



Pre-Natal and Child Health Care for Immigrant Victims and Their Children

February 17, 2017

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This project was supported by Grant Number 2015-TA-AX-K043, awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Pre-Natal Care for Qualified and Non-Qualified Immigrants

Introduction

Generally speaking, there is a distinction drawn between qualified aliens and non-qualified aliens as to pre-natal care, although there are important exceptions on a state-by-state basis. Consequently, emergency medical care is the only route in many states for non-qualified aliens to receive pre-natal care or services. Necessarily, therefore, while emergency medical services include labor and delivery, “emergency services” generally do not include any non-emergency pre-natal services, as discussed below in the section dealing with “Emergency Pre-Natal Care.”

Pre-natal care is generally available in all states (except where noted below) for “qualified” aliens, as defined by the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (discussed below). For a definition of “qualified” and “non-qualified” aliens, reference the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which has certain exceptions of importance for pre-natal care. In addition to aliens legally residing in the United States, “qualified alien” is defined to include:

- Refugees and asylees;
- Cuban or Haitian entrants;
- Battered aliens and victims of trafficking as defined by the Trafficking Victims Prosecution Act of 2000; and
- Aliens granted conditional entry, whose deportation is being withheld, or granted parole for at least one year, as defined by §§ 203, 212, 241 and 243 of the federal Immigration and Naturalization Act.

Certain states have included other groups, such as veterans and Native Americans as “qualified” aliens. Please refer to the information below and referenced legal attributes.

Below are relevant discussions of emergency medical care provisions that are relevant in circumstances where non-qualified aliens fit within the requirements for emergency treatment for pre-natal care.

Emergency Pre-Natal Care

Most states not providing pre-natal care for all aliens, regardless of immigration status, do provide some 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”) allow 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.

The condition for which treatment is sought must generally 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. This standard will preclude most pre-natal services for most non-qualified aliens, except in those states that do not regard immigration status as a bar to receipt of pre-natal services. In addition, nearly every state requires the non-qualified alien to meet all other criteria for the state’s general Medicaid enrollment. These restrictions are generally designed to ensure that the recipient of the public benefit is truly in financial need, and that has a legitimate connection to the state that will

bear the cost. Such restrictions often include residency, income, and resource limitations. Applicants must research these provisions carefully, however, as there is substantial variance in these requirements from state to state.

The procedures for receiving such aid vary significantly by state. 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.

Relevant Federal Law

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. Under the PRWORA, non-qualified aliens (including undocumented immigrants) can only receive limited federal and state public benefits, including medical care under Medicaid, for care and services necessary for treatment of an emergency medical condition (except organ transplants) if the non-qualified alien otherwise meets Medicaid eligibility requirements. "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 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. In addition to emergency medical services covering those services necessary to protect life and safety, federally funded Community Health Centers and Migrant Health Centers provide services to underserved populations, which may include undocumented immigrants.

In addition, Chapter XXI of the SSA created the State Children's Health Insurance Program ("SCHIP") (42 U.S.C. §§1397aa, et seq.) Under SCHIP, the Federal Government provides funding to the states to expand health care services for low-income children through stand alone SCHIP plans, Medicaid plans or a combination of both. In 2002, the Dept. of Health and Human Services issued a final regulation (67 Fed. Reg. 61955 (Oct. 2, 2002)) that stated that the definition of the term "children" includes the period from conception to birth and that SCHIP funds may be used by states to provide pre-natal services for the benefit of the child, regardless of the mother's immigration status. As stated in the final rule "requiring exclusion of unborn children on the basis of immigration status is neither legally mandated nor desirable" and "it does not make sense to try to impute an immigration status to an unborn child based on the status of the mother." (See 67 Fed. Reg. 61955, 61967).

State Law Provisions

Pre-natal care consists of preventive healthcare designed to ensure the health and safety of both the mother and child, through the course of pregnancy. The provision of pre-natal care throughout a normal pregnancy increases the likelihood for early detection of any potential complications that may result in a high risk pregnancy, or detrimental health effects once the child is born.

Thirty-nine states plus Puerto Rico, Guam, and U.S. Virgin Islands limit access to subsidized pre-natal care services to citizens and qualified immigrants. Non-Qualified Immigrants are eligible for pre-natal care in 9 states (CA, IL, MI, MO, NE, RI, SD, WA, and WI) plus Washington D.C. In two states (SC and WV) subsidized pre-natal care is not available.

This chart is intended to provide information on state law surrounding public assistance with pre-natal care, specifically in the context of Non-Qualified immigrant mothers. The following chart breaks down relevant laws by state and territory, and provides resources for further analysis. This information on the chart is up to date and current as of 2016. For questions and technical assistance, please contact NIWAP.

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
Alabama	Alabama Medicaid provides prenatal care to women in Alabama and health care to children under 19.	<p>Only citizens or qualified aliens are covered under Medicaid. Ala. Admin. Code 560-X-25-.05.</p> <p>Pregnant women are defined as “women who are pregnant or post-partum, with household income at or below 141% of the Federal Poverty Level (FPL)”. (d) (c) The individual must be pregnant or post-partum. “The person to be covered must be living in Alabama and must be a United States citizen or meet alienage requirements.” Ala. Admin. Code 560-X-25-.14.</p> <p>Children age 0-18 are defined as “infants and children under age 19 with household income at or below 141% of the Federal Poverty Level”. Children's eligibility will continue through the month of their 19th birthday. The child to be covered must be living in Alabama and must be a United States citizen or meet alienage requirements. Ala. Admin. Code 560-X-25-.14.</p>	<p>To be eligible for coverage, children under 19 and pregnant women must:</p> <ul style="list-style-type: none"> • Be a resident of Alabama, • Be a U.S. citizen or be in satisfactory immigration status according to agency rules (Non-citizens must provide proof of immigrant status to receive full Medicaid services.) <p>Non-citizens who meet income, residency and other requirements may be eligible for emergency services without proof of citizenship or immigration status. (If you are undocumented, Medicaid will not report it to INS.). <i>See</i> http://medicaid.alabama.gov/documents/3.0_Apply/3.1_General_Info/3.1_MAGI_Medicaid_Eligibility_Handout_3-1-16.pdf.</p> <p>Applicants may apply online at http://www.insurealabama.org. Applicants may also apply via mail; paper applications are available through 1-800-362-1504 or Medicaid’s website at www.medicaid.alabama.gov. Applicants may also apply in person at a local county health department, federally qualified health care center or some local hospitals.</p> <p>Note that “[c]hanges in income and/or living arrangements must be reported at annual review” and “[t]he person to be covered must furnish or apply for a Social Security number.” Ala. Admin. Code 560-X-25-.14(g) – (h).</p>

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Alaska	<p>Denali Kidcare is Alaska’s CHIP program.</p> <p>DenaliCare covers Pregnant Women via Medicaid.</p>	<p>“In order to qualify for this benefit program, you must be a resident of the state of Alaska, a U.S. national, citizen, permanent resident, or legal alien, in need of health care/insurance assistance, whose financial situation would be characterized as low income or very low income.” Children under 19 years and pregnant women are covered.</p> <p>See https://www.benefits.gov/benefits/benefit-details/1619.</p> <p>Medicaid covers regular prenatal care checkups and other services provided by a physician, clinic, advanced nurse practitioner, or direct entry midwife. Coverage continues during pregnancy and for 60 days after the end of your pregnancy.</p> <p>See Alaska Medicaid Recipient Services Handbook at 18 (http://dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf).</p> <p>Aliens who do not meet immigration status eligibility are eligible for emergency treatment. The alien must have an “Emergency Medical Condition,” meaning a sudden onset 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> <ul style="list-style-type: none"> • placing the patient's health in serious jeopardy; • serious impairment to bodily functions; or 	<p>Income Restrictions are as follows:</p> <ul style="list-style-type: none"> • Pregnant women: 200% of Federal Poverty Level • Children Under 19 (With Insurance): 177% of Federal Poverty Level • Children Under 19 (Without Insurance): 203% of Federal Poverty Level. <p>See http://dpaweb.hss.state.ak.us/POLICY/PDF/Medicaid_standards.pdf.</p> <p>Applicants may:</p> <ul style="list-style-type: none"> • Print an application; • Apply online at MyAlaska. Under Service for Individuals (click on ARIES Self-Service Portal); or • Apply online at Healthcare.gov <p>Recipients must renew their coverage every 12 months. A preprinted renewal form will be mailed to those covered 45 days prior to expiration of coverage.</p> <p>See http://dhss.alaska.gov/dhcs/Pages/denalikidcare/default.aspx.</p>

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		<ul style="list-style-type: none"> serious dysfunction of any bodily organ or part. <p>See http://dpaweb.hss.state.ak.us/manuals/adltc/576/576_emergency_treatment_for_aliens.htm.</p>	
Arizona	<p>The Arizona Health Care Cost Containment System (AHCCCS) is Arizona’s Medicaid agency.</p> <p>A.R.S. 36-2903(3) defines “eligible person,” for purposes of AHCCCS, as a citizen or qualified immigrant.</p>	<p>Newborn babies born to AHCCCS Health Insurance eligible mothers may receive medical coverage for one year, as long as the baby continues to live in Arizona.</p> <p>See https://des.az.gov/services/basic-needs/health-insurance/do-i-qualify-ahcccs-health-insurance.</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>“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>	<p>Application is online or via mail; application is located at https://www.azahcccs.gov/Members/GetCovered/apply.html.</p>

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		<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><i>See AHCCCS Manual, Ch. 1100.</i></p>	
Arkansas	<p>Arkansas operates a combination CHIP program, called ARKids First.</p> <p>To qualify for Arkansas Medicaid, pregnant women must be citizens or "Qualified Aliens." <i>See Medical Services Policy Manual, Section D-200.</i></p> <p>Ineligible pregnant women may access services at Local Health Units, run by the Arkansas Department of Health. Services are provided for little or no cost; no one will be refused services because they do not have money to pay.</p> <p>Pregnant women with income up to 200% of Federal Poverty Level may be eligible for limited coverage if they meet certain income and other criteria, including prenatal,</p>	<p>Presumptive eligibility: Arkansas' Medicaid program provides for presumptive eligibility for pregnant qualified aliens. Presumptive eligibility allows uninsured pregnant women to obtain immediate prenatal care while their Medicaid eligibility is being processed. Qualified aliens not meeting the five-year residency requirement and unqualified aliens will not be eligible for presumptive eligibility.</p> <p>Medicaid benefits are available to pay for the cost of emergency services for aliens who do not meet the Medicaid citizenship or alien status requirements or Social Security Number requirements. However, they must meet the financial and categorical eligibility requirements and state residency requirements for the category in which they apply, such as Parent Caretaker Relative, Health Care Independence, ARKids A or B. Emergency medical condition is defined as a medical condition, including labor and delivery,</p>	<p>ARKids First is available for children who do not have employer-sponsored or group health insurance and have not had insurance for at least 90 days. Income eligibility guidelines are available at http://www.arkidsfirst.com/elig.htm.</p>

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	<p>delivery, postpartum and conditions which may complicate the pregnancy. Coverage continues through the pregnancy and until the end of the month that the 60th day postpartum falls.</p> <p>NOTE: Pregnant women eligible for coverage as nonqualified immigrants or qualified immigrants who have not met the five-year residency requirement are not required to meet the social security numeration requirement.</p>	<p>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>See AR Medical Services Policy Manual, Section B-500.</p>	
California	<p><u>Medi-Cal</u> All aliens may receive prenatal care under Medi-Cal regardless of immigration status (lawfully present in the U.S. or not). To receive these Medi-Cal benefits, a patient must meet Medi-Cal’s standard income and residency requirements. If these requirements are met, the patient may receive medically necessary “pregnancy-related services.” Cal. Welf. & Inst. Code §14007.7.</p> <p><u>Medi-Cal Access Program (MCAP)</u> The Medi-Cal Access Program (MCAP) (formerly Access for Infants & Mothers (AIM) program) provides low cost health insurance coverage to uninsured, middle income pregnant women. The total cost is</p>	<p><u>Medi-Cal</u> Routine prenatal care, labor and delivery, routine post-partum care, and family planning are classified as pregnancy-related services. Medi-Cal also covers the treatment of conditions which complicate the pregnancy or delivery (such as hypertension, diabetes, and urinary tract infection). Routine post-partum care extends for the 60-day period beginning on the last day of the pregnancy and ending on the last day of the month in which the 60th day occurs. All Medi-Cal family planning services are available to recipients of restricted benefits. All services would still need to meet the criteria of medical necessity. See Manual of Criteria, Emergency And Pregnancy-Related Services For Persons Entitled To Restricted Benefits Only, available at http://www.dhcs.ca.gov/services/medi-cal/Documents/ManCriteria_06_EmergPreg.htm.</p>	<p><u>Medi-Cal</u> The applicant must meet Medi-Cal’s standard income and residency related requirements. An applicant for Medi-Cal benefits is required to file a simplified application with the county. No social security number is required to receive medically necessary pregnancy related services. See Cal. Welf. & Inst. Code §14011.2(c) and §14011.15.</p> <p>The application process is handled at the county level, so the appropriate county must be contacted. The following link has the websites for all California Counties: http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.</p> <p><i>Presumptive Eligibility</i> Presumptive Eligibility (“PE”) for Pregnant Women is a Medi-Cal program designed to provide immediate, temporary coverage for prenatal care pending a formal Medi-Cal application. More information may be obtained at http://www.dhcs.ca.gov/services/medi-</p>

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	<p>1.5% of the subscriber's Modified Adjusted Gross Income (MAGI). The State of California and the Federal Government supplement the subscriber contribution to cover the full cost of care. See http://mcap.dhcs.ca.gov/About/.</p> <p>Babies born to women enrolled in MCAP are eligible for enrollment in the Medi-Cal Access Infant Program.</p>	<p><u>Medi-Cal Access Program (MCAP)</u> MCAP provides a core set of health benefits, including doctor visits, hospital care, immunization, pregnancy-related services and nursing home care, if medically necessary. See http://mcap.dhcs.ca.gov/About/.</p>	<p>cal/eligibility/Pages/PE_Info_women.aspx.</p> <p><u>Medi-Cal Access Program (MCAP)</u> An applicant for MCAP must be: (i) Pregnant, as of the application date; (ii) a California resident; (iii) not a recipient of no-cost Medi-Cal or Medicare Part A and Part B benefits as of the application date; (iv) Uninsured or covered by private insurance with a separate maternity deductible or co-payment of more than \$500.00; and (iv) have a monthly household income within the MCAP Income Guidelines. See http://mcap.dhcs.ca.gov/MCAP_Program/#eligibility.</p> <p>To apply, access http://mcap.dhcs.ca.gov/Joining/.</p>
Colorado	<p><u>Colorado Indigent Care Program (CICP)</u> Colorado offers discounted health care services to certain people who are not eligible for Health First Colorado (Colorado's Medicaid Program) or CHP+.</p> <p><u>CHP+ Prenatal Care</u> Child Health Plan Plus (CHP+) is a public health insurance program for low-income children ages 18 and younger and pregnant women who earn too much to qualify for Health First Colorado (Colorado's Medicaid Program), but cannot afford private health insurance.</p> <p>Pregnant women who qualify for Health First may enroll in Prenatal Plus and receive additional services. They must be considered</p>	<p><u>Colorado Indigent Care Program (CICP)</u> Coverage includes discounted health care services provided by participating Colorado hospitals and clinics, no premium costs, and co-payment costs based on ability to pay (determined by the CICP facility).</p> <p><u>CHP+ Prenatal Care</u> Applicants must be children under 18 or pregnant, and they must meet certain income level requirements. They must be Colorado residents and either a U.S. citizen or a permanent U.S. resident for the last 5 years.</p>	<p><u>Colorado Indigent Care Program (CICP)</u> To qualify for CICP, one must be 18 or older, at or below 250% of the Federal Poverty Level, and lawfully present in the United States and a legal resident of Colorado.</p> <p><u>CHP+ Prenatal Care</u> Note: Health First Colorado and Child Health Plan Plus (CHP+) are both public health insurance programs for Coloradans who qualify. When you apply for Health First Colorado, you are applying for both Health First Colorado and CHP+. You do not need to turn in more than one application for you or your family.</p> <p><u>Emergency Medicaid</u> A physician shall make a written statement certifying the presence of a medical emergency condition when services are provided and shall indicate that services were for a medical emergency on the claim form.</p>

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	<p>“at risk.”</p> <p><u>Emergency Medicaid</u> Non-qualified aliens may receive Medicaid. Labor and delivery is considered a medical emergency condition. <i>See</i> 10 Colo. Code Regs. § 2505-10:8.100.</p>		<p>Non-qualified aliens need not furnish evidence that an application for a SSN has been made. The rules on confidentiality prevent the agency from reporting to the Immigration and Naturalization Service persons who have applied for or are receiving assistance. <i>See</i> 10 Colo. Code Regs. § 2505-10:8.100.</p>
Connecticut	<p>Only “Qualified Aliens” are eligible for Husky Health, Connecticut’s Medicaid program. Emergency Medicaid is available for undocumented immigrants.</p>	<p>DSS’ Uniform Policy Manual (UPM) states that “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.” <i>See</i> UPM 3000.01.</p> <p>Emergency Medicaid covers labor and delivery for pregnant women who do not qualify for state medical programs, but who otherwise meet Medicaid income and asset limits. It does not cover prenatal care; however, if the pregnant woman has complications to her pregnancy or if the unborn baby is at risk, then Emergency Medicaid will cover the cost of prenatal care.</p>	<p>Emergency Medicaid is not pre-approved; hospitals send the medical bill for the treatment of the emergency to the Medical Review team at DSS.</p>
Delaware	<p>Aliens who are not otherwise eligible for full Medicaid because of immigration status may be eligible for emergency services and labor and delivery only.</p>	<p>Delaware regulations define emergency services as:</p> <ul style="list-style-type: none"> • a sudden serious medical situation that is life threatening; or 	<p>Labor and delivery only services must be rendered in an acute care hospital emergency room, an acute care inpatient hospital, or a birthing center. <i>See</i> Del. Reg. 14370 (“Coverage of Emergency Services and Labor and Delivery Only”).</p>

