

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| | | <p>months for breast cancer treatment and 24 months for cervical cancer treatment.</p> <p>Cal. Welf. & Inst. Code § 14007.71(b). Cal. Health & Safety Code § 104150, amended by HEALTH CARE FACILITIES—SCREENING—CANCER, 2016 Cal. Legis. Serv. Ch. 608 (A.B. 1795).</p> | |
| Colorado | <p>The Department of Health Care Policy and Financing Medical Assistance Eligibility Handbook, including the Colorado regulations, is available online at: http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6868&fileName=10 CCR 2505-10 8.100</p> <p>Nonqualified aliens who meet residency requirements, income requirements, and categorical criteria requirements are eligible to receive Medical Assistance benefits for emergency medical care.</p> <p>10 Colo. Code Regs. § 2505-</p> | <p>For non-qualified aliens receiving Medical Assistance emergency only benefits, the following medical conditions will be covered: An emergency medical condition (including labor and delivery) which manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:</p> <ol style="list-style-type: none"> 1) placing the patient's health in serious jeopardy; 2) serious impairment of bodily function; or 3) serious dysfunction of any bodily organ or part. | <p>A physician shall make a written statement certifying the presence of an emergency medical condition when services are provided and shall indicate that services were for a medical emergency on the claim form. This documentation must be submitted with the application.</p> <p>10 Colo. Code Regs. § 2505-10:8.100.3.G.</p> <p>The rules on confidentiality prevent the Department or eligibility site from reporting to the United States Citizenship and Immigration Services persons who have applied for or are receiving assistance. These persons need not select a primary care</p> |

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| | <p>10:8.100.3.G.</p> <p>Colorado's income guidelines for Medical Assistance can be found online at https://www.colorado.gov/pacific/sites/default/files/2016%20Agency%20Letters%20MAGI%20Medicaid%20monthly%20maximum%20income%20guidelines.pdf.</p> | <p>Coverage is limited to care and services that are necessary to treat immediate emergency medical conditions. Coverage does not include prenatal care or follow-up care.</p> <p>10 Colo. Code Regs. § 2505-10:8.100.3.G.</p> | <p>physician as they are eligible only for emergency medical services.</p> <p>10 Colo. Code Regs. § 2505-10:8.100.3.G.</p> |
| Connecticut | <p>The Connecticut Department of Social Services Uniform Policy Manual (CT UPM) can be found online at http://www.ct.gov/dss/cwp/view.asp?a=2352&q=527724.</p> <p>Nonqualified immigrants who are Connecticut residents are eligible for Emergency Medicaid if they meet income and asset limits.</p> <p>CT UMP 3005.05(C).</p> <p>General income and asset limits for CT Medicaid programs are listed here: http://www.huskyhealth.com/hh/cwp/view.asp?a=3573&q=421548&hhNav= </p> | <p>A medical condition is considered an emergency when it is of such severity that the absence of immediate medical attention could result in placing the patient's health in serious jeopardy. This includes emergency labor and delivery, and emergencies related to pregnancy, but does not include care or services related to an organ transplant procedure.</p> <p>CT UPM § 3000.01</p> | <p>Expedited Medicaid eligibility processing is available for individuals with medical emergencies. Most individuals can receive real-time Medicaid eligibility determinations by applying for health coverage through Access Health CT, Connecticut's state-based insurance marketplace.</p> <p>These individuals can apply for coverage online at www.accesshealthct.com or by calling 1-855-805-4325. Paper applications are also available by calling this number.</p> <p>http://www.huskyhealthct.org/providers/provider_postings/Expedited_Eligibility_Processing_Individuals_Medical_Emergencies.pdf</p> |

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| | See also CT UMP 4000; CT UMP 5000 | | |
| Delaware | <p>Legally residing noncitizens are not eligible for full Medicaid coverage, but remain eligible for emergency services and labor and delivery only.</p> <p>Delaware Administrative Code Title 16; 14360 State Funded Benefits http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Social%20Services/Delaware%20Social%20Services%20Manual/14000.pdf</p> <p>To be eligible for Emergency Medicaid, the individual must meet all eligibility requirements for a specific Medicaid eligibility group. The individual does NOT have to meet the requirement concerning a declaration of satisfactory immigration status and verification of that status</p> <p>Delaware's Administrative Title 16; 14380 Declaration of U.S.</p> | <p>An emergency is defined as: - a sudden serious medical situation that is life threatening; OR - a severe acute illness or accidental injury that demands immediate medical attention or surgical attention; AND - without the treatment a person's life could be threatened or the person could suffer serious long lasting disability.</p> <p>Medically necessary physician (surgeon, pathologist, anesthesiologist, emergency room physician, internist, etc.) or midwife services rendered during an emergency service that meets the above criteria are covered. Ancillary services (lab, x-ray, pharmacy, etc.) rendered during an emergency service that meets the above criteria are also covered.</p> <p>Emergency ambulance services to transport these individuals to and from the services defined above are also covered.</p> | <p>For Additional Information contact: Delaware Medical Assistance Program Customer Support 1-800-372-2022 http://www.dmap.state.de.us/home/index.html</p> <p>The Division of Social Services The Lewis Building 1-800-372-2022 http://dhss.delaware.gov/dhss/dss/</p> |

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| | <p>Citizenship and Satisfactory Immigration Status</p> <p>http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Social%20Services/Delaware%20Social%20Services%20Manual/14000.pdf</p> | <p>The following services are not covered:</p> <ul style="list-style-type: none"> - any service delivered in a setting other than an acute care hospital emergency room or an acute care inpatient hospital. The only exception is that labor and delivery services may be rendered in a birthing center) - any service (such as pharmacy, transportation, office visit, lab or x-ray, home health) that precedes or is subsequent to a covered emergency service. The only exception is that ambulance transportation that is directly related to the emergency is covered - organ transplants - long term care or rehabilitation - routine prenatal and post partum care <p>Delaware Administrative Code Title 16; 14370 Coverage of Emergency Services and Labor and Delivery Only</p> <p>http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Social%20Services/Delaware%20Social%20Services%20Manual/14000.pdf</p> | |

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| | | 20Services/Delaware%20Social%20Services%20Manual/14000.pdf | |
| District of Columbia | <p>An individual may be eligible for Emergency Medicaid in the District, if he or she:</p> <ol style="list-style-type: none"> 1. Is a District Resident; 2. Has an emergency medical condition that must be verified by a health provider; 3. Meets income requirements; and 4. Is not eligible for on-going Medicaid due to citizenship/immigration status <p>The income thresholds for this program are determined based on eligibility groups.</p> <p>This program pays the health care costs for individuals who have experienced a medical emergency. A doctor has to determine if an illness or injury is an emergency medical condition. In general, an emergency medical condition is a condition that could place an</p> | <p>Coverage includes those services that treat the sudden onset of a medical condition, including labor and delivery, which shows acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in one or more of the following:</p> <ul style="list-style-type: none"> • placing the patient’s health in serious jeopardy; • serious impairment to bodily function; or • serious dysfunction of any bodily organ or part. <p>Care and services related to an organ transplant procedure are not included in this definition.</p> <p>[b]DC Healthcare Alliance[/b]</p> <p>Services include:</p> <ul style="list-style-type: none"> • Doctor visits • Preventive care (checkups, diet and nutrition) | <p>Individuals must fill out the Medical Assistance Combined Application for DC. The application asks for immigrant status. Non-qualified immigrants should mark “OTHER” in the status box. The application states explicitly that this information is confidential and no further questions will be asked about the applicant’s immigration status.</p> <p>The English form may be found at: http://dhs.dc.gov/sites/default/files/dc/sites/dhs/publication/attachments/Combined_Application_December-2015_%28English_%20202.pdf</p> <p>The Spanish form may be found at: http://dhs.dc.gov/sites/default/files/dc/sites/dhs/publication/attachments/Combined_Application_December-2015-Spanish.pdf</p> <p>The Amharic form may be found at: http://dhs.dc.gov/sites/default/files/dc/sites/dhs/publication/attachments/Combined_Application_v42_Amharic_0.pdf</p> |

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| | <p>individual’s health in serious danger without immediate medical attention. See http://dhcf.dc.gov/service/emergency-medicaid</p> <p>[b]DC Healthcare Alliance[b]</p> <p>The DC Healthcare Alliance Program is a locally-funded program designed to provide medical assistance to District residents who are not eligible for Medicaid. The Alliance program serves low-income District residents who have no other health insurance and are not eligible for either Medicaid or Medicare.</p> <p>You may be eligible for DC Healthcare Alliance, if you:</p> <ol style="list-style-type: none"> 1. Are twenty-one (21) and older; 2. Are a District resident; 3. Have income at or below 200% of the federal poverty level (“FPL”); 4. Have resources (for example, a bank account) at or below \$4,000 for one | <ul style="list-style-type: none"> • Prenatal care (pregnancy) • Prescription drugs • Laboratory services • Medical supplies • Dental Services up to \$1000 <p>☐ See http://dhcf.dc.gov/service/health-care-alliance</p> <p>Immigrant Children’s Program</p> <p>The services offered under the Immigrant Children’s Program are very similar to the services offered to children enrolled in DC Medicaid. Some of the services provided include:</p> <ul style="list-style-type: none"> • Doctor visits • Eye care • Preventive care (checkups, diet and nutrition) • Dental services and related treatment • Prescription drugs • Laboratory services • Medical supplies <p>☐ See http://dhcf.dc.gov/service/immigrant-childrens-program</p> | <p>After the application is completed it should be mailed or delivered to the nearest Service Center. To find the nearest Service Center, call (202) 727-5355. The application may also be mailed to DHS/ CRMU, 645 H St., NE, Washington, DC 20002. For assistance with the application, call (202) 727-5355. Free interpreters are available. See http://dhcf.dc.gov/service/how-apply-medical-coverage</p> <p>DC Healthcare Alliance</p> <p>To apply for DC HealthCare Alliance, you must complete the DC Combined Application for Medical Assistance (see links above), provide supporting documentation, and have a face to face interview every six months for continued eligibility.</p> <p>Mail the Combined Application for Medical Assistance to the following address: Department of Human Services Economic Security Administration Case Record Management Unit P.O. Box 91560 Washington, DC 20090</p> |

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| | <p>person and \$6,000 for couple or families; and</p> <ol style="list-style-type: none"> 5. Have no health insurance, including Medicare and Medicaid. <p>You must complete a face-to-face interview. See http://dhcf.dc.gov/service/health-care-alliance</p> <p>Immigrant Children’s Program</p> <p>The Immigrant Children’s Program is a program designed to provide health coverage to individuals under the age of 21 who are not eligible for Medicaid. Services covered under the Immigrant Children’s Program are identical to the services covered under Medicaid for children under age 21.</p> <p>An individual may be eligible for the Immigrant Children’s Program, if he or she:</p> <ol style="list-style-type: none"> 1. Is under the age of 21 2. Is a District resident; 3. Is not eligible for Medicaid; and | | <p>Or fax completed and signed application to: Economic Security Administration Fax: (202) 671-4400</p> <p>Or you may apply in person by visiting a service center. See http://dhcf.dc.gov/service/how-apply-medical-coverage</p> |

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| | <p>4. Has income at or below 200% of the Federal Poverty Level.</p> <p>See http://dhcf.dc.gov/service/immigrant-childrens-program</p> | | |
| Florida | <p>Florida authorizes payment of medical assistance and related services for low- income individuals who meet all other requirements for Medicaid except citizenship.</p> <p>F. S. A. § 409.904 http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0409/Sections/0409.904.html</p> <p>Eligibility begins on the first day of the emergency and is limited in duration to the period of the emergency.</p> <p>Florida Administrative Code, § 65A-1.702(2)(c). https://www.flrules.org/gateway/ruleno.asp?id=65A-1.702</p> | <p>Florida Medicaid regulations define an "emergency medical condition" to be:</p> <p>(a) A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:</p> <ol style="list-style-type: none"> 1. Serious jeopardy to the health of a patient, including a pregnant woman or a fetus. 2. Serious impairment to bodily functions. 3. Serious dysfunction of any bodily organ or part. <p>(b) With respect to a pregnant woman:</p> | <p>Service providers will provide the required documentation after services are rendered. All provider claims must be accompanied by documentation of the emergency nature of the service, except for labor and delivery, which is payable without additional documentation, provided that an emergency indicator is entered on a claim form.</p> <p>Non-qualified immigrants who receive emergency services but are subsequently billed may obtain Medicaid authorization after treatment by submitting proof from a medical professional stating that the treatment was due to an emergency condition.</p> |

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| | | <p>1. That there is inadequate time to effect safe transfer to another hospital prior to delivery.</p> <p>2. That a transfer may pose a threat to the health and safety of the patient or fetus.</p> <p>3. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.</p> <p>F. S. A. § 409.901 http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0409/0409.html</p> <p>Florida’s Medicaid Provider General Handbook includes a section under “Emergency Medicaid for Aliens” which explains that the program “reimburses for emergency services provided to aliens who meet all Medicaid eligibility requirements except for citizenship or alien status.”</p> <p>The Handbook defines “emergency” using the same text as the first paragraph of Florida’s Medicaid regulations (F. S. A. §</p> | |

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| | | <p>409.901(a), without including § 409.901(b)). The Handbook further provides that “[e]ligibility can be authorized only for the duration of the emergency. Medicaid will not pay for continuous or episodic services after the emergency has been alleviated.”</p> <p>https://www.flrules.org/gateway/realRefFile.asp?refId=2671&filename=Provider%20General%20Handbook_Adoption.pdf</p> | |
| Georgia | <p>An individual determined ineligible for Medicaid solely because s/he does not meet the citizenship/alienage requirement is potentially eligible for emergency medical assistance under PRWORA.</p> <p>Medicaid Manual Chapter 2215 http://odis.dhs.state.ga.us/ViewDocument.aspx?docId=4001351&verId=1</p> | <p>Coverage for emergency Medicaid is limited to “emergency medical conditions” as defined in federal law 1903(v) of the Social Security Act and 42 CFR 440.255.</p> <p>Medicaid Manual Chapter 2054 http://odis.dhs.state.ga.us/ViewDocument.aspx?docId=4001301&verId=1 Note: Chapter 2054 refers to “emergency services” rather than the defined term “emergency medical conditions” that is cited.</p> | <p>To receive emergency Medicaid a physician must determine the need for an emergency medical service and verify that the service has been rendered. The physician must verify the emergency medical services by completing DMA Form 526.</p> |
| Guam | <p>Persons who would be otherwise eligible as provided by Article X of Guam Code, except for their failure to meet the residency requirements prescribed in § 2905.2, who are</p> | <p>Each person desiring to be classified as eligible pursuant to § 2905 shall apply for certification pursuant to rules established by the Administrator. The Administrator</p> | <p>All persons who are applying for eligibility pursuant to § 2905 shall submit the application with copies of verification documents to the Administrator, which shall determine</p> |

