**QE PRESUMPTIVE ELIGIBILITY DETERMINATION WORKSHEET PE-2 Worksheet Instructions**

**PURPOSE:** The QE Presumptive Eligibility Determination Worksheet (PE-2 Worksheet) is used for the following:

1. Allows the Qualified Entity to compute the PE determination based on information from the PE-1SSL.
2. Informs the applicant and the FSD of the eligibility decision.
3. QE keeps the original copy of the eligibility decision for their own records.

**NOTE: Use one form for each individual applicant. If you have multiple applicants within the same household, a separate PE-2 Worksheet must be completed for each applicant.**

**NUMBER OF COPIES AND DISPOSITION:** Upon completion of the presumptive eligibility determination, a copy is given to any applicant who is NOT presumptively eligible. A copy must be sent to the FSD using one of the following methods:

* QE staff to the Provider Portal; or
* QE staff faxes to (573) 751-0282.

Maintain the original on file with QE's records.

**INSTRUCTIONS FOR COMPLETION:**

**Identifying Information Section:**

**Head of Household or Representative Legal Name:** Enter the name of the person representing the applicant as shown on the PE-1SSL. Always use full, legal names. Enter DCN if known. If you are unable to locate an individual’s DCN, you must include the following with your PE submission:

* Full, legal name
* Date of Birth
* Social Security Number (if they have one)
* Photo ID

**Applicant Legal Name:** Enter the applicants’ legal name and DCN if known. If DCN unknown, please follow instructions directly above as to what should be submitted.

**If applicant is pregnant, enter the estimated due date:** There must be an EDD to enter the PE coverage.

**Please check if a regular MO HealthNet application was submitted:** If a regular MO HealthNet application was completed, please check the method used: on-line, telephone, or paper IM-1SSL.

**Calculation for Household Size:**

Follow guidelines on chart to enter number of persons in each category and then total. Remember that the household size is based on who is shown as the applicant at the top of the form. Do not include individuals already counted on any other line.

**Questions A - G:**

Use the information provided on the PE-1SSL to complete this worksheet and determine eligibility. **Applicant statement is accepted for all factors.**

**A: Receipt of MO HealthNet benefits**

To determine if individual is receiving full MO HealthNet benefits, **check eMOMED**. Answer “NO” if applicant is not currently receiving Full MO HealthNet Benefits.

**NOTE**: If a person is receiving Uninsured Women's Health Services (ME89), Extended Women's Health Services (ME80), or Gateway to Better Health (ME 91) they are not considered to be receiving full MO HealthNet benefits. They may still be eligible for PE.

**B: Receipt of Presumptive Eligibility Benefits**

To determine if a child, parent/caretaker relative, or former foster care youth has received presumptive eligibility within the last 12 months, or if individual is pregnant, within the current pregnancy, **check eMOMED**. Answer “NO” if applicant has not received presumptive eligibility within the specified timeframes.

**ME Codes for PE:**

* ME05 with a Federal Grant Indicator of “7” PE for Parents or Caretaker Relatives
* ME58 Temporary MO HealthNet During

 Pregnancy

* ME87 PE for Children
* ME94 Show-Me Healthy Babies PE

**C: Residency**

To be eligible for PE, the applicant must attest that they are a Missouri resident.

**D: Parent/ Caretaker**

There must be a child in the household under the age of 19 that the parent/caretaker has care and control over.

# E: Citizenship or Lawfully Present

Citizenship and lawful presence must be self-attested for children and adults. Pregnant women do not need to answer this question. Non-citizens must be Lawful Permanent Residents with an entry date at least 5 years in the past.

# F: Former Foster Care Youth

 Determine all eligibility except for income. If eligible, submit PE-2 Worksheet and PE-3 to FSD.

**G: Breast and Cervical Cancer Treatment (BCCT):**

A Show-Me Healthy Women (SMHW) provider must determine eligibility for this category. Refer anyone suspecting they have breast of cervical cancer to a list of SMHW providers, found at:

<http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/providerlist/>

# H. Income Eligibility

1. Compute all earned income (wages and salary) to a monthly amount, according to the calculations addressed on the PE-2 WORKSHEET and using information provided on the PE-1SSL.
2. Add all earned income and enter total.
3. Enter net self-employment income (Monthly profit minus monthly expenses).
4. Enter a total of any monthly unearned income.
5. Total lines 2, 3, and 4.
6. If household indicated that they file federal income taxes and declared income tax deductions in section 4 of the PE-1SSL, enter one monthly amount.
7. Total of line 5 minus line six. This is their MAGI (Modified Adjusted Gross Income).
8. Enter the appropriate standard from Appendix A. Spaces are provided to enter standards for both TEMP and SMHB, if pregnant, to determine for which program they are eligible. Always determine for TEMP first and if not eligible, look at SMHB-PE.

The federal poverty levels normally increase on April 1st of each year. QEs will be notified of increases in the income limits.

**I. Standard**

If the standard for the appropriate assistance group size (H8) is more than income considered (H7) respond yes and mark the “ELIGIBLE” box in section J. If not, respond no, mark the “INELIGIBLE” box in section J, and select a reason.

**NOTE:** Make sure you use the income standard on Appendix A for the number of household members shown in the *Calculation for Household Size*.

**J. Decision**

* **ELIGIBLE**: Mark this box if all eligibility criteria are met.
* **INELIGIBLE:** Mark this box if any eligibility criteria are not met. Indicate the reason applicant is ineligible by checking the appropriate box.

**Ineligible reasons and which program(s) they may be used for:**

 **Key- PC PE for Children**

 **PW TEMP and SMHB-PE**

 **MHF-PE PE for Parent/Caretaker Relative**

 **FC PE for Former Foster Care Youth**

|  |  |
| --- | --- |
| **Ineligibility reason** | **Program(s) used for** |
| 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) | MHF-PE |
| Not a Missouri Resident (No es habitante de Missouri | All programs |
| Not a U.S. Citizen or qualified and eligible immigrant. **Do not use this reason if applicant is pregnant.** (No es ciudadano estadounidense ni immigrante calificado que cumpla con los requisitos) | PC, MHF-PE, FC |
| Individual not pregnant (La persona no está embarazada) | PW |
| Excessive income (Ingresos superiores al límite) | PC, PW, MHF-PE |
| Has active MO HealthNet (Cuenta con MO HealthNet activo) | All Programs |
| Individual is over age 19 (El individuo es mayor de 19 años) | PC |
| Received Presumptive Eligibility during the last 12 months. (Recibió Elegibilidad Presunta durante los últimos 12 meses) | PC, MHF-PE, FC |
| Received TEMP or SMHB-PE during current pregnancy (Recibió TEMP o SMHB durante el embarazo actual) | PW |
| Not eligible as a Foster Care Youth. (No cumple con los requisitos como joven en régimen de acogimiento familiar) | FC |

**QE Name:** This is the name of your facility.

Make sure there are signatures from a staff member and the applicant or their representative.

**If person is ineligible, the applicant will only receive a signed copy of the PE-2 Worksheet. QE should advise applicant they may want to apply for regular MO HealthNet coverage.**