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		<ul style="list-style-type: none"> • 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 he or she could suffer serious long lasting disability. <p>“Routine prenatal and post-partum care” are expressly exempted. <i>See</i> Del. Reg. 14370 (“Coverage of Emergency Services and Labor and Delivery Only”).</p>	
District of Columbia	<p>1) Emergency Medicaid 2) DC Healthy Families 3) DC HealthCare Alliance</p> <p>Emergency Medicaid: Non-qualified aliens are eligible for Emergency Medicaid services. Emergency Medicaid is limited to emergency services, including labor and delivery. <u><i>Emergency Medicaid does not cover pre-natal care.</i></u></p> <p>DC Healthy Families: Pregnant qualified aliens are eligible for DC Healthy Families (DCHF); provided, a patient must meet DCHF’s income requirements and be a resident of DC. DCHF benefits are available to a qualified</p>	<p>Emergency Medicaid - does not cover pre-natal care.</p> <p>DC Healthy Families - covers pregnancy related services, including:</p> <ul style="list-style-type: none"> • Doctor visits • Immunization • Emergency care • Hospital Stays • Prescription medicines • Prenatal care • Labor and delivery • Family planning • Other health care needs <p>DC HealthCare Alliance Pregnant qualified and non-qualified aliens enrolled in HCA will receive comprehensive health care, including pregnancy related services.</p>	<p>Emergency Medicaid N/A</p> <p>DC Healthy Families Pregnant qualified aliens are eligible for DCHF; provided, they meet all the non-financial and financial eligibility requirements for the program.</p> <p>Individuals must fill out a DC Healthy Families application. Applications may be obtained by calling 1 (888) 557-1116, picking one up at Giant, Safeway, CVS, Rite Aid, or a library, or at: https://dhs.dc.gov/sites/default/files/dc/sites/dhs/publication/attachments/hf_english_application.pdf</p> <p>DC HealthCare Alliance To be eligible for program benefits, a person must be a presently living in DC voluntarily and have no current intention of moving out of DC. The individual does not need to be a U.S. citizen or a</p>

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	<p>alien who entered the country before August 22, 1996; meets the veteran exemption; meets the Native American exception; entered the country on or after August 22, 1996 and has been in the U.S. in a 'qualified status' for more than 5 years, or is a refugee, asylee, or other member of a specific category.</p> <p>DC HealthCare Alliance: The DC HealthCare Alliance (HCA) provides medical assistance to needy DC residents who are not eligible for Medicaid (including both qualified and non-qualified aliens); provided, individuals must be residents of DC, have no health insurance and have a family income equal to or below 200% of the Federal Poverty Level.</p> <p>HCA provides comprehensive pregnancy health services, such as clinic services, emergency care, immunizations, in-patient and out-patient hospital care, physician services, prescription drugs, and pre-natal care. Services are free.</p> <p><i>See also</i> D.C. Code §§ 4-201.01-4-221.01, particularly §4-20.24; 22 D.C. Municipal Regulations Chapter 33; Department of Human Services IMA Policy Manual; and</p>		<p>qualified alien. The individual must have no health insurance and have a family income equal to or below 200% of the Federal Poverty Level.</p> <p>Individuals must fill out an application. If approved, the applicant will receive a membership card. Once enrolled, the individual must fill out a form every 12 months to prove continued eligibility.</p> <p><i>See also</i> Department of Human Services IMA Policy Manual, DC HealthCare Alliance Manual.</p>

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	DC HealthCare Alliance Manual. Additional information may be searched for at http://fast.dc.gov/match.aspx .		
Florida	<p>Prenatal benefits are available under the Florida Medicaid program and Presumptive Eligibility for Pregnant Women (PEPW) program. Individuals may be eligible if they are US citizens or qualified noncitizens, are Florida residents, and have household incomes of less than 191% of the federal poverty level. Applicants must also provide a social security number. Self-attestation is accepted for the majority of eligibility factors; however, a reasonable explanation and/or documentation may be requested to clarify questionable information or resolve inconsistencies. (F.S.A. § 414.905.)</p> <p>Note that the PEPW program permits qualified providers to make a presumptive determination of Medicaid eligibility for low-income pregnant women, which then allows a woman to access prenatal care while the Department of Children and Families' eligibility staff makes a regular determination of eligibility. PEPW services are limited to outpatient or office services and do not include inpatient, labor, delivery, or postpartum services.</p> <p>Noncitizens who meet all Medicaid</p>	<p>For qualified aliens under Florida's Medicaid program, available services include prenatal, delivery and postpartum care. Prenatal visits are limited to a maximum of 10 for low-medical risk recipients and 14 for high-medical risk recipients (a high-medical risk pregnancy is "one in which the medical history and diagnosis indicate that, without consideration of a cesarean section, a normal uncomplicated pregnancy or delivery will not occur"). Prenatal care includes administration of Florida's Healthy Start Prenatal Risk Screening, used to identify those at risk of poor birth, health and developmental outcomes. Two postpartum visits within 90 days may be reimbursed when medically necessary. (Florida Medicaid Reproductive Services Coverage Policy, Section 4.2.)</p> <p>Noncitizens who meet all Medicaid eligibility requirements except for citizenship status may be eligible for Medicaid to cover medical emergencies, including labor and delivery only. (F.S.A. § 409.904.)</p>	<p>Qualified aliens may apply for Medicaid benefits in the same manner as other Florida residents. Medicaid eligibility in Florida is determined either by the Department of Children and Families (DCF) or the Social Security Administration. Individuals may apply for assistance online at: http://www.myflorida.com/accessflorida/</p>

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	eligibility requirements except for citizenship status may be eligible for Medicaid to cover medical emergencies, including the birth of a child. (F.S.A. § 409.904.)		
Georgia	<p>Prenatal benefits are available under the Georgia Medicaid Right from the Start program. These benefits are available to US citizens and lawfully admitted immigrants who are Georgia residents and have household incomes of less than 220% of the federal poverty level. Qualified providers may make presumptive eligibility determinations for pregnant women. (Georgia Dept. of Community Health, https://dch.georgia.gov/sites/dch.georgia.gov/files/related_files/site_page/MedicaidEligibilityFY14_Final.pdf.)</p>	<p>The Right from the Start program pays for medical care for pregnant women, including labor and delivery, for up to 60 days after giving birth. Pregnant women who qualify are entitled to the full-range of Medicaid covered services including physicians' visits, prescription medicines, and inpatient and outpatient hospital services.</p> <p>Persons who are ineligible for Medicaid due to citizenship status may apply to get assistance in paying bills that were incurred due to a medical emergency. This includes the cost of labor and delivery.</p> <p>(Georgia Dept. of Community Health, https://dch.georgia.gov/rsm-programs-assistance.)</p>	<p>There are three ways to apply: (1) Applicants may apply online at www.compass.ga.gov; (2) Applicants may visit their local RSM County Office; or (3) Applicants may call 800-809-7276.</p>
Guam	<p>Medicaid Guam's Medicaid, Children's Health Insurance Program, and Medically Indigent Program are administered through a private provider. <i>See</i> 10 C.G.A. § 21101 <i>et seq.</i></p> <p>MIP (Medically Indigent Program) MIP is available to a Guam resident who has resided on Guam for at least the past 6</p>	<p>Medicaid and MIP cover a broad range of prenatal services including physician visits, outpatient services, lab tests, hospital delivery, birthing centers, and prescription drugs. <i>See</i> Handbook, at pp. 4-6, at http://www.dphss.guam.gov/sites/default/files/pdf/MIP%20Brochure.pdf.</p> <p>MCHP provides prenatal and postpartum care, The target population are the low-income, high-risk,</p>	<p>Benefits available under the Guam Medicaid Program, Guam Children's Health Insurance Program, and the Guam Medically Indigent Program are accessed through a single point of entry and formal enrollment. <i>See</i> 10 C.G.A § 21101 <i>et. seq.</i></p> <p>The Application for Medicaid and the Medically Indigent Program ("MIP") is available from the Guam Department of Public Health and Social Services, including the following link at its website: http://www.dphss.guam.gov/sites/default/files/pdf/Application%20for</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>months of the year, who is ineligible for Medicaid and has exhausted benefits under other federal programs, and who meets income and resource requirements. This coverage is available only to citizens and qualified aliens. <i>See</i> 10 C.G.A., §§ 2901, 2906; <i>see also</i> 26 GAR 1-§ 9301 <i>et. seq.</i></p> <p>The MIP income limit is 100% of the federal poverty level. The resource limit is \$2,000 total household resources excluding 1 or 2 motor vehicles, and a primary residence.</p> <p><i>See</i> <u>Medically Indigent Program Handbook</u> (hereinafter, "Handbook"), p.3, at http://www.dphss.guam.gov/sites/default/files/pdf/MIP%20Brochure.pdf.</p> <p>Eligibility for MIP lasts for 6 months and must be renewed thereafter.</p> <p>MHCP Eligibility requirements for this program are described in 26 GAR 1- § 1401 <i>et. seq.</i> NOTE: Guam's regulations are updated only to 1997; current eligibility requirements must be confirmed when applying. 1 G.A.R. § 1103.</p> <p>To be eligible, a woman must be a Guam</p>	<p>women and children. Prenatal services include: (i) interview, including risk assessment to determine high risk pregnancy; (ii) lab tests and diagnostic procedures, as ordered by attending physician and authorized by MCH based on availability of funds; (iii) vitamins and supplements, (iv) physicians' fees for prenatal clinic visits and delivery and (v) 6 weeks post-partum clinic visit, based on availability of funds. MCH does not pay for hospital costs including room, laboratory drugs, and supplies. 26 GAR 1 -§ 1401 <i>et. seq.</i>, at pp. 5-6.</p>	<p>%20Public%20Benefits%20part%201%20and%202_0.pdf</p> <p>Telephone numbers: Central 735-7245, Northern 635-7432, Southern 828-7543.</p> <p>After submission of the application, an applicant for Medicaid or MIP must attend an interview and bring documents to show identity, citizenship/alien status, income, and a doctor's statement of pregnancy and anticipated due date. A complete list of required documentation is at the following link: http://www.dphss.guam.gov/document/documents-required-public-assistance</p> <p>Eligibility will be determined within 30 days and begins on the first day of the month of application</p> <p>Application can be any time during a woman's pregnancy; eligibility period for services covers the first prenatal visit and lasts for 6 weeks after delivery.</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>resident who applies for services and is ineligible for Medicaid or MIP, has no medical insurance and is financially unable to pay for medical services as determined by MCH program guidelines, and has income and resources within the program limits.</p> <p>There is a separate Maternal and Child Health Program, (“MCH”) which is a federal program under title V of the Social Security Act. This program is focused on improving the health of all mothers and children. In Guam it is administered by the Division of Public Health, Bureau of Family Health and Nursing Services. See http://dphss.guam.gov/content/bureau-family-health-and-nursing-services</p> <p>The statutes and regulations do not appear to exclude nonqualified aliens from MCH eligibility. <i>See</i> 10 G.C.A § 3501 et. seq.; 26 G.A.R.1 -§ 1401 et. seq.</p>		
Hawaii	<p>Prenatal benefits are available under the Hawaii Med-QUEST program. Individuals may be eligible if they are US citizens, qualified noncitizens or lawfully present noncitizens, are Hawaii residents, and have household incomes of less than 191% of the federal poverty level. Applicants must also provide a social security number. (Haw.</p>	<p>Coverage for US citizens, qualified noncitizens or lawfully present noncitizens includes prenatal care, necessary tests, labor and delivery costs, hospital charges and doctor or certified nurse-midwife charges. Medical services for the newborn will also be covered. (Haw. A.D.C. § 17-1720.)</p> <p>Noncitizens are eligible for coverage relating to labor</p>	<p>Individuals may apply by:</p> <ul style="list-style-type: none"> • Completing an online application at www.mybenefits.hawaii.gov; • Calling the Med-QUEST office in your area to receive an application by mail;

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>A.D.C. § 17-1714.1; Haw. A.D.C. § 17-1716.)</p> <p>Noncitizens who meet all Med-QUEST eligibility requirements except for citizenship status may be eligible for Med-QUEST to cover medical emergencies, including the birth of a child. (Haw. A.D.C. § 17-1723.1.)</p>	<p>and delivery only. (Haw. A.D.C. § 17-1723.1.)</p> <p>Hawaii law also provides that that the Department of Health may adopt rules to ensure that all pregnant women in Hawaii are offered appropriate information, quality testing, diagnostic services, and follow-up services concerning neural tube defects and other disorders amenable to prenatal diagnosis. The purpose of prenatal screening and diagnosis is to obtain vital information for the pregnant woman and her family as well as for the providers of her health care. It can be used to provide appropriate care and to assist the woman and her family to achieve optimal health outcomes. Nothing in this section shall be construed to mean that prenatal screening and testing are mandatory. (Haw. Rev. Stat. § 321-331 (2015).)</p>	<ul style="list-style-type: none"> • Visiting the Med-QUEST eligibility office. Office hours are Monday through Friday from 7:45 a.m. to 4:30 p.m. (except holidays); • Visiting any community health center in Hawaii; • Visiting any hospital in Hawaii; • Visiting any Department of Human Services unit office.
Idaho	<p>To qualify for pre-natal care under Idaho Medicaid, a pregnant woman must reside in Idaho and be a U.S. citizen or a legal immigrant. She must also have counted income of no greater than 133% of the federal poverty guidelines (Idaho Administrative Code 16.03.01.500 - 502) and meet other income coverage eligibility guidelines, which depend on family size and other factors (Idaho Administrative Code 16.03.01.315 – 342, 16.03.01.345 – 388, 16.03.01.395, 16.03.01.400 – 424).</p> <p>A pregnant woman can get “limited ambulatory” prenatal care as a</p>	<p>Qualified non-citizens resident in Idaho who qualify for Idaho Medicaid are entitled to pregnancy-related and post-partum services beginning after confirmation of pregnancy and extending through the end of the month in which the 60th day after delivery occurs. These services also include:</p> <ul style="list-style-type: none"> • Two individual or family social services visits; • “Maternity Nursing Visit” services for women unable to find a physician, NP, PA, or NM to provide prenatal care. A maximum of nine visits with a registered nurse for the purpose of checking the progress of the pregnancy are permitted and coverage ends when the woman 	<p>Individuals may apply for Medicaid by</p> <ul style="list-style-type: none"> • Visiting https://idalink.idaho.gov/; • Printing an application at http://healthandwelfare.idaho.gov/FoodCashAssistance/HealthCoverageAssistance/HealthCoverageApplications/tabid/2883/Default.aspx; • Visiting any Idaho Department of Health and Welfare office location; or • Calling 1-877-456-1233. <p>If your family’s income is determined too high for Medicaid, you still may qualify for other Health coverage assistance programs. To view other programs,</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>presumptively eligible (PE) pregnant woman through the end of the month after the month the health care provider completes the PE determination. A pregnant woman is eligible for only one period of PE coverage during each pregnancy. (Idaho Administrative Code 16.03.01.502.)</p> <p>Emergency Medicaid is available to individuals who do not meet Medicaid citizenship requirements and covers labor and delivery. (Idaho Administrative Code 16.03.01.250.)</p>	<p>finds a physician, NP, PA, or NM to provide care;</p> <ul style="list-style-type: none"> • Two nursing visits at the pregnant woman’s home to assess her living situation and provide appropriate education and referrals; and • Certain nutritional services. <p>(Idaho Administrative Code 16.03.01.500, 16.03.09.890, 16.03.09.892.)</p> <p>Non-qualified citizens may be eligible for coverage relating to the normal delivery of a baby under Idaho’s Emergency Medicaid provisions. Pre-natal care is not covered under these provisions. (Idaho Administrative Code 16.03.01.250.)</p>	<p>visit http://healthandwelfare.idaho.gov/FoodCashAssistance/HealthCoverageAssistance/tabid/2882/Default.aspx.</p>
Illinois	<p>The Medicaid Presumptive Eligibility Program and Moms & Babies program provides prenatal care for all resident pregnant women with a family income below 200% of the federal poverty level. (See 305 Ill. Code § 5/5.2(5).) To be eligible, women do not need to be US citizens or legal residents and they do not need social security numbers. (https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/MomsAndBabies.aspx#momsbabies.)</p>	<p>Medicaid Presumptive Eligibility Program (MPE)</p> <p>MPE offers immediate, temporary coverage for outpatient health services to pregnant women who meet income requirements. There are no co-payments or premiums in MPE. MPE includes services like prenatal checkups, doctor visits, lab tests, prenatal vitamins, medicine, specialty medical care, eye care, dental care, emergency room care, mental health and substance abuse services, transportation to get medical care and other services. MPE does not include hospital services, like labor and delivery. (https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/MomsAndBabies.aspx#momsbabies.)</p>	<p>Many doctors or clinics that care for pregnant women are All Kids Application Agents and can help applicants complete an application. If an applicant does not have a doctor or clinic, she can:</p> <ul style="list-style-type: none"> • Call the All Kids Hotline at 1-866-255-5437 to find a doctor or clinic; • Call the All Kids Hotline at 1-866-255-5437 to find an All Kids Application Agent who can help complete the All Kids application; • Complete the All Kids application herself and mail it to All Kids; or • Make an appointment at the local Department of Human Services (DHS) office.

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, postpartum care, emergency medical care)	Application Process
		<p>Moms & Babies</p> <p>Moms & Babies pays for both outpatient and inpatient hospital services for women while they are pregnant, and for 60 days after the baby is born. Moms & Babies includes outpatient services such as prenatal checkups, doctor visits, lab tests, prenatal vitamins, medicine, specialty medical care, eye care, dental care, emergency room care, mental health and substance abuse services, transportation to get medical care and other services. In addition, it includes hospital services, including labor and delivery. It also pays for services to babies for the first year of the baby's life, if the mother is covered by Moms & Babies when the baby is born. There are no co-payments or premiums in Moms & Babies. (See 305 Ill. Code § 5/5.2(5); 305 Ill. Code 5/5.24.)</p> <p>Moms & Babies participants can also sign up for text4baby and get FREE text messages sent directly to their cell phones including tips on prenatal and infant care, immunization, postpartum depression, nutrition, oral health, quitting smoking, safety and more.</p>	
Indiana	Indiana's Hoosier Healthwise Packages A and P provide coverage for prenatal care and care for conditions that may complicate the pregnancy. Pregnant women resident in Indiana who are US citizens or qualified immigrants and have incomes at or below	<p>Package A – Standard Package</p> <p>Coverage includes prenatal and pregnancy-related services, including physical exams, labor and delivery, nutrition, social services, dental and health screening, education, counseling, and referral service</p>	<p>To apply for Medicaid, applicants need to fill out and submit a Medicaid application, also known as an <i>Indiana Application for Health Coverage</i> form. This can be done by:</p> <ul style="list-style-type: none"> • Visiting an Indiana Division of Family Resources office;

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>certain levels may participate. (Indiana Health Coverage Policy Manual.) Unqualified immigrants are eligible for coverage relating to emergency services, including labor and delivery. (IC 12-15-12-0.5.)</p>	<p>as appropriate. (See http://member.indianamedicaid.com/programs--benefits/medicaid-programs/hoosier-healthwise/hhw-covered-services-.aspx.)</p> <p>Package P -Presumptive Eligibility for Pregnant Women (PEPW)</p> <p>Package P is a limited-service plan for pregnant women. It offers temporary coverage of prenatal care services to pregnant women while their Medicaid applications are pending. Package P services include ambulatory pregnancy-related services, such as visits to a doctor for prenatal care, pregnancy-related lab work and prescriptions, and transportation for prenatal care. (See http://member.indianamedicaid.com/programs--benefits/medicaid-programs/presumptive-eligibility.aspx.)</p> <p>Package E – Emergency Services</p> <p>Package E includes services that address emergency medical conditions. In the case of pregnant women eligible for coverage under Package E, labor and delivery services are considered emergency medical conditions. (IC 12-15-12-0.5)</p>	<ul style="list-style-type: none"> • Applying online at https://www.fssabenefits.in.gov/CitizenPortal/application.do; or • Calling 1-800-403-0864
Iowa	Iowa Medicaid provides prenatal services to US citizens and qualified immigrants who are Iowa residents and who otherwise meet the income requirements for Medicaid. In	<p>Iowa Medicaid</p> <p>Under Iowa Medicaid, all medical services provided to a pregnant woman, including dental and vision, are</p>	To apply for Iowa Medicaid, an applicant should visit the Iowa Department of Human Services “How to Apply” website at http://dhs.iowa.gov/how-to-apply .

