

## MO HealthNet Eligibility for Persons who are Aged (age 65 and over), Blind, or Disabled, or Need Treatment for Breast or Cervical Cancer

PROGRAM	SERVICES	ELIGIBILITY REQUIREMENTS
MO HealthNet for the Aged, Blind, and Disabled (MHABD) Non-Spenddown	MO HealthNet Covered Services	<ul style="list-style-type: none"> <li>• Social Security Number</li> <li>• Live in Missouri</li> <li>• US Citizen or Eligible Qualified Non-Citizen</li> <li>• Elderly (65 and over), Blind or Permanently and Totally Disabled</li> <li>• Available resources for elderly and disabled: Individual - less than \$1000 Couple - \$2000 or less</li> <li>• Real and Personal Property for blind: Individual - \$2000 or less Couple \$4000 or less</li> <li>• Net Income limit for Elderly and Disabled, 85% of the federal poverty level: Individual - \$768, Couple - \$1,033</li> <li>• Net Income limit for Blind, 100% of the federal poverty level: Individual - \$903, Couple - \$1,215</li> </ul>
MO HealthNet for the Aged, Blind, and Disabled (MHABD) Spenddown	MO HealthNet Covered Services that exceed the spenddown amount.	<ul style="list-style-type: none"> <li>• All eligibility requirements are the same as MHABD non-spenddown, except there is no income maximum.</li> <li>• Each month meet a spenddown equal to the amount by which income exceeds the non-spenddown limit. The spenddown may be met by incurring medical expenses or paying in to MO HealthNet Division.</li> </ul>

PROGRAM	SERVICES	ELIGIBILITY REQUIREMENTS
MO HealthNet Vendor Payments for care in a Nursing Facility, Institution for the Mentally Retarded, State Mental Hospital (age 65 or older), or Psychiatric Hospital (under age 22)	MO HealthNet covered services including payment to the nursing facility above the amount the resident is expected to pay.	<ul style="list-style-type: none"> <li>• Requires nursing facility, IMR, or MHC level of care.</li> <li>• A resident is expected to pay all available income, except for medical insurance premiums and a \$30 monthly personal needs allowance, to the nursing facility. However, allotment of income may allow for some or all of that spouse's income to be allotted to the community spouse or certain dependents.</li> <li>• Can't transfer property without receiving fair and valuable consideration, with some exceptions.</li> <li>• All other eligibility requirements are the same as MHABD non-spenddown, except that for a married couple (unless both institutionalized) available resources must be less than \$1000 after Division of Assets.</li> </ul>
Division of Assets (Prevention of Spousal Impoverishment)	Division of Assets provides a way to set aside a portion of a married couple's assets when one spouse enters a nursing facility and the other spouse remains in the community. It also applies when one spouse is eligible under HCB criteria.	<ul style="list-style-type: none"> <li>• Married couple</li> <li>• A spouse resides in a hospital or nursing facility that is licensed as a skilled or ICF for at least 30 days and the other spouse resides in the community</li> <li>• The minimum spousal share of assets is \$21,912.00</li> <li>• The maximum spousal share of assets is \$109,560.00 unless higher amount is set by an administrative hearing or court decision.</li> </ul>
Elderly and Disabled Home and Community Based Waiver Program (HCB)	MO HealthNet covered services.	<ul style="list-style-type: none"> <li>• Age 63 or over</li> <li>• Require nursing facility level of care &amp; certification by Dept. of Health and Senior Services to receive HCB waiver services</li> <li>• Maximum income limit of \$1,178.00 for person needing HCB (adjusted annually)</li> <li>• Can't transfer property without receiving fair and valuable consideration, with some exceptions</li> </ul> <p>All other eligibility requirements are the same as MHABD non-spenddown, except that for a married couple available resources must be less than \$1000 after Division of Assets.</p>

