Welcome to the webinar for

Hospital Presumptive Eligibility

(Including Children, Pregnant Women, Parents/Caretaker Relatives, and Former Foster Care Youth)

Provider Training

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Number to dial to listen to webinar: 415-655-0002
Enter Access code: # when requested.

QUESTIONS?

If you have questions during the webinar, please feel free to unmute your phone at any time and ask your question. However, please also send them in an email to Cole.MHNPolicy@dss.mo.gov.

They will be answered and posted on the Department of Social Services website.

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Missouri Department of Social Services Hospital Presumptive Eligibility (HPE)

Training for Qualified Entities

Revised 4/1/2017 HPE

Contents

In this training, the following will be covered:

- Overview of the Presumptive Eligibility (PE) Program
- How Entities can participate in PE
- Who is eligible to enroll in MO HealthNet through PE?
- What are the benefits?
- Terms and Definitions
- Forms
- Determining Eligibility
  - Household Composition
  - Income Determination
- Submitting PE applications After the Determination is Completed
- Emergency MO HealthNet Care for Ineligible Aliens (EMCIA)
- Performance Standards

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Presumptive Eligibility Overview

Presumptive Eligibility (PE) Overview

- Presumptive Eligibility allows individuals who meet certain requirements to receive MO HealthNet benefits for a period of time.
  - PE has been available for pregnant women (TEMP) since 1990 .
  - PE has been available for breast and cervical cancer treatment since 2001
  - PE has been available for children since 2003
  - Show-Me Healthy Babies - PE (SMHB-PE) became an official Missouri program January 01, 2016 and is now available
  - The Affordable Care Act (ACA) expanded PE to include parents / caretaker relatives and Former Foster Care Youth is now available.

PE Overview

- Following signing a Memorandum of Agreement (MOA) and completion of training, qualified entities may:
  - Determine PE eligibility for certain individuals who are likely to be eligible for regular MO HealthNet; and
  - Assist PE applicants to apply for regular MO HealthNet at mydss.mo.gov, by telephone, or by completing the Missouri Single Streamlined Application (IM-1SSL).
    - What is the fastest way to apply for regular MO HealthNet?
      - On-line at mydss.mo.gov; or
      - By telephone at (855) 373-9994.

PE Overview

- Presumptive Eligibility is temporary but allows immediate access to coverage for eligible individuals.
- PE is not about short-term coverage; it provides an opportunity to get individuals connected to longer-term coverage options.
- Ensures providers will be reimbursed for services provided.

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How Entities Can Participate in PE

How Entities Can Participate in PE

- Participation in PE is optional, but all states are required to provide a way for entities to become qualified to conduct PE determinations
- To become qualified, an entity must:
  - Participate in the MO HealthNet program;
  - Notify FSD of the desire to participate in PE:
    - Email the Family Support Division at COLE.MHNPolicy@dss.mo.gov; or
    - write to PO BOX 2320 Jefferson City, MO 65102;
  - Have a signed Memorandum of Agreement and agree to make PE determinations consistent with policies and procedures; and
  - Complete training.

How Entities Can Participate in PE

- Once an entity has been qualified:
  - A properly trained and certified employee can make PE determinations
    - Including employees in hospital-owned physician practices or clinics, and those in off-site locations

      NOTE: Participating entities may not delegate PE determinations to non-entity staff
      - **Third party vendors or contractors may not make PE determinations**
  - Participating entities must meet performance standards set by the state and maintain adequate status as a qualified PE Provider
    - Performance Standards will be discussed later in this training.

How Entities Can Participate in PE

- The Family Support Division (FSD) is offering this provider training to ensure providers are trained on the requirements associated with issuing PE to Missouri participants.
- If future training is necessary, send an email to: Cole.MHNPolicy@dss.mo.gov

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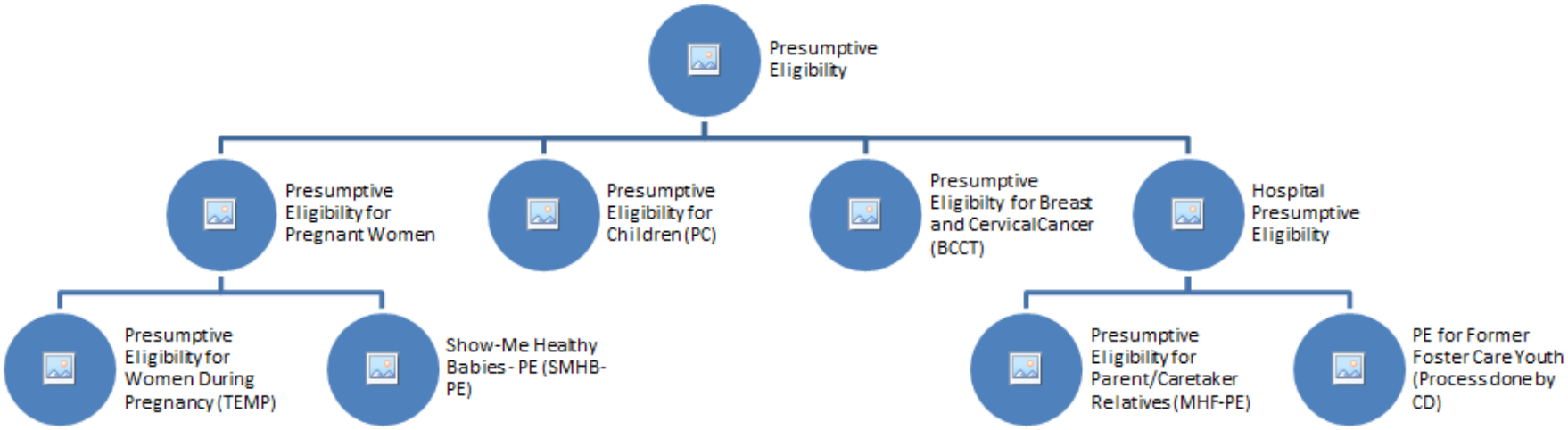
Who is Eligible to Enroll in MO HealthNet through PE?

Who is Eligible to Enroll in MO HealthNet through PE?

- Pregnant Women (Temporary MO HealthNet During Pregnancy or TEMP)
- Children's Health Insurance Program (CHIP) for Unborn Children (Show-Me Healthy Babies Presumptive Eligibility or SMHB-PE)
- Infants and Children under age 19 (Presumptive Eligibility for Children or PC)
- Parents/Caretakers of children under age 19 (PE for Parents/ Caretaker Relatives or MHF-PE)
- Former Missouri Foster Care Youth through age 26 (PE for Former Foster Youth)
- Breast and Cervical Cancer Treatment (BCCT-PE)

Missouri Presumptive Eligibility Programs



This training will only address all PE programs except BCCT- PE.

PE for Children
Eligibility Requirements

- Individual applicant must:
  - Be an infant or child under age 19;
  - Not be receiving MO HealthNet under any other category;
  - Not have received PE in the past 12 months;
  - Be a US Citizen;
  - Be a resident of Missouri; and

PE for Children
Eligibility Requirements

- Individual applicant must:
  - Have income at or below the applicable income guideline for household size:
    - **Children under age 1**: household income must be at or below 201% of FPL (196% of FPL plus 5% income disregard)
    - **Children ages 1 thru 18**: household income must be at or below 155% of FPL (150% of FPL plus 5% income disregard)

PE for Pregnant Women
Eligibility Requirements

- Individual applicant must:
  - Be pregnant;
  - Not be receiving MO HealthNet under any other category (excluding UWHS, EWHS, or GTBH);
  - Not have received PE during the current pregnancy;
  - Be a resident of Missouri; and

PE for Pregnant Women
Eligibility Requirements

- Have income at or below the applicable income guideline for household size.
  - Household income must be at or below:
    - 201% of FPL (196% of FPL plus 5% income disregard) for TEMP

      or
    - Above 201% and at or below 305% of FPL (300% of FPL plus 5% income disregard) for SMHB-PE

PE for Former Foster Care Youth
Eligibility Requirements

- If a person indicates that he/she was previously in Foster Care, they may be eligible for Former Foster Care Presumptive Eligibility.
  - The individual:
    - Must have been in Foster Care on, or 30 days prior to, their 18th birthday;
    - Must have been covered by MO HealthNet while in Foster Care;

      NOTE: If applicant was in Foster Care on, or 30 days prior to, their 18th birthday they would have had MO HealthNet coverage under one of the following ME codes:
      - 07
      - 08
      - 36
      - 37
      - 56
      - 57

PE for Former Foster Care Youth
Eligibility Requirements

The individual (cont'd):

- Must be under the age of 26
- Cannot be currently receiving regular MO HealthNet coverage or Former Foster Youth coverage (ME 38);
- Must be a resident of Missouri
- Cannot have received PE within the last 12 months.

PE for Parents/Caretaker Relatives
Eligibility Requirements

- Individual applicant must:
  - Not be receiving MO HealthNet under any other category (excluding UWHS, EWHS, or GTBH);
  - Not have received PE within the last 12 months;
  - Meet the MO HealthNet for Families (MHF) relationship criteria;
    - The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.
    - The spouse of such parent or relative, even after the marriage is terminated by death or divorce.

PE for Parents/Caretaker Relatives
Eligibility Requirements

- Individual applicant must (cont'd):
  - Have a child in their home:
    - over which they have care and control, and
    - who is age 0 up to and including age 18;

EXCEPTION: If a non-custodial parent is claiming a child as a dependent on their federal taxes, the non-custodial parent may be considered for MHF-PE.

Example 1: John is claiming his son, Rodney, as a dependent on his federal taxes. Rodney lives with his mother and only visits his father on a part-time basis. John could receive MHF-PE if he meets all other eligibility requirements.

Example 2: Mary is a non-custodial parent to Albert and does not claim him on federal taxes. Albert lives with his father and only visits his mother on a part-time basis. Mary is not eligible to receive MHF-PE.