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>addition, an applicant must provide her social security number or proof that she has requested a social security number. (See 441 IAC § 75.10, 441 IAC §75.11(2).) Qualified immigrants are also eligible for “presumptive eligibility for pregnant women.” (See 441 IAC § 75.1(30).) Note, that in some cases, a qualified immigrant will need to maintain that status for 5 years before being eligible for Medicaid.</p> <p>Under Iowa Medicaid, unqualified immigrants generally are only eligible for care and services necessary for the treatment of an emergency medical condition. This coverage includes labor and delivery but not prenatal services. (441 IAC 75.11(4).)</p> <p>Immigrants unsure of their status may receive care under Iowa Medicaid’s “presumptive eligibility for pregnant women” program based on representations that they meet the income requirements. (See 441 IAC § 441.75.1(30).) Proof of citizenship is not required for presumptive eligibility. But, this Medicaid benefit will only cover the woman until she is denied Medicaid coverage if she is an unqualified immigrant. Once that happens, the woman will only be eligible for emergency services.</p>	<p>considered prenatal care and are covered. Pregnancy-related inpatient services such as labor and delivery services are also covered.</p> <p>Presumptive Eligibility for Pregnant Women</p> <p>Under the “presumptive eligibility for pregnant women” program, a qualified health care provider may determine that a pregnant woman is presumptively eligible for Medicaid based only on her statements about her family income. Coverage for presumptively pregnant women extends only to Medicaid-covered ambulatory prenatal care. Ambulatory prenatal care includes all Medicaid-covered services except inpatient hospital care and charges associated with miscarriage or delivery of the baby. (See 441 IAC § 441.75.1(30).)</p> <p>A woman who is determined to be presumptively eligible for Medicaid is eligible for Medicaid services beginning with the date of the eligibility determination. Eligibility continues up to the last day of the month following the month of the presumptive eligibility determination. If the woman files a Medicaid application within this period, Medicaid coverage continues until a decision is made on the application. The period of presumptive eligibility ends when the Department approves or denies the Medicaid application. As such, if a pregnant woman files a Medicaid application by the last day of the month following the month of the presumptive eligibility determination, Medicaid will continue until</p>	

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
		<p>a decision of ineligibility is made on the application. (See 441 IAC § 441.75.1(30).)</p> <p>Medicaid will pay medical expenses for ambulatory prenatal care obtained during the presumptive eligibility period, even if the woman is later denied coverage. (See 441 IAC § 441.75.1(30).)</p> <p>Emergency Services</p> <p>Up to 3 days of Medicaid is available to pay for the cost of emergency services, including labor and delivery, for aliens who do not meet citizenship, alien status, or social security number requirements. The emergency services must be provided in a facility such as a hospital, clinic, or office that can provide the required care after the emergency medical condition has occurred. (441 IAC 75.11(4).)</p>	
Kansas	<p>“KanCare” (Medicaid) http://www.kancare.ks.gov/download/factsheets/Medical_Coverage_for_Pregnant_Women.pdf</p> <p>SOBRA (Emergency Medicaid) This program provides benefits to persons who are not US citizens or qualified aliens. For pregnant women, it covers delivery services only. See http://www.kdheks.gov/hcf/Medicaid. More information about SOBRA may be obtained at any Kansas Department for</p>	<p>All KanCare programs cover medical services and prescriptions. http://www.kancare.ks.gov/download/factsheets/Fact_Sheet_Medical_Coverage_Basic_Eligibility_Requirements.pdf</p>	<p>To apply for KanCare, a pregnant woman must complete and submit an application and provide proof of identity and citizenship.</p> <p>http://www.kancare.ks.gov/download/factsheets/Fact_Sheet_Medical_Coverage_Basic_Eligibility_Requirements.pdf http://www.kancare.ks.gov/download/factsheets/Fact_Sheet_Citizenship_and_Identity_Requirements.pdf</p> <p>An application can be obtained at any Department of Children and Families office or by calling 1-800-792-4884. Applications may also be completed online, at the following link: https://cssp.kees.ks.gov/apssp/</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>Children and Families (DCF) office.</p> <p>To receive medical assistance in Kansas (except for SOBRA), an applicant must be a citizen or a qualified non-citizen, and a resident of Kansas. <i>See</i> Kansas Family Med. Assistance Manual (hereinafter, “Manual”), §§ 2040 – 2043 (describing requirements and categories of qualified non-citizens),</p> <p>No period of residency is required but the applicant must have the intent to remain indefinitely in Kansas. Manual, § 2050.</p> <p>To qualify for KanCare an applicant must have household income that meets the requirements of the program, based on family size. Family size is determined by counting the pregnant woman, the unborn child, and the father of the unborn child, if the father lives with the pregnant woman. If the pregnant woman lives with her parents, then the parents are included. Countable income includes wages and income from other sources, such as social security and child support. There are no resource or asset limits. http://www.kancare.ks.gov/download/factsheets/Medical_Coverage_for_Pregnant_Women.pdf (last modified April 30, 2013).</p>		<p>Expedited temporary approval of an application (within 10 days) is available to pregnant women who satisfy financial and general eligibility criteria for the KanCare program. <i>See</i> Manual, §1407 https://kchap2.kdhe.state.ks.us/kfmam//main.asp?tier1=01000&tier2=01400&tier3=1407</p> <p>A formal determination of eligibility follows any expedited approval. <i>Id.</i></p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process										
	<p>If the total household income is below the standard on the following chart, the pregnant woman qualifies for KanCare:</p> <table border="1" data-bbox="352 412 943 594"> <thead> <tr> <th>Family Size</th> <th>Monthly Income Standard</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>\$2,271</td> </tr> <tr> <td>3</td> <td>\$2,863</td> </tr> <tr> <td>4</td> <td>\$3,456</td> </tr> <tr> <td>5</td> <td>\$4,049</td> </tr> </tbody> </table> <p>http://www.kdheks.gov/hcf/Medicaid/download/Medical_Coverage_for_children.pdf (last modified May 1, 2015).</p>	Family Size	Monthly Income Standard	2	\$2,271	3	\$2,863	4	\$3,456	5	\$4,049		
Family Size	Monthly Income Standard												
2	\$2,271												
3	\$2,863												
4	\$3,456												
5	\$4,049												
Kentucky	<p>Medicaid Effective January 1, 2014, Kentucky expanded its eligibility for Medicaid to people with higher household incomes than the program had previously covered. <i>See</i> http://chfs.ky.gov/dms/Eligibility.htm#new http://chfs.ky.gov/dms/medicaid+expansion.htm#qualify</p> <p>Medicaid is available only to U.S. citizens and qualified non-citizens who meet income and residency requirements (<i>i.e.</i>, lawfully present in the U.S. who entered the U.S. before August 22, 1996 or entered on or after August 22, 1996 and who have maintained lawfully present status for 5 years).</p>	<p>Medicaid Medicaid covers pre-natal care including all medically necessary services related to pregnancy, maternity, and newborn care. See the following link for more details: http://chfs.ky.gov/dms/services.htm</p> <p>Presumptive Eligibility (“PE”) Coverage begins on the date that a provider determines that a pregnant woman satisfies a limited set of eligibility criteria. There is no citizenship or lawful immigrant requirement for presumptive eligibility. Once PE is determined, the pregnant woman is covered for up to 60 days. She is asked to submit an application to determine eligibility for full Medicaid benefits during that 60 days. PE coverage ends either: (i) when full Medicaid eligibility is</p>	<p>Medicaid A woman may apply for Medicaid in any of the following ways:</p> <ul style="list-style-type: none"> • Self Service Portal at https://kynect.ky.gov/ • Call Center: 1-855-459-6328 or TTY 1 -855-326-4654 • Mail applications to: Office of the Kentucky Health Benefit Exchange; 12 Mill Creek Park; Frankfort, KY 40601 • Fax application to: (502) 573-2005 • In person at any Department for Community Based Services (DCBS) office. <p>Presumptive Eligibility PE is determined by a health care provider such as a physician, nurse or health center or clinic. The provider obtains an authorization number and issues a PE identification to the woman. 907 K.A.R. 20:050 §2.</p>										

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>907 K.A.R. 20:050 §5.</p> <p>Presumptive Eligibility for Medicaid (“PE”) Provides temporary, maximum of 60 day medical coverage to pregnant women who are not enrolled in Medicaid and who do not have a Medicaid application pending. The PE program may provide pre-natal medical coverage to unqualified non-citizens for a limited period.</p> <p>Presumptive eligibility may be granted to a woman who:</p> <ul style="list-style-type: none"> is pregnant is a resident of Kentucky is not enrolled in Medicaid and has no pending Medicaid application on file has not been previously granted PE for the same pregnancy is not an inmate of a public institution, except as provided in 907 K.A.R. 20:005, §7(2) and does not have income exceeding 195% of the federal poverty level. <p>907 K.A.R. 20:050 §3.</p> <p>It appears Kentucky no longer has emergency Medicaid. <i>See</i> K.A.R. 907.</p>	<p>granted, or (ii) on the last day of the month following the month in which coverage under PE began if the pregnant woman does not apply for full Medicaid benefits or if she applies but is determined to be ineligible. A woman may have only one PE period of coverage during a pregnancy. http://chfs.ky.gov/dms/peservice.htm#eligible</p> <p>During the PE period a woman is covered for outpatient pre-natal care services including physicians, nurses, laboratories, radiology, dental, emergency room, transportation, and pharmacy services. NOTE: Services delivered in a hospital “in-patient” setting are not covered under presumptive eligibility. 907 K.A.R. 20:050 §5. http://chfs.ky.gov/dms/peservice.htm#eligible (<i>see</i> “Benefit Information”).</p>	

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
Louisiana	<p>Medicaid program: “LaMOMS”</p> <p>LaMOMS is no-cost health coverage for any pregnant woman, married or single. There are no fees, co-payments, deductibles or premiums.</p> <p>LaMOMS is available to US citizens and to qualified aliens who entered the U.S. before August 22, 1996 or to those who entered on or after August 22, 1996 and who have maintained the status of qualified alien for five (5) years. The five (5) year limitation does not apply to certain aliens including refugees, asylees and “battered immigrants.”</p> <p>Undocumented immigrants and legal aliens otherwise ineligible for LaMOMs may be eligible for emergency services and labor and delivery services. Routine prenatal care is not covered.</p> <p>To be eligible for Medicaid, including laMOMS, an applicant must be a Louisiana resident, a US national, citizen, permanent resident or legal alien, and have a total household income that is less than 138% of the federal poverty level, based on family size. There is no asset test. An applicant must also provide original documents to prove citizenship and identity.</p>	<p>LaMOMS pays for pre-natal pregnancy-related services, delivery and care up to 60 days after pregnancy ends, including doctor visits, lab work/tests, prescription medicines and hospital care.</p> <p>Coverage may be retroactive to the beginning of the woman’s pregnancy, for up to 3 months prior to submission of the application. If a woman paid for services before her application she may be reimbursed if: she was eligible on the service date, used a Medicaid provider and the service is covered by Medicaid.</p> <p>See http://new.dhh.louisiana.gov/index.cfm/faq/category/22</p>	<p>Application for benefits may be made online, in person, by mail, or by phone. The webpage below contains links with more information about each of these options. http://new.dhh.louisiana.gov/index.cfm/page/237 <i>See also:</i> http://ldh.louisiana.gov/index.cfm/page/220, “How Do I Apply?”</p> <p>Each Parish maintains a Medicaid office, which can assist with the application or with obtaining the required documentation. Locations of the Medicaid offices can be found at this link: http://new.dhh.louisiana.gov/index.cfm/directory/category/158</p> <p>In addition, telephone assistance is available by calling 1-888-342-6207, Monday – Friday 7 a.m. to 5 p.m.</p> <p>The applicant will be notified within 45 days (with some exceptions) after application of the decision regarding eligibility for the program.</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process																		
	<p>See http://ldh.louisiana.gov/index.cfm/page/2327; https://www.benefits.gov/benefits/benefit-details/1270</p> <p>Income limits effective 2/1/2016 are:</p> <table border="0"> <thead> <tr> <th>Family Size</th> <th>Monthly Income Limit</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$1,367</td></tr> <tr><td>2</td><td>\$1,843</td></tr> <tr><td>3</td><td>\$2,319</td></tr> <tr><td>4</td><td>\$2,795</td></tr> <tr><td>5</td><td>\$3,271</td></tr> <tr><td>6</td><td>\$3,747</td></tr> <tr><td>7</td><td>\$4,224</td></tr> <tr><td>8</td><td>\$4,703</td></tr> </tbody> </table> <p>See http://ldh.louisiana.gov/index.cfm/page/1371 The limits are subject to change.</p>	Family Size	Monthly Income Limit	1	\$1,367	2	\$1,843	3	\$2,319	4	\$2,795	5	\$3,271	6	\$3,747	7	\$4,224	8	\$4,703		
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Maine	<p>Maine’s Medicaid program is called MaineCare. One of the various “benefits packages” under MaineCare covers children up to age 21, pregnant women, and adults with dependent children.</p> <p>See MaineCare Member Handbook, Fall 2016 (hereinafter, “Handbook”), p. 31, accessible through link at https://mainecare.maine.gov/Memberdefault.aspx; see also http://www.maine.gov/dhhs/ofi/services/cubcare/CubCare.htm</p>	<p>Coverage for pregnant women, regardless of whether they are enrolled in MaineCare or are within the 60 day period of presumptive eligibility, includes: services provided by physicians, labs, hospitals and health clinics, as well as medical imaging, transportation and other services. See Handbook, pp. 31-32, 42-43.</p> <p>Once past the presumptive eligibility period, covered services for undocumented non-citizens are limited to emergency medical services, which includes labor and delivery. See Handbook, pp. 44 -45.</p>	<p>Applications for MaineCare are available online or at any DHHS office. See http://www.maine.gov/dhhs/ofi/public-assistance/index.html</p> <p>Pregnant women are only required to complete boxes 1-10 of the application.</p> <p>Once completed, an application can be mailed or delivered to any DHHS office. Office locations can be found at this link: http://www.maine.gov/dhhs/DHSaddresses.htm</p>																		

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	<p>MaineCare is available only to US citizens and lawfully admitted immigrants and refugees. <i>See</i> http://www.maine.gov/dhhs/ofc/citizenship/index.html</p> <p>Pregnant women are presumptively eligible for MaineCare. The benefits package under presumptive eligibility provides prenatal care for 60 days. To get care for the remainder of her pregnancy, the woman must apply for MaineCare at her local DHHS office before 60 days has passed. <i>See</i> Handbook, p. 44.</p> <p>Maine’s CHIP program does not cover pregnant women. <i>See</i> https://www.medicare.gov/CHIP/Downloads/ME/ME-13-0024-MC5.pdf, Attachment entitled “CHIP Eligibility – Non-Financial Eligibility- Citizenship,” p. 2.</p> <p>Pregnant women regardless of immigration status are presumptively eligible for MaineCare coverage that lasts for 60 days. For continued coverage, an application for MaineCare must be submitted within 60 days.</p> <p>All US citizens applying for MaineCare must provide original documents to show</p>		

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	<p>citizenship and confirm identity. This is not required if a woman currently has, or in the past had, Medicare, SSDI, or SSI. See http://www.maine.gov/dhhs/ofi/citizenship/index.html</p> <p>Eligibility for MaineCare is based on family size and income level. Income may be up to 200% of the federal poverty level. Certain expenses may reduce countable income so women are encouraged to apply. A chart found by clicking “Who is eligible for this insurance?” shows the maximum allowable income based on family size. See http://www.maine.gov/dhhs/ofi/services/cubcare/CubCare.htm#apply</p>		
Maryland	<p>Medicaid – P Track Covers pregnant and postpartum women.</p> <p>Pregnant women who are Maryland residents and US citizens, or immigrants lawfully present in the US, are eligible for Medicaid Track P.</p> <p>Maryland does not impose a 5 year waiting period for a pregnant alien who is lawfully present.</p> <p>Proof of identity and citizenship is required but preliminary eligibility may be granted for a period of 90 days while verification is obtained.</p>	<p>Medicaid Covers pregnancy care at no cost, including lab tests, doctor visits, prescription drugs, substance abuse treatment, and hospital services. Dental services are also covered at no cost for pregnant women. Full Medicaid (P Track) coverage continues for the postpartum period, until the end of the 2nd month following the end of the pregnancy. https://www.marylandhealthconnection.gov/assets/downloads/MHC_Factsheet_Medicaid.pdf https://www.marylandhealthconnection.gov/get-answers/pregnant-women-and-new-moms/ See also “Guide to Maryland Medical Assistance Coverage Groups” (Version October 2016), pp. 10-</p>	<p>An application for medical assistance must be completed and required documentation provided. Applications may be obtained and submitted in any of the following ways:</p> <ul style="list-style-type: none"> • Online at https://www.marylandhealthconnection.gov/ • By phone at (855) 642-8572 or TTY (855) 642-8573 • In person at any County Division of Family and Children Services (DFCS) office, or Social Security Administration office, health departments, some hospitals and Right from the Start Medicaid (RSM) project offices. <p>See http://dhr.maryland.gov/weathering-tough-times/medical-assistance/</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>A woman may apply and be eligible for medical assistance at any point during her pregnancy.</p> <p>Maryland residency is established if a person resides in Maryland with the intent of remaining permanently or for an indefinite period.</p> <p>Pregnant women up to 264% of the federal poverty level may qualify for Medicaid Track P.</p> <p>There is no resource test or limit. “Guide to Maryland Medical Assistance Coverage Groups” (Version October 2016), pp. 10-11, available via link at https://mmcp.dhmh.maryland.gov/pages/Medicaid-Coverage-Groups.aspx</p> <p><i>See</i> MCOR 10.09.24.05-3 (residency requirement); COMAR 10.09.24.05 <i>et seq.</i> (complete list of immigrant statuses qualified to receive medical assistance); COMAR . 10.09.24.05-1 (citizenship and identity documents). <i>See also</i> https://www.marylandhealthconnection.gov/assets/downloads/MHC_Factsheet_Medicaid.pdf</p>	<p>11, available via link at https://mmcp.dhmh.maryland.gov/pages/Medicaid-Coverage-Groups.aspx .</p> <p>Full coverage under Medicaid P Track may be provided for up to 90 days while the applicant obtains and provides required documentation of identity and citizenship.</p> <p>COMAR 10.09.24.05-1</p> <p>Emergency Medicaid</p> <p>Coverage is available for an emergency medical condition only. Labor and delivery are covered under this program.</p> <p>https://mmcp.dhmh.maryland.gov/docs/AT12-11-revised.pdf</p>	<p>RMA</p> <p>Refugees must be confirmed ineligible for Medical Assistance or CHIP before they can be eligible for RMA coverage.</p> <p><i>See</i> “Guide to Maryland Medical Assistance Coverage Groups” (Version October 2016), p. 8, available via link at https://mmcp.dhmh.maryland.gov/pages/Medicaid-Coverage-Groups.aspx</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>A woman need not have a social security number to enroll in a medical assistance plan.</p> <p>https://www.marylandhealthconnection.gov/assets/downloads/MHC_Factsheet_ImmigrantFamiliesEligibility.pdf</p> <p><i>See also</i> COMAR 10.09.24.05 <i>et seq.</i></p> <p>For purposes of determining household income, the pregnant woman and her unborn child (or children if twins) are counted as household members.</p> <p><i>See</i> “Guide to Maryland Medical Assistance Coverage Groups” (Version October 2016), p. 10, available via link at https://mmcp.dhmf.maryland.gov/pages/Medicaid-Coverage-Groups.aspx</p> <p>Hospital Presumptive Eligibility (HPE) – C-Track</p> <p>Participating hospitals determine temporary eligibility for Medical Assistance, which provides timely access to necessary health care services, immediate temporary medical coverage while full eligibility is being determined, a pathway to community Medicaid coverage, and a coverage</p>		

