**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 Presumptive Eligibility 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 the applicant and another copy is sent to the FSD using one of the following methods:

* QE staff scans and emails to [**FSD.MEDES@dss.mo.gov**](mailto:FSD.MEDES@dss.mo.gov)with “PE” in the

subject line; or

* QE staff faxes PE-2, PE-3, and any supporting documents to (573) 751-0282.

Maintain the original on file with QE's records.

**INSTRUCTIONS FOR COMPLETION:**

**Identifying Information Section:**

Enter the legal name of the person representing the applicant from the PE-1SSL. Avoid the use of nicknames, aliases, or initials. Enter DCN if known

Enter the applicants’ legal name and DCN if known. If applicant is pregnant, enter the estimated due date.

**NOTE:** If DCN is unknown or individual does not have a DCN, call the FSD Information Center (1-855-373-4636) to get one.

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

**Calculation for Household Size:**

Following guidelines on chart enter number of persons in each category and then total. Do not include individuals already counted on any other line.

**Questions:**

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 or call the FSD Information Center (1-855-373-4636). 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, 92, or 93) 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 individual has received presumptive eligibility within the last 12 months, or if pregnant, within the current pregnancy, check eMOMED or call the FSD Information Center (1-855-373-4636). Answer “NO” if applicant has not received presumptive eligibility within the specified timeframes.

**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.

**EXCEPTION:** If a parent is claiming a child as a dependent on their taxes, but do not live in the same residence as the child, the parent can apply for PE for Parent/ Caretaker Relatives.

# E: Citizenship

Citizenship must be self-attested for children and adults, but pregnant women do not need to answer this question.

# F: Former Foster Care Youth

Children’s Division must be contacted for eligibility in this category:

* <http://dss.mo.gov/cd/>; or
* (573) 522-8024

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

A Show-Me Healthy Women (SMHW) provider must determine eligibility for this category. SMHW providers may be found at:

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

# H. Income Eligibility

* 1. Compute family income according to the calculations addressed on the PE-2 WORKSHEET from information provided on the PE-1SSL.

8 Enter the appropriate standard from Appendix A. Spaces are provided to enter

standards for both TEMP and SMHB, if pregnant.

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 (F8) is more than income considered (F7) 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:** If the individual is pregnant enter the income standard for the household plus the number of unborn child(ren).

**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.

**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.**