

Missouri Medicaid: Facts, Fiction & Updates

Medicaid and Employment
for Persons with a Disability

Eligibility Groups

To receive MO HealthNet a person must be:

- age 65 or over (referred to as aged)
- blind
- disabled
- a child under age 19 (or age 21, if in state custody)
- a caretaker parent (or other relative) of a low-income child
- a pregnant woman
- *a woman in need of treatment for breast or cervical cancer*
- an individual under age 26 who was in foster care on the date they turned age 18 or 30 days prior

AND

- Meet the requirements of an eligibility category

ME CODES

MO HealthNet Eligibility (ME) codes identify the category of MO HealthNet that a person is in.

There are currently 75 ME codes in use.

- 6 are state only funded (no federal Medicaid match) with a limited benefit package
- 10 have a benefit package restricted to specific services
- 4 are the Children's Health Insurance Program (CHIP) premium program
- The others are federally matched categories that provide a benefit package based on whether the person is a child, an adult, pregnant, blind, or in a nursing facility

Full Medicaid Comprehensive Benefit Package

Includes coverage for:

- primary, acute and preventive care,
- hospital care,
- prescriptions,
- dental and vision care,
- comprehensive psychiatric rehabilitation (CPR),
- comprehensive substance treatment and rehabilitation (CSTAR),
- home health care,
- occupational, physical, and speech therapy,
- home and community based waiver services,
- non-emergency medical transportation (NEMT), and
- transplants.

Call the MO HealthNet Participant Services Unit, 1-800-392-2161, to find out if a specific procedure is covered

Full Medicaid Comprehensive Benefit Package

Children and young adults under age 21 receive the full comprehensive benefit package, unless they are:

- In the CHIP premium program (ME codes 73,74,75,97).
The CHIP premium program covers all services in the full comprehensive benefit package except NEMT.
- In a state only funded category (ME codes 02,08,52,57,64,65).

Full Medicaid Benefit Package for Adults

Adults age 21 and over who are receiving federally matched Medicaid based on blindness (ME codes 03, 12, 15), pregnancy (ME codes 18,43,44,45,61,95,96,98), or are in a Medicaid vendor nursing facility receive the full comprehensive benefit package, except:

- occupational, physical, and speech therapy from independent practices are not covered;
- private duty nursing is not covered;
- social worker/counselor services are not covered;
- dental does not include orthodontics;
- vision care for pregnant women is limited to one exam per year and glasses are limited to one pair every two years.

Limited Benefit Package for Adults

Adults (age 21 and over) receiving federally matched Medicaid who are not in a nursing facility or receiving based on blindness or pregnancy have a “limited benefit package”. The coverage limitations are:

- dental is limited to specific services;
- diabetes self-management training is not covered;
- hearing aids are not covered;
- home health coverage does not include physical, occupational, or speech therapy; and
- eye exams are only covered once every two years.

State Only Categories

The state only funded categories Blind Pension (02), CWS Foster Care (08), DYS General Revenue (52), CWS-FC Adoption Subsidy (57), and Group Home Health Initiative Fund (64,65) cover all services except:

- CPR,
- CSTAR,
- non-emergency medical transportation,
- transplants, and
- home and community based waiver services (authorized by DMH Division of Developmental Disabilities or Department of Health and Senior Services).

Specific Restricted Benefit Packages

- **QMB (ME 55)** covers only Medicare premiums, coinsurance and deductibles.
- **Presumptive Eligibility for Pregnant Women (ME 58,59,94)** covers only out-patient pre-natal care.
- **Uninsured Women's Health Services (ME 80,89)** only covers family planning and testing for STDs.
- **Gateway to Better Health (ME 91,92,93)** provides coverage at participating health care clinics in St. Louis for preventative, family, and well care; some dental care; and generic prescriptions dispensed at the clinic.
- **Missouri Rx (ME 82)** pays 50% of Medicare Part D prescription drug co-payments.