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>determination based on minimal eligibility information. While eligibility is temporary, individuals eligible for HPE receive full Medical Assistance (Medicaid) benefits during this temporary period. Hospitals should file a complete MA application simultaneously whenever possible, especially for pregnant women.</p> <p>Refugee Medical Assistance (RMA) Aliens who are classified as refugees, asylees, or victims of severe trafficking who are not eligible for Medical Assistance because they do not qualify under income requirements or are otherwise ineligible may be covered for Refugee Medical Assistance services in the G-track. RMA services are authorized under sections of the Immigration and Naturalization Act creating the federal Office of Refugee Resettlement. See DHR FIA Manual Release 04-01 with the attached “Refugee Cash Assistance and Refugee Medical Assistance Manual.” See also DHR FIA Action Transmittals 11-31 and 02-85, “Increase in Eligibility Standards for RMA” and CARES Bulletin 06-02, “Refugee Medical Assistance.”</p> <p>Descriptions of the above programs are found in “Guide to Maryland Medical</p>		

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>Assistance Coverage Groups” (Version October 2016), pp. 1-3, 6-8, 10-11, available via link at https://mmcp.dhmf.maryland.gov/pages/Medicaid-Coverage-Groups.aspx</p> <p>Emergency Medicaid A non-qualified alien may be eligible for Medicaid for an emergency medical condition. https://mmcp.dhmf.maryland.gov/docs/AT12-11-revised.pdf</p>		
Massachusetts	<p>Massachusetts residency is a universal requirement for all medical assistance programs in Massachusetts, including the programs that cover pregnant women described below. No period of residency is required, however, the applicant must have the intent to remain indefinitely in Massachusetts. Residency is verified if a person attests to Massachusetts residency and it is confirmed by either electronic data matching with federal or state agencies or by documentation. <i>See</i> 130 CMR 503.002</p> <p>In Massachusetts, Medicaid and CHIP are combined into a single program called MassHealth. http://www.mass.gov/eohhs/gov/departments/masshealth/</p>	<p>A detailed description of services and benefits covered for each MassHealth coverage type can be found at 130 CMR 450.105.</p> <p>MassHealth - Standard MassHealth Standard provides a full range of coverage for hospital services; doctor visits; laboratory tests; prescription drugs; mental health services; durable medical equipment; including benefits during pregnancy. <i>See</i> Booklet, p. 9: http://www.mass.gov/eohhs/docs/masshealth/membappforms/aca-1-english-mb.pdf</p> <p>MassHealth - Limited Coverage is limited to medical emergencies, including labor and delivery. Non-emergency services are not covered. Coverage extends through</p>	<p>To apply for any medical assistance program, an individual must file an application and provide required documentation. <i>See</i> 130 CMR 502.000 <i>et. seq.</i></p> <p>NOTE: Massachusetts keeps applications confidential and does not share names and addresses with immigration enforcement officials. <i>See</i> Booklet, pp. 7, 16: http://www.mass.gov/eohhs/docs/masshealth/membappforms/aca-1-english-mb.pdf</p> <p>The online application provides pre-screening to determine which programs are available to an individual.</p> <p>Applications may be submitted:</p> <ul style="list-style-type: none"> • Online at MAHealthConnector.org (online may be the fastest way to obtain coverage) • By calling 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing or speech disabled)

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, postpartum care, emergency medical care)	Application Process
	<p>MassHealth There are various MassHealth (Medicaid) programs available to pregnant women who are Massachusetts residents. Eligibility for a particular program depends on citizenship/immigration status and the household income limits. Citizens/lawfully present immigrants, as well as undocumented immigrants who are pregnant, may be eligible for MassHealth. Coverage types include MassHealth Standard and MassHealth Limited. <i>See</i> 130 CMR 505.000 <i>et. seq.</i> <i>See also</i> “Member Booklet for Health and Dental Coverage and Help Paying Costs,” published by Mass. Executive Office of Health and Human Services (October, 2016) (“Booklet”) available at the following link: http://www.mass.gov/eohhs/docs/masshealth/membappforms/aca-1-english-mb.pdf</p> <p>MassHealth - Standard A pregnant woman is eligible for full benefits under MassHealth Standard if she is: a citizen, lawfully present immigrant, nonqualified PRUCOL or other noncitizen,</p>	<p>pregnancy and for 60 days postpartum. <i>See</i> Booklet, p. 17: http://www.mass.gov/eohhs/docs/masshealth/membappforms/aca-1-english-mb.pdf</p> <p>The Health Safety Net Covered services must be provided by a Massachusetts acute hospital or community health center. Services provided outside those settings or billed by doctors, labs etc who are not part of the hospital or clinic are not covered. Some pharmacy services may be covered. HSN is available to Massachusetts residents regardless of immigration status. Coverage is available for up to one year. http://www.mass.gov/eohhs/consumer/insurance/more-programs/health-safety-net/for-patients.html <i>See also</i> Booklet, p. 23: http://www.mass.gov/eohhs/docs/masshealth/membappforms/aca-1-english-mb.pdf</p>	<ul style="list-style-type: none"> • By mailing or faxing an application to Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780, fax number: 1-857-323-8300. • In person at any of 4 enrollment centers, located in Chelsea, Springfield, Taunton and Tewksbury. Addresses are provided in the Booklet at page 4. <p><i>See</i> Booklet, pp. 4, 43 for more details regarding applications and assistance: http://www.mass.gov/eohhs/docs/masshealth/membappforms/aca-1-english-mb.pdf</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>all as described in 130 CMR 504.002, <i>US Citizens</i> and 130 CMR 504.003, <i>Immigrants</i>; and has modified adjusted gross household income less than or equal to 200% of the federal poverty level. The unborn child is counted as a member of the pregnant woman's household.</p> <p>130 CMR 505.002(D). <i>See also</i> Booklet, p. 9: http://www.mass.gov/eohhs/docs/masshealth/membappforms/aca-1-english-mb.pdf</p> <p>MassHealth Standard – Presumptive Eligibility A qualified hospital may determine presumptive eligibility for a pregnant woman. MassHealth Standard benefits will begin on the date of the eligibility determination. If a woman submits a complete MassHealth application before the end of the following month, benefits will continue until a formal determination of eligibility is made. If no application is submitted, benefits will continue until the end of the month following the month in which the determination of presumptive eligibility was made. <i>See</i> Booklet, p. 6. http://www.mass.gov/eohhs/docs/masshealth</p>		

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>/membappforms/aca-1-english-mb.pdf</p> <p>MassHealth - Limited A pregnant woman who is a non U.S. citizens and not eligible for a SSN, and/or who has no documentation of immigration status may still qualify for MassHealth Limited or The Health Safety Net (described below). Proof of income is required; to qualify a woman must have gross household income less than or equal to 200% of the federal poverty level. The unborn child is counted as a member of the pregnant woman’s household.</p> <p>The Health Safety Net (formerly known as “Free Care”) Effective June 1, 2016, HSN pays for services provided to Massachusetts residents who have household income at or below 300% of the federal poverty level. Eligibility for the Health Safety Net is determined by MassHealth. Booklet, p. 23. http://www.mass.gov/eohhs/docs/masshealth/membappforms/aca-1-english-mb.pdf</p>		
Michigan	<p>Medicaid – Group 1 Pregnant Women Program Medicaid – Group 2 Pregnant Women</p>	<p>Medicaid All Medicaid programs provide comprehensive benefits, including prenatal care that includes doctor</p>	<p>Medicaid and Refugee Assistance applications may be completed in the following ways:</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, postpartum care, emergency medical care)	Application Process
	<p>Program Medicaid – Healthy Kids Program Medicaid programs are available to US citizens and qualified aliens. <i>See</i> http://www.michigan.gov/documents/mdch/MIChild_Online_1_193650_7.pdf</p> <p>There is an income limit for Medicaid programs. A woman whose income exceeds the income level for Group 1 may be eligible for coverage under other Medicaid programs. In some programs a woman may be assigned a deductible and still qualify for expenses over the deductible. http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-35199--,00.html</p> <p>Maternity Outpatient Medical Services (MOMS) This program covers pregnant women who are not eligible for Medicaid but are eligible for emergency Medicaid. http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-35199--,00.html</p> <p>The MOMS program dovetails with emergency Medicaid to ensure that a pregnant woman who is ineligible for Medicaid may receive medical coverage for both outpatient prenatal and postpartum services and the cost of inpatient labor and</p>	<p>visits, inpatient and outpatient hospital care, lab tests, prescription drugs, etc. Coverage is available while the woman is pregnant and during the two calendar months following the month pregnancy ends, regardless of the reason (for example: live birth, miscarriage). http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-35199--,00.html http://www.michigan.gov/documents/mdch/MDCH-Pub_669_Medicaid_Fee_for_Svc_204662_7.pdf</p> <p>MOMS MOMS provides immediate coverage for outpatient prenatal services and also provides pregnancy-related postpartum services for two months after the pregnancy ends. It may provide coverage for labor and delivery services. http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-35199--,00.html http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4672-74373--,00.html#Maternity Outpatient Medical Services MOMS Questions and Answers</p> <p>Refugee Assistance Medical assistance and other benefits including cash assistance are available under this program for up to 8 months after entry into the U.S.</p>	<ul style="list-style-type: none"> • Online at: https://www.mibridges • The DCH-1426, Application for Health Coverage & Help Paying Costs, is the paper application to use to apply for healthcare coverage in Michigan. It may be obtained here, by clicking on the “Apply by Paper link”: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-320219--,00.html • Contact the Michigan Department of Health and Human Services office in the woman’s county of residence, which may be found here: http://www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00.html <p>MOMS To Apply for MOMS visit: http://healthcare4mi.com or contact a local Health Department</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>delivery.</p> <p>MOMS provides coverage to pregnant women who are eligible for Emergency Services Only (ESO) Medicaid. http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-35199--,00.html</p> <p>Emergency Services Only Medicaid (ESO) Medicaid ESO covers labor and delivery services. http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-35199--,00.html</p> <p>Refugee Assistance This program makes temporary medical assistance available to persons admitted to the U.S. as refugees, who do not qualify for Medicaid or other programs.</p> <p>Persons with the following immigration statuses (as determined by U.S. Citizenship and Immigration Services) are eligible for Refugee Assistance:</p> <p>Refugee or Asylee Cuban/Haitian entrant Amerasian Parolee</p>	<p>http://www.michigan.gov/mdhhs/0,5885,7-339-71547_72126---,00.html</p>	

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, postpartum care, emergency medical care)	Application Process
	<p>Victim of trafficking Iraqi or Afghan Special Immigrant VISA (SIV) holders U-Visa holders.</p> <p>http://www.michigan.gov/mdhhs/0,5885,7-339-71547_72126---,00.html</p> <p>To qualify, a refugee may have no more than \$3,000 in assets, meet income limits, be a resident of Michigan, and must not be receiving cash assistance from any other state.</p> <p>http://www.michigan.gov/mdhhs/0,5885,7-339-71547_72126---,00.html</p>		
Minnesota	<p>Emergency Medical Assistance (“EMA”) is available to non-citizens who are not eligible for federally-funded MA because of their immigration status. This includes undocumented and non-immigrant people, as well as non-qualified noncitizens who might also be eligible for the state-funded MA program. To qualify for EMA, non-citizens must meet all MA eligibility requirements not related to immigration status. They must have an MA basis, be Minnesota residents and meet applicable income and asset limits. Minn. Stat. § 256B.06, sub. 4(f).</p> <p>A qualifying emergency for EMA may be a</p>	<p>Minnesota Health Care Program (such as Medical Assistance and MinnesotaCare) obstetric services cover prenatal, enhanced prenatal for at-risk pregnancies, delivery, postpartum, and newborn care. http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_157386</p> <p>Babies born to women who are covered by one of Minnesota’s health care programs are covered through the month of their first birthday as long as the baby continues to live with the mother and reside in Minnesota. http://mn.gov/dhs/people-we-serve/children-and-</p>	<p>Minnesota Care. Pregnant women can apply for prenatal coverage under Minnesota Care through MNsure (https://auth.mnsure.org/RIDP/?account_type=Individual) or by submitting a paper application (found here: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696-ENG) and submitting the paper form to the appropriate county office listed in the application.</p> <p>Online applicants will usually be notified right away if they qualify.</p> <p>Minnesota Care Application Process: http://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/children-families-apply.jsp</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, postpartum care, emergency medical care)	Application Process
	<p>short-term, acute condition (including labor and delivery). EMA does not include prenatal care. Minn. Stat. § 256B.06, sub. 4(g), (h).</p> <p>Minnesota provides for coverage for pregnant women with family incomes up to 278 percent of the federal poverty line and who are not otherwise eligible for Medicaid. This includes coverage for pregnant undocumented immigrants as Minnesota has extended SCHIP funded Medical Assistance to pregnant women– eligibility may continue through the 60 day postpartum period. Minn. Stat., § 256B.06, sub. 4(d)(i).</p> <p>In addition, lawfully present noncitizens may be eligible for MinnesotaCare. Minn. Stat. § 256L.04, sub. 10.</p>	<p>families/health-care/health-care-programs/programs-and-services/pregnant-women.jsp</p>	
Mississippi	<p>An alien who is not lawfully admitted for permanent residence in the US or permanently residing in the US under color of law (“nonqualified alien”) is not eligible for Medicaid <i>except</i> for treatment of an "emergency medical condition." Nonqualified aliens must otherwise meet eligibility requirements, <i>i.e.</i>, federally mandated income and resource standards. https://medicaid.ms.gov/wp-content/uploads/2014/04/Chapter102Page1112-1113.pdf</p>	<p>Medicaid covers prenatal services for eligible mothers. Code Miss. R. 23-222:1.1</p> <p>The term "emergency medical condition" means the sudden onset of 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 any of the following:</p>	<p>Inquiries regarding eligibility for coverage of emergency services under Medicaid may be made by contacting the regional Medicaid office where the person resides. Information may also be obtained by contacting the Mississippi Division of Medicaid 1-800-421-2408.</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
		<ul style="list-style-type: none"> • Placing the patient's health in serious jeopardy; • Serious impairment to bodily functions; or • Serious dysfunction to any bodily organ; or part. <p>Specifically excepted from this definition are care and services related to either an organ transplant procedure or routine prenatal or post-partum care.</p> <p>Miss. Code § 41-59-3(p).</p> <p>Labor and delivery are the only emergency services predetermined to be covered by Medicaid. All other conditions must be submitted to the Eligibility Department of the Mississippi Medicaid office for case-by-case review and approval.</p> <p>https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-222.pdf</p>	
Missouri	<p>Show-Me Healthy Babies</p> <p>For dates of service on or after January 1, 2016, Missouri established a new program entitled "Show-Me Healthy Babies" (SMHB) under the authority of the Federal Children's Health Insurance Program (CHIP)</p>	<p>Show-Me Healthy Babies (SMHB)</p> <p>Under SMHB, targeted low-income pregnant women and unborn children will receive a benefit package of essential, medically necessary health services identical to the MO HealthNet for Pregnant Women benefit package.</p>	<p>Show-Me Healthy Babies (SMHB)</p> <p>A Missouri HealthNet application is submitted. If the application is denied due to excessive income or not being a citizen or qualified alien, the application is screened for SMHB eligibility criteria. If eligible, SMHB coverage is entered into "MEDES" (Missouri's eligibility determination and enrollment system) notice of approval is</p>

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	<p>and the State Children's Health Insurance Program (SCHIP). SMHB is established as a separate CHIP for any low-income pregnant woman and unborn child with household income up to 300% of the FPL. Mo. Rev. Stat § 208.662.1 (2016).</p> <p>Eligibility Guidelines. Pregnant women must meet the following guidelines for SMHB:</p> <p>Missouri residency Household income at or below 300% FPL No access to employer insurance or affordable private insurance which includes maternity benefits; and No eligibility for any other MO HealthNet programs (with the exception of Uninsured Women's Health services, Extended Women's Health Services, or Gateway to Better Health). Thus, eligibility for SMHB cannot be determined until a MO HealthNet for Pregnant Women application has been submitted, processed, and denied for excessive income or citizenship (though there is no waiting period for coverage).</p> <p>The unborn child's coverage period will be from date of application to birth. For targeted low-income pregnant women for whom citizenship cannot be verified, SMHB</p>	<p>TEMP Under TEMP, pregnant women have access to ambulatory prenatal care, but this coverage excludes labor and delivery.</p>	<p>mailed to the applicant, and a Missouri HealthNet card is issued. If not eligible, notice of denial is mailed to the individual. https://dss.mo.gov/mhd/oversight/pdf/160128-overview-show-me-healthy-babies-program.pdf</p> <p>An applicant may apply for Missouri HealthNet (and thus for either TEMP coverage or SMHB coverage) by completing the "Single Streamlined application (1M-1SSL) by visiting https://mydss.mo.gov/CitizenPortal/application.do, calling 1-855-373-99945, or in person at the nearest Family Support Division Resource Center (a list of offices is found here: http://dss.mo.gov/offices.htm)</p>

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	<p>benefits will end the day after discharge from hospital after the birth of the child. <i>see</i> Memorandum from the Department of Social Services Family Support Division IM-#110 (Dec. 31, 2015), available at http://dss.mo.gov/fsd/iman/memos/memos_15/im110_15.html.</p> <p>Undocumented women receive important care during the processing period while their Medicaid eligibility is being processed. <i>See</i> https://www.medicaid.gov/medicaid/outreach-and-enrollment/presumptive-eligibility/index.html</p> <p>Temporary MO HealthNet During Pregnancy (TEMP):</p> <p>The purpose of the TEMP program is to provide pregnant women with access to <i>ambulatory prenatal care</i> (excluding labor and delivery) while they await the formal determination of full MO HealthNet coverage. Temp coverage lasts for the presumptive eligibility period only. <i>see</i> https://dss.mo.gov/fsd/health-care/files/provider-training-for-presumptive-eligibility-for-pregnant-women.pdf</p> <p>Missouri provides for presumptive eligibility</p>		

