

MO HealthNet Eligibility for Non-MAGI Programs

Program	Services	Monthly income limits	Resource limits	Main eligibility requirements (some programs may have others not listed)
MO HealthNet Non-Spend Down (MHNS)	MO HealthNet covered health services	Individual: Elderly or disabled - \$1,109 Blind - \$1,305 Couple: Elderly or disabled - \$1,499 Blind - \$1,763	Individual \$6,068.80 Couple: \$12,137.55	<ul style="list-style-type: none"> • U.S. citizen or qualified non-citizen • Live in Missouri • Have a Social Security number • Be elderly (65 and over), permanently and totally disabled, or blind • Have countable resources below the limits, some resources are excluded.
MO HealthNet Spend Down (MHSD)	MO HealthNet covered health services, once you have met your monthly spend down amount	Individual and couple: No income limit, but you must spend down your income below the amount listed for non-spend down (above).	Individual \$6,068.80 Couple: \$12,137.55	<ul style="list-style-type: none"> • Eligibility requirements are the same as MHNS, except there is no income limit. Instead, a covered individual or couple must spend down their monthly income to the stated limit for any month they want MO HealthNet coverage.
Ticket to Work Health Assurance (TWA) Program	MO HealthNet covered services	Individual: \$3,913 Couple: \$5,288 (300% of FPL) Not all income is counted. Income disregards are outlined in eligibility requirements.	Individual: \$6,068.80 Couple: \$12,137.55 Not all resources are counted. All retirement accounts are excluded. FSD may exclude certain health savings accounts and independent living accounts.	Eligibility requirements are the same as MHNS with these exceptions: <ul style="list-style-type: none"> • Age 16 through age 64 • Employed with Social Security and Medicare taxes withheld • To determine income below 250% FPL disregard: <ul style="list-style-type: none"> ○ First \$50,000 of non-disabled spouse's annual income ○ \$20 standard exemption ○ Health insurance premiums ○ All SSI Payments ○ \$50 of the disabled worker's SSDI payments

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				<ul style="list-style-type: none"> ○ \$75 a month standard deduction for the disabled worker's dental and optical insurance. ○ A standard deduction for impairment-related employment expenses equal to one-half of the disabled worker's earned income. ● Only earned income between 250%-300% FPL of the disabled worker is disregarded.
MO HealthNet for Disabled Children (MHDC)	MO HealthNet covered services	<p>Individual: \$1,109</p> <p>Will be eligible for MO HealthNet Spend Down for Disabled Children (MHDC spend down) if the income exceeds this amount.</p>	<p>Individual: \$6,068.80</p> <p>Child living with 1 parent: \$6,068.80</p> <p>Child living with 2 parents: \$12,137.55</p>	<ul style="list-style-type: none"> ● U.S. citizen or qualified non-citizen ● Live in Missouri ● Have a Social Security number ● Be under age 18 ● Be permanently and totally disabled, or blind ● Have countable resources below the limits, some resources are excluded. ● If living with a parent(s), parent's resources are included as available to the disabled child, excluding retirement accounts. ● If living with a parent, a portion of the parent's income is counted as available to the disabled child and will be deemed to the child when exploring eligibility. ● If the child's income and parent's deemed income exceeds the limit, they must spend down their monthly income to the limit for any month they want MHDC.

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Qualified Medicare Beneficiary (QMB)	Pays Medicare Part B premium, in some cases, Part A Pays co-payments and deductibles for Medicare services	Individual: \$1,305 Couple: \$1,763	Individual: \$9,950 Couple: \$14,910	<ul style="list-style-type: none"> Income under 100% of FPL U.S. citizen or qualified non-citizen Live in Missouri Have a Social Security number Receiving Part A Medicare
Specified Low Income Medicare Beneficiary (SLMB)	Pays Medicare Part B premium only	Individual: \$1,565 Couple: \$2,115	Individual: \$9,950 Couple: \$14,910	<ul style="list-style-type: none"> Income under 120% of FPL Same as QMB, other than income and resource limits
Specified Low Income Medicare Beneficiary (SLMB2) or Qualifying Individual (QI-1)	Pays Medicare Part B premium only	Individual: \$1,761 Couple: \$2,380	Individual: \$9,950 Couple: \$14,910	<ul style="list-style-type: none"> Income under 135% of FPL Same as QMB, other than income and resource limits
Supplemental Nursing Care (SNC)	MO HealthNet covered services and a monthly cash grant to people who live in a licensed residential care facility: <ul style="list-style-type: none"> Residential Care Facility – \$156 Assisted Living Facility or Residential Care Facility II – \$292 Non-Medicaid Intermediate Care Facility or Skilled Nursing Facility – \$390 	Individual: Income less than the facility's base rate Couple: SNC income test is calculated for each participant, regardless of marital status	Individual: \$6,068.80 Couple: \$12,137.55	<ul style="list-style-type: none"> Age 21 or older Income less than facility's base rate Grant amount paid is the facility base rate less than participant's income up to the maximum grant amount If in a Non-Medicaid Intermediate Care Facility or Skilled Nursing Facility, the covered person must need nursing facility level of care as determined by Department of Health and Senior Services to receive the highest grant All other eligibility requirements are the same as MHNS.