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| | <p>ineligible for Title XIX services, are eligible to receive temporary emergency services on Guam that are determined by the Administrator as necessary to treat an emergency medical condition..</p> <p>10 GCA § 2905.3</p> | <p>shall make the final determination regarding eligibility. On determination that the person is eligible for emergency care, the Administrator shall issue certification of limited eligibility to the applicant and shall provide notification to Program Providers.</p> <p>10 GCA § 2905</p> | <p>the applicant's eligibility. If the person is hospitalized at the time of the application, the Administrator may certify the person as eligible pursuant to §2905 pending a final determination of eligibility. 10 GCA § 2905</p> |
| Hawaii | <p>Hawaii’s Med-quest program makes special provision for emergency medical assistance to “non-citizens” if all other categorical, income and asset financial requirements are met. Hi. A.D.C. § 17-1723.1-1, 2, 3.</p> <p>http://humanservices.hawaii.gov/wp-content/uploads/2015/03/HAR-17-1723.1-EMER-MED-ASST-TO-NON-CITIZENS.pdf</p> <p>http://humanservices.hawaii.gov/wp-content/uploads/2013/10/HAR-17-1723.2-REFUGEE-MEDICAL-ASSISTANCE-ag-edits-6-4-13.pdf</p> <p>http://humanservices.hawaii.gov/wp-content/uploads/2013/10/HAR-17-1723.3-MEDICAL-ASSISTANCE-FOR-REPATRIATES-5-28-13-</p> | <p>Such individuals may receive emergency medical services necessary to stabilize an “emergency medical condition,” which means a sudden onset of a medical condition, including emergency labor and delivery, manifesting itself in acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in:</p> <p>(1) Placing the patient's health in serious jeopardy.</p> <p>(2) Serious impairment to bodily functions.</p> <p>(3) Serious dysfunction to any bodily organ or part.”</p> | <p>Applicants for emergency care must complete an application for medical assistance and submit it to the Department of Human Services or designee, which begins the application process. The application process ends with the Department issuing an eligibility determination to the applicant.</p> <p>Hi. A.D.C. § 17-1711.1-21.</p> <p>http://humanservices.hawaii.gov/wp-content/uploads/2013/10/HAR-17-1711.1-APPLICATION-PROCESSING-REQUIREMENTS-AG-edits-9-4-13.pdf</p> <p>If determined eligible for medical assistance, the individual shall be issued a Medicaid identification card by the department as appropriate.</p> |

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| | <p>Final.pdf</p> <p>The purpose of this program is to provide emergency coverage to aliens who do not qualify for non-emergency related medical assistance[.]”</p> <p>Hi. A.D.C. §17-1723.1-1, 2, 3</p> <p>The only criteria waived under the provisions of this section is that an individual be either a U.S. citizen or legal permanent resident alien.</p> | <p>Hi. A.D.C. § 17-1723.1-10(b).</p> <p>Organ transplants are specifically excluded. Otherwise, medical care is provided through the existing fee-for-service program.</p> <p>Hi. A.D.C. § 17-1723.1-21(c).</p> | <p>Hi. A.D.C. § 17-1711.1-34.</p> <p>http://humanservices.hawaii.gov/wp-content/uploads/2013/10/HAR-17-1711.1-APPLICATION-PROCESSING-REQUIREMENTS-AG-edits-9-4-13.pdf</p> <p>Information may be obtained through the Med-Quest Division of the Department of Human Services. The most convenient way to obtain this information is at</p> <p>http://www.hawaii.gov/dhs/health/medquest</p> <p>or</p> <p>http://humanservices.hawaii.gov/mqd/</p> <p>No social security number is required to receive emergency services.</p> <p>Hi. A.D.C. §17-1723-5(b)(4).</p> |
| Idaho | Individuals who are not U.S. citizens or qualified non- citizens are eligible for emergency medical services if they meet all other conditions of eligibility for a Title XIX or XXI Medicaid program (Idaho Administrative Code | The Idaho Administrative Code does not define either “emergency medical assistance” or “emergency medical services,” but it does indicate that “emergency medical condition” includes labor and delivery and that there must be | The State of Idaho does not publish details relating to the eligibility determinations or applying for emergency medical assistance. Idaho Administrative Code 16.03.01.110 provides that a person seeking coverage must complete and sign an |

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| | <p>16.03.01.240 (Eligibility for Health Care Assistance for Families and Children – Individuals Who Do Not Meet the Citizenship or Qualified Non-Citizen Requirements)) and are residents of Idaho.</p> <p>Idaho Administrative Code 16.03.01.210 (Eligibility for Health Care Assistance for Families and Children – Residency). https://adminrules.idaho.gov/rules/current/16/0301.pdf</p> <p>The usual requirement that a person have a social security number in order to receive benefits is waived in the case of an emergency medical condition suffered by a non-qualified alien due to the inability of a non-qualified alien to be issued a social security number.</p> <p>Idaho Administrative Code 16.03.01.250. (Eligibility for Health Care Assistance for Families and Children – Emergency Medical Condition) https://adminrules.idaho.gov/rules/current/16/0301.pdf</p> | <p>acute symptoms of severity, including severe pain.</p> <p>Idaho Administrative Code 16.03.01.250 (Eligibility for Health Care Assistance for Families and Children – Emergency Medical Condition). https://adminrules.idaho.gov/rules/current/16/0301.pdf</p> <p>Idaho Administrative Code 16.03.09.010.23 (Medicaid Basic Plan Benefits – Definitions – Emergency Medical Condition)(https://adminrules.idaho.gov/rules/current/16/0309.pdf) defines “emergency medical condition” as “a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:</p> <p>- Placing the health of the individual, or, with respect to a pregnant woman, the health of the woman or unborn child, in serious</p> | <p>application for healthcare assistance and certify that the information provided on the form is truthful.</p> <p>https://adminrules.idaho.gov/rules/current/16/0301.pdf</p> <p>In addition, a Health Questionnaire must be submitted together with the application.</p> <p>The application and Health Questionnaire are available on the website of the Idaho Department of Health and Welfare at: http://healthandwelfare.idaho.gov/FoodCashAssistance/HealthCoverageAssistance/HealthCoverageApplications/tabid/2883/Default.aspx</p> <p>The application contains some general instructions and statements. An applicant should contact the Idaho Department of Health and Welfare prior to concluding that coverage is unavailable based on the general information in the application. An applicant should call the Department to find out where to submit the application and questionnaire at 1-800-926-2588.</p> |

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| | | <p>jeopardy; - Serious impairment to bodily functions; or - Serious dysfunction of any bodily organ or part.</p> <p>The Department of Health and Welfare determines if a condition meets the criteria of an “emergency condition.” (Idaho Administrative Code 16.03.01.250.02)</p> <p>https://adminrules.idaho.gov/rules/current/16/0301.pdf</p> <p>An emergency medical condition is deemed to include labor and delivery, but not pre-natal care or post-partum care. (Idaho Administrative Code 16.03.01.250 (Eligibility for Health Care Assistance for Families and Children – Emergency Medical Condition) and Idaho Health and Welfare Department Manual – Health Coverage (Medicaid) for Families and Children)</p> <p>https://adminrules.idaho.gov/rules/current/16/0301.pdf</p> <p>http://www.idahohealth.org/Manual</p> | <p>When a person has (or believes he or she has) an emergency medical condition and goes to the hospital or other licensed health care facility, the hospital or health care facility should help the person to complete the application and other required paperwork and should submit it to the Idaho Department of Health and Welfare. (Telephone call with the Idaho Department of Health and Welfare, August 9, 2006) A determination as to coverage will be made by the Bureau of Medicaid Policy and Reimbursement.</p> |

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| | | <p>s/Med Fam Child Handbook/index.htm</p> <p>The eligibility of non-qualified non-citizens to receive emergency medical assistance is limited to the date(s) of the emergency condition. Idaho Administrative Code 16.03.01.240.01 (Individuals Who Do Not Meet the Citizenship or Qualified Non-Citizen Requirements – Limited Eligibility and Emergency Medical Condition)</p> <p>https://adminrules.idaho.gov/rules/current/16/0301.pdf</p> | |
| Illinois | <p>Illinois provides for emergency medical care for any individual, regardless of immigration status, so long as the income standards and eligibility standards are met.</p> <p>89 Ill. A.C. § 120.310(b). ftp://www.ilga.gov/JCAR/AdminCode/089/089001200H03100R.html</p> <p>The Illinois Department of Human Service's 'Cash, Food Stamp, and Medical Manual,' section PM I-03-04, titled Emergency Medical for Non-citizens provides that non-</p> | <p>Emergency services may be provided if they are “required after the sudden onset of a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:</p> <p>A placing the non-citizen’s health in serious jeopardy; B. serious impairments to bodily functions; or C. series dysfunction of any organ</p> | <p>Under the Department of Human Services Medical Assistance Programs, the Department pays participating providers for treatment for emergency medical conditions.</p> <p>Coverage for an emergency medical condition can only be authorized after the services are provided. Eligibility cannot be authorized for a future period.</p> <p>The person applying for emergency medical benefits must need, or have received, emergency medical services</p> |

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| | <p>citizens with an emergency medical need may qualify for Assist or AABD Medical. They do not have to be lawfully admitted for permanent residency or reside in the U.S. with the knowledge and approval of the Bureau of Citizenship and Immigration Services (BCIS). They also do not need a Social Security Number. They must meet all income, asset, and other rules of the AABD Medical or Assist programs http://www.dhs.state.il.us/page.aspx?item=12287</p> <p>Section PM 06-05-00, titled Emergency Medical for Ineligible Non-citizens provides that individuals who are not eligible for medical benefits because they do not meet the citizenship requirement, may qualify for medical coverage for emergency care. They must meet all the program requirements for Parent Assist, KidCare Assist, KidCare Moms and Babies, or AABD Medical, except for a Social Security Number and verification of immigration status. People who meet these requirements are called</p> | <p>or part.</p> <p>89 Ill. A.C. § 120.310(b)(4). ftp://www.ilga.gov/JCAR/AdminCode/089/089001200H03100R.html</p> <p>Illinois generally provides coverage for medical services related to the emergency medical condition. 89 Ill. A.C. §140.3-(b)(3) and (c)(3).</p> <p>However, organ transplants are not covered. 89 Ill. A.C. § 140.2(a)(6).</p> <p>The Illinois Department of Human Service's 'Cash, Food Stamp, and Medical Manual,' section PM 06-05-00 provides that medical coverage is given only to the person with the emergency medical condition. http://www.dhs.state.il.us/page.aspx?item=13824</p> <p>Chronic conditions and terminal illness do not meet the requirement for emergency medical coverage. Need for long term care services does not qualify the person for emergency medical coverage. The</p> | <p>in the month of application or during the 3 months before the month of application. An ineligible noncitizen who comes to Illinois solely to receive medical care does not qualify. Medical coverage is given only to the person with the emergency medical condition; other family members are not eligible.</p> <p>http://www.dhs.state.il.us/page.aspx?item=13824</p> <p>Non-citizens who are lawfully admitted for permanent residency may receive emergency medical during the 5- year period that they are disqualified from receiving ongoing benefits.</p> <p>http://www.dhs.state.il.us/page.aspx?item=13824</p> <p>The following 2 groups of children age 18 and younger are eligible for KidCare Assist, KidCare Share, and KidCare Premium: children lawfully admitted for permanent residence on or after 08/22/96; and children who are permanently residing under color of law (PRUCOL).</p> |

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| | <p>ineligible non-citizens and, unless pregnant, are only eligible for short-term medical coverage for emergency care. Ineligible non-citizens are ineligible for cash and regular medical benefits, including organ transplants.</p> <p>http://www.dhs.state.il.us/page.aspx?item=13824</p> | <p>person must also have an emergency medical condition as defined above.</p> <p>Coverage for an emergency medical condition is very limited Only medical care that is strictly of an emergency nature, such as treatment in an emergency room, or treatment in a critical care unit or intensive care unit, meets this requirement.</p> <p>http://www.dhs.state.il.us/page.aspx?item=19608</p> <p>Eligibility for payment of services lasts only until the emergency condition is stabilized. The period of time for which services are authorized cannot be more than 30 consecutive days. In those rare situations where the emergency medical condition extends beyond 30 consecutive days, contact the Illinois Department of Public Aid, Bureau of Medical Eligibility Policy, at 217-557-7158 for guidance.</p> <p>http://www.dhs.state.il.us/page.aspx?item=19608</p> | <p>A pregnant ineligible noncitizen who does not meet the Parent Assist or KidCare Assist eligibility requirements, may still be eligible for KidCare Moms and Babies (see PM 06-09-00).</p> <p>http://www.dhs.state.il.us/page.aspx?Item=14012</p> |
| Indiana | Indiana makes provision for emergency care to “nonresidents” if | An emergency condition is defined as a “medical condition that was | The Hoosier Health Care member identification card and enrollment |

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| | <p>the “onset” of the medical condition occurred in Indiana and the individual meets the other standards of the ordinarily applicable assistance plan. This coverage is provided through package E of the Hoosier Healthwise Plan.</p> <p>Under the state’s Hospital Care for the Indigent Program, which applies to payments for health service other than Medicaid, a person determined to be eligible under the hospital care for the indigent program is not financially obligated for services provided to the person during the person's eligibility under the program, if the items or services were, among other things, determined to have been necessitated an “emergency condition” or to be a direct consequence of one or more of the following medical conditions</p> <p>(1) Placing the individual’s life in jeopardy. (2) Serious impairment to bodily functions. (3) Serious dysfunction of any bodily organ or part.</p> <p>Ind. Code §§ 12-16-7.5-1.2, et seq.</p> | <p>manifested by symptoms of sufficient severity that the absence of immediate medical attention would probably result in any of the following:</p> <p>(1) Placing the individual’s life in jeopardy. (2) Serious impairment to bodily functions. (3) Serious dysfunction of any bodily organ or part.</p> <p>Ind. Code §§ 12-16-3.5-1, 5-2. http://iga.in.gov/static-documents/3/3/5/1/33510bd4/TITLE12_title12.pdf</p> <p>The Indiana Health Coverage Programs Provider Manual explains that claim forms must specifically designate the services as rendered in an emergency situation.</p> <p>http://provider.indianamedicaid.com/general-provider-services/manuals.aspx</p> <p>“Labor and delivery services are . . . considered emergency medical conditions.”</p> | <p>information may be obtained through regional enrollment centers or from the Hoosier Healthwise website.</p> <p>The instructions at this site are quite clear. The most efficient way to obtain information is the Hoosier Healthwise help line at 1-800-889-9949.</p> |

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| | <p>http://iga.in.gov/static-documents/3/3/5/1/33510bd4/TITLE12_title12.pdf</p> <p>The state of Indiana “is not responsible under the hospital care for the indigent program for the payment of any part of the costs of providing care in a hospital to an individual who is not either . . . a citizen of the United States[or] a lawfully admitted alien.</p> <p>Ind. Code §§ 12-16-7.5-7, et seq. http://iga.in.gov/static-documents/3/3/5/1/33510bd4/TITLE12_title12.pdf</p> | <p>IHCPPM chap. 2 § 3. http://provider.indianamedicaid.com/media/156801/chapter02%20archived.pdf</p> | |
| Iowa | <p>Non-qualified immigrants who meet general Medicaid income and residency requirements are eligible for care and services that are necessary for the treatment of an emergency medical condition. Non-qualified immigrants are those who are not lawfully residing in the United States, as well as those who entered the United States after 8/22/1996 and have not overcome PRWORA’s five-year bar. Iowa Administrative Code/Human Resources Department §§ 441-</p> | <p>"Emergency medical condition" means "a medical condition of sudden onset (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in one or more of the following:</p> <ol style="list-style-type: none"> (1) Placing the patient's health in serious jeopardy. (2) Serious impairment to bodily functions. | <p>If a provider believes that an individual may be eligible for Medicaid emergency benefits, the provider refers him or her to the local Department of Human Services office. The local office will verify the emergency through the use of Form 470-4299, Verification of Emergency Health Care Services, which is submitted by the applicant, but also includes a section to be completed and signed by the provider wherein the emergency care is described. Iowa Administrative Code/Human</p> |