PE for Parents/Caretaker Relatives
Eligibility Requirements

- Individual applicant must (cont'd):
  - Be a resident of Missouri;
  - Be a United States citizen; and
  - Must meet MO HealthNet for Families income guidelines (found on Appendix A in the Presumptive Eligibility Manual).

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What are the Benefits?

PE for Children
Benefits

- Children determined eligible under PE receive the same coverage as those provided under MO HealthNet for Kids.

PE for Pregnant Women
Benefits

- Pregnant women determined eligible under PE receive only pre-natal ambulatory services (pre-natal medical care provided on an outpatient basis).

NOTE: Newborn coverage is only available if the mother or unborn child are covered by regular MO HealthNet when the child is born.

  - Children born to a PE only mother are not eligible for Newborn coverage; unless the mother is found eligible for retroactive regular MO HealthNet coverage.

PE for Former Foster Care Youth
Benefits

- Former Foster Care Youth determined eligible under PE receive the same coverage as those provided under the Former Foster Care Youth program.

PE for Parents/Caretaker Relatives
Benefits

- Parents / Caretaker Relatives determined eligible under PE receive the same coverage as those provided under MO HealthNet for Families.

For All PE Programs
Benefits

- Benefits are received through fee-for-service.
- There are no appeal rights for PE determinations.

For All PE Programs
Benefits

- Coverage, under PE, begins the day the QE makes the PE determination.

- PE coverage ends on the earliest of either:
  - The date the eligibility determination for regular MO HealthNet is made by FSD
  - The last day of the following month in which the QE made the PE determination (if a regular MO HealthNet application is not filed by the individual).
    - *Example: PE determined 2/8/20xx. Eligibility period 2/8/20xx – 3/31/20xx. FSD determines eligibility for regular MO HealthNet coverage on 2/19/20xx. PE ends the date of the approval or denial for MO HealthNet coverage 2/19/20xx.*
    - **Exception: When denied for full coverage under MO HealthNet for Pregnant Women (MPW) only, TEMP eligibility continues for the entire PE period.**

NOTE: When an application for regular MO HealthNet benefits is received while the PE coverage is active, the PE benefits will remain open until an eligibility determination is made.

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Terms and Definitions

Terms and Definitions

TERM	DEFINITION
ACA	Affordable Care Act - The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA), a United States federal statute, was signed into law on March 23, 2010.
FSD	Family Support Division – division of the Department of Social Services
IM	Income Maintenance – unit of FSD which determines eligibility for all MO HealthNet programs
MHD	MO HealthNet Division – division of the Department of Social Services that oversees and implements healthcare services for the MO HealthNet programs
QE	Qualified Entity- an organization that is determined by Missouri to be capable of making presumptive eligibility determinations. Qualified entities include, but are not limited to, FQHCs, Hospitals, and County Health Departments.
FPL	Federal Poverty Level

Terms and Definitions

TEMP	Temporary MO HealthNet During Pregnancy- provides immediate, temporary ambulatory healthcare for pregnant women meeting eligibility guidelines. Up to 201% FPL
SMHB-PE	Show-Me Healthy Babies Presumptive Eligibility -provides immediate, temporary ambulatory healthcare for pregnant women meeting eligibility guidelines. Up to 305% FPL
PC	Presumptive Eligibility for Children - provides immediate, temporary healthcare coverage to eligible children under the age of 19.
MHF-PE	Presumptive Eligibility for Parent/Caretaker Relative - provides immediate, temporary healthcare coverage to eligible parents and caretaker relatives.
MAGI	Modified Adjusted Gross Income - a methodology for determining MO HealthNet eligibility based on federal income tax filing rules for income and family size.

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Forms Used for Presumptive Eligibility Determinations

Forms Used for Presumptive Eligibility Determinations

Application for Presumptive Eligibility

PE-1SSL

Forms Used for Presumptive Eligibility Determinations

QE Presumptive Eligibility Determination Worksheet

PE-2 Worksheet

Forms Used for Presumptive Eligibility Determinations

MO HealthNet Presumptive Eligibility Authorization

PE-3

Forms Used for Presumptive Eligibility Determinations

MO HealthNet TEMP / SMHB - PE Authorization

PE-3 TEMP

Forms Used for Presumptive Eligibility Determinations

Appendix A

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Determining Presumptive Eligibility

Determining Presumptive Eligibility

- If you have access to eMOMED, check to see if the applicant:
  - is already receiving MO HealthNet coverage; or
  - has received PE within the last 12 months or if pregnant, during the current pregnancy;

IF UNABLE TO DETERMINE -

- Call the Family Support Division (FSD) at (573) 751-9023 and an Eligibility Specialist (ES) will assist you. The ES can also find or assign a DCN.
- Or send an email to FSD.MEDESIVR@dss.mo.gov with your request for information

Determining Presumptive Eligibility

- If the individual **is not** already receiving MO HealthNet and **has not** received PE in the last 12 months, begin PE determination process by completing and/or assist in completing the Application for Presumptive Eligibility (PE-1SSL)

- If the individual **is** already receiving MO HealthNet or **has** received PE in the last 12 months, check the appropriate box on the PE-2 Worksheet, Questions A and B. This person is not eligible for PE.

  - Mark the ineligibility on the back of the PE-2 Worksheet and give the applicant a copy of the form.

Determining Presumptive Eligibility

- All PE is based on information as declared by applicant (self-attestation).
- Physical verifications cannot be required, including proof of pregnancy or income.

Determining Presumptive Eligibility

- We discussed the eligibility requirements an applicant/household must meet for PE.
- Eligibility requirements included the household's income being at or below an income guideline. Income guidelines are determined based on the size of the household
- Let's look at how the household size is determined

Determining Presumptive Eligibility

- Modified Adjusted Gross Income (MAGI)
  - Method of determining income used for eligibility
  - Missouri uses current monthly income
  - MAGI Households are based upon federal tax filing rules unless an exception is met
  - 5% income disregard of the applicable income guideline, refer to Appendix A.

Determining Presumptive Eligibility

- Identifying a PE Household

- When determining household size, use the relationship of the applicant to all other members of the household.
- Household size is determined using:
  - information from the applicant's declarations on the PE-1SSL; and
  - Calculation for Household Size on the front of the PE-2 Worksheet.

Determining Presumptive Eligibility
MAGI Household – Tax Filing Statuses

Tax Filer	An individual who expects or plans to file a tax return for the taxable year in which coverage is being requested.
Tax Dependent	An individual who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which coverage is being requested.
Non-Filer	An individual who does not expect nor plans to file a tax return and does not expect to be claimed as a tax dependent for the taxable year in which coverage is being requested.
Child	Individuals between the ages of 0 and 19

Determining Presumptive Eligibility
PE for Children

- Special Circumstances:
  - In some circumstances, if there is a step-parent in the home, the step-parent is included in the PE household.

    EXAMPLE 1: Mary is applying for PE for her daughter. Mary's spouse, Garrett, also lives with them and is the step-father to Mary's daughter. Mary and Garrett do not file taxes. The daughter's household includes the daughter, Mary, and her spouse.

    EXAMPLE 2: Dana is applying for PE for her daughter. Dana's boyfriend, Sam, also lives with them and is not the father to Dana's daughter. Dana and Sam do not file taxes jointly. The daughter's household includes Dana and her daughter only.

Determining Presumptive Eligibility
PE for Pregnant Women

- Special Circumstances:

  EXAMPLE 1: Sherry, age 20 and pregnant, lives with her mother and step-father. Sherry does not file taxes, and her mother and step-father do not claim her on their taxes. Sherry's household consists of Sherry and her unborn child only.

  EXAMPLE 2: Cassie, age 19 and pregnant, lives with her father and step-mother. Cassie does not file taxes, but her father and step-mother claim her as a dependent on their taxes. Because Cassie is a dependent on her father's taxes, her father and step-mother must be counted in her household, along with Cassie and her unborn child.

Determining Presumptive Eligibility
PE for Pregnant Women

- Special Circumstances (cont'd):
  - The number of unborn children are included in a pregnant woman's household size.
  - If the father of the unborn child lives in the home, but is not the spouse to **and** not filing taxes with the pregnant woman, he is not included in the TEMP/SMHB-PE household.

Determining Presumptive Eligibility
PE for Parents and Caretaker Relatives

- Special Circumstances:
  - In some circumstances, if there is a step-parent in the home, the step-parent is included in the PE household.

    EXAMPLE 1: Mary, age 20, and her daughter live with Mary's mother and step-father. Mary is applying for PE for herself. Mary does not file taxes, and her mother and step-father do not claim her on their taxes. Mary's household consists of Mary and her daughter only.

    EXAMPLE 2: Jane, age 19, and her son live with Jane's father and step-mother. Jane is applying for PE for herself. Jane does not file taxes, but her father and step-mother claim her and her daughter as dependents on their taxes. Because Jane and her daughter are dependents on her father's taxes, her father and step-mother must be counted in her household, along with her daughter.

Determining Presumptive Eligibility

- Let's look at some examples

Determining Presumptive Eligibility
PE Household Size –Children

Household:

Lela Taylor – mother of Ashley and Eric

David – spouse to Lela, father to Eric

Ashley – Lela's daughter, age 12

Eric – Lela and David's son, age 7

Lela is applying for PE for Ashley.

Lela and David file federal taxes jointly and claim Ashley and Eric as tax dependents.

Determining Presumptive Eligibility
PE Household Size – Children

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	0
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	0
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	3
f.	Total Household size (add lines a, b, c, d, and e. This will be used to determine the income standard on page 2):	4

Determining Presumptive Eligibility
PE Household Size –Children

Household:

Georgia Jefferson – mother of Emma

Emma – Georgia's daughter, age 8

Georgia is applying for PE for Emma.

Georgia files taxes and claims Emma as a dependent.