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	<p>for all pregnant women. Presumptive eligibility allows uninsured pregnant women to obtain immediate prenatal care while their eligibility is being processed. Presumptive eligibility programs include the "TEMP" program and the "Show-Me Healthy Babies" program.</p> <p>Mo. Rev. Stat. § 208.151.1(16) (2016)</p>		
Montana	<p>Programs that Cover Qualified Aliens Montana Medicaid provides ambulatory prenatal care during a presumptive eligibility period. Mont. Code Ann § 53-6-101.</p> <p>Programs that Cover Undocumented Immigrants Montana does not appear to provide prenatal care to undocumented immigrants. Emergency medical coverage is provided to an otherwise eligible alien who does not meet qualified alien status. See Family Medicaid Program Policy Manual, http://dphhs.mt.gov/Portals/85/hcsd/documents/fமானual/CMA301-3(070116).pdf (last visited Oct. 17, 2016).</p> <p>"MIAMI" program Montana has a program called The Montana Initiative for the Abatement of Mortality in Infants Act ("MIAMI"). MIAMI provides</p>	<p>Montana Medicaid provides ambulatory prenatal care for pregnant women during a presumptive eligibility period, as provided in 42 U.S.C. 1396a(a)(47) and 42 U.S.C. 1396r-1. Mont. Code. Ann. § 53-6-101.</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 Family Medicaid Program Policy Manual, http://dphhs.mt.gov/Portals/85/hcsd/documents/fமான</p>	<p>Pregnant women are presumptively eligible for Montana Medicaid. To apply for presumptive eligibility, a woman must apply with a Qualified Entity (e.g., representative of a health care facility trained and certified to make presumptive eligibility determinations). If the Qualified Entity determines that she is presumptively eligible, the applicant receives temporary health care coverage for a period not to exceed 60 days. https://medicaidprovider.mt.gov/Portals/68/docs/presumptive/2014presumptiveeligibilityreferenceguide.pdf</p>

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	<p>home visiting services to high-risk pregnant women, their infants, and infants identified at risk for special health care needs. If an undocumented expectant mother is identified as “high risk,” she may be eligible for services under MIAMI, notwithstanding her immigration status.</p> <p>Mont. Code Ann. § 50-19-311.</p>	<p>anual/CMA301-3(070116).pdf (last visited Oct. 17, 2016).</p>	
Nebraska	<p>Nebraska provides coverage for pregnant women without regard to immigration status. In 2012, the Nebraska legislature found that unborn children do not have an immigration status and are not deemed to be tied to the mother’s immigration status. LB 599, 2012. As a result, Nebraska law provides benefits such as prenatal care and pregnancy related services connected to the health of the unborn child.</p> <p>2012 Neb. Laws 599 p. 1. Neb. Rev. Stat. §§ 68-915; 68-972</p> <p>A pregnant woman, who is not otherwise eligible for Medicaid, may apply to have her unborn child(s) eligibility reviewed under the CHIP program. Eligibility for Medicaid must first be determined before CHIP eligibility can be reviewed. Eligibility is determined for unborn children from conception through birth, if the pregnant woman and spouse’s income is at or below</p>	<p>Nebraska law provides benefits such as prenatal care and pregnancy related services connected to the health of the unborn child. Post-partum services are not available under CHIP, but emergency coverage may be available for post-delivery complications.</p> <p>See 2012 Neb. Laws 599 p. 1. Neb. Rev. Stat. §§ 68-915, 68-972.</p>	<p>To apply for Nebraska Medicaid, the applicant may either fill out an application online by visiting ACCESSNebraska.ne.gov or by calling 855-632-7633 and request a paper application that the applicant may submit by mail.</p>

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	<p>the Federal Poverty Level (FPL). http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-477/Chapter-18.pdf</p> <p>The pregnant woman will not be eligible for post-partum services under CHIP. If post-partum care is needed for complications following labor and delivery, the woman may apply for Emergency Medical Services Assistance (EMSA). http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-477/Chapter-18.pdf</p>		
Nevada	<p>Programs that Cover Qualified Aliens</p> <p>Nevada's Medicaid program for pregnant women is CHAP (Child Health Assurance Program).</p> <p>Coverage for Undocumented Immigrants</p> <p>Nevada does not appear to provide prenatal care to undocumented immigrants. <i>See Nev. Rev. Stat. § 422.065. See also Medicaid Services Manual, Section 603, 4 p. 9 (Oct. 1, 2015), available at http://dhcfnv.gov/uploadedFiles/dhcfnpnvgo/content/Resources/AdminSupport/Manuals/MSM/C600/MSM_600_16_07_15.pdf.</i></p>	<p>Medicaid</p> <p>Nevada Medicaid covers prenatal visits, lab work, and tests (such as an ultrasound), labor and delivery charges, anesthesia, a hospital stay (up to 48 hours after a vaginal birth and 96 hours after a Cesarean section), and a six week postpartum checkup. The woman may elect to see either an OB/GYN or a certified nurse midwife. <i>see "Welcome to Nevada Medicaid and Nevada Check Up", http://www.leg.state.nv.us/Session/77th2013/Exhibits/Assembly/HHS/AHHS205D.pdf</i></p>	<p>Nevada Medicaid</p> <p>An applicant may apply online at https://dwss.nv.gov/Apply/APPLY/.</p>

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	<p>It appears that undocumented immigrants are entitled to emergency services only. Medicaid Services Manual, Section 603.11 (Oct. 1, 2015), available at http://dhcfnv.gov/uploadedFiles/dhcfpnvgo/content/Resources/AdminSupport/Manuals/MSM/C600/MSM_600_16_07_15.pdf.</p>		
New Hampshire	<p>New Hampshire does not appear to provide prenatal care to undocumented immigrants. Emergency Medicaid coverage (including labor and delivery) may be available for non-citizens who otherwise meet the criteria for medical assistance. A resource test may apply. See Division of Family Assistance (DFA) DFA Programs and Services Guide, p. 4 (Sept. 2015) available at: http://www2.dhhs.nh.gov/dfa/documents/guide.pdf (last visited Oct. 21, 2016).</p> <p>Pregnant women applying at Department of Health and Human Services district offices as well as to pregnant women applying at non-district office sites shall be given a "presumptive eligibility period" as provided in 42 U.S.C. 1396r-1. (RSA. TITLE XII.167.68.II.(c))</p> <p>New Hampshire Medicaid</p> <p>Available for US citizens or qualified aliens</p>	<p>Undocumented immigrants do not appear to be eligible for prenatal care, but appear to be eligible for emergency coverage, which includes labor and delivery.</p> <p>Under New Hampshire Medicaid, once eligible, coverage for pregnant women may continue for 60 days post-partum. See New Hampshire Division of Family Assistance (DFA) Program Fact Sheet, available at http://www.dhhs.nh.gov/dfa/documents/fam-asst-fact-sheet.pdf.</p>	<p>Application for medical assistance can be made online at https://nheasy.nh.gov/#/. An application may also be submitted by visiting the applicant's local district office (information regarding district office locations and coverage areas may be found here: http://www.dhhs.nh.gov/dfa/apply.htm) or by printing and completing the Form 800 Insert (found here: http://www.dhhs.nh.gov/dfa/apply.htm) and mailing it to the appropriate district office.</p>

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	<p>only. Income cannot exceed 196% of the federal poverty income limits. There does not appear to be a resource limit. <i>See</i> Division of Family Assistance (DFA) DFA Programs and Services Guide, p. 2 (September 2015) available at: http://www2.dhhs.nh.gov/dfa/documents/guide.pdf (last visited Oct. 21, 2016).</p> <p>Pre-natal care may also be available through community health services funded by the state. Information on such programs may be obtained by calling 800-852-3345 ext. 4638.</p>		
New Jersey	<p>Medicaid Medicaid provides health insurance to parents/caretakers and dependent children, pregnant women, and people who are aged, blind or disabled. These programs pay for hospital services, doctor visits, prescriptions, nursing home care and other healthcare needs, depending on what program a person is eligible for.</p> <p>Qualified Immigrants are entitled to full Medicaid benefits. Qualified immigrants: 1) entered U.S. before August 22, 1996 and meets the eligibility criteria set forth in N.J.A.C. 10:71-3.3.(c), then he/she is entitled to FULL Medicaid benefits. (N.J.A.C. 10:71- 3.3.(c).) or 2)</p>	<p>“Emergency medical condition” does NOT include routine prenatal or post-partum care. (N.J.A.C. 10:71-3.3.(e))</p>	<p>To qualify for the Emergency Payment Program:</p> <ul style="list-style-type: none"> • a person must inform staff at the hospital in which they are being treated that they wish to apply. A hospital representative may take the application there or refer the person to their local County Welfare Agency. It is important to follow up with the County Welfare Agency. • If the emergency involved labor and delivery services not performed in a hospital, the applicant may apply at the County Welfare Agency and must have bills for all charges. • If scheduling an application interview at the County Welfare Agency, explain that you wish to speak to someone about the Medical Emergency Payment Program for Aliens. <p>For additional information, consult the Medical Emergency Payment Program for Aliens Fact Sheet http://www.state.nj.us/humanservices/dmahs/clients/medicaid/payme</p>

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	<p>entered U.S. on or after August 22, 1996 and meets the eligibility criteria set forth in N.J.A.C. 10:71-3.3(c), one of them being “lawfully admitted for permanent residence but only after having been present in the U.S. for 5 years,” then he/she is entitled to Medicaid benefits. (N.J.A.C. 10:71-3.3.(d))</p> <p>To be eligible for New Jersey Medicaid, a person must:</p> <ol style="list-style-type: none"> 1. be a resident of New Jersey 2. be a U.S. Citizen or qualified alien (most immigrants who arrive after August 22, 1996 are barred from Medicaid for five years, but could be eligible for NJ FamilyCare and certain programs for pregnant women) 3. meet specific standards for financial income and resources (N.J.A.C. 10:71-4.1(a); 10:71-5.1(a)) <p>In addition, a person must fall into one of the following categories:</p> <ul style="list-style-type: none"> · Families with dependent children · People who are 65 years of age or older, blind, or permanently disabled · Pregnant Women <p>A Non-Qualified Immigrant - is not an eligible alien as specified in the two sections (1 and 2) under “Qualified Alien.”</p>		<p>nt/payment fact sheet.pdf) or call 1-800-356-1561.</p> <p>For Immigrants:</p> <ul style="list-style-type: none"> • “Persons claiming to be . . .eligible aliens shall provide the county board of social services with documentation of . . . alien status.”(N.J.A.C. 10:71-3.3.(f)) • acceptable forms of documentation are listed in Medicaid Only Manual. N.J.A.C. 10:71-3.3.(g))

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	<p>- is not eligible for full Medicaid benefits. - is entitled to Medicaid coverage for the treatment of an emergency medical condition only, if the alien is a New Jersey resident and meets all other Medicaid eligible requirements (NJAC 10:71-3.3(3))</p> <p>New Jersey “Resident” is defined as “a person who is living in the State voluntarily and not for a temporary purpose, that is, with no intention of presently removing therefrom.” (N.J.A.C. 10:71-3.5.(a))</p> <p>Pregnant Women who do not meet citizenship or legal permanent resident requirements NJ FamilyCare/Medicaid programs provide coverage for pregnant women who are residents of New Jersey and either U.S. Citizens or immigrants whose papers allow them to reside permanently in the US. Family income must be at or below 200% of the Federal Poverty Level (FPL) - for example \$46,100 annual income for a family of four. This coverage extends to women during the pregnancy and for 60 days following delivery or the date on which the pregnancy ends.</p> <p>A child born to an eligible Medicaid mother</p>		

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	<p>is eligible for NJ FamilyCare/Medicaid for one year regardless of changes in the family's income. Call your local County Welfare Agency to see if eligibility can be extended beyond these time periods.</p> <p>Most pregnant women apply for this coverage at their provider's office, such as a clinic or doctor's office. The pregnant woman must then follow up with their local County Welfare Agency, where eligibility can be determined.</p> <p>Pregnant women who meet all the other criteria for New Jersey Medicaid except that:</p> <ul style="list-style-type: none"> · they have no documentation from U.S. Citizenship and Immigration Services · they are non-immigrant (tourist, student, or child of a worker or visitor on business) <p>- may be eligible to receive treatment necessary for an emergency medical condition, including labor and delivery. They are not eligible for any other New Jersey Medicaid benefits.</p> <p>NJ FamilyCare Any applicant in a "qualified" immigrant status is able to apply for NJ FamilyCare, regardless of the date that they entered the United States. They do not have to wait five</p>		

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	<p>years to be eligible.</p> <p>This program will pay for emergency care provided by a hospital for people who would have been eligible for NJ FamilyCare/Medicaid but for their immigration status. The care must be 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>If care is received in a hospital for a condition meeting the above criteria, the hospital, physicians' and other related costs (including ambulance service) may be covered by this program.</p> <p>“Qualified” status includes: - An applicant under the Violence Against Women Act (http://www.njfamilycare.org/imm_info.aspx)</p> <p>For NJ FamilyCare Health Insurance (Medicaid Managed Care) 1-800-701-0710</p> <p>Emergency Payment Program for Aliens This program is open to immigrants who have experienced a medical emergency and who meet the requirements for Medicaid eligibility except for their immigration</p>		

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	<p>status.</p> <p>This includes, but is not limited to those individuals who:</p> <ul style="list-style-type: none"> · Have no documentation from the U.S. Citizenship and Immigration Service (USCIS); · Are non-immigrants (tourists, students, temporary workers, or children of a worker or visitor on business); or · Are a qualified alien who is subject to the 5-year bar* on Medicaid, such as lawful permanent residents, aliens granted parole for at least one year, and certain victims of domestic violence. (This 5-year bar does not apply to children and pregnant women.) <p>*There is a mandatory ban on Medicaid eligibility for immigrants who are qualified aliens admitted to the U.S. on or after August 22, 1996. The ban is in effect for the first five years they are in the U.S. in that status, unless the individual is a member of one of the excepted groups, such as refugees, asylees, and others.</p>		
New Mexico	<p>Medicaid</p> <p>Pregnant women who are in families that meet Aid to Families Dependent Children income and resource standards, are eligible for the full range of covered services. Under certain conditions, Medicaid will</p>	<p>8.325.10.13 COVERAGE CRITERIA:</p> <p>A. "Emergency" as defined for EMSA includes labor and delivery including inductions and cesarean sections, as well as any other medical condition, manifesting itself with acute symptoms of sufficient severity such that the absence of immediate</p>	<p>MEDICAID ELIGIBILITY/APPLICATION PROCESS</p> <p><u>Presumptive Eligibility for Pregnant Women</u></p> <p>A pregnant woman may receive ambulatory prenatal care while her Medicaid application is being processed. Her presumptive eligibility must be determined by an approved medical provider. Ambulatory</p>

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	<p>cover perinatal home health services. Among the conditions considered are whether such services are reasonable and necessary to treat a high risk pregnancy. See NMAC § 8.325.9.13.F (2016).</p> <p>Medicaid covers five hours of case management services per client for each pregnancy. Such services are provided up to 60 days after the end of the month in which the client delivered. Such services include: identification of programs, including programs that teach basic maternal and child health skills; help in accessing identified programs; and help coordinating the delivery of services when multiple providers or programs provide care. See NMAC § 8.326.3.13 (2016).</p> <p>Emergency Medicaid Services for Aliens EMSA is available to undocumented immigrants and others who do not qualify for Medicaid because of their immigration status or who must wait five years to apply for Medicaid. EMSA covers the costs of emergency medical care – including labor and delivery. Patients seeking EMSA must fill out an application form at the hospital <i>or</i> at their local ISD office within 90 days of receiving care. Note that in some cases EMSA may not fully cover emergency</p>	<p>emergency medical attention could reasonably be expected to result in one of the following:</p> <ol style="list-style-type: none"> (1) the alien recipient’s death; (2) placement of the alien recipient’s health in serious jeopardy; (3) serious impairment of bodily functions; or (4) serious dysfunction of any bodily organ or part. <p>B. Services are covered only when necessary to treat or evaluate a condition meeting the definition of emergency and are covered only for the duration of that emergency.</p> <p>C. After delivery, a child can have legally documented or citizenship status because of its birth in the United States and, therefore, is not eligible for emergency services for aliens. The child may be eligible for another MAD category of eligibility on his or her own.</p> <p>D. Determination of coverage is made by MAD or its designee.</p>	<p>prenatal care will be provided from the date a determination is made through the end of the month following the month in which a determination was made. See NMAC §§8.200.400.11, 8.230.400.18, 8.235.400.18 (2016).</p> <p><u>Citizenship/Immigration Status</u> An individual is eligible for Medicaid if she entered the U.S. prior to August 22, 1996 and is within specific classes of aliens, including aliens lawfully admitted for permanent residence or permanently residing in the U.S. under color of law. Additionally, qualified aliens who entered the U.S. on or after August 22, 1996 and have lived in the U.S. for more than 5 years are eligible for Medicaid.</p> <p>Qualified aliens who entered the U.S. on or after August 22, 1996 are barred from Medicaid eligibility for a period of 5 years. However, such qualified aliens are eligible to receive emergency services. Certain qualified aliens are exempt from the five-year ban, including certain refugees and certain individuals who have been granted asylum. See NMAC § 8.200.410.11 (2016).</p> <p>Children and pregnant women exempt from the five year bar: As authorized by CHIPRA 2009 legislation, New Mexico medicaid allows a lawfully residing child and pregnant woman, if otherwise eligible, to obtain medicaid coverage. A lawfully residing child and pregnant woman must meet the residency requirement as set forth in NMAC 8.200.410.12. See NMAC §8.200.410.11(B)(3).</p> <p><u>Income and Resource Standards</u> In determining an individual’s eligibility for pregnancy-related services, the income standard is 185% of the federal poverty level. This standard is based on the number of family members in the</p>

