

205.5375 Definitions for section -- Presumptive eligibility -- Determination -- Requirements -- Administrative regulations.

- (1) As used in this section:
 - (a) "Department" means the Department for Medicaid Services;
 - (b) "Period of presumptive eligibility" has the same meaning as in 42 C.F.R. sec. 435.1101; and
 - (c) "Qualified hospital" has the same meaning as in 42 C.F.R. 435.1110(b).
- (2) If a qualified hospital determines that an individual meets the criteria for presumptive eligibility using information provided and attested to by the individual, the hospital shall:
 - (a) Notify the department of the determination within five (5) business days from the date of determination in a form prescribed by the department;
 - (b) Provide a written eligibility notice to the individual. The written eligibility notice shall, at a minimum, include the following information in plain language and large print:
 1. The beginning and end dates of the period of presumptive eligibility;
 2. Notification that the individual is required to make an application for Medicaid benefits through the individual's local Department for Community Based Services office;
 3. The location of the individual's local Department for Community Based Services office;
 4. Notification that if the individual does not file a full Medicaid application before the last day of the following month, the period of presumptive eligibility coverage will end on that day; and
 5. Notification that if the individual does file a full Medicaid application before the last day of the following month, presumptive eligibility coverage will continue until an eligibility determination is made on the application by the department;
 - (c) Issue a presumptive eligibility identification card or document to the presumed eligible individual;
 - (d) Maintain a record of the presumptive eligibility screening for each application; and
 - (e) Assist presumptively eligible individuals in completing and submitting a full Medicaid application prior to the end of the period of presumptive eligibility.
- (3) If a qualified hospital determines that an individual does not meet the criteria for presumptive eligibility using information provided and attested to by the individual, the hospital shall provide the individual with written notification of:
 - (a) The reason for the determination;
 - (b) Notification that the individual may file a full Medicaid application through the individual's local Department for Community Based Services office if the individual wishes to have a formal determination of eligibility made by the department; and

- (c) The location of the individual's local Department for Community Based Services office.
- (4) Notwithstanding any other provision of law to the contrary and to the extent permitted under federal law, a pregnant individual shall be limited to one (1) period of presumptive eligibility per pregnancy.
- (5)
 - (a) The department shall provide training on all applicable state and federal laws related to presumptive eligibility to all qualified hospitals.
 - (b) Prior to conducting presumptive eligibility screenings and determinations, a qualified hospital's staff, contractor, or vendor responsible for presumptive eligibility screenings and determinations shall be required to complete presumptive eligibility training provided by the department.
- (6) If a qualified hospital uses a contractor or other vendor for the purpose of conducting presumptive eligibility screenings and determinations, the hospital shall be responsible for monitoring the contractor's or vendor's compliance with all applicable state and federal laws related to presumptive eligibility.
- (7) The department shall promulgate administrative regulations in accordance with KRS Chapter 13A that are necessary to administer this section. Administrative regulations promulgated pursuant to this subsection shall include but not be limited to a thorough presumptive eligibility application form to be used by qualified hospitals when making presumptive eligibility determinations using information provided and attested to by an individual.

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History: Amended 2026 Ky. Acts ch. 179, sec. 8, effective April 14, 2026. -- Created 2022 Ky. Acts ch. 211, sec. 9, effective July 14, 2022.