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| | <p>75.11(2), (4).</p> <p>"Care and services necessary for the treatment of an emergency medical condition" means "services provided in a hospital, clinic, office or other facility that is equipped to furnish the required care after the sudden onset of an emergency medical condition."</p> <p>Iowa Administrative Code/Human Resources Department §§ 441-75.11(1).</p> <p>To receive Medicaid benefits, an applicant must be a resident of Iowa and meet certain income requirements. County welfare departments determine residency. No period of residency is required as a condition of eligibility, however the applicant (an adult over 21) must be living in Iowa with the intent to remain permanently or indefinitely in Iowa with a job commitment or seeking employment (whether or not currently employed).</p> <p>Iowa Administrative Code/Human Resources Department §§ 441-75.10(2)(j).</p> | <p>(3) Serious dysfunction of any bodily organ or part."</p> <p>Iowa Administrative Code/Human Resources Department §§ 441-75.11(1).</p> | <p>Resources Department §§ 441-75.11(4)</p> <p>Once the Department determines that the person is eligible for emergency services, it issues a special <i>Medical Assistance</i> Eligibility Card (Limited Benefits), Form 470-2188, to the person. The person has to present this card to the providers of emergency care, and the providers can then submit a claim for Medicaid payment. This card is issued monthly to each eligible member.</p> |

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| Kansas | <p>The Kansas Department of Social and Rehabilitation Services (SRS) provides emergency medical assistance to unqualified non-citizens and undocumented aliens under the “SOBRA” program established under the Kansas Economic and Employment Support Manual (KEESM) §2691.</p> <p>The Policy Memo “EES Policy No. 00-12-03,” states that SOBRA entitles otherwise eligible individuals who are nonqualifying legal immigrants, as well as undocumented aliens, to emergency medical services that are necessary for the treatment of the emergency medical conditions in accordance with federal requirements under PRWORA.</p> | <p>The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:</p> <ul style="list-style-type: none"> (1) Placing the patient's health in serious jeopardy. (2) Serious impairment to bodily functions. (3) Serious dysfunction to any bodily organ or part. <p>Emergency Medicaid services are limited to emergency services and subsequent inpatient hospital services related to the emergency until the patient is stabilized, including any related physician services. No other services are to be covered. (KEESM §2691)</p> <p>The coverage is for approved emergency medical conditions, determined based on analysis of the individual’s medical condition as</p> | <p>To receive SOBRA benefits, an applicant must meet the general eligibility requirements of KEESM §2100 except for the SSN requirements of KEESM §2130 and the alienage provisions of KEESM §2140.</p> <p>A medical form (Form MS-2156) is used to capture the information regarding the condition. The completed MS-2156 form and required supporting documentation obtained from the medical provider shall be sent to the fiscal agent for decision. The MS-2156 form is required for each emergent episode, except for labor and delivery.</p> <p>Episodes regarding women who have recently delivered may be analyzed for eligibility without the MS-2145 form. However, any payment for services other than routine labor and delivery will require an MS-2156 form to establish emergency, including the requirement of a live or still birth verification.</p> <p>A medical card is issued locally covering the month(s) in which the emergency service was rendered and</p> |

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| | | <p>well as the location in which treatment of the condition was provided. Only the SOBRA program manager in the Health Care Policy Division, Medical/Medicaid (HCP) or designated fiscal agent staff may determine whether a condition constitutes an emergency.</p> | <p>specifically designated “for emergency services only.”</p> <p>Although no residency requirement appears in KEESM §2100, Kansas Family Medical Assistance Manual (KFMAM) §2051 requires that a client for medical programs be a resident of the state. A resident is defined as one who is living in the state voluntarily and not for a temporary purpose. However, residence can be established for persons who are living in the state with a job commitment or who are seeking employment in the state, including temporary stays such as migrant works, and for family members living with them.</p> <p>See following link for more information:</p> <p>http://www.da.ks.gov/hpf/medicalpolicy/MedicalAssistance/BasicEligibilityRequirementHealthBenefitPrograms.htm</p> |
| Kentucky | According to the Department for Community Based Services, Division of Family Support Operation Manual, Volume 1, MS | The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient | To apply, a social security number may be provided but is not required. If the applicant does not have a social security number, a pseudo-number |

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| | <p>2075, any alien who does not meet the qualified alien requirements for ongoing medical assistance, may be eligible for time-limited medical assistance due to an “emergency medical condition.” (See also 907 Ky. Admin. Regs. 1:011 §5(12)(b))</p> <p>To receive the emergency medical assistance benefits, the applicant must be a resident of Kentucky and meet certain income requirements. Aliens currently in this country on a temporary visa, including students and tourists, may also be eligible for time-limited emergency Medicaid coverage, if technical and financial eligibility requirements are met. (Operation Manual, Vol. 1, MS 2075)</p> | <p>severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:</p> <ol style="list-style-type: none"> (1) Placing the patient's health in serious jeopardy. (2) Serious impairment to bodily functions. (3) Serious dysfunction to any bodily organ or part. <p>Eligible individuals are entitled to medical care and services, including limited follow up, necessary for the treatment of the emergency medical condition as certified by the attending physician or other appropriate provider. (907 Ky. Admin. Regs. 1:011 §5(12)(b))</p> <p>Normal delivery of a baby is considered an emergency and is covered. Coverage period includes the month of delivery and the following month; however, the individual is not eligible for postpartum coverage. (Operation Manual, Vol. 1, MS 2075)</p> | <p>will be assigned by the Kentucky Automated Management Eligibility System (KAMES).</p> <p>The emergency medical condition must be verified by a written statement from the medical provider containing information about the details of the condition and whether the medical provider considers the condition to be an emergency medical condition. (Operation Manual, Vol. 1, MS 2075)</p> <p>The emergency medical condition must have occurred in the month of the application or within the 3 months prior to the application. (907 Ky. Admin. Regs. 1:011 §5(12)(b)(3))</p> <p>Time-limited emergency Medicaid coverage includes the first day of the month in which the emergency medical condition begins and continues through the following month. (907 Ky. Admin. Regs. 1:011 §5(12)(b)(4))</p> <p>The Division of Family Support Operation Manual is available at:</p> |

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| | | | http://manuals.chfs.ky.gov/dcbs_manuals/DFS/index_dfs.asp |
| Louisiana | <p>Undocumented immigrants are eligible for “emergency services” if they, apart from citizenship and lack of Social Security Number, would qualify for Medicaid.</p> <p>No officer, employee, or member of the medical staff of a hospital licensed by the Department of Health and Hospitals shall deny emergency services available at the hospital to a person diagnosed by a licensed physician as requiring emergency services because the person is unable to establish his ability to pay for the services or because of race, religion, or national ancestry.</p> <p>For more information:</p> <p>24 LR 601</p> <p>La. R.S. 40:2113.4</p> <p>La. R.S. 40:2113.6</p> | <p>An “emergency medical condition” is after sudden onset, a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Emergency Medical Services do not include any organ transplant procedure or routine prenatal or postpartum care.</p> <p>“Emergency Services” are services that are usually and customarily available at the respective hospital and that must be provided immediately to stabilize a medical condition which, if not stabilized, could reasonably be expected to result in the loss of the person's life, serious permanent disfigurement or loss or impairment of the function of a bodily member or organ, or</p> | <p>Louisiana DHH’s interpretation has been that aliens qualify emergency hospital services, which requires an after-the-fact Medicaid for application and review for “emergency.”</p> <p>For more information:</p> <p>Medicaid in Louisiana http://new.dhh.louisiana.gov/index.cfm/page/237</p> |

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| | | <p>which is necessary to provide for the care of a woman in active labor if the hospital is so equipped and, if the hospital is not so equipped, to provide necessary treatment to allow the woman to travel to a more appropriate facility without undue risk of serious harm. Pharmacists can release a 72 hour supply of a drug without prior approval if they or the prescriber determine and endorse that an emergency situation exists.</p> | |
| Maine | <p>MaineCare: The Social Security Act provides Medicaid coverage for emergency medical care for ineligible aliens who meet all eligibility requirements for a federally funded Medicaid program except citizenship/alien status. Coverage is for the specific emergency only.</p> <p>MaineCare Benefits Manual: http://www.maine.gov/sos/cec/rules/10/ch101.htm</p> <p>MaineCare Member Handbook: http://www.maine.gov/dhhs/oms/pdfs/doc/member/mainecare_mbr_ha_nbook.doc</p> | <p>MaineCare coverage for emergency services for undocumented non-citizens extends only to those services necessary to stabilize the emergency condition. MaineCare does not cover any further treatment or rehabilitation resulting from the emergency even though such treatment may be necessary.</p> <p>An emergency medical condition is defined as follows:</p> <p>After sudden onset, the medical condition (including emergency labor and delivery) manifests itself by acute symptoms of sufficient severity (including severe pain) that</p> | <ul style="list-style-type: none"> • Go to My Maine Connection to apply online. • You can also complete your annual review (re-certification) or tell an eligibility worker about changes to your address, income, assets, or when people move in or out of your home. • Print an application and mail it to 114 Corn Shop Lane, Farmington, ME 04938. • Call 1-855-797-4357. • Visit your local DHHS - Office for Family Independence (OFI) office. |

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| | | <p>the absence of immediate medical attention could reasonably be expected to result in:</p> <ul style="list-style-type: none"> • Placing the patient’s health in serious jeopardy; or • Serious impairment to bodily functions; or • Serious dysfunction of any bodily organ or part. <p>All labor and delivery is considered an emergency for purposes of this eligibility provision.</p> | |
| Maryland | <p>In Maryland, undocumented immigrants may obtain emergency services if they meet income and residency requirements.</p> <p>Md. Code Regs. 10.09.24.05.</p> <p>The income and residency requirements are the same as those general requirements for Medicaid eligibility. No period of residency is required as a condition of eligibility; however, the applicant must have the intent to remain indefinitely in Maryland.</p> | <p>Emergency services are services provided by a licensed medical practitioner after the onset of a medical condition manifesting itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected by a prudent layperson, possessing average knowledge of health and medicine, to result in: (1) placing health in serious jeopardy; (2) serious impairment to bodily functions; (3) serious dysfunction of any bodily organ or part; (4) or development or continuance of severe pain.</p> | <p>Applicants must file an application with the Local Department of Social Services (“LDSS”) in the city or county where they live. No social security number is required for emergency medical coverage.</p> <p>A card is not issued because coverage is generally limited to payment for emergency medical services that have already been received. The Department of Health and Mental Hygiene (DHMH) determines if the services received were emergency in nature.</p> |

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| | Md. Code Regs. 10.09.24.05. | <p>Md. Code Regs. 10.09.24.02. Emergency services include labor and delivery.</p> <p>Typically applicants receive retroactive coverage; however, in limited circumstances (e.g., cancer, dialysis, and end stage renal disease) there may be coverage for limited ongoing treatment.</p> | <p>To locate an LDSS see:</p> <p>http://www.dhmf.state.md.us/mma/dss/index.html</p> |
| Massachusetts | <p>The Massachusetts healthcare program offers different levels of coverage depending on a variety of categories. <i>See 130 CMR 504.006: Applicable Coverage Types.</i></p> <p>Citizens, qualified noncitizens, and protected noncitizens may receive MassHealth under any coverage type if they meet the eligibility requirements described in 130 CMR 505.000: <i>Health Care Reform: MassHealth: Coverage Types.</i> <i>See id.</i></p> <p>Qualified noncitizens barred and nonqualified individuals lawfully</p> | <p>Mass Health Limited coverage covers:</p> <ul style="list-style-type: none"> • Visits to the emergency department of hospitals; • Outpatient hospital visits, including ancillary services, for the treatment of “acute medical conditions requiring immediate attention;” • Hospital stays related to an acute medical condition; • Labor and delivery; • Emergency dental care, from any MassHealth dental provider; • “Emergency services” related to ongoing health conditions—such as insulin for people who depend on it, | <p>To receive MassHealth, an applicant may apply online at https://www.mahealthconnector.org/ or may, download an Application for Health Coverage and Help Paying Costs at: http://www.mass.gov/eohhs/consumer/insurance/apply-for-health-coverage/. An applicant may also call MassHealth Customer Service to apply by phone or to request an application: 1-800-841-2900. <i>See</i> https://www.benefits.gov/benefits/benefit-details/1282.</p> |

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| | <p>present may receive the following coverage:</p> <ul style="list-style-type: none"> • MassHealth Standard, if they are younger than 19 years old, young adults 19 and 20 years of age, or pregnant women and meet the categorical requirements and financial standards described at 130 CMR 505.002: <i>MassHealth Standard</i>; independent foster care children 18 through 20 years of age, and children younger than 19 years old and young adults age 19 and 20 years of age who are receiving EAEDC. • MassHealth CommonHealth, if they are younger than 19 years old and meet the categorical requirements and financial standards as described at 130 CMR 505.004: <i>MassHealth CommonHealth</i> • MassHealth Family Assistance, if they are children younger than 19 years old, disabled adults 21 through 64 years of age and | <p>dialysis for people with renal failure, oxygen equipment and supplies, and emergency cancer treatment;</p> <ul style="list-style-type: none"> • Antibiotics and other medically necessary drugs prescribed in conjunction with the emergency services listed above (for a total of a 30-day supply); prescriptions can be filled at retail pharmacies; • Transportation by ambulance in conjunction with emergency services listed above; and • Other services determined to be covered on a case-by case basis. <p>See http://compagners.dreamhosters.com/pdf/blog/2009-09-09_mhlimited_vs_hsn.pdf.</p> <p>MassHealth Limited does <i>not</i> cover medical visits and prescriptions that aren't clearly related to an emergency service, services at long-term care and rehabilitation facilities (unless an exception is</p> | |

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| | <p>meet the categorical requirements and financial standards as described at 130 CMR 505.005: <i>MassHealth Family Assistance</i> or adults 21 through 64 years of age who are receiving EAEDC</p> <ul style="list-style-type: none"> • MassHealth Limited, if they are adults 21 through 64 years of age and meet the categorical requirements and financial standards as described in 130 CMR 505.006: <i>MassHealth Limited</i> • Children’s Medical Security Plan, if they are children younger than 19 years old and meet the categorical requirements and financial standards as described at 130 CMR 522.004: <i>Children’s Medical Security Plan (CMSP)</i>. <p><i>See id.</i></p> <p>Family Assistance offers coverage for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible</p> | <p>granted), and organ transplants. <i>See id.</i></p> <p>For MassHealth Limited coverage, MassHealth regulations define “emergency services” as “the treatment of a medical condition that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in:</p> <ul style="list-style-type: none"> (a) placing the member’s health in serious jeopardy; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part.” <p><i>See id.</i></p> | |

