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**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 23-0030**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

# MO - Submission Package - MO2023MS00050 - (MO-23-0030) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

December 20, 2023

Todd Richardson  
Director  
MO HealthNet Division  
615 Howerton Court  
Jefferson City, MO 65109

Re: Approval of State Plan Amendment MO-23-0030

Dear Director Richardson,

On September 28, 2023, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-23-0030, in which the state proposed to make several changes to the income and resource disregards applied in the eligibility determinations for the optional Ticket to Work and Work Incentives Improvement Act (TWWIAA) eligibility group.

We approve Missouri State Plan Amendment (SPA) MO-23-0030 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Mandy Strom at [mandy.strom@cms.hhs.gov](mailto:mandy.strom@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

# MO - Submission Package - MO2023MS00050 - (MO-23-0030) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

CMS-10434 OMB 0938-1188

### Package Header

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| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

### State Information

**State/Territory Name:** Missouri

**Medicaid Agency Name:** MO HealthNet Division

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

### Package Header

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| <b>Approval Date</b> 12/20/2023 | <b>Effective Date</b> N/A                |
| <b>Superseded SPA ID</b> N/A    |  |

### SPA ID and Effective Date

**SPA ID** MO-23-0030

| Reviewable Unit  | Proposed Effective Date | Superseded SPA ID |
|--|-------------------------|-------------------|
| More Restrictive Requirements than SSI under 1902(f) - (209(b) States) | 1/1/2024                | MS-17-005         |
| Handling of Excess Income (Spendeddown)                                | 1/1/2024                | MS-91-0044        |
| Optional Eligibility Groups  | 1/1/2024                | MO-21-0029        |
| Ticket to Work Basic   | 1/1/2024                | MS-17-005         |
| Ticket to Work Medical Improvements                                    | 1/1/2024                | MS-17-005         |

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

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| <b>Superseded SPA ID</b> | N/A           |                                |            |

### Executive Summary

**Summary Description Including Goals and Objectives** To update the State Plan to reflect legislative changes passed in Missouri Senate Bill 106 2023 affecting 208.146 RSMo. The changes from this legislation 1.remove the gross and net income tests for Ticket to Work, 2. amend the list of exempt accounts to include retirements accounts, including, but not limited to individual accounts, 401(k) plans, 403(b) plans, Keogh plans, and pension plans, provided that income from these plans is calculated in the income determination for this program 3. removes the disregard of earned income for the disabled worker 4. removes the disregard of sixty-five dollars and one-half of the spouse's earned income and replaces it with a disregard of the first fifty thousand dollars.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

|        | Federal Fiscal Year | Amount    |
|--------|---------------------|-----------|
| First  | 2023                | \$0       |
| Second | 2024                | \$1961999 |

#### Federal Statute / Regulation Citation

1902(a)(10)(A)(ii)(XV)

Supporting documentation of budget impact is uploaded (optional).

| Name               | Date Created |
|--------------------|--------------|
| No items available |              |

## Submission - Summary

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| <b>Superseded SPA ID</b> | N/A           |                                |            |

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Eligibility

### Income/Resource Methodologies

#### More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

CMS-10434 OMB 0938-1188

#### Package Header

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|                          | User-Entered  |                                |                 |

The state applies more restrictive requirements than SSI under the authority of section 1902(f) of the Act, and consistent with 42 CFR 435.121.

#### A. Use of More Restrictive Requirements

The state applies more restrictive eligibility requirements to individuals who are age 65 or older or who have blindness or disability. The more restrictive requirements are no more restrictive than those requirements contained in the state's Medicaid plan in effect on January 1, 1972. The state does not apply more restrictive requirements if:

1. The requirement conflicts with the requirements of section 1924 of the Act, which governs the eligibility and post-eligibility treatment of income and resources of institutionalized individuals with community spouses;
2. The requirement conflicts with a more liberal requirement which the agency has elected to use under 42 CFR 435.601; or
3. The more restrictive requirement conflicts with a more liberal requirement the state has elected to use under §435.234(c) in determining eligibility for State supplementary payments.