Determining Presumptive Eligibility
PE Household Size –Children

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	0
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	0
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	1
f.	Total Household size (add lines a, b, c, d, and e. This will be used to determine the income standard on page 2):	2

Determining Presumptive Eligibility
PE Household Size – Pregnant Women

Household:

- Donna – applicant, age 31, pregnant, expecting one child
- James – spouse

Donna is applying for PE for herself.

Donna and James are filing federal taxes jointly for this year.

Determining Presumptive Eligibility
PE Household Size – Pregnant Women

For each question below, enter the number of persons.

a. Applicant	**1**
b. If applicant is pregnant, how many children are expected this pregnancy	**1**
c. Enter 1 if Spouse lives with applicant	**1**
d. If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under **people listed in lines a or c.**	
e. If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step-parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	**0**
f. Total Household size (add lines a, b, c, d, and e then enter this amount on page one under household size):	**3**

Determining Presumptive Eligibility
PE Household Size – Pregnant Women

Household:

- Latonya – applicant, age 29, pregnant, expecting one child
- Treyvon – boyfriend, age 30, and father of unborn child and Brian
- Brian – son of Latonya and Treyvon, age 4,

Latonya is applying for PE for herself.

Latonya does not file taxes with Treyvon.

She is claiming Brian as a federal tax dependent.

Determining Presumptive Eligibility
PE Household Size – Pregnant Women

For each question below, enter the number of persons.

a. Applicant	**1**
b. If applicant is pregnant, how many children are expected this pregnancy	**1**
c. Enter 1 if Spouse lives with applicant	**0**
d. If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under **people listed in lines a or c.**	**1**
e. If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step-parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	**0**
f. Total Household size (add lines a, b, c, d, and e then enter this amount on page one under household size):	**3**

Determining Presumptive Eligibility

PE Household Size – Parent/Caretaker Relative

Household:

Gayle – applicant

Tyler – Gayle's son, age 5

Gayle is applying for PE for herself. She has care and control over her son, Tyler.

Gayle is not filing federal taxes for this year.

Determining Presumptive Eligibility

PE Household Size – Parent/Caretaker Relative

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	0
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	1
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	0
f.	Total Household size (add lines a, b, c, d, and e then enter this amount on page one under household size):	2

Determining Presumptive Eligibility

PE Household Size – Parent/Caretaker Relative

Household:

John – applicant, non-custodial father

Mary – applicant's girlfriend

Lisa – John's daughter, age 16, lives with her mother

James – John's son, age 13, lives with his mother

John is applying for PE for himself. He claims Lisa and James as dependents on his federal income taxes.

Determining Presumptive Eligibility

PE Household Size – Parent/Caretaker Relative

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	0
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	2
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	0
f.	Total Household size (add lines a, b, c, d, and e then enter this amount on page one under household size):	3

Determining Presumptive Eligibility

PE Household Size – Parent/Caretaker Relative

Household:

Edith – applicant

Trevor – Emma's grandson, age 12

Joan – Emma's granddaughter, age 10

Edith is applying for PE for herself. She has care and control over Trevor and Joan.

Edith is filing federal taxes this year but will not claim Trevor and Joan as dependents.

Determining Presumptive Eligibility

PE Household Size – Parent/Caretaker Relative

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	0
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	0
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	0
f.	Total Household size (add lines a, b, c, d, and e then enter this amount on page one under household size):	1

Determining Presumptive Eligibility
Calculating MAGI Income

- Now that we determined the PE household size, let's look at how to calculate household income.
- General rule is the same as tax definition:
  - If income is taxable it **is** counted
  - If income is non taxable it **is not** counted
- Also, if an individual is part of the PE household, his/her income must be considered.

Determining Presumptive Eligibility
Calculating MAGI Income

There are 2 exceptions on whether or not to count income.

Exception 1:

- If an individual is under age 19, are they expected to be required to file taxes?

  EXAMPLE A: Randy has applied for PE for himself. Randy's son, Jack, is age 17 and lives in his father's household. Randy claims Jack as a dependent on his federal taxes. Jack works and is required to file income taxes (his annual income exceeds the threshold below). Jack's income must be included in Randy's household.

  EXAMPLE B: Charlie has applied for PE for himself. Charlie's son, Ben, is age 17 and lives in his father's household. Ben's father claims Ben as a dependent on his federal taxes. Ben works and is **not** required to file income taxes (his annual income is less than the threshold below). Ben's income **is not** included in Charlie's household.

Note: Federal tax laws require persons who earn at least the threshold amount or greater, must file taxes. These threshold amounts change annually. The current tax thresholds are:

- Individuals earning more than $10,350 per year;
- Couples filing jointly earning at least $20,700 per year;
- Individuals filing as a head of household earning at least $13,350 per year.

Determining Presumptive Eligibility
Calculating MAGI Income

Exception 2:

- If an individual is expected to be claimed as a tax dependent of another household member and s/he is expected to be required to file his/her own taxes, his/her income counts.

  EXAMPLE: Janet is age 19 and claimed as a dependent on her mother's federal income taxes. Janet's mother is applying for MO HealthNet for Janet's younger siblings. Janet has income. Because Janet is her mother's dependent her income must be included in the mother's household.

Determining Presumptive Eligibility
Calculating MAGI Income

Countable income includes:

- Taxable Wages/Salary (before taxes are taken out)
  - Pretax contributions to dependent care accounts, health insurance premiums, flexible spending accounts, retirement accounts and commuter expenses are NOT included as income
- Self-Employment
  - Profit once expenses are paid
- Social Security Benefits
- Unemployment Benefits
- Alimony Received
- Most Retirement Benefits
- Interest – including tax-exempt interest
- Net Capital Gains
- Most investment income
- Rental or royalty income
- Other taxable income
- Lump sum is only counted in the month received
- Income of child under 19 who is required to file taxes, as his/her income equals or exceed the federal tax filing threshold

Determining Presumptive Eligibility Calculating MAGI Income

Non-Countable income includes:

- Temporary Assistance and other government cash assistance
- Supplemental Security Income (SSI)
- Child Support Received
- Veteran's Benefits
- Workers Compensation Payments
- Proceeds from life insurance, accident insurance, or health insurance
- Federal tax credits
- Scholarships, awards, or fellowship grants used for education, but not living expenses
- American Indian/Alaskan Native income derived from distribution, payments, ownership interests, and real property usage rights
- Income of a child under age 19 who is not required to file taxes, as his/her income is less than the federal tax filing threshold

Determining Presumptive Eligibility Calculating MAGI Income

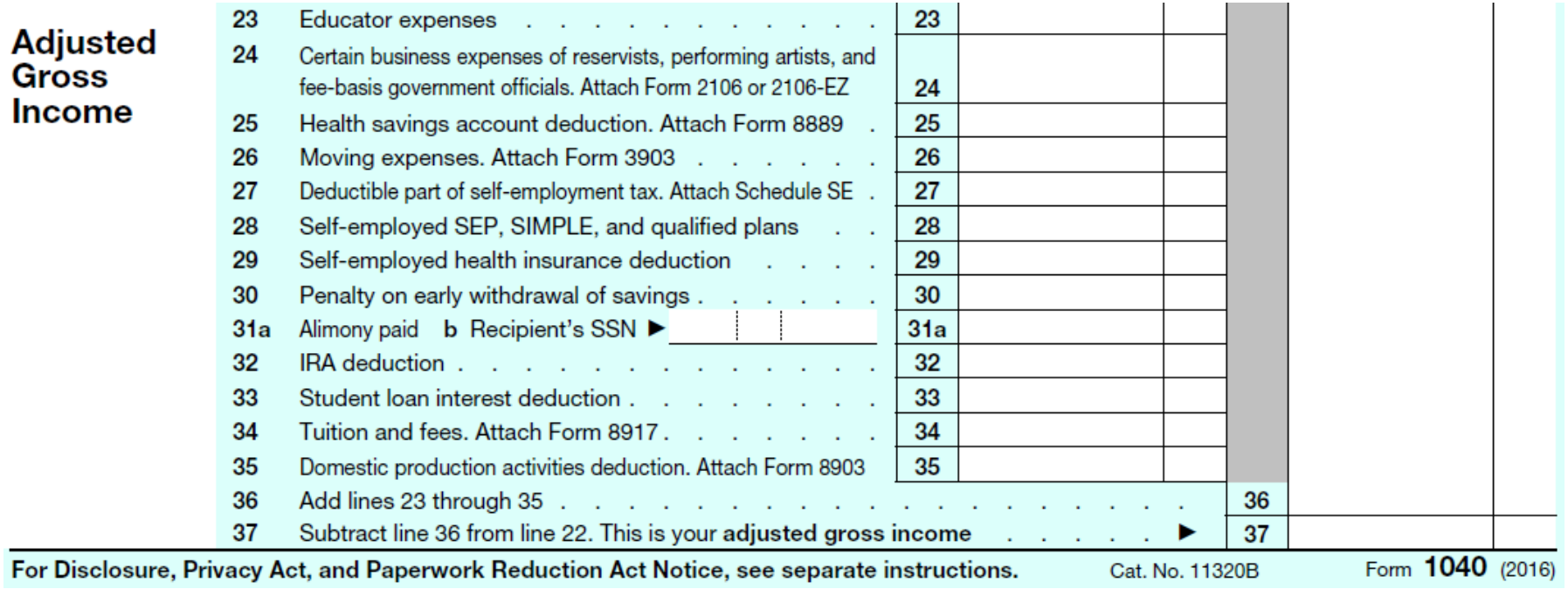
- MAGI is determined using Federal tax rules. These rules include the use of tax adjustments or deductions.

- Most common deductions are:
  - Certain self-employment business expenses
  - Alimony paid
  - Health savings accounts
  - Student loan interest paid

- PE Income deductions are based on the participant's attested amount.

Determining Presumptive Eligibility Calculating MAGI Income

Lines 23-35 show all the allowable deductions on the current IRS Form 1040. They may be used to calculate MAGI income if the applicant states they file income taxes and claim deductions.



