

**MISSOURI DEPARTMENT OF SOCIAL SERVICES  
HOSPITAL PRESUMPTIVE ELIGIBILITY CHECKLIST  
HOSPITALS ONLY**

**PRIOR TO COMPLETING THE MEMORANDUM OF AGREEMENT, READ THE FOLLOWING TO DETERMINE IF YOUR FACILITY IS QUALIFIED TO MAKE HOSPITAL PRESUMPTIVE ELIGIBILITY DETERMINATIONS.**

**In order to determine Hospital Presumptive Eligibility (HPE) for any or all of the following programs:**

- **Presumptive Eligibility for Children (PC)**
- **Presumptive Eligibility for Pregnant Women which includes Temporary MO HealthNet for Women During Pregnancy (TEMP) AND Show-Me Health Babies Presumptive Eligibility (SMHB-PE)**
- **Presumptive Eligibility for Parent/Caretaker Relative (MHF-PE)**
- **Presumptive Eligibility for Former Foster Youth**
- **Presumptive Eligibility for the Adult Expansion Group**

**Each facility must meet ALL the following:**

- Participate as a provider under the Medicaid State Plan or a Medicaid 1115 Demonstration;
- Notify the Family Support Division (FSD) of your election to make Presumptive Eligibility determinations;
- Agree to make presumptive eligibility determinations consistent with state policies and procedures;
- Have not been disqualified by the FSD for failure to make presumptive eligibility determinations in accordance with state policies and procedures or for failure to meet any standards that were established in 13 CSR 40-7.050; **AND**
- Agree to assist individuals in:
  - completing and submitting a full MO HealthNet application; and
  - understanding any document requirements.

**If you meet all of the above requirements, send this checklist, along with the completed MOA to [Cole.MHNPolicy@dss.mo.gov](mailto:Cole.MHNPolicy@dss.mo.gov).**

**When your MOA is approved, you will be contacted by the Family Support Division to schedule training. Once training is completed you will be a Qualified Entity and authorized to make presumptive eligibility determinations.**