#### B. Populations with More Restrictive Requirements

The state applies more restrictive requirements for the following populations:

- 1. Individuals age 65 or older
- 2. Individuals who have blindness
- 3. Individuals who have a disability

#### C. Types of More Restrictive Requirements Used

The state applies more restrictive requirements for the following populations:

- 1. The state uses more restrictive requirements with respect to income.
- 2. The state uses more restrictive requirements with respect to resources.
- 3. The state uses more restrictive requirements with respect to the definition of disability.
- 4. The state uses more restrictive requirements with respect to the definition of blindness.
- 5. The state uses more restrictive requirements with respect to financial responsibility of relatives.
- 6. The state uses other more restrictive requirements.

# More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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## D. More Restrictive Requirements with Respect to Income

The following more restrictive requirements are used with respect to income:

- 1. The state uses a lower income standard than the SSI or the Optional State Supplement standard for eligibility groups under Mandatory Coverage and Options for Coverage.
- 2. The state uses more restrictive income disregards or exclusions.
- 3. The state uses more restrictive requirements with respect to income from self employment.
- 4. The state uses more restrictive requirements with respect to irregular/infrequent income.
- 5. The state uses other more restrictive requirements with respect to income:

| Name of requirement: | Description:   |
|----------------------|--|
| Blind                | Blind<br>1. Does not have parents, living in Missouri, nor a sighted spouse who can provide support.<br>2. Does not publicly solicit alms. |



## More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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### G. More Restrictive Requirements with Respect to the Definition of Blindness

The following more restrictive requirements are used with respect to the definition of blindness:

**Description:** Eligibility for blind individuals is limited to those age 18 and over.

## More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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### J. Income Deductions

When applying more restrictive requirements, the state deducts SSI payments received by the individual and state supplement payments that meet the conditions specified in 42 CFR 435.232 and 435.234. The state also allows individuals to deduct incurred medical and remedial expenses (spend down) to become categorically eligible under the group for individuals in 209(b) states who are age 65 or older or who have blindness or a disability (described in 435.121).

## More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

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### K. Additional Information (optional)

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## Medicaid State Plan Eligibility

### Income/Resource Standards

### Handling of Excess Income (Spendedown)

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| <b>Superseded SPA ID</b> | MS-91-0044    |                                |                 |
|                          | User-Entered  |                                |                 |

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

### A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
  - i. 6 months
  - ii. 5 months
  - iii. 4 months
  - iv. 3 months
  - v. 2 months
  - vi. 1 month
- b. More than one budget period, as described below:

## Handling of Excess Income (Spenddown)

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| <b>Superseded SPA ID</b> | MS-91-0044    |                                |            |
|                          | User-Entered  |                                |            |

### B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes  
 No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

## Handling of Excess Income (Spenddown)

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### C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. Incurred medical and remedial expenses without regard to the age of the expenses.
2. Payments made during the budget period on eligible expenses incurred at any time, if not previously deducted in establishing eligibility.
3. Unpaid eligible expenses incurred at any time prior to the budget period, which have not been deducted previously in establishing eligibility.

## Handling of Excess Income (Spenddown)

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### D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
  - a. Premiums, deductibles, coinsurance and co-payments.
  - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
  - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
  - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.



## Handling of Excess Income (Spendedown)

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### E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

## Handling of Excess Income (Spendedown)

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|                          | User-Entered  |                                |            |

### F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes  
 No

1. The state provides all individuals with the option to pay-in their spenddown or to use incurred expenses for spenddown.
2. The state disburses to the individual amounts for services not covered under the state plan.
3. The state refunds unused pay-in amounts, as follows:
  - a. The state refunds unused pay-in amounts on a case-by-case basis.
  - b. The state applies unused pay-in amounts toward spenddown liability in a subsequent budget period on a case-by-case basis.