<b>PROGRAM</b>	<b>SERVICES</b>	<b>ELIGIBILITY REQUIREMENTS</b>
Missouri Children with Developmental Disabilities (Sara Lopez) Waiver	MO HealthNet covered services	<ul style="list-style-type: none"> <li>• Under age 18</li> <li>• US Citizen or Eligible Qualified Non-Citizen</li> <li>• Live in Missouri</li> <li>• Social Security Number</li> <li>• Certified by Dept. of Mental Health to receive waiver services</li> <li>• Child's income cannot exceed \$1,178.00 per month</li> <li>• Available resources of child must be less than \$1,000</li> </ul>
Supplemental Nursing Care	Pays a monthly cash grant to eligible persons residing in a licensed residential care facility (RCF – maximum grant \$156, ALF/RCF II – maximum grant \$292), or non-Medicaid ICF/SNF – (maximum grant \$390). A \$30.00 personal needs allowance. MO HealthNet covered services.	<ul style="list-style-type: none"> <li>• Age 21 or over</li> <li>• Income less than facility's base rate</li> <li>• If in Non-MO HealthNet ICF/SNF must need nursing facility level of care to receive highest grant.</li> <li>• All other eligibility requirements are the same as MHABD non-spenddown.</li> </ul>
Blind Pension	Monthly cash grant of \$651  State funded medical assistance which provides most MO HealthNet covered services.	<ul style="list-style-type: none"> <li>• US Citizen or Eligible Non-Citizen</li> <li>• Live in Missouri</li> <li>• Cannot be eligible for or receiving SSI</li> <li>• Must be 18 or older</li> <li>• Have total property less than \$20,000 (homestead is exempt)</li> <li>• Meet the state definition of blindness.</li> </ul>
Supplemental Aid to the Blind	MO HealthNet covered services  Monthly cash grant of \$651 less any SSI received	<ul style="list-style-type: none"> <li>• US Citizen or Eligible Qualified Non-Citizen</li> <li>• Live in Missouri</li> <li>• Social Security Number</li> <li>• Must apply for or receive SSI</li> <li>• Must be 18 or older</li> <li>• Have available resources that do not exceed \$2,000 if single, \$4,000 if married</li> <li>• Income of blind individual less than \$728.00 a month</li> <li>• Meet the state definition of blindness.</li> </ul>

PROGRAM	SERVICES	ELIGIBILITY REQUIREMENTS
MO HealthNet based on Section 1619 (a) of the Social Security Act	MO HealthNet covered services	<ul style="list-style-type: none"> <li>• 1619 Status is determined by the Social Security Administration.</li> <li>✓ Must continue to be blind or disabled.</li> <li>✓ Continue to meet all SSI requirements other than earnings and receive SSI.</li> <li>✓ Have earnings above substantial gainful activity amount but below federal benefit rate (SSI maximum grant).</li> </ul> <p>Must have received MO HealthNet in the month prior to gaining 1619 status.</p>
MO HealthNet based on Section 1619 (b) of the Social Security Act	MO HealthNet covered services	<ul style="list-style-type: none"> <li>• 1619 status is determined by the Social Security Administration.</li> <li>✓ Must continue to be blind or disabled</li> <li>✓ Must continue to meet all SSI requirements other than earnings.</li> <li>✓ Not have sufficient earnings to replace SSI cash benefits, MO HealthNet benefits and publicly-funded personal or attendant care that would be lost due to the persons earnings. A threshold of \$2,573 is utilized, but an individualized threshold can be calculated if earnings exceed \$2,573.</li> <li>• Must have received MO HealthNet in the month prior to gaining 1619 status.</li> </ul>
MO HealthNet for Women receiving Breast or Cervical Cancer Treatment	All MO HealthNet Covered Services. Coverage is NOT limited to cancer treatment.	<ul style="list-style-type: none"> <li>• Social Security Number</li> <li>• Live in Missouri</li> <li>• US Citizen or Eligible Qualified Non-Citizen</li> <li>• Under age 65</li> <li>• Screened for breast or cervical cancer by Missouri's Show Me Healthy Women (SMHW) Program (Note: The SMHW Program has income limits that must be met to get the screening.)</li> <li>• Need treatment for breast or cervical cancer</li> <li>• Uninsured or has health insurance that does not cover breast or cervical cancer treatment</li> </ul>