Adjusted Gross Income

23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2016)

Determining Presumptive Eligibility
Calculating MAGI Income

Basic steps to determine MAGI income:

Determine household's countable monthly income

- Household's monthly tax deductions

= Modified Adjusted Gross Income

Compare to income maximum for appropriate MO HealthNet program

Determining Presumptive Eligibility Examples

- Let's look at completing the PE-2 Worksheet, including how MAGI is calculated. We will work with the same households we looked at earlier in the training:
  - Ashley (PC)
  - Emma (PC)
  - Donna (PE for Pregnant Women)
  - Latonya (PE for Pregnant Women)
  - Gayle (MHF-PE)
  - John (MHF-PE)
  - Emma (MHF-PE)

Determining Presumptive Eligibility
PE for Children - Ashley

Household:

Lela – mother, age 39
David – father, age 41
Ashley – Lela's daughter, age 12
Eric – Lela and David's son, age 7

We determined Ashley has a 4 person household.

Ashley:

- Is not receiving any MO HealthNet benefits;
- has not received PE in the past 12 months.
- is a resident of Missouri;
- is a U. S. citizen; and
- is not filing federal taxes.

Household income:

Lela earns $1,500.00 monthly
David earns $500.00 weekly
Ashley receives child support - $150.00 monthly

Determining Presumptive Eligibility
PE for Children - Ashley

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
QE PRESUMPTIVE ELIGIBILITY DETERMINATION WORKSHEET

HEAD OF HOUSEHOLD OR REPRESENTATIVE LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	
Lela Taylor	11111111	
APPLICANT LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	IF PREGNANT, ESTIMATED DUE DATE
Ashley Taylor	22222222	

Upon receipt of completed and signed PE-1SSL application this document must be completed to make a PE determination.
Please check if a regular MO HealthNet application was also completed: ☐ On-line ☐ Telephone ☒ IM-1SSL

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	0
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	0
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	3
f.	Total Household size (add lines a, b, c, d, and e. This will be used to determine the income standard on page 2):	4

Determining Presumptive Eligibility
PE for Children - Ashley

A **Is the individual currently receiving MO HealthNet benefits other than Uninsured Women's Health Services or Extended Women's Health Services? ☐ YES ☒ NO**
IF YES TO A, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

B **Has the individual received Presumptive Eligibility for Children within the last twelve (12) months or if individual is pregnant, have they received TEMP/SMHB-PE during the current pregnancy? ☐ YES ☒ NO**
IF YES TO B, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

C **Is the individual a resident of the state of MISSOURI? ☒ YES ☐ NO**
IF NO TO C, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

D **If the applicant is a parent or caretaker, do they have a child in their care and control, under age 18 or a full time student under age 19, in their home? ☐ YES ☐ NO ☐ N/A Skip to next question.**
IF NO TO D, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

E **If determining presumptive eligibility for children or parents/caretakers is the individual a U.S. citizen, or a lawfully present non-citizen who meets eligible criteria as listed on the back of this form? ☒ YES ☐ NO**
IF NO TO E, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

F **If presumptive eligibility for foster care youth is requested contact Children's Division at** http://dss.mo.gov/cd/ **or call (573) 522-8024 to determine if applicant meets eligible foster care youth criteria. ☐ YES ☐ NO**
IF NO TO F, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. IF YES, STOP HERE AND FORWARD PAPERWORK TO FSD.

G **If presumptive eligibility for Breast and Cervical Cancer is requested refer the applicant to a Show me Healthy Women Provider for screening.**
http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/providerlist/

MO 886-4570 Page 1 of 2 PE-2 WORKSHEET

Missouri Department of SOCIAL SERVICES
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Determining Presumptive Eligibility
PE for Children - Ashley

H. **INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)**

1. **Gross** monthly earned income. If paid weekly, multiply by 4.333. If paid bi-weekly, multiply by 2.166. If paid twice monthly, multiply by 2.	$1500.00 + $2166.50 + $
2. Total gross monthly **earned** income (Example: Wages before deductions, etc.)	= $3666.50
3. Net Monthly **self-employment** income	+ $0.00
4. Total monthly **unearned** income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or Alaskan Native and American Indian payments)	+ $0.00
5. Total **monthly gross** income (add lines 2, 3, and 4)	= $3666.50
6. **SUBTRACT** monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to calculate adjusted gross income.)	- $0.00
7. **TOTAL** monthly adjusted income (Line 5 minus line 6)	= $3666.50
8. **STANDARD** income limit for number of members in the household. (**See PE manual** Appendix A.) If the individual is pregnant enter the income standard for the household plus the number of unborn child(ren). Income standards for TEMP $_____ / SMHB $_____	$3178.00

I. Is the **STANDARD** above more than **TOTAL** monthly adjusted income? (Is line 8 greater than line 7?) ☐ YES ☒ NO
IF YES, INDIVIDUAL IS ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

Determining Presumptive Eligibility
PE for Children - Ashley

J. ☐ **ELIGIBLE (ADMISIBLE)**

☒ **INELIGIBLE (RECHAZADO) If inelegible, check reason (Seleccione el motivo del rechazo):**

- ☐ Parent/Caretaker Relative has no eligible child (El Progenitor/Cuidador no tiene un hijo o un menor bajo su cuidado que cumpla con los requisitos)
- ☐ Not a Missouri Resident (No es habitante de Missouri)
- ☐ Not a U.S. Citizen or qualified and eligible immigrant (No es ciudadano estadounidense ni inmigrante calificado que cumpla con los requisitos)
- ☐ Received Presumptive Eligibility during the last 12 months. (Recibió Elegibilidad Presunta durante los últimos 12 meses)
- ☐ Individual not pregnant (La persona no está embarazada)
- ☒ Excessive income (Ingresos superiores al límite)
- ☐ Received TEMP or SMHB-PE during current pregnancy (Recibió TEMP o SMHB durante el embarazo actual)
- ☐ Has active MO HealthNet (Cuenta con MO HealthNet activo)
- ☐ Individual is over age 19 (El individuo es mayor de 19 años)
- ☐ Not eligible as a Foster Care Youth. (No cumple con los requisitos como joven en régimen de acogimiento familiar)

QE Name:	QE Number:	QE Certified Employee Signature	Date
Missouri Provider	123456789	*Jane Doe*	today
Applicant Name:		**Applicant Signature**	**Date**
Ashley Taylor		*Lela Taylor for Ashley Taylor*	today

Determining Presumptive Eligibility
PE for Children - Emma

Household:

Georgia – Emma's mother

Emma – applicant, age 8

Georgia is applying for PE for Emma. We have already determined she is a household of 2.

Emma:

- is not receiving any other MO HealthNet benefits;
- has not received PE within the last 12 months;
- is a resident of Missouri;
- is a U. S. citizen; and
- is not filing federal taxes.

Georgia files taxes and claims Emma as a dependent.

Household income:

Georgia earns $1,000.00 twice a month

Determining Presumptive Eligibility
PE for Children - Emma

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
QE PRESUMPTIVE ELIGIBILITY DETERMINATION WORKSHEET

HEAD OF HOUSEHOLD OR REPRESENTATIVE LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	
Georgia Jefferson	78978978	
APPLICANT LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	IF PREGNANT, ESTIMATED DUE DATE
Emma Jefferson	87487487	

Upon receipt of completed and signed PE-1SSL application this document must be completed to make a PE determination.

Please check if a regular MO HealthNet application was also completed: ☐ On-line ☐ Telephone ☒ IM-1SSL

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	0
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	0
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	1
f.	Total Household size (add lines a, b, c, d, and e. This will be used to determine the income standard on page 2):	2

Determining Presumptive Eligibility
PE for Children - Emma

A **Is the individual currently receiving MO HealthNet benefits other than Uninsured Women's Health Services or Extended Women's Health Services? ☐ YES ☒ NO**
IF YES TO A, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

B **Has the individual received Presumptive Eligibility for Children within the last twelve (12) months or if individual is pregnant, have they received TEMP/SMHB-PE during the current pregnancy? ☐ YES ☒ NO**
IF YES TO B, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

C **Is the individual a resident of the state of MISSOURI? ☒ YES ☐ NO**
IF NO TO C, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

D **If the applicant is a parent or caretaker, do they have a child in their care and control, under age 18 or a full time student under age 19, in their home? ☐ YES ☐ NO ☐ N/A Skip to next question.**
IF NO TO D, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

E **If determining presumptive eligibility for children or parents/caretakers is the individual a U.S. citizen, or a lawfully present non-citizen who meets eligible criteria as listed on the back of this form? ☒ YES ☐ NO**
IF NO TO E, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

F **If presumptive eligibility for foster care youth is requested contact Children's Division at** http://dss.mo.gov/cd/ **or call (573) 522-8024 to determine if applicant meets eligible foster care youth criteria. ☐ YES ☐ NO**
IF NO TO F, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. IF YES, STOP HERE AND FORWARD PAPERWORK TO FSD.

