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## **Table of Contents**

**State/Territory Name: Missouri**

**State Plan Amendment (SPA) #: MO-14-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Missouri consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: XXI state plans and amendments:

<http://medicaid.gov/chip/state-program-information/chipstate-program-information.html>



**Children and Adults Health Programs Group**

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**NOV 18 2015**

Joseph Parks, MD  
Director, MO HealthNet Division  
Department of Social Services  
615 Howerton Court  
Jefferson City, MO 65109

Dear Dr. Parks:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number MO-14-0020, submitted on March 31, 2014, with additional information provided on November 9, 2015. This SPA is related to Modified Adjusted Gross Income (MAGI) Eligibility and has effective dates of January 1, 2014 and September 1, 2014.

Missouri's SPA number MO-14-0020 is approved to clarify the state's non-financial eligibility policies on residency, citizenship, social security numbers, substitution of coverage, and non-payment of premiums. We are enclosing copies of the approved state plan pages, and these approved pages supersede sections of Missouri's current state plan and have effective dates as detailed below:

<b>New State Plan Page</b>	<b>Impact on Current State Plan Section</b>	<b>Effective Date</b>
CS17: Non-Financial Eligibility – Residency	Section 4.1.5	January 1, 2014
CS18: Non-Financial Eligibility – Citizenship	Section 4.1.0; 4.1-LR; 4.1.1-LR	January 1, 2014
CS19: Non-Financial Eligibility – Social Security Number	Section 4.1.9.1	January 1, 2014
CS20: Non-Financial Eligibility – Substitution of Coverage	Section 4.4.4	September 1, 2014
CS21: Non-Payment of Premiums	Section 8.7	September 1, 2014

Your title XXI project officer is Mr. Martin Burian. He is available to answer questions concerning this amendment. Mr. Burian's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-3246

Page 2 – Dr. Joseph Parks

Facsimile: (410) 786-5882

E-mail: [Martin.Burian@cms.hhs.gov](mailto:Martin.Burian@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Mr. Burian and to Mr. James G. Scott, Associate Regional Administrator in our Kansas City Regional Office. Mr. Scott's address is:

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
Richard Bolling Federal Building  
601 East 12<sup>th</sup> St, Room 355  
Kansas City, MO 64103-2808

Congratulations on the approval. If you have additional questions, please contact Mr. Manning Pellanda, Director, Division of State Coverage Programs, at (410) 786-5143. We look forward to continuing to work with you and your staff.

Sincerely,



Anne Marie Costello  
Acting Director

Enclosures

cc:

James G. Scott, Associate Regional Administrator, CMS Region VII

## Children's Health Insurance Program Eligibility

**MO.0924.R00.00 - Jan 01, 2014**

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### Children's Health Insurance Program Eligibility: Summary Page

State/Territory      Missouri  
name:                      **Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

MO-14-0020

#### Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- 

#### Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

#### Federal Statute/Regulation Citation

42 CFR 457.320;Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)

#### Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds:            \$

Federal Funds:        \$

#### Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 199 out of 2000

Non financial eligibility requirements including residency, citizenship/immigration; social security number; substitution of coverage; premium lock outs, access to affordable coverage; and uninsured.

### Signature of State Agency Official

Submitted By: Debbie Meller

Last Revision Date: Nov 13, 2015

Date:

Submit Date: Mar 31, 2014

BACK

CONTINUE



# CHIP Eligibility

State Name: Missouri

OMB Control Number: 0938-1148

Transmittal Number: MO - 14 - 0020

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Residency

CS17

42 CFR 457.320

### Residency

- The CHIP Agency provides CHIP to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

A child is considered to be a resident of the state under the following conditions:

- A non-institutionalized child, if capable of indicating intent and who is emancipated or married, if the child is living in the state and:
  1. Intends to reside in the state, including without a fixed address, or
  2. Has entered the state with a job commitment or seeking employment, whether or not currently employed.
- A non-institutionalized child not described above and a child who is not a ward of the state:
  1. Residing in the state, with or without a fixed address, or
  2. The state of residency of the parent or caretaker, in accordance with 42 CFR.435.403(h)(1), with whom the individual resides.
- An institutionalized child, who is not a ward of the state, if the state is the state of residence of the child's custodial parent or caretaker at the time of placement, or
- A child who is a ward of the state regardless of where the child lives, or
- A child physically located in the state when there is a dispute with one or more states as to the child's actual state of residence.

If the state covers pregnant women, a pregnant woman is considered to be a resident under the following conditions:

- A non-institutionalized pregnant woman who is living in the state and:
  1. Intends to reside in the state, including without a fixed address, or if incapable of indicating intent, is living in the state, or
  2. Entered with a job commitment or seeking employment, whether or not currently employed.
- An institutionalized pregnant woman placed in an out-of-state-institution, as defined in 42 CFR 435.1010, including foster care homes, by an agency of the state, or
- An institutionalized pregnant woman residing in an in-state-institution, as defined in 42 CFR 435.1010, whether or not the individual established residency in the state prior to entering the institution, or
- A pregnant woman physically located in the state when there is a dispute with one or more states as to the pregnant woman's actual state of residence.

The state has in place related to the residency of children and pregnant women (if covered by the state):



# CHIP Eligibility

One or more interstate agreement(s).  No

A policy related to individuals in the state only for educational purposes.  No

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

V.20140415



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Citizenship

CS18

Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)

### Citizenship

The CHIP Agency provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens.

including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship, national status or satisfactory immigration status.

