



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
**TEMP ELIGIBILITY DETERMINATION**

NAME (LAST, FIRST, MIDDLE)	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	
ADDRESS	COUNTY	DATE OF BIRTH	RACE

<b>APPLICANT COMPLETE THIS SECTION</b>	<b>QUALIFIED PROVIDER USE ONLY</b>
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1. Do you live in Missouri?  YES  NO
2. Are you currently receiving MO HealthNet benefits?  YES  NO
3. For each question below enter the number of persons. The first question has been answered for you.
  - a. Yourself and the child you are carrying 2
  - b. Enter 1 if father of this child lives with you \_\_\_\_\_
  - c. Enter number of your children under 18 who live with you \_\_\_\_\_
  - d. If you are under 18 and live with your parent(s), count your parent(s) and your brothers and sisters under 18 who live with you and enter that number here \_\_\_\_\_
4. In the two questions below, include all income of all the persons counted in question #3.
  - a. Total monthly earned income (Example: Wages before deductions, self-employment income, etc.) \$ \_\_\_\_\_
  - b. Total monthly unearned income (Example: Social Security, Unemployment Compensation, etc.) \$ \_\_\_\_\_
5. Child care necessary for employment. Amount you pay each month. \$ \_\_\_\_\_

I certify that I have provided true and accurate information about my family and income.

- I understand the following:
- This is a determination for temporary MO HealthNet benefits only for health care related to my pregnancy. It does not cover any services I receive as an inpatient in a hospital.
  - If I am not found eligible for these temporary MO HealthNet benefits, I can still apply for MO HealthNet for Pregnant Women with Family Support Division.
  - If I am found eligible, I will receive temporary MO HealthNet from this date through the last day of next month. I can obtain benefits from any MO HealthNet provider of covered services.
  - If I file a formal application for MO HealthNet for Pregnant Women with the Family Support Office by the last day of next month, my temporary benefits may be extended while my application is being processed.
  - If I do not file a formal application for MO HealthNet for Pregnant Women with the Family Support Office by the last day of next month, my temporary benefits will end on that last day.

- A. If answer to question 1. is No, applicant NOT Eligible.
- B. If answer to question 2. is Yes, applicant NOT Eligible.
- C. Pregnancy verified  YES  NO  
 Expected delivery date \_\_\_\_\_  
 If no, applicant not eligible
- D. STANDARD (Look up and enter standard for number of persons reported in Question 3.) \$ \_\_\_\_\_
- Compute Household Income
- E. Add Line 4a plus 4B and enter total \$ \_\_\_\_\_
- F. If family has earned income, add \$90 to line 5 and enter total \$ \_\_\_\_\_
- G. Subtract F. from E. and enter remainder = HOUSEHOLD INCOME \$ \_\_\_\_\_
- H. Is STANDARD more than HOUSEHOLD INCOME  YES  NO  
 If yes, income guidelines are met.  
 If no, applicant not eligible.

**DECISION:**

- ELIGIBLE**
- I verify that the above named person has a medically verified pregnancy and based on the information provided she qualifies for Temporary MO HealthNet through the last day of the month following the month of this eligibility determination. I have informed her of the requirement to apply for additional medical assistance with the county office of the Family Support Division by the last day indicated on her temporary MO HealthNet card (QP-2). I will give her a Temporary MO HealthNet ID Card (QP-2) which she can use for ambulatory prenatal care services through the last day of the month following the month of her eligibility determination.
- NOT ELIGIBLE**
- I have determined that the above named person is not eligible for Temporary MO HealthNet benefits for the following reason(s):
- She is not a Missouri resident.
  - She has a current MO HealthNet card
  - I cannot verify her pregnancy
  - She does not qualify under the income guidelines.

QUALIFIED PROVIDER NAME		QP NUMBER	
COMPLETED BY (NAME)			
SIGNATURE	DATE	TITLE	DATE

## TEMPORARY MEDICAID DURING PREGNANCY PROGRAM (TEMP)

CHECKLIST FOR MC+ HEALTHCARE APPLICANTS: To the Medicaid Applicant:

To find out if you are eligible for continued healthcare benefits that will pay for hospitalization, delivery, and other medical benefits for up to 60 days after delivery, you must file a formal MC+ application with the Family Support Division. If you file the formal application during the period shown on your Temporary Medicaid ID card, your temporary Medicaid eligibility can be extended until your application is processed.

Bring the following items listed below, if they are available, when you file your application with the Family Support Division. **If any of these items is not readily available, do not delay making application. You should make application anyway** and plan how to get the items with your caseworker. You may be required to provide additional information.

- **TEMPORARY MEDICAID ID CARD**
- **SOCIAL SECURITY CARDS** for every family member who has one
- **BIRTH CERTIFICATES** for every child who was not born in Missouri
- **MARRIAGE LICENSE(S), DIVORCE DECREE(S)** if applicable
- **MEDICAL INSURANCE VERIFICATION** such as policies, ID cards
- **INCOME VERIFICATION** for every household member; such as: paycheck stubs, letter from employer, last income tax return if self-employed, award letters if receiving Social Security, Veteran's Benefits, SSI, etc.

When you apply with the Family Support office, request application for the **MC+ For Pregnant Women (MPW)** program.