G **If presumptive eligibility for Breast and Cervical Cancer is requested refer the applicant to a Show me Healthy Women Provider for screening.**
http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/providerlist/

MO 886-4570 Page 1 of 2 PE-2 WORKSHEET

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Determining Presumptive Eligibility
PE for Children - Emma

H. **INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)**

1. **Gross** monthly earned income. If paid weekly, multiply by 4.333. If paid bi-weekly, multiply by 2.166. If paid twice monthly, multiply by 2.	$2000.00 + $ + $
2. Total gross monthly **earned** income (Example: Wages before deductions, etc.)	= $2000.00
3. Net Monthly **self-employment** income	+ $0.00
4. Total monthly **unearned** income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or Alaskan Native and American Indian payments)	+ $0.00
5. Total **monthly gross** income (add lines 2, 3, and 4)	= $2000.00
6. **SUBTRACT** monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to calculate adjusted gross income.)	- $0.00
7. **TOTAL** monthly adjusted income (Line 5 minus line 6)	= $2000.00
8. **STANDARD** income limit for number of members in the household. (**See PE manual** Appendix A.) If the individual is pregnant enter the income standard for the household plus the number of unborn child(ren). Income standards for TEMP $_____ / SMHB $_____	$2098.00

I. Is the **STANDARD** above more than **TOTAL** monthly adjusted income? (Is line 8 greater than line 7?) ☒ YES ☐ NO
IF YES, INDIVIDUAL IS ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

Determining Presumptive Eligibility
PE for Children - Emma

J. ☒ **ELIGIBLE (ADMISIBLE)**

☐ **INELIGIBLE (RECHAZADO) If inelegible, check reason (Seleccione el motivo del rechazo):**

- ☐ Parent/Caretaker Relative has no eligible child (El Progenitor/Cuidador no tiene un hijo o un menor bajo su cuidado que cumpla con los requisitos)
- ☐ Not a Missouri Resident (No es habitante de Missouri)
- ☐ Not a U.S. Citizen or qualified and eligible immigrant (No es ciudadano estadounidense ni inmigrante calificado que cumpla con los requisitos)
- ☐ Received Presumptive Eligibility during the last 12 months. (Recibió Elegibilidad Presunta durante los últimos 12 meses)
- ☐ Individual not pregnant (La persona no está embarazada)
- ☐ Excessive income (Ingresos superiores al límite)
- ☐ Received TEMP or SMHB-PE during current pregnancy (Recibió TEMP o SMHB durante el embarazo actual)
- ☐ Has active MO HealthNet (Cuenta con MO HealthNet activo)
- ☐ Individual is over age 19 (El individuo es mayor de 19 años)
- ☐ Not eligible as a Foster Care Youth. (No cumple con los requisitos como joven en régimen de acogimiento familiar)

QE Name:	QE Number:	QE Certified Employee Signature	Date
Missouri Provider	123456789	*Jane Doe*	today
Applicant Name:		**Applicant Signature**	**Date**
Emma Jefferson		*Georgia Jefferson for Emma Jefferson*	today

Determining Presumptive Eligibility
PE for Children - Emma

MO HealthNet Presumptive Eligibility Authorization PE-3

Determining Presumptive Eligibility
PE for Pregnant Women - Donna

Household:
Donna – applicant, pregnant with one child
James – Donna's spouse

We determined Donna has a 3 person PE household (this includes the unborn child)

Donna:

- Is not receiving any MO HealthNet benefits;
- has not received PE during the current pregnancy;
- is a resident of Missouri; and
- is filing federal taxes jointly with James.

Monthly household income:

Donna earns $850 biweekly
James earns $2500 monthly

Determining Presumptive Eligibility
PE for Pregnant Women - Donna

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
QE PRESUMPTIVE ELIGIBILITY DETERMINATION WORKSHEET

HEAD OF HOUSEHOLD OR REPRESENTATIVE LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	
Donna Worth	12121212	
APPLICANT LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	IF PREGNANT, ESTIMATED DUE DATE
same		4/25/20xx

Upon receipt of completed and signed PE-1SSL application this document must be completed to make a PE determination.

Please check if a regular MO HealthNet application was also completed: ☒ On-line ☐ Telephone ☐ IM-1SSL

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	1
c.	Enter 1 if Spouse lives with applicant	1
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	0
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	0
f.	Total Household size (add lines a, b, c, d, and e. This will be used to determine the income standard on page 2):	3

Determining Presumptive Eligibility
PE for Pregnant Women - Donna

A **Is the individual currently receiving MO HealthNet benefits other than Uninsured Women's Health Services or Extended Women's Health Services? ☐ YES ☒ NO**
IF YES TO A, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

B **Has the individual received Presumptive Eligibility for Children within the last twelve (12) months or if individual is pregnant, have they received TEMP/SMHB-PE during the current pregnancy? ☐ YES ☒ NO**
IF YES TO B, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

C **Is the individual a resident of the state of MISSOURI? ☒ YES ☐ NO**
IF NO TO C, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

D **If the applicant is a parent or caretaker, do they have a child in their care and control, under age 18 or a full time student under age 19, in their home? ☐ YES ☐ NO ☐ N/A Skip to next question.**
IF NO TO D, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

E **If determining presumptive eligibility for children or parents/caretakers is the individual a U.S. citizen, or a lawfully present non-citizen who meets eligible criteria as listed on the back of this form? ☐ YES ☐ NO**
IF NO TO E, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

F **If presumptive eligibility for foster care youth is requested contact Children's Division at http://dss.mo.gov/cd/ or call (573) 522-8024 to determine if applicant meets eligible foster care youth criteria. ☐ YES ☐ NO**
IF NO TO F, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. IF YES, STOP HERE AND FORWARD PAPERWORK TO FSD.

G **If presumptive eligibility for Breast and Cervical Cancer is requested refer the applicant to a Show me Healthy Women Provider for screening.**
http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/providerlist/

Determining Presumptive Eligibility
PE for Pregnant Women - Donna

H. **INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)**

1. **Gross** monthly earned income. If paid weekly, multiply by 4.333. If paid bi-weekly, multiply by 2.166. If paid twice monthly, multiply by 2.	$1841.10 + $2500.00 + $
2. Total gross monthly **earned** income (Example: Wages before deductions, etc.)	= $4341.10
3. Net Monthly **self-employment** income	+ $0.00
4. Total monthly **unearned** income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or Alaskan Native and American Indian payments)	+ $0.00
5. Total **monthly gross** income (add lines 2, 3, and 4)	= $4341.10
6. **SUBTRACT** monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to calculate adjusted gross income.)	- $0.00
7. **TOTAL** monthly adjusted income (Line 5 minus line 6)	= $4341.10
8. **STANDARD** income limit for number of members in the household. (**See PE manual** Appendix A.) If the individual is pregnant enter the income standard for the household plus the number of unborn child(ren). Income standards for TEMP $3421.00 / SMHB $5191.00	$5191.00

I. Is the **STANDARD** above more than **TOTAL** monthly adjusted income? (Is line 8 greater than line 7?) ☒ YES ☐ NO
IF YES, INDIVIDUAL IS ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

Determining Presumptive Eligibility
PE for Pregnant Women - Donna

J. ☒ **ELIGIBLE (ADMISIBLE)**

☐ **INELIGIBLE (RECHAZADO) If inelegible, check reason (Seleccione el motivo del rechazo):**

- ☐ Parent/Caretaker Relative has no eligible child (El Progenitor/Cuidador no tiene un hijo o un menor bajo su cuidado que cumpla con los requisitos)
- ☐ Not a Missouri Resident (No es habitante de Missouri)
- ☐ Not a U.S. Citizen or qualified and eligible immigrant (No es ciudadano estadounidense ni inmigrante calificado que cumpla con los requisitos)
- ☐ Received Presumptive Eligibility during the last 12 months. (Recibió Elegibilidad Presunta durante los últimos 12 meses)
- ☐ Individual not pregnant (La persona no está embarazada)
- ☐ Excessive income (Ingresos superiores al límite)
- ☐ Received TEMP or SMHB-PE during current pregnancy (Recibió TEMP o SMHB durante el embarazo actual)
- ☐ Has active MO HealthNet (Cuenta con MO HealthNet activo)
- ☐ Individual is over age 19 (El individuo es mayor de 19 años)
- ☐ Not eligible as a Foster Care Youth. (No cumple con los requisitos como joven en régimen de acogimiento familiar)

QE Name:	QE Number:	QE Certified Employee Signature	Date
Missouri Clinic	123456789	*Jane Doe*	today
Applicant Name:		**Applicant Signature**	**Date**
Donna Worth		*Donna Worth*	today

Determining Presumptive Eligibility
PE for Pregnant Women - Donna

MO HealthNet TEMP/SMHB-PE Authorization (PE-3TEMP)

Determining Presumptive Eligibility
PE for Pregnant Women - LaTonya

Household:

LaTonya – age 29, pregnant with one child
Treyvon – LaTonya's boyfriend, age 30, and father of her unborn child and Brian
Brian – LaTonya and Treyvon's son, age 4

We determined LaTonya has a 3 person PE household (this includes the unborn child and Brian)

LaTonya:

- Is not receiving any MO HealthNet benefits;
- has not received PE during the current pregnancy;
- is a resident of Missouri; and
- is filing federal taxes by herself and claiming Brian as a dependent.

Household income:

LaTonya is self employed, earns $1500 monthly, and claims $285 in deductions
Treyvon earns $4000 monthly

Determining Presumptive Eligibility
PE for Pregnant Women - LaTonya

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
QE PRESUMPTIVE ELIGIBILITY DETERMINATION WORKSHEET

HEAD OF HOUSEHOLD OR REPRESENTATIVE LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	
LaTonya Harden	88888888	
APPLICANT LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	IF PREGNANT, ESTIMATED DUE DATE
same		10/15/20xx

Upon receipt of completed and signed PE-1SSL application this document must be completed to make a PE determination.
Please check if a regular MO HealthNet application was also completed: ☐ On-line ☒ Telephone ☐ IM-1SSL

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	1
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	1
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	0
f.	Total Household size (add lines a, b, c, d, and e. This will be used to determine the income standard on page 2):	3

Determining Presumptive Eligibility
PE for Pregnant Women - LaTonya

A **Is the individual currently receiving MO HealthNet benefits other than Uninsured Women's Health Services or Extended Women's Health Services? ☐ YES ☒ NO**
IF YES TO A, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

B **Has the individual received Presumptive Eligibility for Children within the last twelve (12) months or if individual is pregnant, have they received TEMP/SMHB-PE during the current pregnancy? ☐ YES ☒ NO**
IF YES TO B, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

C **Is the individual a resident of the state of MISSOURI? ☒ YES ☐ NO**
IF NO TO C, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

D **If the applicant is a parent or caretaker, do they have a child in their care and control, under age 18 or a full time student under age 19, in their home? ☐ YES ☐ NO ☐ N/A Skip to next question.**
IF NO TO D, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

E **If determining presumptive eligibility for children or parents/caretakers is the individual a U.S. citizen, or a lawfully present non-citizen who meets eligible criteria as listed on the back of this form? ☐ YES ☐ NO**
IF NO TO E, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

F **If presumptive eligibility for foster care youth is requested contact Children's Division at http://dss.mo.gov/cd/ or call (573) 522-8024 to determine if applicant meets eligible foster care youth criteria. ☐ YES ☐ NO**
IF NO TO F, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. IF YES, STOP HERE AND FORWARD PAPERWORK TO FSD.