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| | <p>for MassHealth Standard, CommonHealth, or CarePlus. <i>See 130 CMR 505.001.</i></p> <p>Limited coverage offers coverage for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: <i>Immigrants.</i> <i>See id.</i></p> | | |
| Michigan | <p>Michigan Department of Health and Human Services (MDHHS) determines eligibility for Emergency Services Only (ESO) coverage. To qualify for ESO Medicaid, non-citizens must meet all Medicaid eligibility requirements not related to immigration status. <i>See</i> http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf (<i>Emergency Services Only Medicaid, Section 2, p. 2</i>).</p> | <p>ESO Medicaid coverage is limited to labor and delivery services, and those services necessary to treat emergency conditions. The following services are not covered under this benefit:</p> <ul style="list-style-type: none"> • preventative services • follow-up services related to emergency treatment (e.g., removal of cast, follow-up laboratory studies, etc.) • treatment of chronic conditions (e.g., ongoing dialysis, chemotherapy, etc.) | <p>The DCH-1426, Application for Health Coverage & Help Paying Costs, is the paper application to use to apply for healthcare coverage in Michigan. Health care coverage refers to Medicaid, Healthy Michigan Plan, Children’s Health Insurance Program (CHIP), private health insurance plans that offer comprehensive coverage, and a tax credit that can help pay premiums for health coverage. <i>See</i> http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-320219--,00.html.</p> |

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| | <p>Emergency services may require verbal authorization indicating that it is medically necessary to provide the service within a 24-hour time period.</p> <p><i>See</i> http://www.michigan.gov/documents/MSA_05-61_142996_7.pdf.</p> | <ul style="list-style-type: none"> • sterilizations performed in conjunction with delivery • organ transplants • pre-scheduled surgeries <p><i>See</i> http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf (Emergency Services Only Medicaid, Section 3, p. 3)</p> <p>For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to:</p> <ul style="list-style-type: none"> • Place the person’s health in serious jeopardy, or • Cause serious impairment to bodily functions, or • Cause serious dysfunction of any bodily organ or part. <p><i>See</i> http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProvid</p> | <p>An applicant may also apply online at www.michigan.gov/mibridges. <i>See id.</i></p> |

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| | | <p>erManual.pdf (Beneficiary Eligibility, Section 2.1, p. 19).</p> | |
| Minnesota | <p>In Minnesota, noncitizens, regardless of immigration status, may obtain Medicaid benefits through the Medical Assistance program if they otherwise meet the eligibility requirements of chapter 256b if the care and services are necessary to treat an emergency medical condition. <i>See Min. Stat. §256B.06, Subd. 4(f).</i></p> | <p>An emergency medical condition is a medical condition that meets the requirements of United States Code, title 42, section 1396b(v). <i>See Min. Stat. §256B.06, Subd. 4(g).</i></p> <p>Notwithstanding subdivision 4(g), Emergency medical services are limited to certain emergency room or ambulance services directly related to the emergency medical condition, certain inpatient services following admission for an acute emergency condition and certain follow up services directly related to the emergency medical condition and covered by the global payment to the provider. <i>See Min. Stat. §256B.06, Subd. 4(h)(1) and see Min. Stat. §256B.06, Subd. 4(h)(2) for a list of services that are not considered necessary for the treatment of an emergency condition.</i></p> | <p>An applicant can file an application using a paper form or an online process. <i>See</i> https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696-ENG; http://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/adults-apply.jsp.</p> |
| Mississippi | <p>Regarding Emergency Services for Immigrants (who do not otherwise qualify for Medicaid):</p> | <p>Emergency Medicaid means:</p> <ol style="list-style-type: none"> 1. the emergency cannot be related to an organ | <p>In order to apply online, the Mississippi Division of Medicaid and the federally facilitated marketplace (FFM) has one single application for</p> |

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| | <ul style="list-style-type: none"> • Covered group: non-qualified or undocumented immigrants • Income limits: An immigrant must qualify for a covered group on all factors other than citizenship and immigration status. The income (and resource) limit for the covered group applies. • Age: The age limit for the applicable covered group applies. • Qualifications: Immigrants who have had an emergency medical service and who are determined eligible for a covered group, are covered solely for the date of service of the emergency. <p>See https://medicaid.ms.gov/medicaid-coverage/who-qualifies-for-coverage/.</p> <p>All other eligibility requirements must be met except immigration status.</p> <p>See</p> | <p>transplant or routine prenatal or postpartum care,</p> <p>2. the services covered relate directly to the injury, illness or delivery causing the emergency. Once the medical condition is stabilized it is no longer an emergency, even if it remains serious.</p> <p>See https://medicaid.ms.gov/medicaid-coverage/who-qualifies-for-coverage/immigrants/.</p> | <p>all insurance affordability programs. Application for any of the insurance affordability programs may be filed online through the Division of Medicaid or the FFM at Healthcare.gov. To fill out this application, an applicant will need:</p> <ul style="list-style-type: none"> • Social Security Numbers or document numbers for legal immigrants who need insurance. • Dates of birth for each person applying. • Employer and income information for each person in the family with income. • Policy numbers for any current health insurance. • Information about any job-related health insurance available to the applicant's family. <p>See https://medicaid.ms.gov/medicaid-coverage/how-to-apply/.</p> <p>Or an applicant may apply by completing and submitting the Mississippi Medicaid Application Form (PDF) which can be found at</p> |

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| | https://medicaid.ms.gov/medicaid-coverage/who-qualifies-for-coverage/immigrants/. | | https://medicaid.ms.gov/wp-content/uploads/2014/01/DOM_MA_GIApp.pdf . <i>See id.</i> |
| Missouri | <p>The Social Security Act provides MO HealthNet coverage for emergency medical care for ineligible aliens, who meet all eligibility requirements for a federally funded MO HealthNet program except citizenship/alien status. Coverage is for the specific emergency only.</p> <p><i>See</i> http://manuals.momed.com/collections/collection_pdw/print.pdf (Section 1.6(D)).</p> | <p>An emergency medical condition is defined as a condition which, after sudden onset, the medical condition (including emergency labor and delivery) manifests itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:</p> <ul style="list-style-type: none"> • Placing the patient’s health in serious jeopardy; • Serious impairment to bodily functions; or • Serious dysfunction of any bodily organ or part. <p>All labor and delivery is considered an emergency for purposes of this eligibility provision.</p> <p><i>See</i> http://manuals.momed.com/collections/collection_pdw/print.pdf (Section 1.6(D)).</p> | <p>The patient or the patient’s representative (related or unrelated) may apply for benefits through the Family Support Division in the patient’s county of residence.</p> <p><i>See</i> http://manuals.momed.com/collections/collection_pdw/print.pdf (Section 1.3).</p> <p>Information can also be obtained by calling the FSD Call Center at (855) 373-4636. Applications for MO HealthNet Managed Care may be requested by phone by calling (888) 275-5908. The county office accepts and processes the application and notifies the patient of the resulting determination.</p> <p><i>See id.</i></p> <p>In an emergency situation, providers should contact the local Family Support Division office and identify the services and the nature of the emergency. State staff identify the emergency nature of the claim and</p> |

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| | | | <p>add or deny coverage for the period of the emergency only. Claims are reimbursed only for the eligibility period identified on the participant's eligibility file.</p> <p>See http://manuals.momed.com/collection/s/collection_pdw/print.pdf (Section 1.6(D)).</p> |
| Montana | <p>Emergency medical coverage is provided to an <u>otherwise eligible</u> alien who does not meet qualified alien status.</p> <p>See http://dphhs.mt.gov/Portals/85/hcsd/documents/mamannual/CMA301-3(070116).pdf.</p> <p>Aliens who are currently ineligible for Medicaid due to the five-year ban (see CMA 301-2) may be eligible for emergency medical coverage.</p> <p>See <i>id.</i></p> <p>An otherwise eligible alien is an individual who meets the financial and non-financial requirements of a non-medically needy Medicaid coverage group (e.g., if the alien is pregnant, she would need to meet</p> | <p>Emergency coverage is provided from the time the individual is first given treatment until the medical condition is no longer considered an emergency. Emergency medical services are those services required because the individual has a medical condition of sufficient severity (including severe pain) that the absence of immediate medical attention could result in:</p> <ol style="list-style-type: none"> 1. placing the individual's health in serious jeopardy (this includes childbirth); 2. serious impairment to bodily functions; or 3. serious dysfunction of any bodily organ or part. <p>See http://dphhs.mt.gov/Portals/85/hcsd/documents/mamannual/CMA301-3(070116).pdf.</p> | <p>Montana has an online application for Health Coverage Assistance.</p> <p>See https://apply.mt.gov/access/accessController?id=0.7490894322622502.</p> |

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| | <p>ACA Pregnancy requirements; for ABD, the alien needs to meet ABD requirements).</p> <p><i>See id.</i></p> <p>The alien must meet the state's residency rules. The following aliens do not meet residency criteria, and therefore are not eligible for emergency medical coverage:</p> <ol style="list-style-type: none"> 1. Foreign government representatives on official business, their families and servants; 2. Visitors for business or pleasure - including exchange visitors 3. Aliens in travel status while traveling directly through the U.S 4. Crewmen on shore leave; 5. Treaty traders, investors and their families; 6. Foreign students; 7. International organization representation, personnel, their families and servants; 8. Temporary workers - including agricultural contract workers; and 9. Members of foreign press, radio, film or other information media and their families. <p><i>See id.</i></p> | | |

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| Nebraska | <p>Emergency Medicaid coverage is available for undocumented and ineligible aliens who have an emergency medical condition and are otherwise eligible for Medicaid (meet income, residency, and other standards). Emergency Medicaid does <i>not</i> provide continuous coverage or ongoing eligibility for Medicaid—only coverage for the specific dates of the emergency, as determined by Nebraska DHHS.</p> <p><u>Process for Determining Emergency Medicaid Eligibility</u></p> <p>1. <i>Applicant must meet all state Medicaid eligibility criteria (i.e., low income, qualifying category, residency) but does not have an eligible immigration status.</i></p> <ul style="list-style-type: none"> A DHHS caseworker determines what eligibility category the applicant would fit into if not for his/her immigration status (i.e. child, senior, person with disabilities, etc.) | <p>An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) where the absence of immediate medical attention could reasonably result in:</p> <ul style="list-style-type: none"> Serious jeopardy to the patient’s health; Serious impairment to bodily functions; or Serious dysfunction of any bodily organ or part. <p>477 NAC 24-007.01</p> <p>Emergency conditions generally covered include labor and delivery; hospitalizations and ER visits (but not regular doctor’s office visits); and conditions such as strokes, sepsis, and traumatic brain injuries. Conditions generally not covered include acute rehabilitation, chemotherapy, and dialysis. See http://enroll-ne.org/wp-content/uploads/2016/04/Enroll-NE-Immigrant-Eligibility-Guide-4.16.pdf</p> <p><u>599 CHIP</u></p> | <p>Medicaid applications may be submitted at https://dhhs-access-neb-menu.ne.gov/start/application/publik/aca/Welcome.xhtml?tl=en</p> <p>For questions regarding Medicaid eligibility, call (855) 632-7633.</p> <p><u>CHIP 599</u></p> <p>An applicant should submit a Medicaid application for a child covered under CHIP 599 (now a U.S. citizen) as soon as possible after birth. See http://enroll-ne.org/wp-content/uploads/2016/04/Enroll-NE-Immigrant-Eligibility-Guide-4.16.pdf</p> |

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| | <p>2. <i>Applicant must have emergency medical condition.</i></p> <ul style="list-style-type: none"> An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) where the absence of immediate medical attention could reasonably result in: a) serious jeopardy to the patient's health; b) Serious impairment to bodily functions; or (c) Serious dysfunction of any bodily organ or part. <p>477 NAC 24-007.01</p> <ul style="list-style-type: none"> The applicant must submit documentation (medical records) of the emergency medical condition. <p>3. <i>State Review Team (SRT) Determines Whether Emergency Medical Condition Exists and Amount of Coverage.</i></p> | <p>Eligibility is determined for the unborn child from conception through birth; therefore, 599 CHIP covers prenatal care, labor and delivery, and the baby's hospital costs. 599 CHIP <i>does not</i> cover postpartum care for the mother, although the mother may apply for Emergency Medicaid for postpartum complications. There is no presumptive or retroactive coverage under 599 CHIP. There is only coverage back to the first day of the month of application for the unborn child.</p> <p>477 NAC 18-004.06</p> | |

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| | <ul style="list-style-type: none"> If SRT determines that emergency medical condition exists, Medicaid is approved only for a specific number of days set by SRT to treat that particular condition. <p>See http://enroll-ne.org/wp-content/uploads/2016/04/Enroll-NE-Immigrant-Eligibility-Guide-4.16.pdf</p> <p><u>599 CHIP</u></p> <p>A pregnant woman ineligible for Medicaid because of her immigration status may apply for coverage for her unborn child under the 599 CHIP program. The coverage is viewed as going to the child, not the mother. The unborn child's immigration status is considered independent from the mother's status. Therefore, an undocumented mother could get prenatal care for her unborn child through 599 CHIP.</p> <p>Eligibility Requirements:</p> <ul style="list-style-type: none"> The mother must apply and be denied typical Medicaid coverage before 599 CHIP eligibility is determined. The mother must have an income | | |

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| | <p>below 194% of the Federal Poverty Level.</p> <ul style="list-style-type: none"> • The mother must be a Nebraska resident. • Citizenship of the mother is <i>not</i> required. <p>477 Nebraska Administrative Code (NAC) 18-004.</p> | | |
| Nevada | <p>Nevada authorizes Medicaid coverage for emergency medical situations to individuals who do not meet the criteria of a qualified non-citizen, but who otherwise meet eligibility criteria of a MAABD (Medical Assistance to Aged, Blind and Disabled) group.</p> <p>Individuals who request assistance under this category must meet the following:</p> <ol style="list-style-type: none"> 1. meet all eligibility criteria except the citizenship requirements. Residency requirements must be met; and 2. be aged, blind, or disabled and would qualify for Medicaid as a state institutional case, or would be eligible for SSI, except | <p>These cases are only entitled to coverage for emergency services. See Medical Assistance Program Manual Part B - Medicaid Categories, B-350.2, Emergency Medical for Ineligible Non-Citizens. https://dwss.nv.gov/uploadedFiles/dwssnv.gov/content/Medical/B-300%20MAABD%20MEDICAL%20CATEGORIES%20May%2016.pdf</p> | <p>Apply for assistance at this website: https://dwss.nv.gov/TANF/Access_Nevada/</p> |