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	<p>medical bills.</p> <p>For undocumented immigrants who reside in the State, Medicaid will pay for necessary emergency services if such persons meet the requirements for Medicaid eligibility. Such services include emergency labor and delivery. See NMAC §§ 8.325.10.9, 8.325.10.13, 8.325.10.14, and 8.325.10.16 (2006)</p> <p>8.325.10.9 EMERGENCY MEDICAL SERVICES FOR ALIENS: The New Mexico MAD is required to pay for necessary emergency medical services furnished to individuals who are aliens, reside in New Mexico and meet the requirements for MAD eligibility [42 CFR 440.255(c)].</p> <p>8.325.10.14 SERVICE LIMITATIONS: To meet the categorical eligibility requirements, a recipient who is an alien must be a resident of the state of New Mexico. Proof of residence must be furnished by the alien to the local county ISD office. An individual traveling through New Mexico, entering the United States through New Mexico en route to another destination, visiting in New Mexico or touring New Mexico with a tourist visa does not meet the residence requirement.</p>		<p>individual's household. See NMAC § 8.235.500.11 (2016) and NMAC § 8.235.500.13 (2016).</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
New York	<p>All children are eligible for Child Health Plus regardless of immigration status. All pregnant who are low-income can receive Medicaid, regardless of immigration status. Undocumented immigrants who are low-income can be pre-approved for Medicaid that covers emergency health issues only. (NYC “Get Covered” Health Insurance Fact Sheet https://www1.nyc.gov/assets/ochia/downloads/pdf/fly-933-gencov-english.pdf)</p> <p><u>Prenatal Care Assistance Program (“PCAP”) and Medicaid Obstetrical and Maternal Services Program (“MOMS”)</u></p> <p>PCAP provides complete pregnancy care and other health care services to women and teens who reside in the State.</p> <p>MOMS provides essentially the same pregnancy services in areas where PCAP health centers are not located.</p> <p>For more information, see: http://www.health.ny.gov/community/pregnancy/health_care/prenatal/helpful_links.htm.</p> <p><u>Medicaid</u></p>	<p><u>PCAP & MOMS</u></p> <ul style="list-style-type: none"> · routine pregnancy medical check-ups; · lab work and access to specialists; · hospital care during pregnancy and delivery; · information about pregnancy, labor, and delivery; · HIV counseling and testing; · Assistance with applying to other programs such as WIC and low or no cost health insurance for children and family; · one post-partum visit within 60 days following delivery; · health care for the baby for at least one year after birth; and · family planning services. <p>http://www.health.state.ny.us/nysdoh/pcap/index.htm</p> <p><u>Medicaid</u></p> <p>Among other services, prenatal care is available to qualified aliens.</p> <p>An undocumented immigrant may receive care and services related to emergency labor and delivery only.</p> <p><u>Child Health Plus (CHP)</u></p> <p>If your child is enrolled in Children's Medicaid, you may be required to enroll in a managed care plan, or you may bring your child to any provider who accepts Children's Medicaid. If your child is enrolled in Child Health Plus, you will be given a list of providers near</p>	<p><u>PCAP & MOMS</u></p> <p>To apply for the Prenatal Care Assistance Program call 718-630-7136.</p> <p><u>[b]Medicaid[/b]</u></p> <p>“Qualified” immigrants and PRUCOLs are eligible for Medicaid.</p> <p>An applicant may contact their local Medicaid office (http://www1.nyc.gov/site/hra/locations/medicaid-locations.page), visit the New York Health Plan Marketplace (https://nystateofhealth.ny.gov/), or call 1-855-355-5777.</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, postpartum care, emergency medical care)	Application Process
	<p>Free health insurance for low-income adults & children. Medicaid can also pay medical bills for care received up to three months before application. To qualify, an individual must be a New York resident and meet the low-income requirements. Qualified immigrants (no 5 year Ban), PRUCOL, including DACA, all pregnant women (including undocumented women); and certain temporary residents (e.g. student with valid visa) are eligible for Medicaid in New York.</p> <p><u>Medicaid coverage for the treatment of an emergency medical condition</u> (sometimes referred to as “Emergency Medicaid”) pays for urgently needed medical care for undocumented immigrants and for nonimmigrants who can show that they are residing in New York (https://www.health.ny.gov/health_care/medicaid/emergency_medical_condition_faq.htm)</p> <p><u>Child Health Plus (CHP)</u> Child Health Plus is a free or lower-cost health insurance for children. All children under the age of 19 who are residents of New York State, including undocumented immigrant children, are eligible for CHP.</p> <p>For more information, see</p>	<p>you. The provider may be a single doctor, group practice of several doctors, or community health center. If it is a group practice, you will be asked to choose a doctor for your child.</p> <p>CHP covers the following:</p> <ul style="list-style-type: none"> · Well-child care · Physical exams · Immunizations · Diagnosis and treatment of illness and injury · X-ray and lab tests · Outpatient surgery · Emergency care · Prescription and non-prescription drugs if ordered · Inpatient hospital medical or surgical care · Short-term therapeutic outpatient services (chemotherapy, hemodialysis) · Inpatient and outpatient treatment for alcoholism and substance abuse, and mental health · Dental care · Vision care · Speech and hearing · Durable medical equipment · Emergency ambulance transportation to a hospital · Hospice <p>For more information, see https://www.health.ny.gov/health_care/child_health_plus/what_benefits_can_you_get.htm.</p>	

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, postpartum care, emergency medical care)	Application Process
	https://www.health.ny.gov/health_care/child_health_plus/ .		
North Carolina	<p><u>Medicaid/ Emergency Medicaid</u></p> <p>Under NC Family and Children's Medicaid MA-3330, a non-qualified alien who meets the N.C. residency requirement (living in N.C. with the intent to remain) and who meets all other Medicaid eligibility factors can receive Medicaid for emergency medical services only, which include labor and delivery services. https://www2.ncdhhs.gov/info/olm/manuals/dma/fcm/man/MA3330-07.htm</p> <p>Information about the exact income requirements (meaning the income level a family must be below in order for a family member to receive benefits) can be attained for one's specific family circumstances by contacting one's county DSS office.</p> <p>There are two main ways in which a non-qualified alien can receive Medicaid coverage for emergency medical services inclusive of labor and delivery and, in the case of Medicaid for Pregnant Women, some additional basic prenatal care. The two programs include Medicaid for Pregnant Women (MPW) and Presumptive Medicaid for Pregnant Women.</p>	<p>In general, it is the county departments of social services (DSS) that determine the dates of coverage when an emergency medical service is labor and normal delivery or Caesarean delivery. Meanwhile, it is the Division of Medical Assistance (DMA) that determines the dates of coverage for all other emergency medical services including miscarriages and other pregnancy terminations. (See MA-3330 – Alien Requirements, https://www2.ncdhhs.gov/info/olm/manuals/dma/fcm/man/MA3330-07.htm).</p> <p>NOTE: Regular delivery and Caesarean section delivery do not include prenatal care, postpartum care, or a 60-day continuation period.</p> <p>Under NC Adult Medicaid Manual, MA- 2504(C), in the case of regular deliveries, an eligible, non-qualified alien may receive coverage for the day of admission to the hospital, the day of delivery (if this is not the same day as hospital admission) and one day after the delivery, totaling a maximum of 3 days coverage. For a Caesarean section delivery, there is a maximum of 5 days coverage, beginning with the day the Caesarean section is performed.</p> <p>The benefit package of the Baby Love Program, which is only available to qualified aliens, includes childbirth classes, health and behavior intervention,</p>	<p>https://dma.ncdhhs.gov/medicaid/get-started</p> <p>In order to apply for MPW, a pregnant woman should visit the DSS office in her county and ask for an application. In order to apply for Presumptive Medicaid, a pregnant woman should visit the local health department in her county and ask to apply.</p> <p>It is important to realize that an application for Presumptive Medicaid through the local health department will be terminated if one applies for Medicaid through DSS after applying for Presumptive Medicaid. Thus, while a staff person at the local health department may tell a pregnant woman who is applying for Presumptive Medicaid about the option of applying for MPW, for example, she should understand that by applying for either of these forms of Medicaid she will cause her Presumptive Medicaid to be automatically terminated. Thus, applying for Medicaid through DSS after being approved for Presumptive Medicaid through a health department may not be advisable.</p> <p>In order to be eligible to take part in the Baby Love Program, pregnant qualified aliens must be within 200% of the Federal Poverty Level (for a family of 3). Qualified aliens do not become eligible for this program until they have been in the U.S., as qualified aliens, for a 5-year period; however, there are several groups of qualified aliens that may be exempt from this 5-year disqualification period. Under NC Adult Medicaid Manual, MA-2504(IV)(E), these exempt groups include, but are not limited to, refugees, asylees, Cuban and Haitian Entrants, trafficking victims, and aliens whose deportation is being withheld.</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, postpartum care, emergency medical care)	Application Process
	<p>MPW covers ambulatory prenatal services provided by any Medicaid enrolled provider and also the cost of prescriptions. In NC, women, regardless of their immigration status, can receive MPW benefits if they meet the residency and income requirements. (See MA-3240, http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/man/ma3245-01.htm)</p> <p>Pregnant women, both qualified and non-qualified aliens, who meet the other Medicaid requirements (income and residency), are eligible to receive Presumptive Medicaid for Pregnant Women, for a period of up to two months. Under Family and Children's Medicaid Manual MA-3245, Presumptive Medicaid covers basic prenatal care (check-ups etc.) but does not cover overnight hospital stays or significant medical procedures. http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/man/ma3245-01.htm</p> <p>Medicaid Assistance for Families covers those who are the caretaker for a Medicaid eligible child. A pregnant non-qualified alien can qualify to receive emergency medical services through MAF, assuming she meets the residency and income requirements, if she was the caretaker of a child that was</p>	<p>and medical home visits, which include referrals to other programs like nutrition and dietary evaluation, dental care, counseling and family planning. For more information, see http://dma.ncdhhs.gov/medicaid/get-started/find-programs-and-services/maternal-support-services.</p>	<p>Sliding scale programs that offer discounts to those living in poverty vary greatly among different hospitals, clinics, and even county health departments as these providers have different funding sources. In some cases, sliding scale programs give discounts to non-qualified aliens while others limit their benefits to citizens and qualified aliens. In any case, one can ask about sliding scale programs for prenatal care at the health department in one's county or at a local hospital or community health clinic.</p>

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	<p>eligible for Medicaid (usually meaning that the child was born in the U.S.) during the time when she needed emergency medical services. These services, under MAF, include labor and delivery services as well as care related to any serious complications of her pregnancy.</p> <p>Qualified as well as nonqualified aliens may be able to receive discounts on prenatal care from community health clinics, local hospitals, or the health department in their county if they provide documentation that their income is within the federal poverty guidelines. Many community health clinics and hospitals in North Carolina have sliding scale programs that allow for such discounts.</p> <p>Qualified aliens who meet the income eligibility requirement can enroll in North Carolina's Baby Love Program, as administered by the Division of Medical Assistance and the Division of Public Health, Women's and Children's Health Section. This program offers comprehensive care from the beginning of pregnancy through the postpartum period.</p> <p>Note: Non-qualified aliens are not eligible for participation in the Baby Love Program.</p>		

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North Dakota	<p><u>North Dakota Medicaid</u> Only qualified immigrants age 21 or over may receive prenatal care under North Dakota Medicaid. To receive these North Dakota Medicaid benefits, a patient must meet lesser income standards (133% of the federal poverty level), and residency requirements. If these requirements are met, the patient may receive medically necessary prenatal services.</p> <p>Full North Dakota Medicaid benefits are available to qualified immigrants who entered the U.S. before August 22, 1996 or to those who entered on or after August 22, 1996 and who have maintained the status of qualified alien for five (5) years. However, the five (5) year limitation does not apply to certain immigrants including refugees and asylees. There is not waiting period for coverage of emergency services. For more information, see https://www.nd.gov/dhs/services/medicalserv/medicaid/eligible.html.</p> <p><u>North Dakota CHIP Program</u></p> <p>North Dakota’s CHIP Program (“Healthy Steps”) provides prenatal services for qualified immigrant women under the age of 21. It is a separate, stand-alone insurance program run by</p>	<p><u>North Dakota Medicaid</u> North Dakota Medicaid provides pregnant women with any and all necessary medical services that are otherwise covered under North Dakota Medicaid, including but not limited to routine exams, ultrasounds, laboratory work, drug coverage, family planning services and services related to labor and delivery. The program will also pay for out-of state care when necessary, subject to prior approval. Such services are not specifically, separately enumerated. North Dakota Medicaid essentially defers to the discretion of the medical providers, as long as a procedure is not deemed to be duplicative or experimental.</p> <p>North Dakota Medicaid provides pregnancy related and postpartum care services for an additional 60 days beginning on the last day of pregnancy.</p> <p><u>CHIP</u></p> <p>The program covers inpatient hospital, medical, and surgical services; outpatient hospital and clinic services; prescriptions; mental health services; preventive well-child exams; vaccines; and dental and vision services.</p> <p>For program Frequently Asked Questions (FAQs), visit http://www.nd.gov/dhs/services/medicalserv/chip/faq.html.</p>	<p>To receive North Dakota Medicaid, an applicant must meet residency and income requirements. County social service offices determine residency. No period of residency is required as a condition of eligibility; however, the applicant must have the intent to remain in North Dakota permanently or indefinitely or must have entered the state with a job commitment or seeking employment. See N.D. Admin. Code § 75-02-02.1.</p> <p>North Dakota Medicaid benefits are available to pregnant women and infants if family income is less than 147% of the federal poverty level. No asset test is applied to pregnant women.</p> <p>If applying for health care services only, an applicant for North Dakota Medicaid or CHIP benefits is required to file the “Application for Health Care Coverage and Help Paying Costs” form.</p> <p>The application process for is handled either at the county or state level.</p> <p>If an application is denied, an applicant has 30 day to appeal the denial either to the county or state office where the application was submitted. If denied again, an applicant may appeal to an administrative hearing officer or a district court.</p> <p>For more information, see https://www.healthinsurance.org/north-dakota-medicaid/.</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>Blue Cross and Blue Shield of North Dakota.</p> <p>For additional information, contact: 1-877-543-7669.</p>		
Ohio	<p><u>Healthy Start, Healthy Families, and WIC programs</u> NOTE: These programs are only available to individuals who are citizens of the U.S., qualified aliens, or aliens lawfully residing within the U.S.</p> <p>Healthy Start (also called SCHIP) is a Medicaid program available to:</p> <p>Uninsured children (up to age 19) in families with income up to 206% of the federal poverty level Insured children (up to age 19) in families with income up to 156% of the federal poverty level Pregnant women in families with income up to 200% of the federal poverty level</p> <p>Healthy Families is a Medicaid program available to:</p>	<p>The Healthy Start and Healthy Families programs offer free medical coverage to families, children (up to 19 years), and pregnant women.</p> <p>All pregnancy related services are covered. Services include: education, care coordination, counseling, high risk monitoring, nurse midwife services, preconception care, prenatal care, ultrasounds, prenatal risk assessment, delivery, and transportation.</p> <p>WIC provides nutrition education, breastfeeding education and support; supplemental, highly nutritious foods such as cereal, eggs, milk, whole grain foods, fruits and vegetables, and iron-fortified infant formula; and referral to prenatal and pediatric health care and other maternal and child health and human service programs.\</p> <p>AEMA covers only emergency medical conditions.</p>	<p><u>Healthy Start/ Healthy Families</u></p> <p>Application available at: http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM07216.pdf</p> <p><u>WIC</u> You can apply by printing out a WIC Program Application and mailing it to the WIC clinic in your area. Please note that you must schedule an appointment at the clinic, too. To find a WIC clinic near you, please click WIC Clinic Directory or call 1-800-755-GROW (4769).</p> <p><u>AEMA</u> To be eligible for AEMA, an individual must submit an application for Medicaid for each emergency medical assistance episode. The individual does NOT have to provide a social security number, proof of immigration status, or have a face-to-face interview. The individual is NOT subject to alien-sponsor deeming provisions Use the Medicaid application available at http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM07216.pdf or call the Medicaid hotline: 1-800-324-8680. DO not include social security number or immigration status on the application, and write "AEMA" on top.</p>

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	<p>Families with income up to 90% of the federal poverty level and a child younger than age 19</p> <p>Women, Infants & Children Ohio (WIC) is the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC helps income eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children up to five years of age who are at health risk due to inadequate nutrition.</p> <p>Unqualified or undocumented immigrants or qualified immigrants ineligible for benefits have potential eligibility for alien emergency medical assistance ("AEMA"). Ohio Administrative Code §5101:1- 38-02.3. To be eligible for AEMA, "aliens" must meet the financial and categorical eligibility requirements of Medicaid and be residing in Ohio, but they do not need to meet Medicaid citizenship requirements.</p>		
Oklahoma	<p>Medicaid (a.k.a. SoonerCare) Provides payment for medical services to adults and children to those who meet the eligibility requirements. Oklahoma Administrative Code §317:35-1-1.</p>	<p>Medicaid (a.k.a. SoonerCare) Categorical relationship to pregnancy-related services is established when the determination is made by medical evidence that the individual is or has been pregnant. Oklahoma Administrative Code § 317:35-5-2.</p>	<p>Medicaid (a.k.a. SoonerCare) Qualified aliens are eligible for Medicaid. Non-qualified aliens are ineligible for Medicaid for five years from the date of entry, except non-qualified aliens are eligible for emergency care (including emergency labor and delivery). The only exception is when a pregnant woman qualifies under the pregnancy related benefits covered under the Title XXI program because the</p>

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	<p>Pregnancy-related services include all medical services provided within the scope of the program during the prenatal, delivery and postpartum periods.</p> <p>Oklahoma Administrative Code §317:35-5-2.</p>		<p>newborn child will meet the citizenship requirement at birth. Illegal aliens are eligible only for emergency services (including emergency labor and delivery). Aliens that have been admitted for only a temporary period of time (for example, foreign students, visitors, temporary workers) are ineligible for SoonerCare/Medicare, including emergency services, because of the temporary nature of their admission status. The only exception is when a pregnant woman qualifies under the pregnancy related benefits covered under the Title XXI program because the newborn child will meet the citizenship requirement at birth.</p> <p>Oklahoma Administrative Code § 317:35-5-25.</p> <p>Unqualified or Ineligible aliens are not eligible to receive SoonerCare benefits. Oklahoma Administrative Code § 317:25-7- 10.</p> <p>Applicants must complete a Health Benefits Application which must be signed by the individual, parent, spouse, guardian, or someone on the individual's behalf. The application may be obtained at a doctor's office, hospital, other medical facility, online, Health Department, or county DHS office. Applicants must also complete a Notification of Needed Medical Services for preauthorization of medical services if applicable. The Health Benefits Application form or the Notification of Needed Medical Services form constitutes an application for Medicaid.</p> <p>Oklahoma Administrative Code §317:35-6-15.</p> <p>In addition, the application process may require completion of: a Presumptive Eligibility Budget Sheet (verify pregnancy and provide income screening), Notice to Pregnant Women Regarding Presumptive Eligibility for Medicaid (informs the pregnant women whether she has determined to be presumptively eligible or ineligible</p>