<b>PROGRAM</b>	<b>SERVICES</b>	<b>ELIGIBILITY REQUIREMENTS</b>
QMB – Qualified Medicare Beneficiary	<p>Pays Medicare Part B premium, in some cases Part A</p> <p>Pays co-payments and deductibles for Medicare approved services.</p>	<ul style="list-style-type: none"> <li>• US Citizen or Eligible Qualified Non-Citizen</li> <li>• Live in Missouri</li> <li>• Social Security Number</li> <li>• Must be receiving Part A Medicare</li> <li>• Have available resources less than \$4,000 if single, \$6,000 for a couple</li> <li>• Monthly income does not exceed 100% of FPL</li> </ul>
SLMB – Specified Low Income Medicare Beneficiary	Pays Medicare Part B Premium only.	<ul style="list-style-type: none"> <li>• Same as QMB, except monthly income does not exceed 120% of FPL.</li> </ul>
QI – 1 Qualifying Individual	Pays Medicare Part B Premium only.	<ul style="list-style-type: none"> <li>• Same as QMB, except monthly income does not exceed 135% of FPL.</li> </ul>
Qualified Disabled and Working Individuals (QDWI)	Pays Medicare Part A Premium only.	<ul style="list-style-type: none"> <li>• QDWI status is determined by the Social Security Administration <ul style="list-style-type: none"> <li>✓ Under age 65</li> <li>✓ Lost free Medicare Part A due to employment</li> <li>✓ Remain disabled</li> </ul> </li> <li>• Enrolled in Medicare Part A</li> <li>• Monthly income does not exceed 200% of FPL.</li> <li>• Have available resources less than \$4,000 if single, \$6,000 for a couple</li> <li>• US Citizen or Eligible Qualified Non-Citizen</li> <li>• Live in Missouri</li> <li>• Social Security Number</li> </ul>

PROGRAM	SERVICES	ELIGIBILITY REQUIREMENTS
Ticket to Work Health Assurance (TWHA) Program	MO HealthNet covered services	<ul style="list-style-type: none"> <li>• Eligibility requirements are the same as MHABD with some exceptions noted below.</li> <li>• Age 16 through age 64.</li> <li>• Employed with Social Security and Medicare taxes withheld.</li> <li>• Exclude medical savings accounts and independent living accounts for the participant up to \$5,000/year each and earnings on such deposits.</li> <li>• Gross Income limit for TWHA is 300% of FPL Individual - \$2,708.00, Couple - \$3,643.00</li> <li>• Net Income limit for TWHA is 85% of FPL: Individual - \$768, Couple - \$1,033</li> <li>• The following are disregarded when determining net income limit for TWHA: <ul style="list-style-type: none"> <li>• All earned income of the disabled worker.</li> <li>• The first \$65 and one-half of the remaining earned income of a non-disabled spouse's earned income.</li> <li>• A twenty dollar standard exemption.</li> <li>• Health insurance premiums.</li> <li>• A seventy-five dollar a month standard deduction for the disabled worker's dental and optical insurance when the total dental and optical insurance premiums are less than seventy-five dollars. If the total dental and optical insurance premiums exceed \$75, allow the actual premium.</li> <li>• All Supplemental Security Income (SSI) payments received.</li> <li>• The first fifty dollars (\$50.00) of the disabled worker's SSDI payments.</li> <li>• A standard deduction for impairment-related employment expenses equal to one-half of the disabled worker's earned income. The disabled worker is entitled to this deduction even if the earned income is excluded from the gross income test as sheltered workshop income.</li> </ul> </li> </ul>

--	--	--