Fee-for-Service or Managed Care

Coverage from MO HealthNet **Fee-for-Service providers** for all categories for:

- the aged (65+) – ME codes 01,11,14
- blind – ME codes 02,03,12,15
- people with disabilities – ME codes 04,13,16,23,33,34, 41,85,86
- women receiving breast or cervical cancer treatment – ME codes 83, 84
and
- presumptive eligibility: ME codes 58,59,87,94

Fee-for-Service or Managed Care

Coverage from a MO HealthNet **Managed Care plan** for:

- FSD family healthcare categories for children, pregnant women, families, and refugees: ME codes 05, 06, 10, 18, 19, 21, 24, 26, 40, 43, 44, 45, 60, 61, 62, 65, 71, 72, 73, 74, 75 ,95, 96, 97, 98
- DSS Children's Division and Division of Youth Services categories for foster care, adoption subsidy, and other state custody - ME codes 07,08,29,30,36,37,38,50,52,56,57,63,64,66,68, 69,70

Participants in these categories have the option of opting out of managed care if they have a disability.

Managed Care Exclusions

The following services are excluded from managed care and are always covered fee-for-service:

- CPR,
- CSTAR,
- Prescription medications,
- Targeted case management,
- transplants, and
- home and community based waiver services (authorized by DMH Division of Developmental Disabilities or Department of Health and Senior Services).

For children state custody or adoption subsidy, all behavioral health services are covered fee-for-service.

Categories that Don't Cover DMH Services

CPR, CSTAR, and DD waiver services are covered by all ME codes except the following that are either state only funded (*) or have a specific restricted benefit package(^).

- 02* – Blind Pension
- 08* – CWS Foster Care
- 52* – DYS General Revenue
- 55^ – QMB
- 57* – CWS-FC Adoption Subsidy
- 58^, 59*^, 94^ – Presumptive Eligibility for Pregnant Women
- 64*,65* - Group Home Health Initiative Fund
- 80^, 89^ – Uninsured Women's Health Services
- 91^, 92^, 93^ – Gateway to Better Health
- 82*^ – Missouri Rx

FSD Eligibility Categories

- **MO HealthNet for the Aged, Blind, Disabled (MHABD)** – includes spend down/non-spend down, vendor nursing facility, HCB Special Income Limit, 1619(a)&(b), disabled children – ME codes 11, 12, 13
- **Ticket-to-Work Health Assurance (TWHHA)** –ME codes 85, 86
- **Supplemental Nursing Care (SNC)** – ME codes 14,15,16
- **Supplemental Aid to the Blind (SAB)** – ME code 03
- **Blind Pension (BP)** – ME code 02
- **MOCDD (Sara Lopez) waiver** – ME codes 33,34

FSD Eligibility Categories

- **Old Age Assistance conversion (OAA)** – ME code 01
- **Aid to the Permanently and Totally Disabled conversion (PTD)** – ME code 04
- **Aid to the Blind conversion (AB)** – ME code 03
- **Qualified Medicare Beneficiary (QMB)** – ME code 55
- **Specified Low Income Medicare Beneficiary (SLMB or SLMB1)** – no ME code as only benefit is payment of Medicare premium
- **Qualifying Individual (QI or SLMB2)** - no ME code as only benefit is payment of Medicare premium

FSD Eligibility Categories

- **MO HealthNet for Families (MHF)** includes Transitional Medical Assistance – ME code 05 for caretakers, 06 for children
- **MO HealthNet for Kids (MHK)** – ME codes 40, 62, 71, 72, 73, 74, 75
- **MO HealthNet for Pregnant Women (MPW)** – ME codes 18,43,44,45,61
- **Newborns** – ME code 60
- **Show Me Healthy Babies** – ME codes 95,96,98
- **Show Me Healthy Babies Newborns** – ME code 97

FSD Eligibility Categories

- **MO HealthNet for Women Receiving Breast or Cervical Cancer Treatment (BCCT)** – ME codes 83, 84
- **Refugee Medical Assistance** – ME codes 10,19,21,24,26
- **Presumptive Eligibility for Kids** – ME code 87
- **Temporary MO HealthNet for Pregnant Women (TEMP)** also known as Presumptive Eligibility for Pregnant Women – ME codes 58,59,94