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| | <p>for the fact they are ineligible non-citizens.</p> <ol style="list-style-type: none"> 3. provide verification of a medical service for the months services are requested; or 4. have a chronic emergency medical condition requiring continuous services. For example: kidney failure, cancer, pregnancy. <p>See Medical Assistance Program Manual Part B - Medicaid Categories, B-350.2, Emergency Medical for Ineligible Non-Citizens. https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Medical/B-300%20MAABD%20MEDICAL%20CATEGORIES%20May%2016.pdf</p> | | |
| New Hampshire | <p>There are limited emergency medical services available for some nonqualified aliens, and a Department of Health and Human Services District Office should be contacted for specific cases. See</p> | <p>There are limited emergency medical services available for some nonqualified aliens, and a Department of Health and Human Services District Office should be contacted for specific cases. See</p> | <p>Contact the Medicaid Program - Client Services, at (603) 271-4344.</p> <p>Street Address: 129 Pleasant Street Concord, NH 03301</p> <p>Mailing Address:</p> |

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| | http://www.dhhs.nh.gov/ombp/medicaid/eligibility.htm | http://www.dhhs.nh.gov/ombp/medicaid/eligibility.htm | <p>Office of Medicaid Business & Policy NH Department of Health & Human Services 129 Pleasant Street Concord, NH 03301 See http://www.dhhs.nh.gov/ombp/medicaid/contact.htm</p> <p>The Medicaid application is here: http://www.dhhs.nh.gov/dfa/documents/dfa-800-eng.pdf</p> |
| New Jersey | <p>New Jersey's "Emergency Payment Program for Aliens" is open to immigrants living in New Jersey who have experienced a medical emergency and who meet the requirements for Medicaid eligibility except for their immigration status. NJAC § 10:71-3.3(e)</p> <p>An applicant may be eligible for emergency services if he or she meets certain financial eligibility limits. See http://www.state.nj.us/humanservices/dmahs/clients/medicaid/payment/payment_fact_sheet.pdf</p> | <p>An emergency medical condition is one of sudden onset that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:</p> <ol style="list-style-type: none"> 1. Placing the patient's health in serious jeopardy; 2. Serious impairment to bodily functions; or 3. Serious dysfunction of any bodily organ or part. <p>An emergency medical condition includes all labor and delivery for a</p> | <p>An application must be made after the emergency but within three months of the date of the emergency for that emergency to be covered by this program</p> <p>To qualify for the program:</p> <ul style="list-style-type: none"> • A person must inform staff at the hospital in which they are being treated that he or she wishes to apply. A hospital representative may take the application there or refer the person to the County Board of Social Services. It is important to follow up with |

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| | <p>See http://www.state.nj.us/humanservices/dmahs/clients/medicaid/payment/</p> | <p>pregnant woman. It does not include routine prenatal or post-partum care. Services related to an organ transplant procedure are not covered under services available for treatment of an emergency medical condition.</p> <p>NJAC § 10:71-3.3(e)</p> <p>The program will pay for hospital emergency care for medical conditions that happen suddenly with severe symptoms that will cause a serious health problem if immediate medical attention is not provided.</p> <p>For the purposes of the program, all birth-related labor and delivery services, in any setting, are considered emergency services and may be covered by this program.</p> <p>If an applicant or his or her child(ren) receive care in a hospital (inpatient, outpatient or emergency room) and the condition meets the above criteria, the hospital, physicians' and other related costs (including ambulance service) may be paid by this program.</p> <p>See</p> | <p>the County Board of Social Services to apply.</p> <ul style="list-style-type: none"> • The applicant must provide the County Board of Social Services with any bills received for the emergency medical condition. • If the emergency involved labor and delivery services not performed in a hospital, the applicant may apply at the County Board of Social Services and must have bills indicating labor and delivery charges. • If scheduling an application interview at the County Board of Social Services explain that you wish to speak to someone about the Medical Emergency Payment Program for Aliens. <p>See http://www.state.nj.us/humanservices/dmahs/clients/medicaid/payment/payment_fact_sheet.pdf</p> |

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| | | http://www.state.nj.us/humanservices/dmahs/clients/medicaid/payment/payment_fact_sheet.pdf | |
| New Mexico | <p>Coverage of emergency services is available for certain non-citizens who are undocumented or who do not meet the qualifying immigration criteria and meet all eligibility criteria for an existing Medicaid category except for their alien status. Applicant must provide proof of New Mexico residence and must meet the applicable Medicaid resource and income standards. New Mexico Administrative Code (NMAC) 8.285.400.13, 8.285.400.14, 8.285.500.10, 8.285.500.11, 8.325.10.13</p> | <p>For purposes of determining emergency status, the following definition applies: an emergency condition means a medical or behavioral health condition manifesting itself through acute symptoms of sufficient severity (including severe pain) such that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in the health of the individual or with respect to a pregnant woman, the health of the woman or her unborn child to result in serious jeopardy; serious impairment to the individual's bodily functions; or serious dysfunction of any of his or her bodily organs or parts. With respect to a pregnant woman and her unborn child, emergency services includes all emergency labor and delivery services, such as inductions of labor and caesarean sections. Services are covered only when necessary to treat or evaluate</p> | <p>Subsequent to the receipt of emergency services, an applicant must apply through the local county income support division (ISD) office. The application must be filed at the ISD office no later than the last day of the third month following the month the presumed emergency services were received. The applicant must bring a completed emergency medical services for aliens referral for eligibility determination form (MAD 308) to the ISD office for the financial eligibility determination. The emergency services provider must complete the referral form.</p> <p>The applicant must provide all necessary documentation to prove that he/she meets all financial and non-financial eligibility standards. Medical providers cannot submit eligibility applications on behalf of the applicant. The applicant must apprise medical providers of the status of the application. The applicant is financially responsible</p> |

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| | | <p>a condition meeting the definition of emergency and are covered only for the duration of that emergency. NMAC 8.285.400.10, 8.325.10.13</p> | <p>for any services not covered by Medicaid. A completed and signed application form must be submitted for each request for emergency medical services for aliens. NMAC 8.285.600.10.</p> <p>Applications for Medicaid must be acted on within 45 days of the date of application.</p> <ol style="list-style-type: none"> 1. If an applicant is eligible for medicaid, the ISD worker notifies the individual of approval using notification of approval of application for emergency medical services for aliens form (MAD 310). The approval of financial eligibility is not a guarantee that Medicaid will pay for the services. The form also serves as notice of case closure, since Medicaid covers only emergency services received during the specified term of the emergency. The applicant must give the medical service provider a copy of the MAD 310 form. The provider must use the MAD 310 to submit claims to the Medicaid |

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| | | | <p>utilization review contractor for emergency review.</p> <ol style="list-style-type: none"> 2. If an applicant is ineligible for Medicaid or a decision on the application is delayed beyond the 45-day time limit, the ISD worker sends a notification of denial or delay of action on application for emergency medical services for aliens form (MAD 309) to the undocumented alien. The MAD 309 explains the reason for denial or delay and informs the applicant of his/her right to an administrative hearing. If the application is denied, the applicant must notify providers of the denial. 3. The applicant is responsible for payment for the medical services if he/she fails to apply promptly for coverage, verify eligibility for coverage, or notify the provider of the approval or denial of the application. <p>NMAC 8.285.600.11, 8.285.400.10</p> <p>See Category 85,</p> |

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| | | | http://www.hsd.state.nm.us/uploads/files/Looking%20For%20Information/General%20Information/Rules%20and%20Statutes/Medical%20Assistance%20Division/Eligibility%20Pamphlet%204_16.pdf |
| New York | <p>An undocumented immigrant may receive medical assistance for care and services needed to treat an emergency medical condition. NY Social Services Law § 122(1)(e).</p> <p>Medicaid payment is provided for care and services necessary for the treatment of an emergency medical condition, to otherwise eligible temporary non-immigrants (e.g., certain foreign students, visitors/tourists) and undocumented (illegal) aliens. To be eligible for treatment of an emergency medical condition, an undocumented alien or temporary non-immigrant must meet all eligibility requirements, including proof of identity, income and State residence. Temporary non-immigrants, who have been allowed to enter the United States temporarily for a specific purpose and for a specified period of time,</p> | <p>The term "Emergency Medical Condition" is defined as a medical condition (including emergency labor and delivery) that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:</p> <ul style="list-style-type: none"> • Placing the patient's health in serious jeopardy; • Serious impairment to bodily function; or • Serious dysfunction of any bodily organ or part. <p>Care and services related to an organ transplant procedure are not included in this definition. NY Social Services Law § 122(1)(e).</p> <p>The definition must be met, after sudden onset of the medical</p> | <p>You can apply for Medicaid in any one of the following ways:</p> <ul style="list-style-type: none"> • Write, phone, or go to your local department of social services. • In New York City, contact the Human Resources Administration by calling (718) 557-1399. • Pregnant women and children can apply at many clinics, hospitals, and provider offices. Call your local department of social services to find out where you can apply. • If you are in a facility operated by the New York State Office of Mental Health, contact the patient resource office. • If you are in a facility certified by the New York State Office for People With |

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| | <p>do not have to meet the State residence requirement.</p> <p>See http://www.health.ny.gov/health_care/medicaid/emergency_medical_condition_faq.htm</p> | <p>condition, at the time the medical service is provided, or it will not be considered an emergency medical condition and therefore, cannot be covered by Medicaid.</p> <p>Not all services that are medically necessary meet the definition of an emergency medical condition. Emergency medical conditions do not include debilitating conditions (e.g., heart disease or other medical conditions requiring rehabilitation) resulting from the initial event which later requires ongoing regimented care. The potentially fatal consequence of discontinuing Medicaid coverage care, even if such care is medically necessary, does not transform the condition into an emergency medical condition.</p> <p>See http://www.health.ny.gov/health_care/medicaid/emergency_medical_condition_faq.htm</p> | <p>Developmental Disabilities, contact the revenue and reimbursement office.</p> <p>See http://www.health.ny.gov/health_care/medicaid/</p> <p>The initial Authorization Period for the treatment of an emergency medical condition may be up to a maximum of 15 months: three months retroactive from the Application Date and 12 months prospective from the Application Date. The authorization period may be from the first day of the third month prior to the month of application to the last day of the twelfth month prospectively.</p> <p>A new Medicaid application is not required for subsequent emergencies when a 12 month authorization period is established for the case. Although a new Medicaid application is not required for later emergencies occurring within the established 12 month authorization, the Medicaid claim must indicate that it is for an emergency. The treating physician will determine if the medical conditions meet the definition of an</p> |

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| | | | <p>emergency medical condition. See http://www.health.ny.gov/health_care/medicaid/emergency_medical_condition_faq.htm</p> |
| North Carolina | <p>The NC Department of Health and Human Services (DHHS) has streamlined the eligibility determination process for all DHHS economic benefits programs. Eligibility information for emergency Medicaid and other state programs may be found on the NC Integrated Eligibility Manual ("IEM").</p> <p>Non-qualified aliens may obtain Medicaid Emergency Medical Services ("EMS") if they meet the North Carolina residency and integrated financial income requirements, in addition to the eligibility requirements for the applicable Medicaid program. See 10A N.C. Admin. Code 23E.0102(c); IEM § 15110.</p> <p>To meet the residency requirement, a non-qualified alien must:</p> | <p>"Emergency medical services" are defined as labor and delivery (including by Caesarean section) or the treatment after the <u>sudden onset</u> of a medical condition manifesting itself by acute systems of sufficient severity, including severe pain, such that the absence of <u>immediate</u> medical attention could reasonably be expected to result in one of the following:</p> <ol style="list-style-type: none"> 1. Placing the patient's health in serious jeopardy, or 2. Serious impairment to bodily functions, or 3. Serious dysfunction of any bodily organ or part. <p>See IEM § 15190(B).</p> <p>Emergency Medicaid benefits may not be authorized until after the emergency service has occurred.</p> | <p>The North Carolina Division of Medical Assistance (DMA) is the state agency responsible for the NC Medicaid program and for providing authorization for Medicaid-covered services; however, the North Carolina Department of Social Services (DSS) county-level offices are responsible for determining an applicant's eligibility and maintaining recipient eligibility and managed care files.</p> <p>Applicants may apply for EMS coverage by:</p> <ol style="list-style-type: none"> 1. Applying online at ePASS; 2. Completing a paper application using Form DMA-5200 or Form DMA-5201 (short form for single adults) and mailing it or bringing it to the local DSS office; or 3. Applying in-person at the local DSS office. |

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| | <ul style="list-style-type: none"> • Be physically present in NC and have the intent to reside here OR • Have entered the state with a job commitment OR • Be seeking employment in NC. <p><i>See IEM § 15032.</i></p> <p>Financial income requirements are the same as those for the applicable Medicaid program.</p> <p>Non-qualified aliens can obtain emergency medical services under various applicable Medicaid programs, if they meet all other categorical and financial eligibility requirements for that Medicaid program:</p> <ul style="list-style-type: none"> • MIC (Medicaid to Infants and Children) for children under age 19. • MAF (Medicaid to Families with Dependent Children) for children and adults. • MPW (Medicaid for Pregnant Women). | <p><i>See IEM § 15190(A).</i></p> <p>As a general rule, once the emergency medical condition is stabilized, even if it remains serious or results in death, it is no longer deemed to be an emergency and thus no longer a basis for continued EMS coverage. For this reason, emergency labor and delivery services, for example, do not include postpartum care.</p> <p><i>See IEM § 15190(B).</i></p> <p><u>Labor and Delivery Coverage</u></p> <p>The time periods for EMS coverage of labor and delivery are as follows:</p> <p><u>Vaginal Deliveries</u></p> <ul style="list-style-type: none"> • If the day of admission and day of delivery are the same day: 1 day for labor/delivery and 1 postpartum day (2 total days). • If the day of admission and day of delivery are consecutive days: 2 days for labor/delivery and 1 | <p>Undocumented aliens do not need to provide documentation of citizenship, identity, or alien verification/status with their application.</p> <p><i>See IEM § 15100.</i></p> <p>At some hospitals in North Carolina, there are social workers or Medicaid workers able to assist qualified or non-qualified aliens with the process of completing paperwork and applying for emergency Medicaid coverage. Thus, patients seeking such coverage should ask a hospital staff member if there are any social workers or Medicaid workers who could assist them.</p> <p>For more information, visit the DMA website.</p> |

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| | <ul style="list-style-type: none"> • HSF (State Foster Care) for certain children in the legal custody and/or placement responsibility of the county DSS as a result of a court order. • MAA, MAB, MAD (Adult Medicaid for the Aged, Blind, and Disabled). <p><i>See IEM § 1030.3.1.</i></p> <p>Certain categories of aliens (refugees, trafficking survivors/victims, Iraqi or Afghan special immigrants, refugees) are exempt from the 5-year bar and may be eligible for full Medicaid or NC Health Choice benefits. <i>See IEM § 15140.</i></p> | <p>postpartum day (3 total days).</p> <ul style="list-style-type: none"> • If day of admission and day of delivery are not the same day and are not consecutive days: 1 day for labor/delivery and 1 postpartum day (2 total days). <p><u>Caesarian Section</u></p> <ul style="list-style-type: none"> • Maximum of 5 days: Beginning with the day the C-Section is performed, plus 4 days maximum. <p>Regular delivery and Caesarian section do not include prenatal care, postpartum care, or the 60 days continuation period.</p> <p>If a pregnant woman requires other EMS relating to her pregnancy, coverage for the additional days must be approved by the Division of Medical Assistance (DMA) through a medical review.</p> <p><i>See IEM § 15190(C).</i></p> | |