G **If presumptive eligibility for Breast and Cervical Cancer is requested refer the applicant to a Show me Healthy Women Provider for screening.**
http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/providerlist/

Determining Presumptive Eligibility
PE for Pregnant Women - LaTonya

H. **INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)**

1. **Gross** monthly earned income. If paid weekly, multiply by 4.333. If paid bi-weekly, multiply by 2.166. If paid twice monthly, multiply by 2.	$0.00 + $ + $
2. Total gross monthly **earned** income (Example: Wages before deductions, etc.)	= $0.00
3. Net Monthly **self-employment** income	+ $1500.00
4. Total monthly **unearned** income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or Alaskan Native and American Indian payments)	+ $0.00
5. Total **monthly gross** income (add lines 2, 3, and 4)	= $1500.00
6. **SUBTRACT** monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to calculate adjusted gross income.)	- $285.00
7. **TOTAL** monthly adjusted income (Line 5 minus line 6)	= $1215.00
8. **STANDARD** income limit for number of members in the household. (**See PE manual** Appendix A.) If the individual is pregnant enter the income standard for the household plus the number of unborn child(ren). Income standards for TEMP $3421.00 / SMHB $5191.00	$3421.00

I. Is the **STANDARD** above more than **TOTAL** monthly adjusted income? (Is line 8 greater than line 7?) ☒ YES ☐ NO
IF YES, INDIVIDUAL IS ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

Determining Presumptive Eligibility
PE for Pregnant Women - LaTonya

J. ☒ **ELIGIBLE (ADMISIBLE)**

☐ **INELIGIBLE (RECHAZADO) If inelegible, check reason (Seleccione el motivo del rechazo):**

- ☐ Parent/Caretaker Relative has no eligible child (El Progenitor/Cuidador no tiene un hijo o un menor bajo su cuidado que cumpla con los requisitos)
- ☐ Not a Missouri Resident (No es habitante de Missouri)
- ☐ Not a U.S. Citizen or qualified and eligible immigrant (No es ciudadano estadounidense ni inmigrante calificado que cumpla con los requisitos)
- ☐ Received Presumptive Eligibility during the last 12 months. (Recibió Elegibilidad Presunta durante los últimos 12 meses)
- ☐ Individual not pregnant (La persona no está embarazada)
- ☐ Excessive income (Ingresos superiores al límite)
- ☐ Received TEMP or SMHB-PE during current pregnancy (Recibió TEMP o SMHB durante el embarazo actual)
- ☐ Has active MO HealthNet (Cuenta con MO HealthNet activo)
- ☐ Individual is over age 19 (El individuo es mayor de 19 años)
- ☐ Not eligible as a Foster Care Youth. (No cumple con los requisitos como joven en régimen de acogimiento familiar)

QE Name:	QE Number:	QE Certified Employee Signature	Date
Missouri Clinic	123456789	*Jane Doe*	today
Applicant Name:		**Applicant Signature**	**Date**
Latonya Harden		*LaTonya Harden*	today

Determining Presumptive Eligibility
PE for Pregnant Women - LaTonya

MO HealthNet TEMP/SMHB-PE Authorization (PE-3TEMP)

Determining Presumptive Eligibility
PE for Parents / Caretaker Relatives - Gayle

Household:

Gayle – applicant
Tyler – Gayle's son, age 5

We already determined that Gayle has a household size of two (2).

Gayle:

- Is not receiving any MO HealthNet benefits;
- has not received PE within the last 12 months;
- is a resident of Missouri;
- is a U. S. citizen; and
- is not filing federal taxes.

Monthly household income:

Gayle – receives $650 SSI
Tyler – receives $423 Child Support

Determining Presumptive Eligibility
PE for Parents / Caretaker Relatives - Gayle

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
QE PRESUMPTIVE ELIGIBILITY DETERMINATION WORKSHEET

HEAD OF HOUSEHOLD OR REPRESENTATIVE LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	
Gayle Weber	11111111	
APPLICANT LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	IF PREGNANT, ESTIMATED DUE DATE
same		

Upon receipt of completed and signed PE-1SSL application this document must be completed to make a PE determination.
Please check if a regular MO HealthNet application was also completed: ☐ On-line ☐ Telephone ☒ IM-1SSL

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	0
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	1
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	0
f.	Total Household size (add lines a, b, c, d, and e. This will be used to determine the income standard on page 2):	2

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Determining Presumptive Eligibility
PE for Parents / Caretaker Relatives - Gayle

A **Is the individual currently receiving MO HealthNet benefits other than Uninsured Women's Health Services or Extended Women's Health Services? ☐ YES ☒ NO**
IF YES TO A, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

B **Has the individual received Presumptive Eligibility for Children within the last twelve (12) months or if individual is pregnant, have they received TEMP/SMHB-PE during the current pregnancy? ☐ YES ☒ NO**
IF YES TO B, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

C **Is the individual a resident of the state of MISSOURI? ☒ YES ☐ NO**
IF NO TO C, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

D **If the applicant is a parent or caretaker, do they have a child in their care and control, under age 18 or a full time student under age 19, in their home? ☒ YES ☐ NO ☐ N/A Skip to next question.**
IF NO TO D, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

E **If determining presumptive eligibility for children or parents/caretakers is the individual a U.S. citizen, or a lawfully present non-citizen who meets eligible criteria as listed on the back of this form? ☒ YES ☐ NO**
IF NO TO E, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

F **If presumptive eligibility for foster care youth is requested contact Children's Division at http://dss.mo.gov/cd/ or call (573) 522-8024 to determine if applicant meets eligible foster care youth criteria. ☐ YES ☐ NO**
IF NO TO F, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. IF YES, STOP HERE AND FORWARD PAPERWORK TO FSD.

G **If presumptive eligibility for Breast and Cervical Cancer is requested refer the applicant to a Show me Healthy Women Provider for screening.**
http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/providerlist/

MO 886-4570 (07/16) Page 1 of 2 PE-2 WORKSHEET (07/16)

Missouri Department of SOCIAL SERVICES
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Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - Gayle

H. **INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)**

1. **Gross** monthly earned income. If paid weekly, multiply by 4.333. If paid bi-weekly, multiply by 2.166. If paid twice monthly, multiply by 2.	$0.00 + $ + $
2. Total gross monthly **earned** income (Example: Wages before deductions, etc.)	= $0.00
3. Net Monthly **self-employment** income	+ $0.00
4. Total monthly **unearned** income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or Alaskan Native and American Indian payments)	+ $0.00
5. Total **monthly gross** income (add lines 2, 3, and 4)	= $0.00
6. **SUBTRACT** monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to calculate adjusted gross income.)	- $0.00
7. **TOTAL** monthly adjusted income (Line 5 minus line 6)	= $0.00
8. **STANDARD** income limit for number of members in the household. (**See PE manual** Appendix A.) If the individual is pregnant enter the income standard for the household plus the number of unborn child(ren). Income standards for TEMP $_____ / SMHB $_____	$309.00

I. Is the **STANDARD** above more than **TOTAL** monthly adjusted income? (Is line 8 greater than line 7?) ☒ YES ☐ NO
IF YES, INDIVIDUAL IS ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

Determining Presumptive Eligibility
PE for Parents / Caretaker Relatives - Gayle

J. ☒ **ELIGIBLE (ADMISIBLE)**

☐ **INELIGIBLE (RECHAZADO) If inelegible, check reason (Seleccione el motivo del rechazo):**

- ☐ Parent/Caretaker Relative has no eligible child (El Progenitor/Cuidador no tiene un hijo o un menor bajo su cuidado que cumpla con los requisitos)
- ☐ Not a Missouri Resident (No es habitante de Missouri)
- ☐ Not a U.S. Citizen or qualified and eligible immigrant (No es ciudadano estadounidense ni inmigrante calificado que cumpla con los requisitos)
- ☐ Received Presumptive Eligibility during the last 12 months. (Recibió Elegibilidad Presunta durante los últimos 12 meses)
- ☐ Individual not pregnant (La persona no está embarazada)
- ☐ Excessive income (Ingresos superiores al límite)
- ☐ Received TEMP or SMHB-PE during current pregnancy (Recibió TEMP o SMHB durante el embarazo actual)
- ☐ Has active MO HealthNet (Cuenta con MO HealthNet activo)
- ☐ Individual is over age 19 (El individuo es mayor de 19 años)
- ☐ Not eligible as a Foster Care Youth. (No cumple con los requisitos como joven en régimen de acogimiento familiar)

QE Name:	QE Number:	QE Certified Employee Signature	Date
Missouri Provider	123456789	*Jane Doe*	today
Applicant Name:		**Applicant Signature**	**Date**
Gayle Weber		*Gayle Weber*	today

Determining Presumptive Eligibility
PE for Parents / Caretaker Relatives - Gayle

MO HealthNet Presumptive Eligibility (PE-3)

Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - John

Household:

John – applicant, non-custodial parent

Mary – applicant's girlfriend

Lisa – John's daughter, age 16, dependent on John's taxes

James – John's son, age 13, dependent on John's taxes

John is applying for PE for himself. We already determined that John has a household size of three (3).

John:

- is not receiving any other MO HealthNet benefits;
- has not received PE within the last 12 months;
- is a resident of Missouri;
- is a U. S. citizen; and
- Is filing federal taxes and claiming Lisa and James as dependents.