The CHIP Agency provides eligibility under the Plan to otherwise eligible individuals:

Who are citizens or nationals of the United States; or

Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); or

Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality, or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), and 1902(ee) of the Act, and 42 CFR 435.406, 407, 956 and 457.380.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.

The date benefits are furnished is:

The date of application containing the declaration of citizenship or immigration status.

The date the reasonable opportunity notice is sent.

Other date, as described:

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3).

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the United States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state also elects to cover lawfully residing children. A state may not select this option unless the state also covers Targeted Low-Income Pregnant Women.

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# CHIP Eligibility

## PRA Disclosure Statement

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V.20130917

**NOV 18 2015**



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Social Security Number CS19

42 CFR 457.340(b)

### Social Security Number

As a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as determined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one number.

- The CHIP Agency requires individuals, as a condition of eligibility, to furnish their social security number(s), with the following exceptions:

Individuals refusing to obtain a social security number (SSN) because of well established religious objections, or

Individuals who are not eligible for an SSN, or

Individuals who are issued an SSN only for a valid non-work purpose.

- The CHIP Agency assists individuals, who are required to provide their SSN, to apply for or obtain an SSN from the Social Security Administration if the individual does not have or forgot their SSN.

- The CHIP Agency informs individuals required to provide their SSN:

By what statutory authority the number is solicited; and

How the state will use the SSN.

- The CHIP Agency provides assurance that it will verify each SSN furnished by an applicant or beneficiary with the Social Security Administration, not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by the Social Security Administration and that the state's utilization of the SSNs is consistent with sections 205 and 1137 of the Social Security Act and the Privacy Act of 1974.

The state may request non-applicant household members to voluntarily provide their SSN, if the state meets the requirements below.

The state requests non-applicant household members to voluntarily provide their SSN.

- When requesting an SSN for non-applicant household members, the state assures that:
- At the time such SSN is requested, the state informs the non-applicant that this information is voluntary and provides information regarding how the SSN will be used; and
  - The state only uses the SSN for determination of eligibility for CHIP or other insurance affordability programs, or for a purpose directly connected with the administration of the state plan.

### PRA Disclosure Statement

**NOV 18 2015**



# CHIP Eligibility

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V.20130917

**NOV 18 2015**

SPA #: MO-14-0020

Approval Date: \_\_\_\_\_

Effective Date: January 1, 2014

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# CHIP Eligibility

State Name: Missouri

OMB Control Number: 0938-1148

Transmittal Number: MO - 14 - 0020

Expiration date: 10/31/2014

**Separate Child Health Insurance Program** **CS20**  
**Non-Financial Eligibility - Substitution of Coverage**

Section 2102(b)(3)(C) of the SSA and 42 CFR 457.340(d)(3), 457.350(i), and 457.805

## Substitution of Coverage

The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

Substitution of coverage prevention strategy:

	Name of policy	Description	
<b>+</b>	The joint Medicaid/CHIP application, asks the applicant to report any health insurance coverage. If the family reports creditable coverage (coverage that includes both doctor and hospital coverage), the child will be found ineligible. There is no waiting period for children.	The Agency tracks the number of individuals denied eligibility for CHIP due to creditable coverage as well as individuals who dropped insurance coverage without good cause. If substitution exceeds ten (10) percent, the Agency will collaborate with CMS to identify a strategy to reduce substitution.	<b>X</b>
<b>+</b>	To be eligible, a child must not have access to affordable insurance coverage. "Affordable employer-sponsored health care insurance or other affordable health care coverage" refers to health insurance requiring a monthly premium of: (1) Three percent of one hundred fifty percent of the federal poverty level for a family of three for families with a gross income of more than one hundred fifty and up to one hundred eighty-five percent of the federal poverty level for a family of three;		<b>X</b>

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# CHIP Eligibility

+	(2) Four percent of one hundred eighty-five percent of the federal poverty level for a family of three for a family with a gross income of more than one hundred eighty-five and up to two hundred twenty-five percent of the federal poverty level; (3) Five percent of two hundred twenty-five percent of the federal poverty level for a family of three for a family with a gross income of more than two hundred twenty-five but less than three hundred percent of the federal poverty level.	X
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A waiting period during which an individual is ineligible due to having dropped group health coverage.  No

If the state elects to offer dental only supplemental coverage, the following assurances apply:

- The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.
- The waiting period does not apply to children eligible for dental only supplemental coverage.

### PRA Disclosure Statement

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# CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: 14 - 00 - 0020

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Non-Payment of Premiums CS21

42 CFR 457.570

### Non-Payment of Premiums

Does the state impose premiums or enrollment fees?

Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?

Does the state have a premium lock out period?

Please describe the lock-out period:

What is the length of the time premium lock-out period?

Select a length of time:

- One month
- Two months
- 90 days
- Other (not to exceed 90 days)

Are there exceptions to the required lock-out period?

- Individual's income decreased to a level where no premium is required or within Medicaid standards
- Other financial hardship
- Other

	Describe	
+	Household income is less than 225% FPL.	X

The state assures that:

It does not require the collection of past due premiums or enrollment fees as a condition of eligibility for enrollment once the lock-out period has expired; and

It provides enrollees with an opportunity for an impartial review to address disenrollment from the program in accordance with section 457.1130(a)(3); and

The child will be reenrolled in CHIP during the lock-out period upon payment of past due premiums or enrollment fees.



# CHIP Eligibility

## PRA Disclosure Statement

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V.20140415

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