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			by the qualified provider). Oklahoma Administrative Code § 317:35-6-38.
Oregon	<p>CAWEM Non-qualified aliens are only eligible for Citizen Alien-Waived Emergency Medical Assistance (CAWEM). CAWEM coverage is limited to emergency services, including labor and delivery. Under Oregon Administrative Rule 410- 120-1210(3)(f), pre-natal or postpartum care is not covered for CAWEM clients, even if they are seeking emergency services.</p> <p>OHP-OPP Pregnant qualified aliens are eligible for the Oregon Health Plan for Pregnant Females and their Newborn Children under One Year of Age (OHP-OPP). To receive OHP-OPP benefits, a patient must meet OHP- OPP’s standard income and residency requirements.</p> <p>OHP-OPP benefits are available to a qualified alien (i) who was admitted as a qualified alien before August 22, 1996, (ii) who entered the US after August 22, 1996 and it has been five (5) years since she became a qualified alien, or (iii) who obtained her qualified alien status less than five (5) years ago but entered the US before August 22, 1996 and can show that she has</p>	<p>CAWEM There is no coverage for prenatal care for non-qualified aliens.</p> <p>OHP-OPP Individuals eligible for OHP- OPP receive the OHP Plus benefit package. Under Oregon Administrative Rule 410-130- 10515, a physician, licensed physician assistant, nurse practitioner, certified nurse midwife, or licensed direct entry midwife may provide prenatal or perinatal (including labor and delivery) and/or postnatal services to the client. In addition to pre-natal, maternity and newborn care, pregnant individuals receive maternity case management, which expands perinatal services to include management of health, economic, social and nutritional factors through the end of pregnancy and a two-month postpartum period.</p> <p>OHP-CHP N/A</p>	<p>CAWEM N/A</p> <p>OHP-OPP This category includes pregnant qualified aliens in a filing group with income below Oregon’s 185% income limit and their assumed eligible newborn children at or above the 133% income limit.</p> <p>To apply for OHP-OPP, a person, or someone authorized to act on her behalf, must either contact a local branch office serving the area she lives in, an authorized outreach center, or call the toll-free number 1-800-359-9517.</p> <p>The individual must be a resident of Oregon with the intent to remain in Oregon. There is no minimum amount of time a person must live in Oregon to be a resident. The applicant must provide a social security number or verify they have applied for one as a condition of eligibility.</p> <p>The client’s Medical Care Identification (ID) is confirmation of eligibility for medical services, subject to the limitations contained in Oregon Administrative Rules and appropriate individual medical provider rules.</p> <p>Under Oregon Administrative Rule 410-120-1140, there are three different types of IDs by which eligibility can be confirmed:</p> <p>(a) Form OMAP 1417 - Office of Medical Assistance Programs (OMAP) ID. This is a computer generated notice that is mailed to the</p>

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	<p>been living in the US continuously for five (5) years from a date prior to August 22, 1996 to the date she obtained qualified status. However, the five (5) year limitation does not apply to certain aliens including veterans, Native Americans, refugees and asylees.</p> <p>OHP-CHP Pregnant women are not eligible for the Oregon Health Plan for Children (OHP-CHP), which is Oregon’s Childrens’ Health Insurance Program (CHIP).</p>		<p>client once a month or anytime there is a change to the case (e. g., address change);</p> <p>(b) Form OMAP 1086 - Temporary ID. The responsible branch office issues this handwritten form;</p> <p>(c) Form WMMID1C-A - Temporary ID. This is a computer-generated form that is signed by an authorized person in the responsible branch office.</p> <p>It is the responsibility of the medical provider to verify that the individual receiving medical services is, in fact, an eligible individual on the date of service for the service provided and whether OMAP is responsible for reimbursement. The Provider assumes full financial risk in serving a person not identified as eligible or not confirmed by OMAP as eligible for the service provided on the date(s) of service.</p> <p>The ID is not transferable, and is valid only for the individual(s) listed on the card. Eligibility is verified either:</p> <p>(a) From the ID, which shows the dates on which the client is eligible and indicates each client’s benefit package; or</p> <p>(b) If a patient identifies herself as eligible, but does not have a valid ID, the provider may either:</p> <p>(A) Contact the OMAP Automated Information System (AIS), which is available on the Internet or via telephone;</p> <p>(B) Providers who have contracted with an Electronic Eligibility Verification Service (EEVS) vendor can access client eligibility data 24 hours a day, 7 days a week; or</p> <p>(C) Providers may contact the local Department of Human Services</p>

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			<p>(DHS) branch office during regular working hours to confirm eligibility if the information is not available electronically.</p> <p>OHP-CHP N/A</p>
Pennsylvania	<p>The “Healthy Beginnings” program provides Non-Money Payment (NMP) Medicaid coverage for prenatal outpatient services to pregnant women who are determined to be presumptively eligible. 55 Pa. Code §§ 140.1, 140.141. (<i>See Medicaid Eligibility Handbook</i>, Section 318.1.)</p> <p>A pregnant woman or a qualified child up to age 1 is eligible if family income is equal to or less than 185% of the Federal Poverty Income Guidelines for the family size. 55 Pa. Code § 140.1(b).</p> <p>Presumptive eligibility is determined by the qualified provider based upon, <i>inter alia</i>, meeting citizen/alien requirements of 55 Pa. Code § 150.1. <i>See</i> 55 Pa. Code § 140.141(i); <i>Medicaid Eligibility Handbook</i>, Section 318.13. Undocument aliens do not qualify. <i>Medicaid Eligibility Handbook</i>, Sections 322.31, 322.312, 322.313, 322.32.</p> <p>The “Pilot Program for Pregnant Women” (<i>Medicaid Coverage for Pregnant Women</i> [available at</p>	<p>Full range of prenatal outpatient services to pregnant women through the end of the month in which the 60-day postpartum period ends. The newborn child is also eligible through the end of the month in which the 60-day postpartum period ends.</p> <p>55 Pa. Code § 140.142. <i>Medicaid Eligibility Handbook</i>, Section 318.1.</p> <p>For undocumented or illegal aliens, Medical Assistance extends only to Emergency Medical Conditions as defined by regulation. For labor and delivery services the County Assistance Office will authorize Medical Assistance beginning the date delivery is complete and mother and child are stabilized. There is no postpartum coverage. <i>See Medicaid Eligibility Handbook</i>, Sections 322.32 and 338.41.</p>	<p>For “Healthy Beginnings” the eligibility and application process requires the applicant to establish that she is pregnant, meets the applicable income conditions for Medical Assistance, satisfies the citizenship/alienage requirements, and satisfies residency requirements 55 Pa. Code §§ 140.21-140.31. <i>See Medicaid Eligibility Handbook</i>, Section 318.11.</p> <p>The “Pilot Program for Pregnant Women” process employs Form PA 600 PW (Application for Medicaid Coverage for Pregnant Women). <i>See Medicaid Coverage for Pregnant Women</i> (links to the form are available at www.dpw.state.pa.us/lowincmedassistance/003671670.htm.)</p> <p>The applicant must certify that she is a US citizen or an alien lawfully admitted for permanent residence by signing the Certification of Citizenship or Alien Status. <i>Id.</i></p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, post-partum care, emergency medical care)	Application Process
	<p>www.dpw.state.pa.us/lowinc/medassistance/003671670.htm] requires the applicant to certify that she is a US citizen or an alien lawfully admitted for permanent residence by signing the Certification of Citizenship or Alien Status. <i>Id.</i></p>		
Puerto Rico	<p>Puerto Rico participates in Medicaid program, known as “My Health.” See https://www.medicaid.pr.gov/Medicaid/Default.aspx ; https://www.medicaid.pr.gov Puerto Rico also has a CHIP program.</p> <p>For persons not eligible for Medicaid, the website contains information regarding how to determine if there are other options. See https://www.medicaid.pr.gov/Elegibilidad/OpcionesInelegibles.aspx?local=true</p> <p>The organization below may be able to assist in finding free or reduced-fee care. www.saludprimariapr.org (787) 758 3411</p> <p>US citizens and qualified aliens are eligible to apply for coverage. There is a 5 year waiting period to apply for benefits if permanent residence was granted after August 22, 1996. The waiting period does not apply to persons of Cuban or Haitian</p>	<p>Puerto Rico instituted new cost sharing rules effective July 1, 2016. https://www.medicaid.pr.gov/Copagos.aspx</p> <p>Certain patients and services are exempt from any copayments, including the following:</p> <ul style="list-style-type: none"> • Pregnant women are exempt from copayments during pregnancy and for a post-partum period that ends on the final day of the month in which falls the date that is 60 days after the last day of pregnancy. 42 CFR §447.56(a)(1). • Children from 0 through age 20. <i>Id.</i> • All services provided to a pregnant woman during pregnancy and for the 60 day post-partum period are considered “pregnancy-related” services and are exempt from copayments. See 42 CFR § 447.56(a)(2). See also 42 CFR. §440.210(a)(2) and 42 CFR §440.250(p). 	<p>Application for Medicaid coverage is accomplished by scheduling an appointment and providing documentation including, but not limited to: a photo ID, an original Social Security Card for every family member, copy of pregnancy test results if applicable, a utility bill, and copies of checks evidencing income from government sources. A non-US born person must provide evidence of citizenship or legal residence.</p> <p>Appointments are scheduled through the Medicaid Call Center: (787) 641-4224; the center’s hours are M-F 8:00 a.m. to 6:00 p.m.</p> <p>More detailed information about making an appointment and required documentation may be found at: https://www.medicaid.pr.gov/Elegibilidad/Default.aspx?local=true</p>

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	<p>nationality. https://www.medicaid.pr.gov/FAQ.aspx, FAQ # 2.</p> <p>Puerto Rico’s Medicaid website contains an interactive questionnaire to forecast Medicaid eligibility. The questionnaire requires information regarding eligibility factors such as family size and income, as well as other information. See https://www.medicaid.pr.gov/Elegibilidad/SoyElegible.aspx?local=true</p>		
Rhode Island	<p>Section 42-12.3-3 of the General Laws of Rhode Island provides for medical assistance for pregnant women through the RItE Start program.</p> <p>The program provide Medicaid coverage through expanded family income disregards for pregnant women whose family income levels are between one hundred eighty-five percent (185%) and two hundred fifty percent (250%) of the federal poverty level.</p> <p>This section establishes a payor of last resort program to cover prenatal, delivery and postpartum care.</p> <p>The program shall cover the cost of</p>	<p>Services provided pursuant to Section 42-12.3-3 of the General Laws of Rhode Island:</p> <p>(1) Antepartum and postpartum care; (2) Delivery; (3) Cesarean section; (4) Newborn hospital care; (5) Inpatient transportation from one hospital to another when authorized by a medical provider; (6) Prescription medications and laboratory tests;</p> <p>The department of human services shall provide enhanced services, as appropriate, to pregnant women as defined in this section, as well as to other pregnant women eligible for medical assistance. These services shall include: care coordination, nutrition and social service counseling, high risk obstetrical care, childbirth and parenting preparation programs, smoking cessation programs, outpatient counseling</p>	<p>All pregnant women can qualify for Rhode Island’s health insurance program. RItE Care/RItE Share Fact Sheet: http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/RCRS/rcrs_factsheet_eng.pdf.</p> <p>A pregnant women 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 pregnant, send in with the application a letter or other documentation signed by your doctor, physician’s assistant, registered nurse practitioner or midwife.</p> <p>Under state law, pregnant women can still be determined eligible for RItE Care, RItE Share or Medical Assistance, even if they do not show proof of citizenship and identity. However, their Medical Assistance will end at the end of their postpartum period if they do not bring in proof of citizenship and identity.</p>

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	<p>maternity care for any woman who lacks health insurance coverage for maternity care and who is not eligible for medical assistance under title XIX of the Social Security Act including but not limited to a non-citizen pregnant woman lawfully admitted for permanent residence on or after August 22, 1996, without regard to the availability of federal financial participation, provided such pregnant woman satisfies all other eligibility requirements.</p> <p>Excluded services under this paragraph will include, but not be limited to, induced abortion except to prevent the death of the mother.</p>	<p>for drug alcohol use, interpreter services, mental health services, and home visitation.</p> <p>The department of human services shall provide for extended family planning services for up to twenty-four (24) months postpartum. These services shall be available to women who have been determined eligible for RIte Start or for medical assistance under title XIX of the Social Security Act.</p>	<p>http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Citizenship/citizenship_overview.pdf</p>
South Carolina	The state of South Carolina does not provide prenatal services.	Some hospitals and nonprofits have education programs but these are not state provided services.	South Carolina Appleseed Legal Justice Center P.O. Box 7187 Columbia, SC 29202 (803) 779-1113
South Dakota	<p>South Dakota's Medicaid program covers pre-natal services for non-qualified residents.</p> <p>South Dakota Medicaid Handbook pg 20.</p>	<p>If you receive care under the Pre-natal Care for Unborn Children program, your services are restricted to:</p> <ol style="list-style-type: none"> a. Services for medical conditions directly affecting your baby. This does not include services such as broken bones, cuts, etc. b. Once you have your baby, your coverage ends. Postpartum services are not covered under this program. 	<p>Application information may be found online at:</p> <p>https://dss.sd.gov/medicaid/generalinfo/faq.aspx</p>

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Tennessee	<p>TennCare: Tennessee’s Medicaid program. More information is available at http://www.tn.gov/tenncare/.</p> <p>Tennessee’s Medicaid program, TennCare, covers women who are pregnant. However, an individual must be a U.S. citizen, a U. S. national, or a qualified non-citizen who has been in the U.S. for at least 5 years (or who is otherwise exempt from the five-year bar and related prohibitions).</p> <p>CoverKids: Tennessee’s Children’s Health Insurance Program (CHIP) program for uninsured children who do not qualify for TennCare. More information is available at www.coverkids.com.</p> <p>Emergency Medicaid Services (EMS)</p>	<p>South Dakota Medicaid Handbook pg 20.</p> <p>Non-Qualified Immigrants are not eligible to receive full TennCare benefits</p> <p>May be eligible for limited emergency medical services:</p> <ul style="list-style-type: none"> – Do not have to be documented – Must be otherwise eligible for TennCare except for immigration status – Hospitals are required to give emergency care to everyone in crisis <p>Some pregnant women without a qualified immigration status can get Emergency TennCare. This will only pay for labor and delivery at the hospital.</p> <p>Some pregnant women without a qualified status can get CoverKids, under the federal fetus option.</p> <p>CoverKids will pay for prenatal care, labor and delivery, and post-partum care</p> <p>Coverage ends 60 days after date of delivery</p>	<p>Eligibility for TennCare and other Medicaid programs is available at http://www.tn.gov/customerservice/tncr/.</p> <p>Apply for CoverKids at local health department, paper application (https://www.tn.gov/coverkids/topic/coverkids-application), or on healthcare.gov.</p> <p>Citizenship and Immigration Status Questions - https://www.healthcare.gov/help/citizenship-and-immigration-status-questions/</p> <p>Immigration Status and the Marketplace - https://www.healthcare.gov/immigrationstatus-and-the-marketplace/</p> <p>Immigration Document Types - https://www.healthcare.gov/help/immigrationdocument-types/</p>
Texas	<p><u>Medicaid</u></p> <p>The Texas Department of Human Services administers Medicaid benefits to pregnant women and children and parents and caretakers of children who are eligible to receive such benefits. The Texas Department</p>	<p><u>Medicaid</u></p> <p>Pregnant women eligible to receive presumptive Medicaid may receive:</p> <p>Medically necessary services, except labor, delivery, and inpatient services.</p>	<p><u>Medicaid</u></p> <p>Pregnant applicants must meet all applicable eligibility requirements for pregnant woman as specified in the Pregnant Women's Medicaid as stated in Texas Administrative Code § 366.307 (see below). Texas Administrative Code § 366.213.</p>

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	<p>of Human Services provides limited medical coverage for pregnant women through the Presumptive Medicaid for Pregnant Women Program. Texas Administrative Code § 366.201(a).</p> <p><u>SCHIP</u></p> <p>SCHIP offers health insurance to those families that earn too much to qualify for Medicaid but earn too little to afford private insurance. https://chipmedicaid.org/</p> <p><u>WIC</u></p> <p>WIC provides nutrition education and counseling, nutritious foods, and assistance accessing health care to low-income women, infants, and children through the Special Supplemental Nutrition Program. http://www.dshs.state.tx.us/wichd/</p> <p><u>Emergency Medicaid</u></p> <p>Emergency Medicaid provides medical assistance to certain individuals regardless of immigration status. Texas Administrative Code § 366.903.</p>	<p>Texas Administrative Code § 366.201(c).</p> <p>*** All Texas Medicaid programs pay for:</p> <ul style="list-style-type: none"> • Regular medical and dental check-ups for minors; • Ambulance services; • Family planning; • Inpatient and Outpatient Hospital services; • Lab and X-ray services; • Services of certified nurse midwives, family and pediatric nurse practitioners; • Physicians; and • Dentists (when providing medical services). <p><u>Medically Needy and Children and Pregnant Women Programs</u></p> <p>Medicaid coverage begins on the earliest day of the month in which the application is received and it is determined that the applicant meets eligibility criteria. Retroactive coverage may begin as early as three months before the application month. Texas Administrative Code § 366.325.</p> <p>Pregnant women's coverage begins no earlier than the first day of the month in which the pregnancy began and ends the second month after the pregnancy terminates. Texas Administrative Code § 366.325.</p>	<p>Pregnant applicants may apply at qualified provider sites. Texas Administrative Code § 366.215.</p> <p><u>Medically Needy and Children and Pregnant Women Programs</u></p> <p>Immigrants with approved INS status may apply for medical assistance. Other immigrants admitted to the U.S. on or after August 22, 1996 are ineligible for Medicaid for a seven-year period following entry to the Country (rather than waiting the 5 year period of eligibility for TANF). Texas Administrative Code § 366.313.</p> <p>[Note: Beginning July 1, 2006, Texas began verifying and recertifying the citizenship status of those individuals applying for or receiving Medicaid benefits. http://www.hhs.state.tx.us/medicaid/index.shtml]</p> <p>Applicants may include:</p> <ul style="list-style-type: none"> • Pregnant women with income less than 185% of the federal poverty limit; • Children ages 1-18 with household income less than 133% of federal poverty limit; • Newborns with household income equal to or less than 185% of federal poverty limit; • Newborns who live with their legal mothers who were recipients of Medicaid at the time the child was born; and • Newborns born to mothers incarcerated in a Texas criminal justice facility. <p>Applications are processed by the Texas Department of Human</p>

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		<p>The newborn’s coverage begins no earlier than the child’s date of birth and ends the month of the first birthday, and recipient continuously eligible for six months or through the recipient's 19th birthday, whichever is earlier. Newborn has continuous eligibility through the month of his/her first birthday. Texas Administrative Code § 366.527.</p> <p><u>SCHIP</u></p> <p>SCHIP offers benefits to children under the age of 19, including:</p> <ul style="list-style-type: none"> • Regular check-ups and office visits; • Prescription drugs and medical supplies; • Dental visits, cleanings, and fillings; • Access to medical specialists; • Shots and Immunizations; • Hospital Care and Services; • X-rays and lab tests; • Mental Health care; • Coverage for Special health needs; • Coverage for pre-existing conditions; and • Eye exams and eye glasses <p><u>WIC</u></p> <p>Coverage includes nutrition education, nutritious foods, referrals to health and human services, breastfeeding support, and immunizations. Food benefits are issued for each client.</p>	<p>Services using the application rules of TANF. http://www.dads.state.tx.us/forms/h1010-b/h1010-b.pdf</p> <p><u>SCHIP</u></p> <p>A pregnant woman can apply for CHIP for her unborn child.</p> <p>Adults who live with uninsured children more than 1/2 the time may apply for CHIP benefits. Child must be under 18, or children who live alone under 19, Texas resident and a US citizen or legal permanent resident. <u>However, immigration status of the parents does not affect a child’s eligibility and is not reported on the application form.</u></p> <p>Applicants can apply for SCHIP over the phone, fax, or mail to Texas Health and Human Services Commission.</p> <p>Apply online: https://chipmedicaid.org/en/Can-I-Get-It Apply by phone: 1-877-543-7669 (1-877-KIDS-NOW)</p> <p><u>WIC</u></p> <p>Applicants of WIC may include:</p> <ul style="list-style-type: none"> • Pregnant women; • Women who are breastfeeding a baby under 1 year of age; • Women who have had a baby in the past 6 months; and • Parents, step-parents, guardians, and foster parents of infants and children under the age of 5 can apply for their children. <p><u>Applicants must live in Texas but U.S. citizenship is not required.</u></p>