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| North Dakota | <p>Non-qualified aliens may obtain emergency medical services if they meet income and residency requirements, and have an emergency medical condition not related to an organ transplant. N.D. Medicaid Program Policy Manual (“MPPM”) § 510-05-35-55.</p> <p>The income and residency requirements are the same as those for general Medicaid eligibility in North Dakota. Non-qualified aliens are exempt from the requirement to furnish social security numbers and verify alien status. N.D. MPPM § 510-05-35-70. <i>See</i> N.D. Admin. Code § 75-02-02.1-18.</p> | <p>“Emergency service” is defined as treatment, not related to an organ transplant procedure, of a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:</p> <ol style="list-style-type: none"> 1. Placing health in serious jeopardy; 2. Serious impairment to bodily functions; or 3. Serious dysfunction of any bodily organ or part. <p>Eligibility for Medicaid ends when the emergency service has been provided. Follow-up care is only covered if it is also an emergency service.</p> <p>Pregnant women are covered from the date they enter the hospital for labor and delivery through the date they are discharged.</p> <p>A pregnant woman who delivers a child and is covered under this</p> | <p>Applicants may apply for Medicaid benefits online, by mail, or in-person by contacting the local County Social Service Office.</p> |

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| | | <p>provision is not eligible for the sixty-date period of eligibility after pregnancy. Her child, however, is a citizen and may be eligible for twelve months of continuous coverage.</p> <p>N.D. MPPM § 510-05-35-70.</p> | |
| Ohio | <p>Non-qualified aliens are eligible for Ohio’s Alien Emergency Medical Assistance (AEMA) program. AEMA provides coverage for the treatment of emergency medical conditions for certain individuals who do not meet Medicaid citizenship requirements. <i>See</i> Ohio Admin. Code § 5160:1-5-06.</p> <p>Individuals must otherwise meet the financial and residency requirements for Ohio's Medicaid program.</p> <p>To be eligible, the individual must:</p> <ol style="list-style-type: none"> 1. Have received treatment for an emergency medical condition; 2. Submit an application for medical assistance for the | <p>An “emergency medical condition” means a medical condition with a sudden onset:</p> <ol style="list-style-type: none"> 1. Manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: <ul style="list-style-type: none"> (a) Placing the patient's health in serious jeopardy; (b) Serious impairment to bodily functions; or (c) Serious dysfunction of any bodily organ or part; 2. Including labor and delivery, but | <p>Individuals cannot apply for AEMA in advance. Individuals that received treatment must submit an application for medical assistance for each emergency medical assistance episode. However, the individual is not required to participate in a face-to-face interview, submit verification of a social security number, or submit verification of immigration/alien status.</p> <p>Individuals may apply for AEMA by using the Medicaid application available from the County Department of Job and Family Services, hospital billing departments, or Ohio Benefit Bank, 1-800-648-1176. Individuals can also call the Ohio Medicaid hotline: 1-800-324-8680.</p> <p>The Universal Health Care Action</p> |

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| | <p>dates of a particular emergency medical episode; and</p> <p>3. Meet eligibility criteria for a category of Medicaid.</p> <p>AEMA applicants are not required to verify the their social security number or citizenship/immigration status, and are not required to apply for SSA benefits. <i>See Ohio Admin. Code § 5160:1-5-06(C).</i></p> | <p>3. But not including either:</p> <p>(a) Routine prenatal or postpartum care, or(b) Care and services related to an organ transplant procedure. <i>See Ohio Admin. Code § 5160:1-5-06(B).</i></p> <p>Coverage begins on the day of onset of the emergency medical condition, and ends when the condition is no longer considered an “emergency medical condition” as defined above. The emergency medical condition episode includes labor and delivery, but does not include ongoing treatment. <i>See Ohio Admin. Code § 5160:1-5-06(D).</i></p> <p>For routine labor and delivery, the eligibility span begins on the date of admission for labor, and ends at midnight of the day that one of the following occurs:</p> <ul style="list-style-type: none"> • A maximum of 2 days (48 hours) following delivery, and | <p>Network of Ohio (UHCAN Ohio) provides information about AEMA and resources for applicants.</p> |

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| | | <ul style="list-style-type: none"> • A maximum of 4 days (96 hours) following a Caesarian section delivery. □ The time period between the date of admission for labor and the date of delivery shall not exceed 2 days (48 hours). This coverage period does not require medical documentation to be submitted to the disability determination area (DDA). □ <i>See</i> Ohio Admin. Code § 5160:1-5-06(E)(1). □ For labor and delivery, if the covered dates of service exceed these time periods, then medical documentation must be submitted to the DDA. □ <i>See</i> Ohio Admin. Code § 5160:1-5-06(E)(2). □ If an AEMA applicant is otherwise eligible for a category of Medicaid that requires a disability determination, the administrative agency shall submit a disability determination packet to the disability determination area (DDA) in accordance with Admin. Code § 5160:1-3-02.9. □ <i>See</i> Ohio Admin. Code § 5160:1-5-06(C). | |

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| Oklahoma | <p>Non-qualified aliens and undocumented aliens are eligible for emergency medical services if they meet the income and residency requirements for Oklahoma's Medicaid program (called SoonerCare).</p> <p>Additionally, a pregnant woman may qualify under the pregnancy-related benefits covered under the Title XXI (SCHIP) program because the newborn child will meet the citizenship requirement at birth. Citizenship is not required for the pregnant mother.</p> <p>Certain ineligible aliens (foreign students, visitors, temporary workers) are not eligible for emergency Medicaid.</p> <p>Okla. Admin. Code § 317:35-5-25(c).</p> | <p>“Emergency services” are available for a medical condition (including emergency labor and delivery) with acute symptoms which, without immediate medical attention, may result in:</p> <ol style="list-style-type: none"> 1. Placing the person’s health in serious jeopardy, 2. Serious impairment to bodily functions, or 3. Serious dysfunction of body organ or part. <p>For pregnant mothers, Title XXI covers pregnancy-related services for antepartum and delivery only, and two additional visits per month to other medical consultants, such as a dietitian or licensed genetic counselor for related services to evaluate and/or treat conditions that may adversely impact the fetus.</p> <p>Okla. Admin. Code § 317:35-22-2.</p> <p>The pregnant mother retains eligibility for the prenatal period and delivery of the child. Eligibility ends at the end of the month of delivery or upon termination of the pregnancy.</p> <p>Okla. Admin. Code § 317:35-22-8.</p> | <p>Preauthorization is required for payment of emergency medical services rendered to non-qualified and undocumented aliens.</p> <p>Okla. Admin. Code § 317:35-5-25(c)(7).</p> <p>Non-qualified and undocumented aliens may request prior authorization by submitting form MS-MA-5 ("Notification of Needed Medical Services"). The form should be sent to the Oklahoma Health Care Authority ("OHCA"), Medical Authorization unit. The Medical authorization unit approves or disapproves each medical service. A computer-generated prior Authorization Notice (Form MS-S-4) showing approval or denial of the service is mailed to the provider, client, and county office.</p> <p>The medical care provider must clearly indicate on Form MS-MA-5 whether the care provided was an emergency.</p> <p>Okla. Admin. Code § 317:35-3-3.</p> <p>Eligibility for alien emergency services is determined by the</p> |

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| | | | Oklahoma Department of Human Services. Eligibility for pregnancy-related services under Title XXI is determined by the Oklahoma Health Care Authority. Okla. Admin. Code § 317:35-5-63. |
| Oregon | <p>Non-qualified aliens that are not eligible for other Medicaid programs due to their immigration status are eligible for Oregon's Citizen/Alien-Waived Emergency Medical program (CAWEM). CAWEM coverage is limited to emergency services, including labor and delivery. <i>See Or. Admin. R. 410-120-1210(4)(d)</i>.</p> <p>To be eligible for CAWEM, an individual must meet the eligibility requirements (including income and residency) for the Oregon Supplemental Income Program – Medical (OSIPM), except that the individual is ineligible for OSIPM solely because he or she does not meet citizenship or alien status requirements. To meet the residency requirement, the individual must be a resident of Oregon with the intent to remain in</p> | <p><u>CAWEM</u> Under CAWEM, coverage is available for:</p> <ol style="list-style-type: none"> 1. "Emergency medical services," defined as: Sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part (the "prudent layperson standard" does not apply to the CAWEM emergency definition); and | <p><u>CAWEM (All)</u> Non-qualified aliens are not required to provide proof of their citizenship or alien status.</p> <p>Individuals can apply at any time, not just when they have an emergency need. Once eligibility is determined and the case is opened, the redetermination period is based on the corresponding medical assistance program; CAWEM recipients can be eligible for retroactive benefits if the corresponding medical assistance program includes retroactive medical benefits.</p> <p>Most applicants under 65 and non-disabled will apply under the MAGI programs and use the OHP 7210 application or apply online through healthcare.gov.</p> <p>Individuals who do not want to apply online can call the Oregon Health</p> |

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| | <p>Oregon. There is no minimum amount of time a person must live in Oregon to be a resident. See Or. Admin. R. 461-135-1070; see also Oregon Department of Human Services (DHS) APD Program Manual - CAWEM.</p> <p>Additionally, non-qualified aliens who are pregnant are eligible for prenatal care under CAWEM Plus. CAWEM Plus covers pregnant women who are eligible for CAWEM and are at or below 185 percent of the Federal Poverty Level (FPL). See Or. Admin. R. 410-120-1210(4)(e).</p> | <p>2. Labor and Delivery.</p> <p>See Or. Admin. R. 410-120-1210(4)(d)(C).</p> <p>Tests to diagnose the individual performed after the date of request may be covered. Separate charges for post-operative visits and procedures outside the dates of the emergency treatment are not covered.</p> <p>See Oregon DHS APD Program Manual - CAWEM.</p> <p><u>Exclusions.</u> The following services are not covered even if they are sought as emergency services:</p> <ul style="list-style-type: none"> • Prenatal or postpartum care; • Sterilization; • Family Planning; • Preventive care; • Organ transplants and transplant-related services; • Chemotherapy; • Hospice; • Home health; • Private duty nursing; • Dialysis; | <p>Plan (OHP) central number at 1-800-359-9517 to request an application. The individual should complete the application and return it to the Oregon Health Authority, Branch 5503 (OHA's Statewide Processing Center).</p> <p>Applicants who are 65 or older can apply under OSIPM-OAA. They must complete the SDS 539A form.</p> <p>Applicants under age 65 applying under OSIPM-AD or OSIPM-AB would have to meet the SSA disability criteria. There are some instances when a person who is a non-citizen can be CAWEM eligible if they meet the requirements of the OSIPM-EPD program.</p> <p>See Oregon DHS APD Program Manual - CAWEM.</p> <p>CAWEM Plus As soon as an individual eligible for CAWEM becomes pregnant, she should call a caseworker or OHP Client Services at 1-800-273-0557 so that she can immediately begin receiving CAWEM Plus benefits. See OHA DMAP IM 13-069.</p> |

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| | | <ul style="list-style-type: none"> • Dental services provided outside of an emergency department hospital setting; • Outpatient drugs or over-the-counter products; • Non-emergency medical transportation; • Therapy services; • Durable medical equipment and medical supplies; • Rehabilitation services. <p>See Or. Admin. R. 410-120-1210(4)(d)(D).</p> <p><u>CAWEM Plus</u> Under CAWEM Plus, pregnant woman may be eligible for services covered by Oregon Health Plan (OHP) Plus. Or. Admin. R. 410-120-1210(4)(e)(C); see Or. Admin. R. 410-120-1210(4)(a)(C) (OHP Plus coverage).</p> <p>Throughout the woman's pregnancy, CAWEM Plus provides coverage for services such as:</p> <ul style="list-style-type: none"> • Prenatal care • Medical Services • Dental services | |

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| | | <ul style="list-style-type: none"> • Mental health services • Exams or tests (lab or x-ray fees) • Chemical, alcohol and drug dependency treatment • Eye exams and eyeglasses • Some surgeries • Labor and delivery services and hospital stay • Most prescription drugs • Family planning • Stop-smoking programs • Diabetic supplies and education • Medical equipment and supplies • Emergency ambulance services • Medical transportation to visit the doctor <p>See OHA DMAP IM 13-069.</p> <p><u>Exclusions.</u> The following services are not covered under CAWEM Plus:</p> <ul style="list-style-type: none"> • Postpartum care (except when provided and billed as part of a global obstetric package code that includes the delivery procedure); | |

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| | | <ul style="list-style-type: none"> • Sterilization; • Therapeutic abortion; • Death with dignity services; • Hospice. <p>See Or. Admin. R. 410-120-1210(4)(e)(D).</p> <p>The day after pregnancy ends, the benefit coverage will revert to back to the eligibility criteria and services available under CAWEM. See Or. Admin. R. 410-120-1210(4)(e)(E).</p> | |
| Pennsylvania | <p>Non-qualified aliens are eligible for Emergency Medical Assistance (EMA) benefits. Individuals must meet the income, resource, and other categorical requirements of the applicable Medical Assistance (MA) program. See 55 Pa. Code. § 150.11(a); see also PA DHS Medical Assistance Eligibility Handbook (“MAEH”) § 322.33.</p> <p>A child born to non-qualified alien mother whose delivery and labor were covered by EMA (or regular MA) is eligible for Medical Assistance for one year starting</p> | <p>EMA is available for treatment of an emergency medical condition. “Emergency medical condition” is defined as: A medical condition, including emergency labor and delivery, manifesting itself by acute symptoms of sufficient severity including severe pain so that the absence of immediate medical attention could reasonably be expected to result in one of the following:</p> <ol style="list-style-type: none"> 1. Placing the patient’s health in serious jeopardy; 2. Serious impairment to bodily functions; or | <p>Non-qualified aliens may apply for EMA by:</p> <ol style="list-style-type: none"> 1. Contacting the local County Assistance Office (CAO) and asking for an application (Form PA-600HC); or 2. Applying online using the Commonwealth of Pennsylvania ACCESS to Social Services system (COMPASS). <p>See MAEH § 304.1.</p> <p>Non-qualified aliens do not need to</p> |