You may also request application for:

**Food Stamps** provides benefits to purchase nutritional foods for the household. These benefits will help you stretch your monthly income.

**Temporary Assistance (TA)** provides money to parents and children who are in need.

**Medical Assistance for Families (MAF)** provides medical assistance to parents and children who are in need.

**MC+** provides medical assistance for uninsured children up to 300% of the federal poverty income level. It covers insured children under age one at 185% of the federal poverty income level; under the age of six years at 133% of the poverty income level and for children six years of age up to age 19 at 100% of the federal poverty income level.

**General Relief** provides money and medical assistance if you are determined unemployable.

If your health care provider did not inform you about the **Women, Infants and Children (WIC) program** through your local Health Department, ask your caseworker about this program. It can provide you with free eggs, milk, and cheese and can help you plan healthy meals for you and your family. It can also provide free infant formula once your baby is born.

## INSTRUCTIONS TO THE QUALIFIED PROVIDER

**INSTRUCTIONS FOR COMPLETION:** Have the applicant complete the Identifying Information Section and the Applicant Section of the form. If the applicant is unable to complete the form, you may complete it with the information she provides.

**Identifying Information Section:** Advise the applicant to use her full legal name, including first name, middle name, and surname. Avoid the use of nicknames, aliases, or initials. Review this section to be sure the information is complete. If the applicant does not indicate her race, complete this field based on your observation.

**Applicant Section:** Make sure the applicant has answered yes or no to the first two questions.

Review questions 3 through 5 with the applicant.

3. Discuss the number listed for each question to be sure it is accurate. The number "2" is already listed for the mother and her unborn child. If it is medically verified there is more than one unborn child, change this number to include the additional unborn child(ren). If she is under age 18 and lives with her parents, be sure she has included her parents and siblings under 18 who live in the home in the count.

Only certain people in the household can be included in the count. Those people are identified by the manner in which the household questions on the form are asked. Unrelated people (with the exception of the unborn child's father) are not included. Related household members included are limited to parents of applicants under 18, other children (under age 18) of the applicant, and siblings (under age 18) of the applicant who is under 18 and living with her parents. Grandparents of the applicant are not included. Make sure the applicant has not included household members who are not specifically addressed in the questions.

4. Discuss the source and frequency of the income listed for this question. Make sure the applicant has given the statement of gross income as a MONTHLY figure and the gross income of all persons in question #3 is included.

5. Discuss the amount and frequency of the child care payments listed. Make sure the applicant has given the statement of child care expenses as a MONTHLY figure.

**NOTE:** The Family Support Division converts income received or expenses paid weekly to a monthly figure by multiplying times 4.333. Income received or expense paid every two weeks is converted to a monthly figure by multiplying times 2.166. You may also use this method to help TEMP applicants convert income and expenses to monthly figures.

Have the applicant read the information between the last question and the signature line. Read and review the information with her to be sure she understands.

Have the applicant sign and date the form.

**Provider Use Only Section:** Use the information the applicant provided in the applicant Section to determine eligibility in this section.

A. Review Question #1 from the Applicant Section, "Do you live in Missouri?" If the answer is "No," the applicant is NOT eligible for TEMP. Proceed to the Decision Section.

B. Review Question #2 from the Applicant Section. "Do you have a current MC+ or Medicaid card?" If the answer is "Yes," the applicant is NOT eligible for TEMP. Proceed to the Decision Section

C. PREGNANCY VERIFIED? If the answer is "Yes," enter the expected delivery date. If the answer is "No," the applicant is NOT eligible for TEMP. Proceed to the Decision Section.

D. INCOME STANDARD: From the chart provided, find the income standard for the appropriate household size. The household size is based on the number of persons the applicant reported in question 3 of the Applicant Section (and your discussion with her).

E. Add lines 4a and 4b from the Applicant Section and enter the result here.

F. If earned income was claimed in question 4a, add \$90 to the amount claimed on line 5 and enter the result here.

G. HOUSEHOLD INCOME: Subtract line F from line E, and enter the result here.

H. IS STANDARD MORE THAN HOUSEHOLD INCOME? Enter "yes" if D is greater than G. Enter "no" if G is greater than D. If "Yes," the applicant is income eligible for TEMP. If "No," the applicant is NOT eligible for TEMP based on income.

**Decision Section:** Review questions 1 through 6.

If applicant meets all points of eligibility, place an "X" in the box marked "Eligible." Inform the applicant that for Medicaid coverage to continue beyond the date shown on her Temporary Medicaid card, she must apply for a formal determination of MC+ eligibility with her local DFS office by the last day of the month following the month of her TEMP determination.

If applicant fails to meet one or more points of eligibility, place an "X" in the box marked "Not Eligible." Place an "X" in the box which corresponds to the reason for ineligibility. Inform the applicant she can contact her local FSD office for a formal determination of MC+ eligibility.

**PROVIDER NAME AND QP#:** Enter the facility name and Medicaid provider number.

**COMPLETED BY:** Sign the form, and enter the date and your title. **NOTE:** The person completing this determination must be one identified in the Provider Agreement who has attended required training sessions.

**TEMPORARY MEDICAID CARD:** If your decision indicated the applicant is TEMP eligible, complete a Temporary Medicaid Card for the applicant. See Temporary Medicaid Card Instructions.