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		<p>https://www.dshs.texas.gov/wichd/gi/eligible.shtm</p> <p><u>Emergency Medicaid</u></p> <p>Emergency Medicaid (see Emergency Medicaid chart) provides labor and delivery assistance to pregnant women regardless of immigration status. Texas Administrative Code § 366.903.</p>	<p>In most instances, applications must be made in person. Applicants should call (800) WIC-FORU or (800) 942-3678 to obtain the contact information of the WIC clinic near them. The WIC clinic will schedule an appointment with the applicant. Applicant should bring documentation of the household's source of income or wages, proof of address, identification for each person applying for WIC benefits. The appointment will consist of a health exam including height and weight measurement, a finger stick to screen for low iron, a medical and health history and a diet recall and history to determine nutritional risk. https://www.dshs.texas.gov/wichd/gi/eligible.shtm</p> <p><u>Emergency Medicaid</u></p> <p>The applicant should complete an Application for Assistance (Form 1010) and return it to a Texas Department of Human Services office or representative. Texas Administrative Code § 366.903 http://www.dads.state.tx.us/forms/h1010-b/h1010-b.pdf</p>
U.S. Virgin Islands	<p>Virgin Islands Code, 19 V.I.C. § 35 provides that within 120 days after conception all pregnant women shall submit to an examination by a practicing physician subject to the supervision of the Commissioner of Health to determine their freedom from active venereal infection. If found infected they shall be treated as provided in section 33 of this Title.</p> <p>In the U.S. Virgin Islands, Medicaid is called the Medical Assistance Program (MAP). Eligibility for MAP is determined</p>	N/A	<p>See: http://www.dhs.gov.vi/financial_programs/medical_assistance.html; and http://www.dhs.gov.vi/financial_programs/documents/USVIMedicaidRequiredDocsWhenApplyingv4-2013.pdf</p>

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	<p>by the Certification Units and is based on family income, resources, and other factors. Examples are documents needed for eligibility determination are: 1) Verification of U.S. Citizenship, 2) proof of residence, 3) verification of income, and 4) Verification of all resources.</p>		
Utah	<p><u>Emergency Medicaid</u></p> <p>Utah provides coverage for specific emergency services to non-citizens through its Emergency Medicaid program. See Emergency Services Only, for Non-Citizens, Utah Medicaid Program, available at https://medicaid.utah.gov/emergency-medicaid</p> <p>Delivery of a child is covered under this program for non-citizens, but not pre-natal or postpartum services. See id.; see also Utah Medicaid Provider Manual, at page 16 (Jul. 2015), available at https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Womens%20Services/MaternityServices.pdf</p> <p>Emergency Medicaid refers to coverage for individuals who meet all of the other eligibility criteria for one of the state's Medicaid programs, but who are not U.S.</p>	<p>“Emergency medical condition” shall mean "manifesting itself by sudden onset of acute symptoms of sufficient severity (including severe pain) such that the absence of 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>Emergency services shall be those rendered from the moment of onset of the emergency condition, to the time the person's condition is stabilized at an appropriate medical facility, or death results. The definition of emergency services shall include labor and delivery services, but not prenatal or post-partum services. Emergency services shall not include prolonged medical support, medical equipment, or prescribed drugs which are required beyond the point at which the emergency condition has been resolved. Emergency services also shall not include long-term</p>	<p>Persons seeking assistance to pay for medical services may apply at the Department of Health offices or Medicaid outreach offices in most major hospitals and many area public health clinics. Department of Health offices are located at Department of Workforce Services buildings in some communities. People may call the Medicaid Information Line to find out the location of the nearest office.</p> <p>For information see https://medicaid.utah.gov/apply-medicaid</p>

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	<p>citizens or qualified resident aliens. Emergency Medicaid only covers emergency medical services. Coverage is provided for the month the emergency occurs and is not provided ongoing. Pregnant women can apply one month before the expected date of delivery and receive coverage for the labor and delivery charges. An infant born to a woman eligible for emergency Medicaid is eligible for Medicaid through the month of the baby's first birthday. See Utah Medical Programs Summary, available at https://medicaid.utah.gov/who-eligible (click Kids Age 0-1 link).</p> <p>To qualify for Emergency Medicaid:</p> <p>Individual must be a resident of Utah; Individual must show that they have had emergency medical services in the month they apply or in the 90 day period before the application date; and Individual must meet the other eligibility requirements for the medical program needed (e.g., pregnant woman would need to meet the eligibility requirements for the Prenatal (PN) or Pregnant Women (PG) programs).</p>	<p>care or organ transplants. See Utah Medicaid Provider Manual, at Section 8-2.11, page 43 (Jul. 2015), available at - https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/All%20Providers%20General%20Information%20Section%20I/AllProvidersGeneralInfo_Section_1.pdf.</p> <p>Pregnant women who qualify for PN Emergency Medicaid may be eligible for emergency services at any time during their pregnancy if they have an emergency need. If the emergency need occurs in any month other than the month before the expected delivery, the case must be closed once the emergency has been resolved. The pregnant woman must reapply and eligibility must be redetermined to cover a subsequent emergency or the actual delivery.</p>	

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	See http://jobs.utah.gov/customereducation/services/medicaid/ncitizen.html .		
Vermont	<p>Vermont does not have a program for routine prenatal care to non-citizens. In Vermont, an individual who does not meet the citizenship requirement is eligible for emergency services, provided such care and services are not related to either an organ transplant procedure or routine prenatal or post-partum care, if both of the following conditions are met:</p> <p>A. The noncitizen 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:</p> <p>serious jeopardy to the patient's health, serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.</p> <p>The noncitizen must meet all other eligibility requirements for Medicaid except verification of alien status and, for illegal noncitizens, verification of a social security number.</p>	<p>“Emergency services” means health care items and services furnished or required to evaluate and treat an emergency medical condition. “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> <p>a. placing the member's physical or mental health in serious jeopardy; or b. serious impairment to bodily functions; or c. serious dysfunction of any bodily organ or part.</p> <p><u>WIC</u></p> <p>WIC services include: (i) nutrition counseling and education; (ii) breastfeeding promotion and support; (iii) health screening; (iv) medical and social service referrals; and (v) monthly food packages.</p>	<p>Any individual who wants Medicaid must file a Medicaid application with the Department for Children and Families:</p> <p>Vermont Department for Children and Families Economic Services Division</p> <p>103 South Main Street Waterbury, VT 05676-1201 1-800-479-6151; mybenefits.vt.gov.</p> <p><u>WIC</u></p> <p>Vermont WIC offers a benefit to pregnant women, regardless of their immigration status. In order to qualify for this benefit program, you must be a resident of Vermont, and either a: (i) pregnant, breastfeeding or postpartum woman, or (ii) an infant or child up to 5 years. You must meet the income requirements (less than \$849 per week for a family of four) and must also meet the health or nutrition guidelines to be eligible for WIC.</p> <p>http://healthvermont.gov/wic/</p>

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	<p><u>WIC</u></p> <p>The WIC Program provides supplemental foods, nutrition education and referrals to health care, at no cost, to low-income pregnant, breastfeeding and postpartum women, infants, and children up to age 5 who are determined to be at nutritional risk. WIC does not distinguish between the eligibility of qualified and non-qualified immigrants.</p> <p>Nutrition risk is any medical or health problem which can be corrected or lessened by proper amounts and types of food intake. Examples of nutrition risk are: (i) low iron levels; (ii) insufficient growth, i.e. low weight for age, low weight for height; (iii) premature delivery; and (iv) inadequate dietary intake (types or amounts of food)</p> <p>Link to website: http://healthvermont.gov/wic/</p>		
Virginia	<p><u>Emergency Medicaid</u></p> <p>Nonqualified aliens are eligible for Medicaid coverage of emergency medical care only. See 12 Va. Admin. Code § 30-50- 310(A).</p>	<p><u>WIC</u></p> <p>WIC services include: (i) nutrition counseling and education; (ii) breastfeeding promotion and support; (iii) health screening; (iv) medical and social service referrals; and (v) monthly food packages.</p>	<p><u>WIC</u></p> <p>To be eligible, you must:</p>

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	<p>Under Virginia law, emergency treatment of a medical condition for certain qualified aliens affected by five-year bar and for nonqualified aliens does not include routine prenatal or postpartum care. See 12 Va. Admin. Code § 30-50-310(B).</p> <p><u>WIC</u></p> <p>The WIC Program provides supplemental foods, nutrition education and referrals to health care, at no cost, to low-income pregnant, breastfeeding and postpartum women, infants, and children up to age 5 who are determined to be at nutritional risk. WIC does not distinguish between the eligibility of qualified and non-qualified immigrants.</p> <p>Nutrition risk is any medical or health problem which can be corrected or lessened by proper amounts and types of food intake. Examples of nutrition risk are: (i) low iron levels; (ii) insufficient growth, i.e. low weight for age, low weight for height; (iii) premature delivery; and (iv) inadequate dietary intake (types or amounts of food)</p> <p>Link to website: http://www.vdh.virginia.gov/livewell/programs/wic/content/participants/newparticipants.html</p>		<ul style="list-style-type: none"> • Be pregnant, breastfeeding, just had a baby or are a mother, father, grandparent, foster parent, or other legal guardian of a child under the age of 5; • Be a resident of Virginia; • Have a nutritional need (this is determined at your local WIC clinic); • Meet income requirements. <p>http://www.vdh.virginia.gov/livewell/programs/wic/content/participants/newparticipants.html</p>

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Washington	<p><u>Medical Assistance – Pregnancy Medical Program</u></p> <p>All aliens may receive prenatal care in Washington regardless of immigration status (lawfully present in the U.S. or not). To receive these pregnancy benefits meet income requirements standard income and residency requirements. Pregnant women are eligible for categorically needed scope of care under the noncitizen pregnant women's program, if they are not eligible for Medicaid because of citizenship or immigration status. This includes undocumented women.</p> <p>For more information see: http://hrsa.dshs.wa.gov/Eligibility/OVERVIEW/MedicalOverviewWomen%27sHealth.htm</p> <p><u>WIC</u></p> <p>The WIC Program provides supplemental foods, nutrition education and referrals to health care, at no cost, to low-income pregnant, breastfeeding and postpartum women, infants, and children up to age 5 who are determined to be at nutritional risk. WIC does not distinguish between the eligibility of qualified and non-qualified immigrants.</p>	<p><u>Medical Assistance – Pregnancy Medical Program</u></p> <p>A woman who was eligible for medical coverage on the last day of pregnancy and received medical coverage on the last day of pregnancy is eligible for postpartum care for a minimum of 60 days from the end of her pregnancy. Wash. Admin. Code § 388-462-0115.</p> <p>This extension continues through the end of the month in which the sixtieth day falls. Wash. Admin. Code § 388- 462-0015.</p> <p>A woman who was eligible for medical coverage on the last day of pregnancy is eligible for family planning services for twelve months from the end of pregnancy. Wash. Admin. Code § 388-462-0115.</p> <p>The newborn is covered for medical services under the mother's medical identification card during the mother's postpartum period as long as the mother received medical coverage at the time of the baby's birth.</p> <p><u>WIC</u></p> <p>WIC services include: (i) nutrition counseling and education; (ii) breastfeeding promotion and support; (iii) health screening; (iv) medical and social service referrals; and (v) monthly food packages.</p>	<p><u>Medical Assistance – Pregnancy Medical Program</u></p> <p>A person can apply for pregnancy medical benefits at the local community services office or online. To locate a local community services office see: https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/findservice.asp</p> <p>For more information on the online application see: https://fortress.wa.gov/dshs/f2esa apps/esaosa/</p> <p><u>WIC</u></p> <p>Eligibility based on household size and income.</p> <p>http://www.doh.wa.gov/YouandYourFamily/WIC/Eligibility.</p>

Jurisdiction	Eligibility (Name of program(s); Alienage Status; Income Requirement; Residency Requirement)	Coverage (Prenatal care, labor and delivery, postpartum care, emergency medical care)	Application Process
	<p>Nutrition risk is any medical or health problem which can be corrected or lessened by proper amounts and types of food intake. Examples of nutrition risk are: (i) low iron levels; (ii) insufficient growth, i.e. low weight for age, low weight for height; (iii) premature delivery; and (iv) inadequate dietary intake (types or amounts of food)</p> <p>Link to website: http://www.doh.wa.gov/YouandYourFamily/WIC/Eligibility.</p>		
West Virginia	<p><u>Women, Infants & Children Program</u></p> <p>The WIC Program provides supplemental foods, nutrition education and referrals to health care, at no cost, to low-income pregnant, breastfeeding and postpartum women, infants, and children up to age 5 who are determined to be at nutritional risk. WIC does not distinguish between the eligibility of qualified and non-qualified immigrants.</p> <p>Nutrition risk is any medical or health problem which can be corrected or lessened by proper amounts and types of food intake. Examples of nutrition risk are: (i) low iron levels; (ii) insufficient growth, i.e. low weight for age, low weight for height; (iii) premature delivery; and (iv) inadequate</p>	<p>WIC services include: (i) nutrition counseling and education; (ii) breastfeeding promotion and support; (iii) health screening; (iv) medical and social service referrals; and (v) monthly food packages.</p>	<p><u>WIC</u></p> <p>In order to qualify for this benefit program, you must be a resident of the State of West Virginia, pregnant, breastfeeding and postpartum woman, infant or child up to 5 years of age and: (1) are individually determined by a health professional to be at nutrition risk; and, (2) meet an income standard, or are determined automatically income eligible.</p> <p>Women may apply for the program through the following website: http://ons.wvdhhr.org/Applicant/BecomeaWICParticipant/tabid/1144/Default.aspx</p>

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	<p>dietary intake (types or amounts of food)</p> <p>Link to website: http://ons.wvdhhr.org/</p>		
Wisconsin	<p><u>BadgerCare Prenatal Program for pregnant women:</u></p> <p>The BadgerCare Prenatal Program provides health care for pregnant women who have been denied Wisconsin Medicaid because of their immigration or citizenship status. This program will pay for prenatal care and labor and delivery. BadgerCare coverage terminates at the end of the pregnancy. http://www.dhs.wisconsin.gov/medicaid/Publications/p-10164.pdf</p> <p><u>WIC</u></p> <p><u>WIC</u></p> <p>The WIC Program provides supplemental foods, nutrition education and referrals to health care, at no cost, to low-income pregnant, breastfeeding and postpartum women, infants, and children up to age 5 who are determined to be at nutritional risk. WIC does not distinguish between the eligibility of qualified and non-qualified immigrants.</p> <p>Nutrition risk is any medical or health</p>	<p><u>WIC</u></p> <p>WIC services include: (i) nutrition counseling and education; (ii) breastfeeding promotion and support; (iii) health screening; (iv) medical and social service referrals; and (v) monthly food packages.</p>	<p><u>BadgerCare</u></p> <p>Apply online at access.wi.gov. Apply in person or by phone/mail/fax at county/tribal human or social services department.</p> <p><u>WIC</u></p> <p>To be eligible, you must: be a pregnant, breastfeeding or new mother; be an infant up to age one; or be a child up to age 5; and be a resident of Wisconsin; and be income eligible; and have a health or nutrition need.</p> <p>https://www.dhs.wisconsin.gov/wic/overview.htm</p>

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	<p>problem which can be corrected or lessened by proper amounts and types of food intake. Examples of nutrition risk are: (i) low iron levels; (ii) insufficient growth, i.e. low weight for age, low weight for height; (iii) premature delivery; and (iv) inadequate dietary intake (types or amounts of food).</p> <p>Link to website: https://www.dhs.wisconsin.gov/wic/overview.htm</p>		
Wyoming	<p><u>Medicaid - EqualityCare</u></p> <p>EqualityCare is a state public health insurance program designed to help pay for certain health care services and is available to both qualified and nonqualified aliens. Non-qualified aliens are eligible for emergency care services under EqualityCare, provided they meet the income guidelines set forth. Emergency services are those necessary to prevent the death of serious impairment of an individual. See Wy. Medicaid Rules Ch. 26, Sec. 4 (vv).</p> <p>Childbirth may be considered an emergency service, although prenatal care would not be and would not be covered.</p> <p><u>Kid Care CHIP</u></p>	<p><u>Medicaid - EqualityCare</u></p> <p>Coverage questions may be answered by calling the EqualityCare Client Help Line at 1-800-251-1269. For emergency services coverage, the emergency center would need to diagnose the situation an emergency in order for the medical bills to be covered.</p> <p><u>WIC</u></p> <p>WIC services include: (i) nutrition counseling and education; (ii) breastfeeding promotion and support; (iii) health screening; (iv) medical and social service referrals; and (v) monthly food packages.</p>	<p><u>EqualityCare</u></p> <p>Applicants obtain an application and submit it to their local Department of Family Services (DFS) office. Applications can be obtained through a DFS office or at a Public Health office, Women, Infants and Children office, or various doctors' offices. See Wy. Stat. Ann. § 42-4-106.</p> <p>Applications will be reviewed by a benefit specialist who will determine eligibility. Applicants who are eligible for EqualityCare will receive a letter explaining the coverage. Applicants who are determined to be ineligible will receive a letter explaining the reason for the denial. See Wy. Stat. Ann. § 42-2-106.</p> <p>If a request for medical services (childbirth) was denied by the Office of Medicaid, a request for an administrative hearing must be made in writing and include the individual's name, address and the reason for the hearing request. The hearing request should be mailed to: Office</p>

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	<p>Kid Care CHIP is a public health plan designed to cover children in Wyoming who meet specified eligibility criteria. Wyoming follows federal guidelines as to alien eligibility and research indicated that Kid Care CHIP does not cover fetuses.</p> <p><u>WIC</u></p> <p>The WIC Program provides supplemental foods, nutrition education and referrals to health care, at no cost, to low-income pregnant, breastfeeding and postpartum women, infants, and children up to age 5 who are determined to be at nutritional risk. WIC does not distinguish between the eligibility of qualified and non-qualified immigrants.</p> <p>Nutrition risk is any medical or health problem which can be corrected or lessened by proper amounts and types of food intake. Examples of nutrition risk are: (i) low iron levels; (ii) insufficient growth, i.e. low weight for age, low weight for height; (iii) premature delivery; and (iv) inadequate dietary intake (types or amounts of food)</p> <p>Link to website: https://health.wyo.gov/publichealth/wic/clinicservices/apply-for-wic/</p>		<p>of Medicaid, 2300 Capitol Avenue, Cheyenne, WY 82002.</p> <p><u>WIC</u></p> <p>Only eligibility requirements are: (1) Meet WIC income guidelines (\$423 per week for one person), and (2) have a health risk factor based on height and weight measurements, blood tests for low iron, health history or diet history.</p> <p>https://health.wyo.gov/publichealth/wic/clinicservices/apply-for-wic/</p>