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| | <p>from the date of birth, under the same conditions as a child born to a citizen. <i>See</i> MAEH §§ 322.34, 338.41.</p> <p>Additionally, a child born to a non-qualified alien mother is a U.S. citizen and may receive full MA benefits if otherwise eligible under the applicable MA program. <i>See</i> 55 Pa. Code § 150.11(b).</p> <p><u>Resources</u></p> <p>Full information on eligibility and coverage is available in the Pennsylvania Department of Human Services (DHS) Medical Assistance Eligibility Handbook (“MAEH”), available at http://services.dpw.state.pa.us/oimpolicymanuals/ma/index.htm.</p> <p>Pennsylvania Health Law Project (PHLP) http://www.phlp.org/</p> <ul style="list-style-type: none"> • "Health Care for Immigrants: A Manual for Advocates in Pennsylvania" (Feb. 2016). | <p>3. Serious dysfunction of a bodily organ or part.</p> <p><i>See</i> 55 Pa. Code § 150.2; <i>see also</i> MAEH § 322.34.</p> <p>The emergency medical services required to treat an emergency medical condition are only covered until the medical condition is no longer an emergency. Coverage is not available for treatment received after the emergency ends. <i>See</i> 55 Pa. Code § 150.11(e); MAEH § 322.34.</p> <p>EMA does not cover care and services related to organ transplants. But NOTE: If an individual who has had an organ transplant needs emergency life-threatening services related to the organ transplant but not part of the transplant procedure, the life-threatening service may be considered an emergency medical condition, if all other requirements are met. <i>See</i> MAEH § 322.34.</p> <p>For emergency medical services involving ongoing treatment (such</p> | <p>personally submit an application; the applicant may be:</p> <ul style="list-style-type: none"> • The individual (or legal guardian of a minor) • A medical provider • A representative of a hospital or institution • A child welfare agency on behalf of a foster child • Any individual applying on behalf of someone who would like to receive EMA. <p><i>See</i> 55 Pa. Code §§ 123.72, 123.82; <i>see also</i> MAEH § 304.1.</p> <p>Applicants are not required to sign the citizenship/alienage declaration, verify alien status, or verify a Social Security Number. <i>See</i> 55 Pa. Code § 150.11(c).</p> <p>Applicants must verify that an emergency medical condition exists by providing a written statement from the medical provider. The written statement must:</p> <ol style="list-style-type: none"> 1. Identify the emergency medical condition; |

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| | <ul style="list-style-type: none"> • "Medical Assistance Eligibility Manual" (Feb. 2016). | <p>as dialysis, <i>approved</i> cancer treatments, or high-risk pregnancies), eligibility is determined by the County Assistance Office (CAO) on a case-by-case basis. <i>See</i> MAEH § 322.34.</p> <p><u>Coverage Specific to Women</u></p> <p>In the case of emergency labor and emergency delivery, coverage is available from the beginning of active labor until the delivery is complete and the mother and child are stabilized. There is no postpartum coverage for the mother. However, coverage is available for the newborn child for one year, starting from the date of birth. <i>See</i> 55 Pa. Code §§ 150.11(b), 150.11(e); MAEH §§ 322.34, 338.41.</p> <p>Additionally, non-qualified aliens may be eligible for BCCPT (Breast and Cervical Cancer Prevention and Treatment) to cover an emergency medical condition related to breast and cervical cancer. The individual must meet the eligibility</p> | <ol style="list-style-type: none"> 2. State that the medical treatment is necessary because of the emergency condition; and 3. Give the approximate duration (expected end date) of the emergency. <p><i>See</i> 55 Pa. Code § 150.11(d); MAEH § 322.34.</p> <p>PHLP has a template EMC verification letter.</p> |

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| | | requirements for BCCPT, and she may receive services for the emergency medical condition only. See MAEH § 322.34; see also MAEH §§ 317.1-317.7 (BCCPT Program). | |
| Puerto Rico | While the Federal Emergency Medical Treatment and Labor Act applies to Puerto Rico, research has revealed no emergency Medicaid laws or programs for non-qualified immigrants in Puerto Rico. | | |
| Rhode Island | The General Laws of Rhode Island provides that (a) every health care facility that has an emergency medical care unit shall provide to every person prompt life-saving medical care treatment in an emergency, and a sexual assault examination for victims of sexual assault without discrimination on account of economic status or source of payment, and without delaying treatment for the purpose of a prior discussion of the source of payment unless the delay can be imposed without material risk to the health of the person and (b) Violations of this section shall be reported to the director of the state department of health who shall | Aliens whose status renders them ineligible for Medical Assistance as Categorically or Medically Needy may be eligible for restricted services only. Restricted services are emergency in-patient hospital services and hospital emergency room services, including labor and delivery services. No other services are covered for this group. For more information see: http://sos.ri.gov/documents/archives/regdocs/released/pdf/DHS/5246.pdf Emergency Medical Condition | A person can go to a local DHS office to apply or can print a copy of the application and apply by mail. (www.dhs.ri.gov) The applications are in English and Spanish. If one is applying for RItE Care and is not a U.S. citizen, information about one's immigration status will be necessary. The receipt of RItE Care will not affect your immigration papers, your ability to become a citizen, or your ability to become a legal permanent resident. |

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| | <p>investigate the violations as the director deems appropriate. R.I. Gen. Laws § 23-17-26 (2015).</p> <p>Title XIX Medicaid for emergency services as stated in EOHHS Policy Section 0316.10 is accessible to individuals regardless of immigration status, provided they are residents of Rhode Island and meet all other financial and non-financial criteria for the Medicaid Program. This includes persons who, but for citizenship status, meet the criteria for Medicaid under any of the coverage groups identified in Sections 1303 and 0351.15.</p> <p>For more information see: http://www.sos.ri.gov/documents/archives/regdocs/released/pdf/DHS/4491.pdf</p> | <p>means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: (1) placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.</p> <p>For more information see http://www.justiceinaging.org/wp-content/uploads/2015/09/RI-Contract.pdf</p> | |
| South Carolina | A managed care organization which includes emergency medical care services as part of its policy or contract shall provide coverage and shall subsequently pay providers for emergency medical care services | A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, | Applicants must meet with a DHHS caseworker to fill out the formal application. Neither the service provider nor DHHS must inquire about immigration status. A Social Security Number is not required. |

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| | <p>provided to an insured, enrollee, or patient who presents an emergency medical condition. This subsection must not be construed to require coverage for illnesses, diseases, equipment, supplies, or procedures or treatments which are not otherwise covered under the terms of the insured's policy or contract. S. C. Code Ann. 38-71-1530</p> | <p>could reasonably expect the absence of immediate medical attention to result in: placing the health of the individual (or, with respect to a pregnant woman, the health of the woman and/or her unborn child) in serious jeopardy; serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.</p> <p>For more information see:</p> <p><i>South Carolina Healthy Connections Policy and Procedures Guide for Care Coordination Service Organizations</i></p> <p>https://www.scdhhs.gov/internet/pdf/MHN_PP_December_2012_Final.pdf</p> | |
| South Dakota | <p>Pub. L. No. 104-193 requires emergency medical treatment coverage for non-qualified aliens.</p> <p>While research did not reveal any state statute expressly enacting the provisions under Pub. L. No. 104-193 with respect to non-qualified aliens in South Dakota, South Dakota Codified Law §§58-17H-5</p> | <p>Under the Emergency Medical Treatment and Active Labor Act (EMTALA), Medicare participating hospitals that offer emergency services are required to perform a medical screening examination on all people who come to the hospital seeking emergency care.</p> <p>If an emergency medical condition</p> | <p>South Dakota Administrative Rule 67:46:01:11 provides that, subject to certain exceptions (none of which relate to aliens), “an individual desiring medical assistance under this article or someone acting on that individual’s behalf, must submit a completed, written, and signed application for assistance to the department.”</p> |

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| | <p>provides that a health carrier shall cover emergency services necessary to screen and stabilize a covered person and may not require prior authorization of such services if a prudent layperson would have reasonably believed that an emergency medical condition existed even if the emergency services are provided on an out-of-network basis. A health carrier shall cover emergency services whether the health care provider furnishing the services is a participating provider with respect to such services.</p> | <p>is found to exist, the hospital must provide whatever treatment is necessary to stabilize the condition.</p> <p>An “emergency medical condition” is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:</p> <ul style="list-style-type: none"> • Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; • Serious impairment to bodily functions; or • Serious dysfunction of any bodily organ or part. <p>For more information see:</p> <p><i>South Dakota Medicaid – Professional Services</i></p> | |

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| | | <p><i>Billing Manual July 2016</i></p> <p>http://dss.sd.gov/formsandpubs/docs/medsrvcs/professional.pdf</p> <p><i>DSS Managed Care Program</i></p> <p>https://dss.sd.gov/medicaid/recipients/recipientprograms/managedcare/ecp.aspx</p> | |
| Tennessee | <p>A non-qualified alien (as defined in Pub. L. No. 104-193) is eligible for benefits related to certain emergency services under TennCare.</p> <p>For more information see:</p> <p><i>State Plan Under Title XIX of the Social Security Act: Tennessee - Eligibility Conditions and Requirements.</i></p> <p>http://www.tn.gov/assets/entities/tenncare/attachments/2-6-a.pdf</p> <p><i>Tennessee Division of Health Care Finance & Administration –</i></p> | <p>The term "emergency medical condition" means including emergency mental health and substance abuse emergency treatment services, shall mean the sudden and unexpected onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to potentially result in:</p> <p>(a) Placing the person's (or with respect to a pregnant woman, her unborn child's) health in serious</p> | <p>Applications for Emergency Medical Services for nonqualified immigrants can be submitted by fax to Tennessee Health Connection, the communication center for TennCare (1-855-315-0669), and simultaneously mailed to the Health Insurance Marketplace office in London, KY</p> <p>For more information see:</p> <p><i>Emergency Medicaid – Best Practices for Tennessee Hospitals</i></p> <p>https://www.tnjustice.org/wp-content/uploads/2014/10/2016-03-28-</p> |

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| | <p><i>Procedures for Submitted Emergency Medical Services (EMS) Applications and Verifications.</i></p> <p>http://tn.gov/assets/entities/tenncare/attachments/EmergencyMedicalServicesProceduresWebinarSlides.pdf</p> | <p>jeopardy; or</p> <p>(b) Serious impairment to bodily functions; or</p> <p>(c) Serious dysfunction of any bodily organ or part.</p> <p>For more information see:</p> <p><i>Rules of Tennessee Department of Finance and Administration Bureau of TennCare Chapter 1200-13-13</i></p> <p>http://share.tn.gov/sos/rules/1200/1200-13/1200-13-13.20110531.pdf</p> <p><i>Eligibility Assistance for Reimbursement for Emergency Medical Services: A Step-by-Step Guide for Hospitals (updated June 14, 2016)</i></p> <p>https://www.tn.gov/assets/entities/tenncare/attachments/EmergencyMedicalServicesStep-By-StepGuide.pdf</p> | <p>Emergency-Medicaid-Toolkit-with-Appendix.pdf</p> |
| Texas | <p>To qualify for Medicaid for treatment of an emergency medical condition, a person must:</p> <p>“(1) be ... an undocumented non-</p> | <p>Texas Medicaid provides that certain undocumented aliens and legalized aliens who require treatment of an emergency medical condition or emergency behavioral</p> | <p>To apply for Medicaid for the treatment of an emergency medical condition, a person completes an application for assistance and returns it to a Texas Health and Human</p> |

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| | <p>qualified alien as described in 8 U.S.C. §1611; (2) be otherwise eligible for regular Medicaid services; and (3) require treatment of an emergency medical condition as described in 42 CFR §440.255(c).”</p> <p>An undocumented non-qualified alien applying for Medicaid for the treatment of an emergency medical condition is exempt from providing proof of alien status or providing a Social Security number as described in 42 CFR §435.406(b).</p> <p><i>See 1Tex. Admin. Code § 366.903.</i></p> | <p>health condition are eligible to receive that treatment. After the emergency condition requiring care is stabilized and is no longer an emergency, the coverage ends. If the alien continues to receive ongoing treatment after the emergency ceases, the ongoing treatment is not a benefit.</p> <p>An emergency medical condition is a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:</p> <ul style="list-style-type: none"> (A) placing the patient's health in serious jeopardy; (B) serious impairment to bodily functions; (C) serious dysfunction of any bodily organ or part; (D) serious disfigurement; or (E) serious jeopardy to the health of the fetus of a pregnant Medicaid recipient.. | <p>Services Commission office or representative.</p> <p><i>See 1 Tex. Admin. Code § 366.903.</i></p> <p>For more information see:</p> <p><i>Texas Medicaid Provider Procedures Manual October 2016</i></p> <p>http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2016/Oct_2016_TMPPM.pdf</p> |

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| | | <p><i>See 1 Tex. Admin. Code § 354.2401.</i></p> <p>For more information see:</p> <p><i>Texas Medicaid Provider Procedures Manual October 2016</i></p> <p>http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2016/Oct_2016_TMPPM.pdf</p> | |
| U.S. Virgin Islands | While the Federal Emergency Medical Treatment and Labor Act applies to Puerto Rico, research has revealed no emergency Medicaid laws or programs for non-qualified immigrants in Puerto Rico. | | |
| Utah | <p>The Emergency Medical Program for non-citizens covers only a specific range of emergency medical services for a life-threatening condition. Delivery of a child is included, but not post-natal care.</p> <p>Emergency Medical has a restricted scope of service for a specific, defined group of individuals. Eligible members are alien residents who would qualify for another Medicaid program</p> | <p>People meeting all Medicaid eligibility requirements except citizenship may receive services only for an "emergency medical condition."</p> <p>The act defines "emergency medical condition" as "manifesting itself by sudden onset of acute symptoms of sufficient severity (including severe pain) such as that the absence of immediate medical</p> | <p>Individuals who qualify for services are issued a Medicaid Member Card. Services require documentation and review before payment to determine the services meet the definition and limitations stated.</p> <p>For more information see:</p> <p><i>Utah Medicaid Provider Manual (updated July 2016)</i></p> <p>https://medicaid.utah.gov/Documents</p> |

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| | <p>except for the requirement to be either a U.S. citizen or a legal, permanent resident. Neither U.S. citizenship nor a Social Security Number are required. However, applicants must be Utah residents. Coverage is limited to the month in which the medical emergency occurred.</p> <p>Persons who may be eligible include: temporary entrants such as students, visitors, exchange visitors, and aliens granted legal temporary residence and undocumented aliens. Income and asset limits are based on the program the person would otherwise be eligible for (example: Family Medicaid, Child, Aged, Blind and Disabled, etc.) if the person was a U.S. citizen or legal, permanent resident. Medicaid DOES NOT report undocumented aliens who apply for Emergency Medicaid to the United States Immigration and Naturalization Services.</p> <p>https://medicaid.utah.gov/emergency-medicaid</p> | <p>attention could reasonably be expected to result in:</p> <ul style="list-style-type: none"> • Placing the patient’s health in serious jeopardy, • Serious impairment to bodily functions, or • Serious dysfunction of any bodily organ or part” <p>For more information see:</p> <p><i>Utah Medicaid Provider Manual (updated July 2016)</i></p> <p>https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf</p> | <p>/pdfs/SECTION1.pdf</p> |
| Vermont | In Vermont, non-qualified aliens are eligible for the treatment of | "Emergency services" means health care items and services furnished or required to evaluate and treat an | Any individual who wants Medicaid must file a Medicaid application with the Department for Children and |

