

Family Healthcare Programs

PROGRAM	SERVICES	ELIGIBILITY REQUIREMENTS
<p>1. Title: MO HelthNet for Kids</p> <p>Note: This description includes both SCHIP and non-SCHIP children. SCHIP children are those with net family income above the following:</p> <ul style="list-style-type: none"> • 185% FPL for children under age 1 • 133% FPL for ages 1- 5 • 100% FPL for ages 6 –18. 	<p>Healthcare coverage for children under 19 years of age. Coverage is provided through a Managed Care plan in some counties.</p> <p>SCHIP children whose gross income is over 150% FPL are not eligible for non-emergency medical transportation.</p>	<p>Under 19. SSN. Live in Missouri. US Citizen/Eligible Qualified Non-Citizen. Parent cooperates in obtaining medical support. Gross family income less than 300% of Federal Poverty Level (FPL) for household size. Children with net family income above the following must be uninsured:</p> <ul style="list-style-type: none"> • 185% FPL for children under age 1 • 133% FPL for ages 1- 5 • 100% FPL for ages 6 –18. <p>Children in families with gross income over 150% FPL cannot have access to affordable health insurance (\$69 to \$172/mo), family net worth must be less than \$250,000 and the family must pay a monthly premium based on family size and income. (The Premium schedule changes yearly July 1.)</p>
<p>2. Title: MO HealthNet for Families (MHF)</p>	<p>Healthcare coverage for families with income that does not exceed the July 16, 1996 AFDC (current Temporary Assistance) income limits. Coverage is provided through a Managed Care plan in some counties.</p>	<p>Eligible child under 19 in the home. SSN. Live in Missouri. US Citizen/Eligible Qualified Non-Citizen. Cooperate in obtaining medical support for the children. Net family income does not exceed the income limit for household size</p>
<p>3. Title: MO HealthNet for Pregnant Women</p>	<p>Healthcare coverage during pregnancy plus 2 months of postpartum following the month the pregnancy ends. Coverage is provided through a Managed Care plan in some counties.</p>	<p>Verified Pregnancy. SSN. Live in Missouri. US Citizen/Eligible Qualified Non-Citizen. Net family income does not exceed 185% FPL for household size (including unborn child).</p>
<p>4. Title: Extended Women’s Health Services</p> <p>Note: This is a section 1115 waiver group.</p>	<p>Up to 12 months of women’s health services for women who lose MO HealthNet healthcare coverage two months after a pregnancy ends. Coverage is limited to family planning, and testing and treatment of sexually transmitted diseases.</p>	<p>Received MO HealthNet coverage due to pregnancy. Uninsured.</p>

PROGRAM	SERVICES	ELIGIBILITY REQUIREMENTS
<p>5. Title: Uninsured Women's Health Services</p> <p>Note: This is a section 1115 waiver group.</p>	<p>Healthcare coverage for women's health services to uninsured women ages 18 up to but not including age 55. Coverage is limited to family planning and testing and treatment of sexually transmitted diseases.</p>	<p>An uninsured woman who is 18 up to but not including age 55. SSN. Live in Missouri. US Citizen/Eligible Qualified Non-Citizen. Net family income that does not exceed 185% FPL for household size. Available resources that do not exceed \$250,000. No access to employer-sponsored insurance.</p>
<p>6. Title: MO HealthNet for newborns</p>	<p>Healthcare coverage through age 1. Coverage is provided through a Managed Care plan in some counties.</p>	<p>Mother was eligible for and received MO HealthNet when child was born. Newborn remains in mother's home.</p>
<p>8. Title: Transitional MO HealthNet</p>	<p>Provides healthcare coverage to a family for up 12 months, after the closing of MHF case. Coverage is provided through a Managed Care plan in some counties.</p>	<p>Received MHF 3 of last 6 months preceding ineligibility. Become ineligible for MHF due to employment, earned income, or loss of earned income disregards. Child under 19 in the home. Return quarterly reports to be eligible for the second 6 months. To be eligible for months 7 through 12, earned income minus childcare costs cannot exceed 185% FPL for household size.</p>
<p>9. Title: Extended MHF for Child Support Closings</p>	<p>Provides healthcare coverage to a family for 4 months, after the closing of MHF case due to increased child support. Coverage is provided through a Managed Care plan in some counties.</p>	<p>Received MHF 3 of last 6 months preceding ineligibility. Become ineligible for MHF due to receipt of or increased income from child support or alimony.</p>
<p>10. Title: Refugee Medical Assistance</p>	<p>Up to 8 months of healthcare coverage for recipients of the Refugee Assistance program. Coverage is provided through a Managed Care plan in some counties.</p>	<p>Admitted to U.S. as a refugee, an asylee, or a similar status. Eligibility is limited to the first 8 months in the United States. Ineligible for other MO HealthNet categories. SSN. Live in Missouri. Available resources of \$1000 or less. If net income exceeds the Temporary Assistance limit for household size, must incur medical expenses to spenddown the limit. If an increase in earnings causes ineligibility, healthcare coverage continues until the end of the 8 month time limit.</p>