Eligibility factors that apply to all categories

- US Citizen or an eligible qualified legal immigrant
 - Immigrants must be in the U.S. for 5 years to be eligible for Medicaid, unless admitted as a refugee or a similar status
- Missouri Resident
 - Currently live in Mo., with the intent to remain permanently or indefinitely.
 - Does not required a fixed residence
- Social Security Number (except BP and Newborns)
- Income (Except BP, BCCT, children in state custody and former foster children)

Eligibility factors that apply to some programs

- **Assets** - all programs for elderly, blind, and disabled, Uninsured Women's Health Services
- **Living arrangement** – SNC, Vendor
- **Age** – SNC, SAB, BP, HCB, MOCDD, TWHA, Vendor MHC, Vendor Psychiatric Facility, MO HealthNet for kids, former Foster Children
- **Uninsured** - CHIP, Women' Health Services, BCCT
- **Access to affordable insurance** (\$73, \$120, or \$183 per mo. based on family income) - CHIP premium
- **Medical need for institutional care** – Vendor, HCB, MOCDD
- **Division of Assets** - Vendor, HCB
- **Transfer of Assets** - Vendor, HCB, MOCDD
- **Employment** – TWHA

Asset Limits

All categories for aged, blind, and disabled have asset limits

- MH based on OAA/PTD and TWHA – available resources cannot exceed \$2,000 (individual) or \$4,000 (couple)
- MH based AB, SAB & SNC for the blind – real and personal property cannot exceed \$2,000 (individual) or \$4,000 (couple)
- BP – total property cannot exceed \$20,000
- QMB, SLMB, QI, - available resources cannot exceed \$7,390 (individual) or \$11,090 (couple)
- SNC – for elderly and disabled available resources cannot exceed \$999.99 (individual) or \$2,000 (couple)
- Home Equity limit of \$560,000 – Vendor, HCB
- The client's home is not considered in determining available resources, real and personal property, or total property

There are no asset limits for the Family Healthcare categories

Asset Limit Change

Prior to July 1, 2017 the asset limits for MO HealthNet based on OAA/PTD and TWHA were \$999.99 (for individuals), \$2,000 (for married couple) and for MO Health based on AB \$2,000/\$4,000. HB1565 (2016) increased the limits to:

- \$2,000 (individual)/\$4,000 (couple) effective 7/1/17
- \$3,000 (individual)/\$6,000 (couple) effective 7/1/18
- \$4,000 (individual)/\$8,000 (couple) effective 7/1/19
- \$5,000 (individual)/\$10,000 (couple) effective 7/1/20
- Beginning 7/1/21 increases annually based on the COLA

HB 1565 also excludes Health Savings Accounts and Independent Living Accounts as available assets effective July 1, 2017.

Disability

Definition for Medicaid is the same as the Social Security Act's definition of disability for SSDI and SSI:

- The inability to engage in any substantial gainful activity (SGA) due to a physical or mental impairment(s) which:
 1. Can be expected to result in death
or
 2. Which has lasted or can be expected to last for a continuous period of at least 12 months.
- Effective January 1, 2017 SGA amount \$1,170 per month.

Disability Determination

- If an individual is receiving SSDI or SSI, medical information is not needed to establish the disability for MO HealthNet.
- If **not** receiving SSDI or SSI, current medical information must be submitted to the FSD Medical Review Team (MRT) for a disability determination.
 - To establish a disability based on a mental illness MRT requires a psychological evaluation signed or co-signed by psychiatrist or a licensed clinical psychologist.
 - For DMH consumers in the CPR program, the comprehensive psychosocial evaluation is often the best psychological evaluation for the MRT to use to establish the disability.

Disability Determination

If the psychosocial evaluation is not signed or co-signed by a psychiatrist or a licensed clinical psychologist, it will be accepted if someone with those credentials either:

- signs a letter stating he or she has reviewed the evaluation and concurs with the findings;

or

- completes and signs the diagnosis / certification section the IM-60A (Medical Report) form, available at <http://dmh.mo.gov/ada/provider/mrtpacket.html>, certifying that in his or her opinion the patient has a disability.

Disability Definition

Ticket to Work Health Assurance (TWHA) Medicaid category uses the same definition except:

- Substantial Gainful Activity (SGA) does not apply to the determination;

and

- a person with a medically improved condition may qualify.