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| | <p>emergency medical conditions if all of the following conditions are met:</p> <ol style="list-style-type: none"> The non-citizen has, after sudden onset, a medical condition, including emergency labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in serious: <ul style="list-style-type: none"> (i) jeopardy to the patient's health; (ii) impairment of bodily functions; or (iii) dysfunction of any bodily organ or part. Emergency Medical Services are not related to either an organ transplant procedure or routine prenatal or post-partum care. The individual meets all eligibility requirements for SSI- or ANFC-related | <p>emergency medical condition. <i>See</i> Dep't Vt. Health Access Medicaid Covered Servs. Rule 7101.3(A)(14).</p> <p>"Emergency medical condition" means the sudden and, at the time, unexpected onset of an illness or medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by the prudent layperson, who possess an average knowledge of health and medicine, to result in:</p> <ol style="list-style-type: none"> placing the member's physical or mental health in serious jeopardy; or serious impairment to bodily functions; or serious dysfunction of any bodily organ or part. <p><i>See</i> Dep't Vt. Health Access Medicaid Covered Servs. Rule 7101.3(A)(13).</p> | <p>Families. Vt. Admin. Code § 12-3-211:4120.</p> <p><u>Medicaid for Children & Adults (MCA)</u></p> <p>Medicaid for children or adults who are not blind, disabled, or age 65 or older must be applied for through Vermont Health Connect. Visit VermontHealthConnect.gov or call 1-855-899-9600.</p> <p><u>Medicaid for the Aged, Blind, and Disabled (MABD)</u></p> <p>Medicaid for residents who are blind, disabled (as defined by the Social Security Administration), or age 65 or older must complete a copy of the 202MED and mail the completed and signed application, along with copies of any required supporting documents, to:</p> <p>DCF - Economic Services Division Application and Document Processing Center 280 State Drive Waterbury, VT 05671-1500</p> <p>For questions about eligibility for</p> |

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| | <p>Medicaid except verification of alien status and, for illegal noncitizens, verification of a social security number.</p> <p>Vt. Admin. Code § 12-3-211:4177.</p> | | <p>MABD Medicaid or how to apply, please call 1-800-250-8427.</p> |
| Virginia | <p>Unqualified aliens, and qualified aliens eligible for emergency services are eligible for Medicaid coverage of emergency medical care only.</p> <p>See 12 Va. Admin. Code § 30-50-310(A); Va. Med. Assistance Eligibility Manual, at M0220.700(A).</p> <p>Emergency care must be provided in a hospital emergency room or as an inpatient in a hospital.</p> <p>Va. Med. Assistance Eligibility Manual, at M0220.700(A).</p> | <p>Emergency services are defined as emergency treatment of accidental injury or medical condition (including emergency labor and delivery) manifested by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical/surgical attention could reasonably be expected to result in:</p> <ol style="list-style-type: none"> 1. Placing the patient's health in serious jeopardy; 2. Serious impairment of bodily functions; or 3. Serious dysfunction of any bodily organ or part. <p>For purposes of this definition, emergency treatment of a medical condition does not include care and services related to either an organ transplant procedure or routine prenatal or postpartum care.</p> | <p>Medical assistance must be requested using an application method or form approved by the Virginia Department of Medical Assistance Services or a Virginia Department of Social Services.</p> <ul style="list-style-type: none"> • Applications may be made electronically through CommonHelp or the Health Insurance Marketplace. Visit https://commonhelp.virginia.gov. • Applications may also be made telephonically through the Cover Virginia Call Center at 1-855-242-8282 or with a paper application form at the local department of social service. <p>Va. Med. Assistance Eligibility Manual, at M0120.300(B).</p> |

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| | | <p>12 Va. Admin. Code § 30-50-310(B).</p> <p>The Virginia Department of Medical Assistance Services or a local department of social service determines both whether services are considered emergency services and the period of coverage. <i>See</i> Va. Med. Assistance Eligibility Manual, at M0220.410(B); Va. Med. Assistance Eligibility Manual, at M0220.700(B).</p> | <p>Once an eligibility period is established, additional requests for coverage of emergency services within 6 months will not require a new Medicaid application. However, each request for Medicaid coverage of an emergency service or treatment requires a new, separate certification and a review of the alien's income and resources and any change in situation that the alien reports. With the exception of dialysis patients, an emergency services alien must file a new Medicaid application after the 6-month eligibility period is over if he/she receives an emergency service and wants Medicaid coverage for that service. The Department of Medical Assistance Services will certify dialysis patients for up to a one year period of services without the need for a new Medicaid application. The dialysis patient must reapply for Medicaid after their full certification period expires. <i>Transportation to receive dialysis treatment is not covered for emergency service aliens.</i> Va. Med. Assistance Eligibility Manual, at M0220.700(B).</p> |
| Washington | In Washington, A person nineteen years of age or older who is not | “Emergency medical condition” means the sudden onset of a | There is no precertification or prior authorization for eligibility under this |

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| | <p>pregnant and would be eligible for other state Medicaid programs except for the citizenship or alien status requirements is eligible for the alien emergency medical program's (AEM) scope of covered services described in this section if:</p> <ol style="list-style-type: none"> 1. The medicaid agency determines that the primary condition requiring treatment meets the definition of an emergency medical condition, and the condition is confirmed through review of clinical records; and 2. The person's qualifying emergency medical condition is treated in one of the following hospital settings: <ol style="list-style-type: none"> (i) Inpatient; (ii) Outpatient surgery; (iii) Emergency room services, which must include an evaluation and management (E&M) visit by a physician; or 3. Involuntary Treatment Act (ITA) and voluntary inpatient admissions to a | <p>medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:</p> <ol style="list-style-type: none"> 1. Placing the patient's health in serious jeopardy; 2. Serious impairment to bodily functions; or 3. Serious dysfunction of any bodily organ or part. <p>Wash. Admin. Code § 182-500-0030.</p> <p>The medicaid agency also considers the conditions in this section as an emergency:</p> <ol style="list-style-type: none"> (a) Surgery, chemotherapy, and/or radiation therapy to treat cancer or life-threatening benign tumors; (b) Dialysis to treat acute renal failure or end stage renal disease (ESRD); or(c) Antirejection medication, if the person has had an organ transplant. | <p>program. Eligibility for the AEM program does not have to be established before an individual begins receiving emergency treatment. Wash. Admin. Code § 182-507-0115(6).</p> <p>Certification is only valid for the period of time the person is receiving services, except pharmacy services, drugs, devices, and certain drug-related supplies, prescribed on the same day and associated with the qualifying visit or service will be covered for a one-time fill and retrospectively reimbursed according to pharmacy program rules.</p> <ul style="list-style-type: none"> • For inpatient care, the certification is only for the period of time the person is in the hospital, long term acute care, or inpatient physical medicine and rehabilitation facility - The admission date through the discharge date. Upon discharge the person is no longer eligible for coverage. • For an outpatient surgery or emergency room service the certification is only for the |

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| | <p>hospital psychiatric setting that are authorized by the agency's inpatient mental health designee.</p> <p>See Wash. Admin. Code §§ 182-507-0110(1), 182-507-0115(1). A person is not eligible for AEM if that person entered the state specifically to obtain medical care. Wash. Admin. Code § 182-507-0110(5).</p> | <p>See Wash. Admin. Code § 182-507-0120(1).</p> <p>The following services are not within the scope of service categories for this program:</p> <ul style="list-style-type: none"> • Hospital services, care, surgeries, or inpatient admissions to treat any condition which is not considered by the agency to be a qualifying emergency medical condition; • Any services provided during a hospital admission or visit, which are not related to the treatment of the qualifying emergency medical condition; • Organ transplants, including preevaluations, post operative care, and anti-rejection medication; and • Services provided outside the enumerated hospital settings. <p>Wash. Admin. Code § 182-507-0115(8).</p> | <p>date of service. If the person is in the hospital overnight, the certification will be the admission date through the discharge date. Upon release from the hospital, the person is no longer eligible for coverage.</p> <p>See Wash. Admin. Code §§ 182-507-0115(4), (7).</p> <p>Individuals who are:</p> <ul style="list-style-type: none"> • Age 65 or older and not a caretaker for a child under age 18; • Receiving Medicare; or • Seeking long-term care services and are not relatable to a MAGI- based Apple Health program <p>Can apply online at www.washingtonconnection.org or by completing the Application for Long-Term Care/Aged, Blind, Disabled Coverage (HCA 18-005). This application can be downloaded from the Health Care Authority website at</p> |

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| | | | <p>http://www.hca.wa.gov/free-or-low-cost-health-care/forms-and-publications.</p> <p>Individuals who are:</p> <ul style="list-style-type: none"> • Age 19 to 64; • Not receiving Medicare; or • Seeking long-term care services and are relatable to a MAGI- based Apple Health program <p>Can apply by completing the Application for Health Care Coverage (HCA 18-001). This application can be downloaded from the Health Care Authority website at http://www.hca.wa.gov/free-or-low-cost-health-care/forms-and-publications.</p> |
| West Virginia | <p>In West Virginia, illegal/ineligible aliens who meet the residence and other Medicaid eligibility criteria are eligible for Medicaid only for treatment of an emergency medical condition. W. Va. Income Maint. Manual, ch. 18 § 18.9, available at http://www.dhhr.wv.gov/bcf/Services/familyassistance/PolcyManual/D</p> | <p>Emergency Medicaid includes care and services necessary for the treatment of an emergency medical condition of the alien provided such care and services are not related to either an organ transplant procedure or routine prenatal or post partum care.</p> <p>W. Va. Income Maint. Manual, ch.</p> | <p>In order to obtain benefits, an application form on DFA-2 or Single Streamlined Application (SLA) is required. The application must contain, at a minimum, the applicant's name and address to be complete and may be signed by the illegal/ineligible alien or his or her representative.</p> <p>W. Va. Income Maint. Manual, ch. 1,</p> |

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| | <p>ocuments/Chapter%2018/ch18_9.pdf.</p> <p>To be eligible for emergency services, the alien must meet the income, asset and deprivation considerations (except for alien status) of any full coverage Medicaid group, with the exception of the Long Term Care groups, and must be diagnosed as having a severe medical condition that could reasonably be expected to result in one of the following conditions, without immediate medical attention:</p> <ul style="list-style-type: none"> • Serious jeopardy to the alien's health; • Serious impairment to bodily functions; or • Impaired or abnormal functioning of any body part or organ. <p>Such medical conditions include emergency labor and delivery. In judging sufficient severity, severe pain must be considered. W. Va. Income Maint. Manual, ch. 16, § 16.6(G), <i>available at</i> http://www.dhhr.wv.gov/bcf/Services/familyassistance/PolicyManual/Documents/Chapter%2016/ch16_6.pdf.</p> | <p>18 § 18.9(B)(1), <i>available at</i> http://www.dhhr.wv.gov/bcf/Services/familyassistance/PolicyManual/Documents/Chapter%2018/ch18_9.pdf.</p> <p>An emergency medical condition is described where the illegal/ineligible alien has, after sudden onset, a medical condition (including emergency labor and delivery) showing acute symptoms of sufficient severity (including severe pain) such that the absence of reasonable medical attention could reasonably be expected to result in:</p> <ul style="list-style-type: none"> • Placing the patient's health in serious jeopardy; • Serious impairment to bodily functions; or • Serious dysfunction of any bodily organ or part. <p>W. Va. Income Maint. Manual, ch. 18 § 18.9(B)(2), <i>available at</i> http://www.dhhr.wv.gov/bcf/Services/familyassistance/PolicyManual/Documents/Chapter%2018/ch18_9.pdf.</p> | <p>§ 1.17(A), (B), (E), <i>available at</i> http://www.dhhr.wv.gov/bcf/Services/familyassistance/PolicyManual/Documents/Chapter%201/ch1_17.pdf.</p> <p>Applications from or on behalf of the illegal/ineligible alien must be made within 30 days of the need for emergency medical care. W. Va. Income Maint. Manual, ch. 16, § 16.6(G), <i>available at</i> http://www.dhhr.wv.gov/bcf/Services/familyassistance/PolicyManual/Documents/Chapter%2016/ch16_6.pdf.</p> <p>There are several ways to apply for Medicaid:</p> <ul style="list-style-type: none"> • Visit www.healthcare.gov to apply online through the Health Insurance Marketplace. If you have questions, you can call the federal call center 24/7 at 1-800-318-2596 or TTY: 1-855-889-4325. • Visit www.wvinroads.org to apply online for Medicaid and other Department of Health and Human Services programs. |

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| | <p>es/familyassistance/PolcyManual/Documents/Chapter%2016/ch16_6.pdf.</p> <p>Eligibility begins the date the medical emergency is diagnosed, and ends on the day that the medical emergency ends.</p> <p>W. Va. Income Maint. Manual, ch. 1, §§ 1.17(L), (S), <i>available at</i> http://www.dhhr.wv.gov/bcf/Services/familyassistance/PolcyManual/Documents/Chapter%201/ch1_17.pdf</p> | | <ul style="list-style-type: none"> • Visit the local Department of Health and Human Services office. Click here for a list of local offices. • Fill out a paper application and send it to the local Department of Health and Human Services office. • Call the Customer Service Center at 1-877-716-1212 to apply over the phone. |
| Wisconsin | <p>In Wisconsin, ineligible immigrants may be eligible for emergency services if other Medicaid eligibility requirements are met. <i>See Wis. Medicaid Fact Sheet P-10164, available at</i> https://www.dhs.wisconsin.gov/publications/p1/p10164.pdf.</p> | <p>Emergency Services is a program for people who have an emergency medical condition and cannot obtain other health care or Medicaid because of immigration or citizenship status. A medical emergency is a medical problem that could place a person's health at serious risk or harm without immediate medical treatment. This does not include conditions that are ongoing or chronic. <i>See Wis. Medicaid Fact Sheet P-10072, available at</i> https://www.dhs.wisconsin.gov/publications/p1/p10072.pdf.</p> | <p>Ineligible immigrants must apply for Emergency Services with the local agency. Applications can be submitted online at access.wi.gov or by mail, phone or in person. To obtain an application, or for questions or help completing the application of to find a nearby local agency, call Member Services at 1-800-362-3002. <i>See Wis. Medicaid Fact Sheet P-10072, available at</i> https://www.dhs.wisconsin.gov/publications/p1/p10072.pdf.</p> <p>Pregnant women can apply for Emergency Services one month before the due date. Emergency</p> |

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| | | <p>Emergency Services begins on the first day of medical care and ends when the condition is no longer an emergency.</p> <p>See Wis. Medicaid Fact Sheet P-10072, available at https://www.dhs.wisconsin.gov/publications/p1/p10072.pdf.</p> | <p>Services will not cover prenatal or postpartum care, but will cover any emergencies for up to 60 days after the delivery date.</p> <p>See Wis. Medicaid Fact Sheet P-10072, available at https://www.dhs.wisconsin.gov/publications/p1/p10072.pdf.</p> |
| Wyoming | <p>In Wyoming, Medicaid applicants who are not citizens or nationals of the United States, but otherwise meet the eligibility requirements of the State Plan, excluding U.S. citizenship, identity, and social security number requirements, are eligible for limited emergency services necessary to treat an emergency medical condition.</p> <p>Wy. Admin. Code Health Medicaid, ch. 18 § 12.</p> | <p>“Emergency” is defined as the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:</p> <ol style="list-style-type: none"> 1. Placing the patient's health in serious jeopardy; 2. Serious impairment to bodily functions; or 3. Serious dysfunction of any bodily organ or part. <p>Wy. Admin. Code Health Medicaid, ch. 1 § 3(b)(xcii).</p> | <p>Applicants may apply for Medicaid by calling the Customer Service Center at 855-294-2127, online at www.wesystem.wyo.gov, or by filling out an application and mailing it to:</p> <p><i>WDH Customer Service Center 2232 Dell Range Blvd., Suite 300 Cheyenne, WY 82009</i></p> |