

**Family Healthcare Programs**

<b>PROGRAM</b>	<b>SERVICES</b>	<b>ELIGIBILITY REQUIREMENTS</b>
<p>MO HealthNet for Kids</p> <p>Note: This description includes both SCHIP and non-SCHIP children. SCHIP children are those with <b>Modified Adjusted Gross Income (MAGI)</b> household income above the following:</p> <ul style="list-style-type: none"> <li>• 196% FPL for children under age 1</li> <li>• 148% FPL for ages 1- 18</li> </ul>	<p>Healthcare coverage for children under 19 years of age. Coverage is provided through a Managed Care plan in all counties beginning May 2017.</p> <p>SCHIP children whose gross income is over 150% FPL are not eligible for non-emergency medical transportation.</p>	<p>Under 19. SSN. Missouri Resident. US Citizen/Eligible Qualified Non-Citizen. Parent cooperates in obtaining medical support. Gross family income less than 300% of Federal Poverty Level (FPL) for household size. Children with family MAGI above the following must be uninsured:</p> <ul style="list-style-type: none"> <li>• 196% FPL for children under age 1</li> <li>• 148% FPL for ages 1- 18</li> </ul> <p>Children in families with gross income over 150% FPL cannot have access to affordable health insurance (\$77 to \$192/mo), and the family must pay a monthly premium. (The premium schedule changes yearly on July 1.)</p>
<p>MO HealthNet for Families</p>	<p>Healthcare coverage for families using the <b>MAGI equivalent standard</b> based on the July 16, 1996 AFDC (current Temporary Assistance) income limits. Coverage is provided through a Managed Care plan in all counties beginning May 2017.</p>	<p>Eligible dependent child under 19 in the home. SSN. Missouri Resident. US Citizen/Eligible Qualified Non-Citizen. Cooperate in obtaining medical support for the children. MAGI household income does not exceed the income limit for household size.</p>
<p>Transitional MO HealthNet</p>	<p>Provides healthcare coverage to a family for up to 12 months, after the closing of MHF case. Coverage is provided through a Managed Care plan in all counties beginning in May 2017.</p>	<p>Received MHF 3 of last 6 months preceding ineligibility. Become ineligible for MHF due to employment or earned income. Dependent child under 19 in the home. Return quarterly reports to be eligible for the second 6 months. To be eligible for months 7 through 12, MAGI cannot exceed 185% FPL for household size.</p>

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MO HealthNet for Pregnant Women	<p>Healthcare coverage for pregnancy which may include:</p> <ul style="list-style-type: none"> <li>• Two (2) months of postpartum coverage following the month the pregnancy ends,</li> <li>• Extended Women’s Health Services which is a waiver program that allows 12 months of family planning services for uninsured women at the conclusion of the postpartum period.</li> </ul> <p>Coverage is provided through a Managed Care plan in all counties beginning May 2017.</p>	<p>Self-attestation of pregnancy. SSN. Missouri Resident. US Citizen/Eligible Qualified Non-Citizen. MAGI household income does not exceed 196% FPL for household size (including unborn child).</p>
MO HealthNet for Newborns	<p>Healthcare coverage through age 1. Coverage is provided through a Managed Care plan in all counties beginning May 2017.</p>	<p>Mother was eligible for and received MO HealthNet when child was born. Missouri Resident.</p>
<p>Show-Me Healthy Babies</p> <p>NOTE: This program is subject to funding appropriations.</p>	<p>Healthcare coverage for low income unborn children throughout the mother’s pregnancy and also insures these children receive no cost health coverage for the 1<sup>st</sup> year of life.</p>	<p>Parent self-attestation of pregnancy. Missouri Resident. MAGI household income does not exceed 300% FPL for household size (including unborn child).</p>
<p>Uninsured Women’s Health Services</p> <p>Note: This is a section 1115 waiver group.</p>	<p>Healthcare coverage for women’s health services to uninsured women ages 18 up to but not including age 56. Coverage is limited to family planning and testing and treatment of sexually transmitted diseases.</p>	<p>Women over age 18 up to but not including age 56. Uninsured. SSN. Missouri Resident. US Citizen/Eligible Qualified Non-Citizen. Family MAGI that does not exceed 201% FPL for household size. No access to employer-sponsored insurance.</p>
Refugee Medical Assistance	<p>Up to 8 months of healthcare coverage for recipients of the Refugee Assistance program. Coverage is provided through a Managed Care plan in all counties beginning May 2017.</p>	<p>Admitted to U.S. as a refugee, an asylee, or a similar status. Eligibility is limited to the first 8 months in the United States. Ineligible for other MO HealthNet categories. SSN. Missouri Resident. Available resources of \$1000 or less. If net income exceeds the Temporary Assistance limit for household size, must incur medical expenses to spenddown the limit. If an increase in earnings causes ineligibility, healthcare coverage continues until the end of the 8 month time limit.</p>