Household income:

John – has self-employment income of $500 per month and monthly deductions of $200 rent and $50 office supplies

Lisa – works at McDonald's and receives $150 every two weeks

Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - John

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
QE PRESUMPTIVE ELIGIBILITY DETERMINATION WORKSHEET

HEAD OF HOUSEHOLD OR REPRESENTATIVE LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	
John Meyer	22222222	
APPLICANT LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	IF PREGNANT, ESTIMATED DUE DATE
same		

Upon receipt of completed and signed PE-1SSL application this document must be completed to make a PE determination.

Please check if a regular MO HealthNet application was also completed: ☒ On-line ☐ Telephone ☐ IM-1SSL

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	0
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	2
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	0
f.	Total Household size (add lines a, b, c, d, and e. This will be used to determine the income standard on page 2):	3

Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - John

A **Is the individual currently receiving MO HealthNet benefits other than Uninsured Women's Health Services or Extended Women's Health Services?** ☐ **YES** ☒ **NO**
IF YES TO A, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

B **Has the individual received Presumptive Eligibility for Children within the last twelve (12) months or if individual is pregnant, have they received TEMP/SMHB-PE during the current pregnancy?** ☐ **YES** ☒ **NO**
IF YES TO B, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

C **Is the individual a resident of the state of MISSOURI?** ☒ **YES** ☐ **NO**
IF NO TO C, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

D **If the applicant is a parent or caretaker, do they have a child in their care and control, under age 18 or a full time student under age 19, in their home?** ☒ **YES** ☐ **NO** ☐ **N/A Skip to next question.**
IF NO TO D, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

E **If determining presumptive eligibility for children or parents/caretakers is the individual a U.S. citizen, or a lawfully present non-citizen who meets eligible criteria as listed on the back of this form?** ☒ **YES** ☐ **NO**
IF NO TO E, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

F **If presumptive eligibility for foster care youth is requested contact Children's Division** at http://dss.mo.gov/cd/ **or call (573) 522-8024 to determine if applicant meets eligible foster care youth criteria.** ☐ **YES** ☐ **NO**
IF NO TO F, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. IF YES, STOP HERE AND FORWARD PAPERWORK TO FSD.

G **If presumptive eligibility for Breast and Cervical Cancer is requested refer the applicant to a Show me Healthy Women Provider for screening.**
http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/providerlist/

MO 886-4570 (07/16) Page 1 of 2 PE-2 WORKSHEET (07/16)

Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - John

H. **INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)**

1. **Gross** monthly earned income. If paid weekly, multiply by 4.333. If paid bi-weekly, multiply by 2.166. If paid twice monthly, multiply by 2.	$0.00 + $ + $
2. Total gross monthly **earned** income (Example: Wages before deductions, etc.)	= $0.00
3. Net Monthly **self-employment** income	+ $500.00
4. Total monthly **unearned** income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or Alaskan Native and American Indian payments)	+ $0.00
5. Total **monthly gross** income (add lines 2, 3, and 4)	= $500.00
6. **SUBTRACT** monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to calculate adjusted gross income.)	- $250.00
7. **TOTAL** monthly adjusted income (Line 5 minus line 6)	= $250.00
8. **STANDARD** income limit for number of members in the household. (**See PE manual** Appendix A.) If the individual is pregnant enter the income standard for the household plus the number of unborn child(ren). Income standards for TEMP $_____ / SMHB $_____	$387.00

I. Is the **STANDARD** above more than **TOTAL** monthly adjusted income? (Is line 8 greater than line 7?) ☒ YES ☐ NO
IF YES, INDIVIDUAL IS ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - John

J. ☒ **ELIGIBLE (ADMISIBLE)**

☐ **INELIGIBLE (RECHAZADO) If inelegible, check reason (Seleccione el motivo del rechazo):**

- ☐ Parent/Caretaker Relative has no eligible child (El Progenitor/Cuidador no tiene un hijo o un menor bajo su cuidado que cumpla con los requisitos)
- ☐ Not a Missouri Resident (No es habitante de Missouri)
- ☐ Not a U.S. Citizen or qualified and eligible immigrant (No es ciudadano estadounidense ni inmigrante calificado que cumpla con los requisitos)
- ☐ Received Presumptive Eligibility during the last 12 months. (Recibió Elegibilidad Presunta durante los últimos 12 meses)
- ☐ Individual not pregnant (La persona no está embarazada)
- ☐ Excessive income (Ingresos superiores al límite)
- ☐ Received TEMP or SMHB-PE during current pregnancy (Recibió TEMP o SMHB durante el embarazo actual)
- ☐ Has active MO HealthNet (Cuenta con MO HealthNet activo)
- ☐ Individual is over age 19 (El individuo es mayor de 19 años)
- ☐ Not eligible as a Foster Care Youth. (No cumple con los requisitos como joven en régimen de acogimiento familiar)

QE Name:	QE Number:	QE Certified Employee Signature	Date
Missouri Provider	123456789	*Jane Doe*	today
Applicant Name:		**Applicant Signature**	**Date**
John Meyer		*John Meyer*	today

Missouri Department of SOCIAL SERVICES
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Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - John

MO HealthNet Presumptive Eligibility (PE-3)

Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - Edith

Household:

Edith – applicant

Trevor – Emma's grandson, age 12

Joan – Emma's granddaughter, age 10

Edith is applying for PE for herself. We have already determined she is a household of one (1).

Edith :

- is not receiving any other MO HealthNet benefits;
- has not received PE within the last 12 months;
- is a resident of Missouri;
- is a U. S. citizen; and
- is filing federal taxes this year but will not claim Trevor and Joan as dependents.

Household income:

Edith – has self-employment income of $450 per month and deductions of $150 rent and $120 business supplies

Trevor and Joan each receive $200 Child Support

Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - Edith

MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
QUALIFIED ENTITY PRESUMPTIVE ELIGIBILITY DETERMINATION WORKSHEET

HEAD OF HOUSEHOLD OR REPRESENTATIVE LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	
Edith Moyer	33333333	
APPLICANT LEGAL NAME (LAST, FIRST, MIDDLE)	DCN	IF PREGNANT, ESTIMATED DUE DATE
same		

Upon receipt of completed and signed PE-1SSL application this document must be completed to make a PE determination.

Please check if a regular MO HealthNet application was also completed: ☐ On-line ☒ Telephone ☐ IM-1SSL

CALCULATION FOR HOUSEHOLD SIZE

For each question below, enter the number of persons.

a.	Applicant	1
b.	If applicant is pregnant, how many children are expected this pregnancy	0
c.	Enter 1 if Spouse lives with applicant	0
d.	If applicant files taxes, enter number of tax dependents claimed on federal tax return. If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.**	0
e.	If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here. If not filing taxes and you are under age 19, count your parent(s) including step parent(s) and other siblings under age 19. **NOTE: DO NOT include people listed in lines a, c or d.**	0
f.	Total Household size (add lines a, b, c, d, and e. This will be used to determine the income standard on page 2):	1

Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - Edith

A **Is the individual currently receiving MO HealthNet benefits other than Uninsured Women's Health Services or Extended Women's Health Services?** ☐ **YES** ☒ **NO**
IF YES TO A, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

B **Has the individual received Presumptive Eligibility for Children within the last twelve (12) months or if individual is pregnant, have they received TEMP/SMHB-PE during the current pregnancy?** ☐ **YES** ☒ **NO**
IF YES TO B, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

C **Is the individual a resident of the state of MISSOURI?** ☒ **YES** ☐ **NO**
IF NO TO C, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

D **If the applicant is a parent or caretaker, do they have a child in their care and control, under age 18 or a full time student under age 19, in their home?** ☒ **YES** ☐ **NO** ☐ **N/A Skip to next question.**
IF NO TO D, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

E **If determining presumptive eligibility for children or parents/caretakers is the individual a U.S. citizen, or a lawfully present non-citizen who meets eligible criteria as listed on the back of this form?** ☒ **YES** ☐ **NO**
IF NO TO E, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J.

F **If presumptive eligibility for foster care youth is requested contact Children's Division at** http://dss.mo.gov/cd/ **or call (573) 522-8024 to determine if applicant meets eligible foster care youth criteria.** ☐ **YES** ☐ **NO**
IF NO TO F, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. IF YES, STOP HERE AND FORWARD PAPERWORK TO FSD.

G **If presumptive eligibility for Breast and Cervical Cancer is requested refer the applicant to a Show me Healthy Women Provider for screening.**
http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/providerlist/

MO 886-4570 (07/16) Page 1 of 2 PE-2 WORKSHEET (07/16)

Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - Edith

H. **INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes on their earnings.)**

1. **Gross** monthly earned income. If paid weekly, multiply by 4.333. If paid bi-weekly, multiply by 2.166. If paid twice monthly, multiply by 2.	$0.00 + $ + $
2. Total gross monthly **earned** income (Example: Wages before deductions, etc.)	= $0.00
3. Net Monthly **self-employment** income	+ $450.00
4. Total monthly **unearned** income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or Alaskan Native and American Indian payments)	+ $0.00
5. Total **monthly gross** income (add lines 2, 3, and 4)	= $450.00
6. **SUBTRACT** monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to calculate adjusted gross income.)	- $270.00
7. **TOTAL** monthly adjusted income (Line 5 minus line 6)	= $180.00
8. **STANDARD** income limit for number of members in the household. (**See PE manual** Appendix A.) If the individual is pregnant enter the income standard for the household plus the number of unborn child(ren). Income standards for TEMP $_____ / SMHB $_____	$192.00

I. Is the **STANDARD** above more than **TOTAL** monthly adjusted income? (Is line 8 greater than line 7?) ☒ YES ☐ NO
IF YES, INDIVIDUAL IS ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

Determining Presumptive Eligibility

PE for Parents / Caretaker Relatives - Edith

J. ☒ **ELIGIBLE (ADMISIBLE)**

☐ **INELIGIBLE (RECHAZADO) If inelegible, check reason (Seleccione el motivo del rechazo):**

- ☐ Parent/Caretaker Relative has no eligible child (El Progenitor/Cuidador no tiene un hijo o un menor bajo su cuidado que cumpla con los requisitos)
- ☐ Not a Missouri Resident (No es habitante de Missouri)
- ☐ Not a U.S. Citizen or qualified and eligible immigrant (No es ciudadano estadounidense ni inmigrante calificado que cumpla con los requisitos)
- ☐ Received Presumptive Eligibility during the last 12 months. (Recibió Elegibilidad Presunta durante los últimos 12 meses)
- ☐ Individual not pregnant (La persona no está embarazada)
- ☐ Excessive income (Ingresos superiores al límite)
- ☐ Received TEMP or SMHB-PE during current pregnancy (Recibió TEMP o SMHB durante el embarazo actual)
- ☐ Has active MO HealthNet (Cuenta con MO HealthNet activo)
- ☐ Individual is over age 19 (El individuo es mayor de 19 años)
- ☐ Not eligible as a Foster Care Youth. (No cumple con los requisitos como joven en régimen de acogimiento familiar)

QE Name:	QE Number:	QE Certified Employee Signature	Date
Missouri Provider	123456789	*Jane Doe*	today
Applicant Name:		**Applicant Signature**	**Date**
Edith Moyer		*Edith Moyer*	today

Determining Presumptive Eligibility Examples - Emma

MO HealthNet Presumptive Eligibility (PE-3)

What's Next?