## Handling of Excess Income (Spendedown)

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### G. Additional Information (optional)

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## Medicaid State Plan Eligibility

### Optional Eligibility Groups

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### Package Header

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| <b>Superseded SPA ID</b> | MO-21-0029     |                                |                          |
|                          | System-Derived |                                |                          |

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes
  No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

| Eligibility Group Name                                      |  | Covered In State Plan               | Include RU In Package    | Included in Another Submission Package | Source Type |
|---|--|-------------------------------------|--------------------------|--|-------------|
| Optional Coverage of Parents and Other Caretaker Relatives  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW         |
| Reasonable Classifications of Individuals under Age 21      |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED   |
| Children with Non-IV-E Adoption Assistance                  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED   |
| Independent Foster Care Adolescents                         |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED   |
| Optional Targeted Low Income Children                       |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED   |
| Individuals above 133% FPL under Age 65                     |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW         |
| Individuals Needing Treatment for Breast or Cervical Cancer |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW         |
| Individuals Eligible for Family Planning Services           |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW         |
| Individuals with Tuberculosis                               |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW         |
| Individuals Electing COBRA Continuation                     |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="radio"/>                  | NEW         |

| Eligibility Group Name |  | Covered In State Plan | Include RU In Package | Included in Another Submission Package | Source Type |
|------------------------|--|-----------------------|-----------------------|--|-------------|
| Coverage               |  |                       |                       |  |             |

**Aged, Blind and Disabled**

| Eligibility Group Name   |  | Covered In State Plan               | Include RU In Package               | Included in Another Submission Package | Source Type |
|--|--|-------------------------------------|-------------------------------------|--|-------------|
| Individuals Eligible for but Not Receiving Cash Assistance   |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Individuals Eligible for Cash Except for Institutionalization  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules                       |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Optional State Supplement Beneficiaries  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Individuals in Institutions Eligible under a Special Income Level  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| PACE Participants  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Individuals Receiving Hospice  |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Children under Age 19 with a Disability  |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Age and Disability-Related Poverty Level   |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Work Incentives  |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Ticket to Work Basic   |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/>                  | APPROVED    |
| Ticket to Work Medical Improvements  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/>                  | APPROVED    |
| Family Opportunity Act Children with a Disability  |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Individuals Receiving State Plan Home and Community-Based Services   |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |
| Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers |  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="radio"/>                  | NEW         |

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

### Package Header

|                          |                |                                |            |
|--------------------------|----------------|--------------------------------|------------|
| <b>Package ID</b>        | MO2023MS00050  | <b>SPA ID</b>                  | MO-23-0030 |
| <b>Submission Type</b>   | Official       | <b>Initial Submission Date</b> | 9/28/2023  |
| <b>Approval Date</b>     | 12/20/2023     | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MO-21-0029     |                                |            |
|                          | System-Derived |                                |            |

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

### Package Header

|                          |                |                                |            |
|--------------------------|----------------|--------------------------------|------------|
| <b>Package ID</b>        | MO2023MS00050  | <b>SPA ID</b>                  | MO-23-0030 |
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| <b>Approval Date</b>     | 12/20/2023     | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MO-21-0029     |                                |            |
|                          | System-Derived |                                |            |

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# MO - Submission Package - MO2023MS00050 - (MO-23-0030) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

#### Package Header

|                          |               |                                |                 |
|--------------------------|---------------|--------------------------------|-----------------|
| <b>Package ID</b>        | MO2023MS00050 | <b>SPA ID</b>                  | MO-23-0030      |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/28/2023       |
| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | <u>1/1/2024</u> |
| <b>Superseded SPA ID</b> | MS-17-005     |                                |                 |
|                          | User-Entered  |                                |                 |

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | MO2023MS00050 | <b>SPA ID</b>                  | MO-23-0030 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/28/2023  |
| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

## A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
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| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

## B. Financial Methodologies

### 1. SSI methodologies are used in calculating household income and resources.

- Yes  
 No

More restrictive requirements than SSI are used in calculating countable income and/or resources. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- Income from household members is disregarded.  
 Income of the spouse is disregarded.

**Description:** The first 50,000 dollars of earned income of the disabled worker's spouse is disregarded.

- General income disregard:

| Name of disregard:              | Description:  |
|---------------------------------|---|
| Earnings of the disabled worker | Earnings between 250-300% FPL of the worker with a disability.  |
| Dental and optical insurance    | A \$75 per month standard deduction for the disabled worker's dental and optical insurance when the total dental and optical insurance premiums are less than \$75. |
| Health Insurance Premiums       | The amounts paid for health insurance premiums are not considered.  |

- A specified amount of unearned income is disregarded.

**Amount:** \$50.00

**Description of disregard:** The first \$50 of the disabled worker's SSDI payments.

- A percentage of earned income is disregarded.

