

**MISSOURI DEPARTMENT OF SOCIAL SERVICES
PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN CHECKLIST
CLINICS ONLY**

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

In order to determine Presumptive Eligibility (PE) for Temporary MO HealthNet During Pregnancy (TEMP) and Show-Me Health Babies Presumptive Eligibility (SMHB-PE) your clinic/facility must meet the following requirements referenced in the Social Security Act of 1920. Your facility is required to meet criteria listed in A, B, C and D (receives funds or participates in one of the items listed under each letter).

- A** **Provider is eligible for payments under a State plan approved under this subchapter,**
- B** **Provides services of the type described in subparagraph (A) or (B) of the Social Security Act Sections:**
- **1905(a)(2) -** (A) outpatient hospital services, (B) consistent with State law permitting such services, rural health clinic services (as defined in subsection (l)(1)) and any other ambulatory services which are offered by a rural health clinic (as defined in subsection (l)(1)) and which are otherwise included in the plan, and (C) Federally-qualified health center services (as defined in subsection (l)(2)) and any other ambulatory services offered by a Federally-qualified health center and which are otherwise included in the plan;
 - **or 1905(a)(9) -** clinic services furnished by or under the direction of a physician, without regard to whether the clinic itself is administered by a physician, including such services furnished outside the clinic by clinic personnel to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address;
- C** **Is determined by the State agency to be capable of making determinations of the type described in paragraph (1)(A), and**
- D** **(i) Receives funds under -**
- (I) section 330 or 330A of the Public Health Service Act
 - (II) title V of this Act, or
 - (III) title V of the Indian Health Care Improvement Act
- (ii) Participates in a program established under -**
- (I) section 17 of the Child Nutrition Act of 1966, or
 - (II) section 4(a) of the Agriculture and Consumer Protection Act of 1973;
- (iii) Participates in a State perinatal program; or**
- (iv) Is the Indian Health Service or is a health program or facility operated by a tribe or tribal Organization under the Indian Self-Determination Act (Public Law 93-638).**

If you meet one of the above requirements, send this checklist, along with the completed MOA to 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.