- We have:
  - Reviewed the PE-1SSL, PE-2 Worksheet, and PE-3 MO HealthNet Presumptive Eligibility Authorization
  - Completed the PE-2 Worksheet which included:
    - household size;
    - household income; and
    - determination of eligibility.
  - Completed the approval notice PE-3 MO HealthNet Presumptive Eligibility Authorization
- It's time for you complete the PE process.

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Processing a PE Application after the Determination is Completed

Processing a PE Application after the Determination is Completed

- **If individual meets all requirements:**
  - Provide the individual with a completed authorization form (PE-3 or PE-3 TEMP).
  - The PE-3 or PE-3 TEMP is used to obtain covered medical services for the identified individual(s) from an enrolled MO HealthNet fee-for-service provider.
  - Notify the individual/family of the PE coverage period
  - If you haven't already done so, assist the individual in completing the on-line, telephone, or paper application (IM-1SSL) and advise individual that if a paper application is completed it will be sent to the FSD for a formal determination of on-going eligibility for MO HealthNet coverage.
  - If eligible for on-going coverage, a white, plastic "MO HealthNet" card is sent to individual(s).
  - Submit appropriate PE forms and supporting documents to FSD

Processing a PE Application after the Determination is Completed

- **DO NOT send the Presumptive Eligibility Application (PE-1SSL) to FSD. This is kept on file in your facility.**
- Send the following forms to the FSD the same or next day so it is received by FSD within five (5) working days of the determination:
  - Family MO HealthNet application (IM-1SSL) if completed.

    NOTE: If an application was submitted, indicate how it was submitted at the top of the PE-2 Worksheet
  - Copy of Presumptive Eligibility Determination (signed PE-2 Worksheet)
  - Copy of the MO HealthNet Presumptive Eligibility Authorization (PE-3) or MO HealthNet TEMP/SMHB-PE Authorization (PE-3TEMP)
  - Any other documentation submitted by the individual
- Maintain copies of all forms used in determination process for 5 years
  - Can be saved in a paper or electronic file

Processing a PE Application after the Determination is Completed

- **If individual does not meet all requirements:**
  - Provide the individual/family with a copy of the signed PE-2 Worksheet, including the reason the individual(s) is ineligible for presumptive MO HealthNet.
  - Assist the individual in completing the on-line, telephone, or paper (IM-1SSL) application. Advise individual that if a paper application is completed it will be sent to the FSD for a formal determination of on-going eligibility for MO HealthNet coverage.
  - Submit appropriate PE forms and supporting documents to FSD

Processing a PE Application after the Determination is Completed

- **DO NOT send the Presumptive Eligibility Application (PE-1SSL) to FSD. This is kept on file in your facility.**
- Send the following forms to the FSD the same or next day so it is received by FSD within five (5) working days of the determination:
  - Family MO HealthNet application (IM-1SSL) if completed.

    NOTE: *If an application was submitted, indicate how it was submitted at the top of the PE-2 Worksheet*
  - Copy of Presumptive Eligibility Determination (signed PE-2 Worksheet)
  - Any other documentation submitted by the individual
- Maintain copies of all forms used in determination process for 5 years
  - Can be saved in a paper or electronic file

Processing a PE Application after the Determination is Completed

- PE Documents may be submitted to the FSD with PE or Presumptive Eligibility in the “subject” or ”attention to” lines by:
  - email at FSD.MEDES@dss.mo.gov; or
  - fax to (573) 751-0282.

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Emergency MO HealthNet Care for Ineligible Aliens (EMCIA)

What is EMCIA?

Emergency MO HealthNet Care for Ineligible Aliens is a program under the Social Security Act that:

- provides coverage for emergency medical care of aliens who meet all eligibility requirements for a federally funded MO HealthNet program except citizenship/alien status.
- provides coverage for ineligible aliens only for the dates of the emergency medical care.

What is EMCIA?

An emergency medical condition is defined as follows:

- The medical condition must be one that manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
  - Placing the patient's health in serious jeopardy;
  - Serious impairments to bodily functions; or
  - Serious dysfunction of any bodily organ or part.
- All labor and delivery is considered an emergency medical condition.

What is EMCIA?

One of the requirements of all MO HealthNet programs is that the applicant must be a resident of Missouri.

Individuals in the United States as tourists or visitors are not eligible for this program as they would not meet the residence requirements.

When to Use EMCIA

- EMCIA coverage should be considered for ineligible aliens when they have an emergency situation and:
  - the individual is not eligible for PE; or
  - the individual is not eligible for regular MO HealthNet coverage.

NOTE: Women who apply for Show-Me Healthy Babies on or after the day their child is born are not eligible for SMHB coverage. They will need to apply for EMCIA.

NOTE: A larger number of EMCIA applications could occur with the change in regulation for PE requiring children and parent/caretaker relatives to be US citizens

How to Apply for EMCIA

- The individual should complete a regular MO HealthNet application (on-line, phone, or a paper application).
- FSD needs to know which person on the application needs emergency coverage and the dates of the emergency
- Medical records for the specific dates of service and other required verification may be requested.

How to Apply for EMCIA

- **Submit EMCIA applications and documentation:**
  - By email: FSD.MEDES@dss.mo.gov (Subject line – EMCIA); or
  - By fax: (573) 751-0282 (Attention to - EMCIA)

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PE Performance Standards

PE Performance Standards

- To remain a PE provider, the following performance standards must be met:
  - Check for existing MO HealthNet coverage prior to completing PE determination.
    - **Expectation**: Correct determination on 98% or more of applications
  - Check for receipt of PE within past 12 months, or current pregnancy (TEMP/SMHB)
    - **Expectation**: Correct determination on 98% or more of applications
  - Determine PE accurately.
    - **Expectation**: Correct determination on 95% or more of applications

PE Performance Standards

- Assist applicants in completing and submitting a full MO HealthNet application
  - **Expectation**: 90% of these application should be received prior to end date of PE period
- Full MO HealthNet applications submitted prior to end of PE period will be used to determine ongoing MO HealthNet eligibility.
  - **Expectation**: 95% of these applications should be approved for ongoing coverage

NOTE: Ongoing applications rejected because the applicant did not meet citizenship/qualified alien criteria or did not provide verification will not be used in this measurement.

PE Performance Standards

- The state has the authority to take corrective action against Qualified Entities, including termination from the PE program, if the QE does not follow state policies or does not meet established standards

PE Performance Standards

- If performance standards are not met:
  - QE receives notification from the Family Support Division (FSD)
  - QE submits a corrective action plan (CAP) for review by FSD
  - Upon approval of CAP, QE must implement and complete the CAP within a specified time frame
  - If QE does not submit a CAP accepted by Division or again fails to meet performance standard, QE may be disqualified as a PE qualified entity for the period of 3 years
  - If QE is disqualified, QE receives notice 30 days prior to disqualification
  - QE has 10 calendar days to submit a request for reconsideration to the department director
    - Reconsideration is within the discretion of the department director

Contact Information for Providers

- **Family Support Division (FSD) Program and Policy Unit for Eligibility Questions** COLE.MHNPOLICY@dss.mo.gov
- **To find or assign a DCN: (573) 751-9023 or send an email to FSD.MEDESIVR@dss.mo.gov**
- **FSD Information Center**: 855-373-4636 (available M-F 7:30 am – 5:30 pm)
- **Submitting PE determinations and documentation**
  - By email: FSD.MEDES@dss.mo.gov (Subject line – PE or Presumptive Eligibility)
  - By fax: (573) 751-0282 (Attention to - PE or Presumptive Eligibility)
- **Submitting EMCIA applications and documentation**
  - email: FSD.MEDES@dss.mo.gov (Subject line – EMCIA)
  - fax: (573) 751-0282 (Attention to - EMCIA)
- **Submitting Regular MO HealthNet applications and documentation:**
  - On-line - www.mydss.mo.gov
  - Telephone – (855) 373-9994
  - Paper application (IM-1SSL) in-person, by mail, or dropped off at a local office or resource center.
- **MO HealthNet Division (MHD) Provider Communications**: 573-751-2896
- **MHD Provider Participant page**: http://dss.mo.gov/mhd/providers/
  - (Benefit Matrix and Puzzled by the Terminology? are found on this page under General Information.
- **Provider Education Unit email**: MHD.PROVTRAIN@dss.mo.gov

Questions/Comments





If you have questions, please send them to: Cole.MHNPolicy@dss.mo.gov.

They will be answered and posted on the Department of Social Services website:

- https://mydss.mo.gov/
- Click on "Services" in the banner
- Click in the "Health Care" box
- Scroll down to "Additional Resources"
- Click on "Presumptive Eligibility (PE) Resources for Providers"