**Percentage:** 50.00%

**Description of disregard:** A standard deduction for impairment-related employment expenses equal to one-half of the disabled worker's income.

- The following less restrictive methodologies are used:

| Name of methodology:                      | Description:  |
|---|---|
| Social Security Cost of Living Adjustment | During the first quarter of each calendar year, the annual Social Security cost of living adjustment increase is disregarded. |

**3. Less restrictive methodologies are used in calculating countable resources.**

- Yes
- No

The less restrictive resource methodologies are:

- General resource disregard:

| Name of disregard:               | Description:  |
|----------------------------------|---|
| First of the Month Resource Rule | Individuals may receive coverage for the full month if they are eligible on the resource factor at any time during the month. |

- Real property not otherwise excluded is disregarded.

**Description of disregard:** The value of a life estate is not included in determining eligibility on the basis of available resources.

- The state uses a less restrictive methodology with respect to resources set aside for burial.

- Specified methodology for the treatment of resources set aside for burial:

| Name of methodology: | Description:   |
|----------------------|--|
| Burial Plots         | The value of burial plots is exempt from consideration as a resource, whether the intended use is for the individual or immediate family members, or someone else. |
| Burial Funds         | In addition to financial instruments with a definite cash value, real or personal property may be designated as burial funds.                                      |

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

- A motor vehicle is disregarded under specific conditions.

- Specified conditions:

**Description:** One vehicle, regardless of value is exempt. Additional vehicles are evaluated in accordance with the individuals needs.

- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

- Resources set aside for retirement

- Individual Retirement Accounts (IRA)

**Description:** Disregard retirement accounts including, but not limited to, individual accounts.

- Tax exempt accounts - 401(k) and/or 403(b)

**Description:** Disregard retirement accounts including, but not limited to, 401(k) and 403(b) plans.

- Resources set aside in Independence/Freedom accounts

**Description:** Independent living accounts and medical savings accounts limited to deposits of earned income and earnings on such income while a beneficiary is a participant in this program with a value not to exceed \$5000 each year. Effective January 1, 2024, an independent living account is

defined as an account established and maintained to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with such beneficiary's disability.

- a) The \$5000 exemption is available for both a medical savings account and an independent living account separately.
- b) The claimant may have both accounts at the same time, in which case up to \$5000 of deposits would be disregarded from each account type.
- c) This amount is per year and per claimant only.
- d) The disregard is limited to deposits of the individual's earnings while covered under this program.
- e) The value of the account(s) and the income earned may accrue year to year.
- f) The deposits must be in a separate account.

Specified types of accounts:

| Name of account:        | Description:   |
|-------------------------|--|
| Keogh and pension plans | Disregard retirement accounts including, but not limited to, Keogh and pension plans.  |
| Annuities               | Effective October 1, 2007, and after, any stream of income resulting from investment in annuities shall be excluded as an available resource for those annuities that:<br>(1) Are actuarially sound as measured against the Social Security Administration Life Expectancy Tables, as amended;<br>(2) Provide equal or nearly equal payments for the duration of the device and which exclude balloon-style final payments;<br>(3) Provide the state of Missouri secondary or contingent beneficiary status ensuring payment if the individual predeceases the duration of the annuity, in an amount equal to the Medicaid expenditure made by the state on the individual's behalf; and<br>(4) Name and pay the Medicaid claimant as the primary beneficiary. |

A specified type of resource is disregarded:

| Name of resource type: | Description:  |
|------------------------|---|
| Disregard of the Home  | In accordance with Section 303 (f) bf P.L. 100-360, the home is not considered a resource, regardless of the value of the home. For town or city property, lots on which there is no dwelling and which adjoin the residence are considered a part of the home (regardless of the number of lots so long as they are in the same city block). For rural |

| Name of resource type:         | Description:  |
|--------------------------------|---|
|                                | property, the acreage on which the home is located plus any adjoining acreage will be considered part of the home. (Property will be considered as adjoining even though a road may separate two (2) tracts.)   |
| 24 Month Disregard of the Home | Disregard for 24 months a former residence of the individual in which:<br>the individual has an equity of the appropriate resource limits if single, or if married and living with a spouse and<br>the individual has not lived for the past 24 months. |