Effect of Employment for People with Disabilities

Sample Scenarios for Benefits Planning

- Provides information on the effect of going to work on SSDI, SSI, and Medicaid on people with the following income prior to employment:
 - no income
 - only SSI
 - only SSDI
 - SSDI and SSI
- Available on the DMH website at:
<http://dmh.mo.gov/mentalillness/docs/BenefitPlanningScenarios.pdf>

Effect of Employment for People with Disabilities

There are 3 Medicaid eligibility categories an employed person with a disability could qualify for:

- Ticket-to-Work Health Assurance (TWWHA)- ME codes 85,86
- Section 1619(a) or (b) status – ME code 13
- Spend Down or Non-Spend Down – ME code 13

Effect of Employment for People with Disabilities

- **Persons with no income prior to employment** not earning above the SGA will continue with non-spend down Medicaid coverage
- **Persons with no income prior to employment** earning above the SGA will be eligible for Medicaid in the TWHHA category as long as monthly gross income does not exceed 300% of the federal poverty level - \$3,015 for an individual, \$4,060 for a couple
- **SSI recipients** will continue to qualify for non-spend down coverage under Section 1619 of the Social Security Act, even if they become ineligible for cash SSI benefits.

Effect of Employment for People with Disabilities

As long as monthly gross income after employment does not exceed 300% FPL:

- **SSDI recipients** receiving non-spend down Medicaid prior to employment and those with a spend down up to \$50 will be eligible for Medicaid in the TWHA category
- **SSDI recipients** with a spend down above \$50 need to earn double the amount their spend down exceeds \$50 to be eligible for TWHA coverage (the amount of earnings needed is reduced by \$150 if dental and optical insurance is purchased).
- **SSDI recipients** with a spend down above \$50 who do not qualify for TWHA will have their spend down amount increase by \$1 for each \$2 they earn above \$65.
- **SSDI recipients whose SSDI ends due to earning above the SGA** will be eligible for Medicaid in the TWHA category.



MHABD non-spend down and spend down

- Cannot be ineligible on income
- Non-spend down income limit is
 - 85% of FPL (\$855/\$1,151) for OAA/PTD,
 - 100% of FPL (\$1,005/\$1,354) for AB

MHABD Spend Down

- Monthly spend down is:
 - The amount that countable income exceeds non-spend down limit,
 - Can be paid in to MO HealthNet Division (MHD) or met with incurred medical expenses
 - If met with medical expenses, FSD determines the date met and participant's liability on that date
 - If paid to MHD in advance, there is no break in the participant's coverage

Countable Income Determination

The following income deductions are allowed:

- The first \$65 of earned income
- One-half of remaining earned income
- A \$20 personal income exemption
- All SSI payments
- Health insurance premiums

Spend Down example

| | |
|---------------|-----------------------------------------------------------|
| \$165 | earned income |
| <u>- \$65</u> | earned income exemption |
| \$100 | divided by 2 (exemption for ½ of remaining earned income) |
| = \$50 | countable earned Income |
| +\$1,025 | SSDI |
| - \$20 | personal income exemption |
| <u>- \$0</u> | Medicare and other health ins. premiums |
| \$1,055 | countable income |
| <u>-\$855</u> | income limit (85% of FPL) |
| \$200 | spend down amount |

Meeting Spend Down with bills

- Spend Down amount \$200
- Medical expenses sent to FSD:

3/3 Provider A \$150

3/5 Provider A \$60

3/5 Provider B \$80

TOTAL \$290

- Spend Down is met on 3/5.
- March coverage begins on 3/5 with a client liability of \$50.
- No claims prior to 3/5 will be paid
- All claims 3/6 through 3/31 will be paid
- MHD will withhold \$50 from the first 3/5 claim submitted, and pay the remainder of the 3/5 claims

FSD Spend Down unit

If meeting spend down with incurred medical expenses, send to the FSD Spend Down unit by fax, scan and email, or mail:

fax 855-600-3754

email sesd@ip.sp.mo.gov

Family Support Division

16798 Oakhill Drive

Suite 600

Houston, MO., 65483

phone 855-600-4412

Ticket-to-Work Health Assurance (TWHA)

