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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 24-0004

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages

MO - Submission Package - MO2024MS00020 - (MO-24-0004) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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

March 06, 2024

Todd Richardson
Director
MO HealthNet Division
PO Box 6500
Jefferson City, MO 65102

Re: Approval of State Plan Amendment MO-24-0004

Dear Director Richardson,

On February 08, 2024, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-24-0004, in which the state proposed to correct a typographical error that was made in MO SPA 23-0030, relating to the resource standard for a couple in the Ticket to Work Basic and Medical Improvements eligibility groups.

We approve Missouri State Plan Amendment (SPA) MO-24-0004 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 or (303)844-7068.

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

MO - Submission Package - MO2024MS00020 - (MO-24-0004) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2024MS00020 | MO-24-0004

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS00020	SPA ID	MO-24-0004
Submission Type	Official	Initial Submission Date	2/8/2024
Approval Date	03/06/2024	Effective Date	N/A
Superseded SPA ID	N/A		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 | MO2024MS0002O | MO-24-0004

Package Header

Package ID MO2024MS0002O
Submission Type Official
Approval Date 03/06/2024
Superseded SPA ID N/A

SPA ID MO-24-0004
Initial Submission Date 2/8/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID MO-24-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2024	MO-23-0030
Ticket to Work Basic	1/1/2024	MO-23-0030
Ticket to Work Medical Improvements	1/1/2024	MO-23-0030

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2024MS0002O | MO-24-0004

Package Header

Package ID	MO2024MS0002O	SPA ID	MO-24-0004
Submission Type	Official	Initial Submission Date	2/8/2024
Approval Date	03/06/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The purpose of this SPA package is to correct a typographical error on SPA ID MO-23-0030 affecting the couple resource maximum for both Ticket to Work Basic and Ticket to Work Medical Improvements groups.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2024MS0002O | MO-24-0004

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Approval Date	03/06/2024	Effective Date	N/A
Superseded SPA ID	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

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MO2024MS00020 | MO-24-0004

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS00020	SPA ID	MO-24-0004
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Superseded SPA ID	MO-23-0030		
	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 Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

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 | MO2024MS00020 | MO-24-0004

Package Header

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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 | MO2024MS0002O | MO-24-0004

Package Header

Package ID	MO2024MS0002O	SPA ID	MO-24-0004
Submission Type	Official	Initial Submission Date	2/8/2024
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Superseded SPA ID	MO-23-0030		
	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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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MO2024MS00020 | MO-24-0004

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

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2024MS00020	SPA ID	MO-24-0004
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Superseded SPA ID	MO-23-0030		
	System-Derived		

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 | MO2024MS00020 | MO-24-0004

Package Header

Package ID	MO2024MS00020	SPA ID	MO-24-0004
Submission Type	Official	Initial Submission Date	2/8/2024
Approval Date	03/06/2024	Effective Date	1/1/2024
Superseded SPA ID	MO-23-0030		
	System-Derived		

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 | MO2024MS0002O | MO-24-0004

Package Header

Package ID MO2024MS0002O
Submission Type Official
Approval Date 03/06/2024
Superseded SPA ID MO-23-0030
System-Derived

SPA ID MO-24-0004
Initial Submission Date 2/8/2024
Effective Date 1/1/2024

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.

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

Real property not otherwise excluded is disregarded.

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: <ul style="list-style-type: none"> (1) Are actuarially sound as measured against the Social Security Administration Life Expectancy Tables, as amended; (2) Provide equal or nearly equal payments for the duration of the device and which exclude balloon-style final payments; (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 (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) of 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 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: the individual has an equity of the appropriate resource limits if single, or if married and living with a spouse and the individual has not lived for the past 24 months.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | MO2024MS00020 | MO-24-0004

Package Header

Package ID MO2024MS00020
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Superseded SPA ID MO-23-0030
System-Derived

SPA ID MO-24-0004
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Effective Date 1/1/2024

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 | MO2024MS0002O | MO-24-0004

Package Header

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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 | MO2024MS00020 | MO-24-0004

Package Header

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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 | MO2024MS0002O | MO-24-0004

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F. Additional Information (optional)

Additional information for Section D.4: Effective in FY2021, the resource limit for a single individual was increased to \$5,000 and \$10,000 for a couple. Beginning in FY2022 and each year thereafter, the single and couple resource limits are increased 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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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | MO2024MS0002O | MO-24-0004

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

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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

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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.

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

Real property not otherwise excluded is disregarded.

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: (1) Are actuarially sound as measured against the Social Security Administration Life Expectancy Tables, as amended; (2) Provide equal or nearly equal payments for the duration of the device and which exclude balloon-style final payments; (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 (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 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: the individual has an equity of the appropriate resource limits if single, or if married and living with a spouse and the individual has not lived for the

Name of resource type:

Description:

past 24 months.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | MO2024MS0002O | MO-24-0004

Package Header

Package ID	MO2024MS0002O	SPA ID	MO-24-0004
Submission Type	Official	Initial Submission Date	2/8/2024
Approval Date	03/06/2024	Effective Date	1/1/2024
Superseded SPA ID	MO-23-0030		
	System-Derived		

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

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Package Header

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	System-Derived		

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

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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.

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F. Additional Information (optional)

Additional information for Section D.4: Effective in FY2021, the resource limit for a single individual was increased to \$5,000 and \$10,000 for a couple. Beginning in FY2022 and each year thereafter, the single and couple resource limits are increased 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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