

**MISSOURI DEPARTMENT OF SOCIAL SERVICES
PRESUMPTIVE ELIGIBILITY FOR
PARENT/CARETAKER RELATIVE,
FORMER FOSTER CARE YOUTH AND
ADULT EXPANSION GROUP CHECKLIST**

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

In order to determine Presumptive Eligibility for the following programs:

- **Presumptive Eligibility for Parent/Caretaker Relative (MHF-PE);**
- **Presumptive Eligibility for Former Foster Care Youth (FFCY-PE); and**
- **Presumptive Eligibility for the Adult Expansion Group (MHF-PE)**

Facility must meet ALL of 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.

Please indicate which type of facility you are:

FQHC (Federally Qualified Health Center)

RHC (Rural Health Center)

CMHC (Community Mental Health Center)

CSTAR (Comprehensive Substance Treatment and Rehabilitation)

If you meet all 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 receive training. Once training is completed you will be a Qualified Entity and authorized to make presumptive eligibility determinations.