- Requirements
 - Disability or medically improved condition:
 - Substantial Gainful Activity (SGA) does not apply to the determination
 - Employed, with Social Security/Medicare taxes withheld
 - Age 16 through 64
 - Gross income limit is 300% of FPL (\$3,015/\$4,060)
 - Net income limit is 85% of FPL – same as MH for the Disabled, but there are additional income deductions
 - Premium – individual's with gross income above 100% FPL (\$1,005/\$1,354) must pay a monthly premium

Ticket-to-Work Health Assurance (TWHA)

The available resources requirement and limit is the same as Medicaid for the disabled (\$2,000 for an individual, \$4,000 a married couple), including the exclusions:

- if funded by earnings while on TWHA:
 - Medical savings accounts with deposits of up to \$5,000/year and earnings on such deposits; and
 - Independent living accounts deposits up to \$5,000/year and earnings on such deposits

Ticket-to-Work Health Assurance (TWHA)

- Net income limit is 85% of FPL (\$855/\$1,151)
- Net Income Determination
 - In addition to the income deductions for MHABD, the following are deducted in the net income determination:
 - All earned income of the disabled worker
 - A standard deduction for impairment related employment expenses equal to half the disabled workers earned income
 - \$50 of SSDI
 - A \$75 standard deduction for optical and dental insurance costing less than \$75

Ticket-to-Work Health Assurance Premiums

| Type of Case | Percent of FPL | Monthly Income | Premium Amount |
|--------------|------------------------------|-----------------------|----------------|
| Single | ≤ 100% FPL | \$1005.00 or less | non premium |
| Single | >100% FPL but < 150% FPL | \$1005.01 - \$1507.99 | \$40 |
| Single | ≥ 150% FPL but < 200% FPL | \$1508.00 - \$2009.99 | \$60 |
| Single | ≥ 200% FPL but < 250% FPL | \$2010.00 - \$2512.99 | \$101 |
| Single | ≥ 250% FPL but ≤ 300% FPL | \$2513.00 - \$3015.00 | \$151 |

Ticket-to-Work Health Assurance Premiums

| Type of Case | Percent of FPL | Monthly Income | Premium Amount |
|--------------|------------------------------|-----------------------|----------------|
| Couple | ≤ 100% FPL | \$1354.00 or less | non premium |
| Couple | >100% FPL but < 150% FPL | \$1354.01 - \$2029.99 | \$54 |
| Couple | ≥ 150% FPL but < 200% FPL | \$2030.00 - \$2706.99 | \$81 |
| Couple | ≥ 200% FPL but < 250% FPL | \$2707.00 - \$3383.99 | \$135 |
| Couple | ≥ 250% FPL but ≤ 300% FPL | \$3384.00 - \$4060.00 | \$203 |

Ticket-to-Work Health Assurance (TWHA)

- SSDI recipients who go to work and continue to receive SSDI will qualify for TWHA if, without the earned income, they would:
 - be non-spend down Medicaid
OR
have a spend down of \$50 or less
 - have a spend down above \$50
and
are earning double the amount the spend down exceeds \$50
 - (the amount of earnings needed is reduced by \$150 if dental/optical insurance is purchased)

Ticket-to-Work Health Assurance (TWHA)

- Example:
 - If the spend down is \$200,
 - The person would need a job paying \$300 per month to be eligible for TWHA
 - Unless dental and optical insurance are purchased.
 - With dental and optical insurance, the person would need a job paying \$150 per month.
 - The TWHA premium would be \$40.
 - Available income is increased by \$460 (\$300 earned income + \$160 difference between the spend down and the premium)

Ticket-to-Work Health Assurance (TWHHA)

- SSDI recipients with a spend down above \$50 who do not qualify for TWHHA will have their spend down amount increase by \$1 for each \$2 they earn above \$65.
- Example:
 - If the spend down is \$200,
 - The person gets a job paying \$265 per month.
 - Spend down increases to \$300.
 - Available income is increased by \$165.