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Vendor Care in a: <ul style="list-style-type: none"> Nursing facility Institution for the intellectually disabled State mental hospital (if age 65 or older) Psychiatric hospital (if under age 22) 	MO HealthNet covered health services, including payment to the facility, institution, or hospital for the amount beyond what the covered person is expected to pay	Institutionalized participants must pay all available income for cost of care, except for: <ul style="list-style-type: none"> a \$50 needs allowance medical insurance premiums court ordered child support dependent allotments 	Individual: \$6,068.80 Couple: \$12,137.55, if both are institutionalized or Division of Assets (see bottom of chart for Division of Assets information)	<ul style="list-style-type: none"> Requires care in a facility, institution, or hospital as listed in column 1 Eligibility requirements are the same as for MHNS, except resources (see bottom of chart for Division of Assets information) Can't transfer resources without receiving money or other resources with a comparable value, with some exceptions Note: Allotment of income is a process that may allow some or all of the institutionalized person's income to be given to their spouse or certain dependents.
Home and Community Based services (HCB) waiver	MO HealthNet covered health services	Individual: \$1,737 Couple: HCB income test is calculated individually, regardless of marital status.	Individual: \$6,068.80 Couple: \$12,137.55 if both are eligible for HCB or Division of Assets	<ul style="list-style-type: none"> Age 63 or over. Requires nursing facility level of care and in-home services as determined by Department of Health and Senior Services (DHSS) Income limit of \$1,737 for each person Can't transfer property without receiving money or other resources with a comparable value, with some exceptions. Eligibility requirements are the same as for MHNS, except resources.

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Blind Pension (BP)	MO HealthNet covered services and a monthly cash grant of \$917	Individual: N/A Couple: Sighted spouse's income must be less than \$8,813 a month (500% of Federal Poverty Level, or FPL)	Individual or couple: \$29,999 (the home you own and live in is exempt)	<ul style="list-style-type: none"> • Age 18 or older • U.S. citizen or qualified non-citizen • Live in Missouri • Have a social security number • Meet the state definition of blindness • Cannot be eligible for or receiving Supplemental Security Income (SSI) • Surrender driver license and not operate a motor vehicle
Supplemental Aid to the Blind (SAB)	MO HealthNet covered services and a monthly cash grant of \$917 (minus any SSI the covered person receives)	Individual: \$1,073 Couple: SAB income test is calculated individually, regardless of marital status.	Individual: \$6,068.80 Couple: \$12,137.55	<ul style="list-style-type: none"> • Age 18 or older • U.S. citizen or qualified non-citizen • Live in Missouri • Have a social security number • Meet the state definition of blindness • Must apply for or receive SSI
Qualified Disabled and Working Individuals (QDWI)	Pays Medicare Part A premium only	Individual: \$2,609 Couple: \$3,525 (200% of FPL)	Individual: \$4,000 Couple: \$6,000	<ul style="list-style-type: none"> • QDWI status is determined by the Social Security Administration: <ul style="list-style-type: none"> ○ Under age 65 ○ Lost free Medicare Part A due to employment ○ Continue to be blind or disabled as determined by SSA ○ Enrolled in Medicare Part A • U.S. citizen or eligible qualified non-citizen • Live in Missouri • Have a Social Security number

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Missouri Children with Developmental Disabilities (Sara Lopez) MOCDD Waiver	MO HealthNet covered services	Child's income: \$1,737	Child's available resources: \$6,068.80	<ul style="list-style-type: none"> • Under age 18 • U.S. citizen or qualified non-citizen • Live in Missouri • Have a Social Security number • Certified by Department of Mental Health to receive waiver services
MO HealthNet for Women receiving Breast and Cervical Cancer Treatment (BCCT)	MO HealthNet covered health services. Coverage is NOT limited to cancer treatment.	For women who are screened for breast or cervical cancer by Show Me Healthy Women (SMHW) program, the program has requirements, including income limits, to get screened	Individual: N/A	<ul style="list-style-type: none"> • Woman under age 65 • U.S. citizen or eligible non-citizen • Live in Missouri • Have a Social Security number • Need treatment for breast or cervical cancer • Screened for breast or cervical cancer through SMHW program or by a MO HealthNet provider while receiving MO HealthNet coverage

Division of Assets (Prevention of Spousal Impoverishment)	Spousal Share	Eligibility Requirements
This is a process to set aside a share (portion) of a married couple's assets so that one spouse can qualify for Vendor Care or HCB. The share of assets goes to the spouse who does not need this type of care.	Minimum spousal share of assets: \$32,532 Maximum spousal share of assets: \$162,660 (unless a higher amount is set by an administrative hearing or court decision)	<ul style="list-style-type: none"> • Vendor Care - The institutionalized spouse must live in an Intermediate Care Facility or Skilled Nursing Facility for at least 30 days. The spouse must live "in the community", such as in their own home • HCB – One spouse must be eligible for HCB services as determined by DHSS. Division of Assets is not available if both members require HCB services.