



Emergency Time-Limited Medicaid

Emergency Time-Limited Medicaid is available for individuals who do not meet citizenship or qualified immigrant requirements for MAGI Medicaid, due to an emergency medical condition.

- Individuals must still meet technical and financial requirements for MAGI Medicaid but do not need a social security number or immigration documents.
- The application flow will ask questions and look for Emergency Time-Limited Medicaid eligibility when it is indicated that an individual does not have immigration documents and is seeking coverage.
- The individual **MUST** have an emergency medical condition that without treatment could result in:
 1. Placing the patient's health in serious jeopardy;
 2. Serious impairment to bodily functions; or
 3. Serious dysfunction of any bodily organ.
- A statement from a medical provider must include:
 1. Information about the medical condition;
 2. The date of the emergency treatment; and
 3. Specific language that the medical provider considers the condition an emergency medical condition.
- The emergency medical condition must have occurred in the month of application or within the 3 months prior to application.
- The normal delivery of a baby is considered an emergency and the following conditions apply:
 1. The MA eligibility only covers the month of delivery and the following month;
 2. The individual is not eligible for postpartum coverage; and
 3. The newborn is considered deemed eligible.
- Coverage includes the first day of the month in which the emergency medical condition begins and continues through the following month. After that an individual may apply for an extension

Please Note: If the statement is lacking information or the information is unclear, contact the medical provider for additional information or clarification. Update Case Notes with all clarifying information not included in the written statement.

An ongoing chronic medical condition does not constitute an emergency medical condition. In order to be considered as having an emergency medical condition, the individual must have an emergency and receive treatment for that emergency



Emergency Time-Limited Medicaid Extensions

After the initial 2-month approval of Emergency Time-Limited Medicaid, if further treatment for the **same** Medical Emergency is required, an application for an extension is required.

How can an application for an extension be completed?

Within 30 days after your initial Emergency Time Limited coverage has ended, an application can be made at any DCBS office, through the Department for Community Based Services (DCBS) call services line at 1-855-306-8959, or by mailing or faxing a paper application to:

DCBS Family Support
P.O. Box 2104
Frankfort, KY 40602
Fax Number: (502) 573-2007

What is needed for an extension application?

An application for an extension of coverage can be made without any verification in hand. However, for eligibility to be determined, the following will need to be provided:

- A **new** written statement from the medical provider that includes:
 - Details of medical condition;
 - How it impacts health; and
 - An estimate of how long they expect treatment to be required.
- Verification of all income in the household for at least the 2 months prior to application for an extension. This may include, but is not limited to;
 - Wage stubs;
 - Written statements from your employer;
 - Verification of your self-employment income.

If this documentation is not provided or if other documentation is needed to complete your application, a Request for Information (RFI) will be given to you that explains what information is needed. This will also include a due date for the required information.



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1-855-459-6328 (TTY) 1-855-326-4654



What happens after the application?

Once the extension application is completed, the information provided must be reviewed by the Department of Medicaid Services (DMS). This may take up to 30 days. Once DMS has reviewed the request and determined eligibility for an extension, a notice will be mailed to you directly.

As an important reminder: An application for an extension must be completed within 30 days of your coverage ending **each time** you need an extension of your coverage. If you fail to complete your application within this time frame, you will no longer be eligible for Emergency Time-Limited Medicaid for the medical emergency you reported at your application.

Questions?

If you have questions regarding eligibility for Emergency Time-Limited Medicaid or an extension for your initial coverage, please contact the DCBS call services line at 1-855-306-8959 or visit your local office.



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