TWHA Calculator

A Ticket-to-Work Health Assurance (TWHA) calculator is available on the DMH website on:

- the **Medicaid Eligibility** page that can be accessed from the:
 - **Provider Bulletin Board** on the Mental Illness page; and
 - **Information for Providers** on the Alcohol and Drug Abuse page
- **Division of Behavioral Health Employment Services** page <http://dmh.mo.gov/mentalillness/adacpsemploymentservices.html>
 - It is the third item under the Work and Benefits tab.

TWHA Calculator

By entering the amounts of income the individual has if not working and the anticipated amount of earned income, the calculator will show:

- If the person is spend down when not working and the amount.
- If the amount of earned income will qualify the individual for TWHA and the amount of a premium (if any)
- If the individual does not qualify for TWHA, the amount the spend down will increase to.

TWHA Calculator

Ticket to Work Health Assurance Calculation Sheet for Singles

For SSDI Recipients not Receiving SSI Benefits (State of Missouri only)

(SSI recipients who become employed remain eligible for non-Spend Down Medicaid in the the 1619(a) or (b) category)

Date

Client Name _____

Benefits Specialist Name _____

Produced by
Missouri
Department of
Mental Health
573 751-0342

NOTE: This sheet provides only an estimate. This is not an official FSD determination.

Enter your values in the cells tinted purple. Blue tinted cells will calculate automatically

Step 1 - Unearned Income Amounts

| | |
|-------------------------------------------------------------------------------------------------|------------|
| 1) Amount of monthly SSDI benefits | \$1,075.00 |
| 2) Amount of unearned income each month (NOT including any SSDI or SSI) | \$0.00 |
| 3) Amount of dental and/or optical insurance premium each month | \$0.00 |
| 4) Amount of monthly Medicare (SMI) or other health insurance premiums (besides dental/optical) | \$0.00 |

Step 2 - Spend Down Calculation if Not Working

| | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 5) SSDI plus other unearned income (lines 1 & 2) | \$1,075.00 |
| 6) Personal Income Exemption | \$20.00 |
| 7) Countable Income, not working (line 5 minus lines 3,4, & 6) | \$1,055.00 |
| Spend Down Amount, not working (Amount by which Countable Income exceeds the non-spend down Income limit of \$855) | \$200.00 |

TWHA Calculator

Step 3 - Earned Income Amounts

| | |
|-------------------------------------------------------------------------|----------|
| 8) Amount you earn (if any) each month from a sheltered workshop | \$0.00 |
| 9) Amount you earn (if any) from any other job (non-sheltered workshop) | \$300.00 |

Step 4 - TWHA Eligibility If Working

| | |
|-----------------------------------------------------------------------------------------------------|-------------------|
| 10) Unearned Income (SSDI and other, except SSI, lines 1 & 2) | \$1,075.00 |
| 11) Personal Income Exemption | \$20.00 |
| 12) TWHA SSDI Standard Deduction | \$50.00 |
| 13) TWHA deduction for dental/optical insurance (not less than \$75) | \$0.00 |
| 14) Other health insurance premiums (line 4) | \$0.00 |
| 15) TWHA deduction for Impairment-Related Work Expenses (half of wages) | \$150.00 |
| 16) TWHA Net income (line 10 minus lines 11-15) | \$855.00 |
| Net Income Eligibility TWHA net income limit \$855.00 | Eligible |
| 17) TWHA Gross Income (SSDI, other unearned income, non-sheltered workshop earned income) | \$1,375.00 |
| Gross Income Eligibility TWHA gross income limit \$3,015.00 | Eligible |
| TWHA Eligibility | Eligible |

TWHA Calculator

Step 4 - TWHA Premium Calculation, If Working

For individuals who are eligible for TWHA, the premium will depend on which of the following ranges matches their TWHA Gross Income.

| | |
|--------------------|---------------------|
| Above \$2,512.99 | Premium of \$151.00 |
| Above \$2,009.99 | Premium of \$101.00 |
| Above \$1,507.99 | Premium of \$60.00 |
| Above \$1,005.00 | Premium of \$40.00 |
| \$1,005.00 or less | Premium of \$0.00 |

| | |
|-------------------------------------------------|----------------|
| 18) Current Calculated Gross Income, if working | \$1,375.00 |
| Premium | \$40.00 |