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
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| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/28/2023  |
| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

## C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

**FPL** 250.00%

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS0005O | MO-23-0030

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | MO2023MS0005O | <b>SPA ID</b>                  | MO-23-0030 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/28/2023  |
| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

## D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 3. The state's more restrictive resource standard described in the More Restrictive Requirements than SSI under 1902(f) - (209(b) States) RU.
- 4. A dollar amount higher than the SSI resource standard

**Single Individual** \$5000.00

**Couple** \$10000.00



# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

## Package Header

|                          |               |                                |            |
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| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

## E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS0005O | MO-23-0030

### Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
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| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

### F. Additional Information (optional)

Additional information for D.4-Effective in FY2021, the resource limit for a single individual was increased to \$5000 and \$1000 for a couple. Beginning in FY2022 and each year thereafter, the single and couple resource limits are increase by the Consumer Price Index for All Urban Consumers or successor index published by the US Department of Labor or its successor agency, and rounded to the nearest 5 cents.

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# MO - Submission Package - MO2023MS00050 - (MO-23-0030) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

CMS-10434 OMB 0938-1188

#### Package Header

|                          |               |                                |                 |
|--------------------------|---------------|--------------------------------|-----------------|
| <b>Package ID</b>        | MO2023MS00050 | <b>SPA ID</b>                  | MO-23-0030      |
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| <b>Superseded SPA ID</b> | MS-17-005     |                                |                 |
|                          | User-Entered  |                                |                 |

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
  - a. Earning at least the minimum wage and working at least 40 hours per month.
  - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
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| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

## B. Financial Methodologies

### 1. SSI methodologies are used in calculating household income and resources.

- Yes  
 No

More restrictive requirements than SSI are used in calculating countable income and/or resources. Please refer as necessary to More Restrictive Requirements than SSI under 1902(f), completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- Income from household members is disregarded.  
 Income of the spouse is disregarded.

**Description:** The first 50,000 dollars of earned income of the disabled worker's spouse is disregarded.

- General income disregard:

| Name of disregard:              | Description:  |
|---------------------------------|---|
| Earnings of the disabled worker | Earnings between 250-300% FPL of the worker with a disability.  |
| Dental and optical insurance    | A \$75 per month standard deduction for the disabled worker's dental and optical insurance when the total dental and optical insurance premiums are less than \$75. |
| Health Insurance Premiums       | The amounts paid for health insurance premiums are not considered.  |

- A specified amount of unearned income is disregarded.

**Amount:** \$50.00

**Description of disregard:** The first \$50 of the disabled worker's SSDI payments.

- A percentage of earned income is disregarded.

**Percentage:** 50.00%

**Description of disregard:** A standard deduction for impairment-related employment expenses equal to one-half of the disabled worker's income.

- The following less restrictive methodologies are used:

| Name of methodology:                      | Description:  |
|---|---|
| Social Security Cost of Living Adjustment | During the first quarter of each calendar year, the annual Social Security cost of living adjustment increase is disregarded. |

**3. Less restrictive methodologies are used in calculating countable resources.**

- Yes
- No

The less restrictive resource methodologies are:

- General resource disregard:

| Name of disregard:               | Description:  |
|----------------------------------|---|
| First of the Month Resource Rule | Individuals may receive coverage for the full month if they are eligible on the resource factor at any time during the month. |

- Real property not otherwise excluded is disregarded.

**Description of disregard:** The value of a life estate is not included in determining eligibility on the basis of available resources.

- The state uses a less restrictive methodology with respect to resources set aside for burial.

- Specified methodology for the treatment of resources set aside for burial:

| Name of methodology: | Description:   |
|----------------------|--|
| Burial Plots         | The value of burial plots is exempt from consideration as a resource, whether the intended use is for the individual or immediate family members, or someone else. |
| Burial Funds         | In addition to financial instruments with a definite cash value, real or personal property may be designated as burial funds.                                      |

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

- A motor vehicle is disregarded under specific conditions.

- Specified conditions:

**Description:** One vehicle, regardless of value is exempt. Additional vehicles are evaluated in accordance with the individuals needs.

- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

- Resources set aside for retirement

- Individual Retirement Accounts (IRA)

**Description:** Disregard retirement accounts including, but not limited to, individual accounts.

- Tax exempt accounts - 401(k) and/or 403(b)

**Description:** Disregard retirement accounts including, but not limited to, 401(k) and 403(b) plans.

- Resources set aside in Independence/Freedom accounts

**Description:** Independent living accounts and medical savings accounts limited to deposits of earned income and earnings on such income while a beneficiary is a participant in this program with a value not to exceed \$5000 each year. Effective January 1, 2024, an independent living account is

defined as an account established and maintained to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with such beneficiary's disability.

- a) The \$5000 exemption is available for both a medical savings account and an independent living account separately.
- b) The claimant may have both accounts at the same time, in which case up to \$5000 of deposits would be disregarded from each account type.
- c) This amount is per year and per claimant only.
- d) The disregard is limited to deposits of the individual's earnings while covered under this program, and any earnings on these deposits.
- e) The value of the account(s) and the income earned may accrue year to year.
- f) The deposits must be in a separate account.

Specified types of accounts:

| Name of account:        | Description:   |
|-------------------------|--|
| Keogh and pension plans | Disregard retirement accounts including, but not limited to, Keogh and pension plans.  |
| Annuities               | Effective October 1, 2007, and after, any stream of income resulting from investment in annuities shall be excluded as an available resource for those annuities that:<br>(1) Are actuarially sound as measured against the Social Security Administration Life Expectancy Tables, as amended;<br>(2) Provide equal or nearly equal payments for the duration of the device and which exclude balloon-style final payments;<br>(3) Provide the state of Missouri secondary or contingent beneficiary status ensuring payment if the individual predeceases the duration of the annuity, in an amount equal to the Medicaid expenditure made by the state on the individual's behalf; and<br>(4) Name and pay the Medicaid claimant as the primary beneficiary. |

A specified type of resource is disregarded:

| Name of resource type: | Description:   |
|------------------------|--|
| Disregard of the Home  | In accordance with Section 303 (f) bf P .L. 100-360, the home is not considered a resource, regardless of the value of the home. For town or city property, lots on which there is no dwelling and which adjoin the residence are considered a part of the home (regardless of the number of lots so long as they are in |

| Name of resource type:         | Description:  |
|--------------------------------|---|
|                                | the same city block). For rural property, the acreage on which the home is located plus any adjoining acreage will be considered part of the home. (Property will be considered as adjoining even though a road may separate two (2) tracts.)           |
| 24 Month Disregard of the Home | Disregard for 24 months a former residence of the individual in which:<br>the individual has an equity of the appropriate resource limits if single, or if married and living with a spouse and<br>the individual has not lived for the past 24 months. |



# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00050 | MO-23-0030

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | MO2023MS00050 | <b>SPA ID</b>                  | MO-23-0030 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/28/2023  |
| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

## C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:  
250.00% FPL
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS0005O | MO-23-0030

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | MO2023MS0005O | <b>SPA ID</b>                  | MO-23-0030 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/28/2023  |
| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

## D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 3. The state's more restrictive resource standard described in the More Restrictive Requirements than SSI under 1902(f) - (209(b) States) RU.
- 4. A dollar amount higher than the SSI resource standard

**Single Individual** \$5000.00

**Couple** \$10000.00

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS0005O | MO-23-0030

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | MO2023MS0005O | <b>SPA ID</b>                  | MO-23-0030 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/28/2023  |
| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

## E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS0005O | MO-23-0030

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | MO2023MS0005O | <b>SPA ID</b>                  | MO-23-0030 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/28/2023  |
| <b>Approval Date</b>     | 12/20/2023    | <b>Effective Date</b>          | 1/1/2024   |
| <b>Superseded SPA ID</b> | MS-17-005     |                                |            |
|                          | User-Entered  |                                |            |

## F. Additional Information (optional)

Additional information for D.4-Effective in FY2021, the resource limit for a single individual was increased to \$5000 and \$1000 for a couple. Beginning in FY2022 and each year thereafter, the single and couple resource limits are increase by the Consumer Price Index for All Urban Consumers or successor index published by the US Department of Labor or its successor agency, and rounded to the nearest 5 cents.

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