Step 5 - Spend Down Calculation if NOT Eligible for TWHA

For individuals who working but are not eligible for TWHA, the Spend Down will increase \$1 for every \$2 of non-sheltered workshop earned income above \$65.

| | |
|--------------------------|--|
| Spend Down Amount | |
|--------------------------|--|

TWHA Calculator

End Result

| <i>Current Available Income</i> | |
|------------------------------------------------|-------------------|
| SSDI Benefits & Unearned Income | \$1,075.00 |
| Insurance Premiums | \$0.00 |
| Current Monthly Spend Down | -\$200.00 |
| Current Available Monthly Income | \$875.00 |
| <i>Potential Available Income (if working)</i> | |
| SSDI Benefits & Unearned Income | \$1,075.00 |
| Insurance Premiums | \$0.00 |
| Earned Income | \$300.00 |
| TWHA Premium (if any) | -\$40.00 |
| Spend Down with earned income (if any) | \$0.00 |
| Available Monthly Income if working | \$1,335.00 |
| Increase in Available Monthly Income | \$460.00 |

TWHA Calculator

Step 3 - Earned Income Amounts

| | |
|-------------------------------------------------------------------------|----------|
| 8) Amount you earn (if any) each month from a sheltered workshop | \$0.00 |
| 9) Amount you earn (if any) from any other job (non-sheltered workshop) | \$265.00 |

Step 4 - TWHA Eligibility If Working

| | |
|-----------------------------------------------------------------------------------------------------|-------------------|
| 10) Unearned Income (SSDI and other, except SSI, lines 1 & 2) | \$1,075.00 |
| 11) Personal Income Exemption | \$20.00 |
| 12) TWHA SSDI Standard Deduction | \$50.00 |
| 13) TWHA deduction for dental/optical insurance (not less than \$75) | \$0.00 |
| 14) Other health insurance premiums (line 4) | \$0.00 |
| 15) TWHA deduction for Impairment-Related Work Expenses (half of wages) | \$132.50 |
| 16) TWHA Net income (line 10 minus lines 11-15) | \$872.50 |
| Net Income Eligibility TWHA net income limit \$855.00 | Ineligible |
| 17) TWHA Gross Income (SSDI, other unearned income, non-sheltered workshop earned income) | \$1,340.00 |
| Gross Income Eligibility TWHA gross income limit \$3,015.00 | Eligible |
| TWHA Eligibility | Ineligible |

TWHA Calculator

Step 4 - TWHA Premium Calculation, If Working

For individuals who are eligible for TWHA, the premium will depend on which of the following ranges matches their TWHA Gross Income.

| | |
|--------------------|---------------------|
| Above \$2,512.99 | Premium of \$151.00 |
| Above \$2,009.99 | Premium of \$101.00 |
| Above \$1,507.99 | Premium of \$60.00 |
| Above \$1,005.00 | Premium of \$40.00 |
| \$1,005.00 or less | Premium of \$0.00 |

| | |
|-------------------------------------------------|------------|
| 18) Current Calculated Gross Income, if working | \$1,340.00 |
| Premium | |

Step 5 - Spend Down Calculation if NOT Eligible for TWHA

For individuals who working but are not eligible for TWHA, the Spend Down will increase \$1 for every \$2 of non-sheltered workshop earned income above \$65.

| | |
|--------------------------|-----------------|
| Spend Down Amount | \$300.00 |
|--------------------------|-----------------|

TWHA Calculator

End Result

| <i>Current Available Income</i> | |
|------------------------------------------------|-------------------|
| SSDI Benefits & Unearned Income | \$1,075.00 |
| Insurance Premiums | \$0.00 |
| Current Monthly Spend Down | -\$200.00 |
| Current Available Monthly Income | \$875.00 |
| <i>Potential Available Income (if working)</i> | |
| SSDI Benefits & Unearned Income | \$1,075.00 |
| Insurance Premiums | \$0.00 |
| Earned Income | \$265.00 |
| TWHA Premium (if any) | \$0.00 |
| Spend Down with earned income (if any) | -\$300.00 |
| Available Monthly Income if working | \$1,040.00 |
| Increase in Available Monthly Income | \$165.00 |

Section 1619 of the Social Security Act

- When a SSI recipient goes to work, the Social Security Administration (SSA) determines if the person is eligible for Section 1619 status. To be eligible the person must:
 - Continue to be blind or disabled, except SGA does not apply.
 - Continue to meet all SSI requirements other than earnings.
 - Not have sufficient earnings to replace the SSI cash benefits, Medicaid benefits and publicly-funded personal or attendant care that would be lost due to the persons earnings.
 - Have earned income below a threshold of \$3,069, or a higher individualized threshold calculated by SSA.

Section 1619(b) of the Social Security Act

- Non-Spend Down Medicaid
 - If the person has Section 1619 status,
 - AND
 - if he or she received MO HealthNet (Medicaid) in the month prior to gaining 1619 status.

The person will be eligible for non-spend down Medicaid coverage.

Disability Benefits 101

Disability Benefits 101 (<https://mo.db101.org/>)

- has information on health coverage, benefits, and employment for people with disabilities
- includes a calculator
- a link is in the fourth item under the Work and Benefits on the **Division of Behavioral Health Employment Services** page <http://dmh.mo.gov/mentalillness/adacpsemploymentservices.html>

Screen for MO HealthNet eligibility

If a client is not currently enrolled in MO HealthNet:

- Screen to determine if the client is potentially eligible
- Have the client (parent/caretaker if client is a child) sign FSD's IM-6AR form naming a staff person as his or her authorized representative to apply for MO HealthNet
 - The authorized representative will:
 - receive copies of notices sent to the client requesting additional information;
 - receive a copy of the final approval or denial notice;
 - be able to request an appeal on behalf of the client
- Assist client in applying by:
 - Completing and submitting the application to FSD
 - Appealing the decision, if denied

Screen for MO HealthNet eligibility

- 1. Is the person under age 19?**
 Yes, submit application No, continue screening
- 2. Is the person pregnant?**
 Yes, submit application No, continue screening
- 3. Is the person the parent of a child under age 19 who lives in the person's home?** Yes, submit application No, continue screening
- 4. Is the person age 65 or older?**
 Yes, submit application No, continue screening
- 5. Is the person receiving SSI or Social Security Disability benefits?**
 Yes, submit application No, continue screening
- 6. Does the person have a medical condition, other than substance use, that prevents him or her from maintaining on-going employment at this time?** Yes, submit application No, continue screening
- 7. Is the person blind?**
 Yes, submit application No, the client is not eligible

How to apply

Elderly, blind, and disabled:

- **By mail or on-line:** Department of Social Services (DSS) web site, www.dss.mo.gov
 - On the right side of the home page, choose “**find medical coverage?**” under “**How do I . . .**”
 - Choose either “People with Disabilities”, “Seniors”, or “Blind or Visually Impaired”
 - Complete and submit on-line; or
 - Download an application and mail to the local Family Support Division (FSD) resource center, the locations are available on the DSS web site under “Find a Service by County -Food, Health Care, Family Care”
- **In-person**
 - At a local Family Support Division (FSD) resource center, no appointment required
 - At some hospitals and medical clinics
- **By phone:** call FSD Information Center toll free 1-888-275-5908

RUSH Applications

Community Mental Health Centers, CSTAR providers, and DMH DD case managers may submit applications for some disabled clients they are assisting to FSD with a RUSH coversheet.

The coversheet and a flow chart for it's use are available on the DMH web site Medicaid Eligibility page:

<https://dmh.mo.gov/ada/provider/rapidmedicaideligibility.html>

How to apply

Children under age of 19, pregnant women, and parents:

- **On-line** at mydss.mo.gov OR

at Department of Social Services (DSS) web site, www.dss.mo.gov:

- On the right side of the home page, choose “**find medical coverage?**” under “**How do I . . .**”
- Choose either “Kids”, “Families”, or “Pregnant Women & Newborns”
 - Complete and submit on-line; or

- **Over the phone** by calling [1-855-373-9994](tel:1-855-373-9994)

- **In-person**

- At a local Family Support Division (FSD) office, no appointment required
- At some hospitals, health departments, and medical clinics

Questions

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