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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 21-0030

This file contains the following documents in the order listed:

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



Financial Management Group

December 17, 2021

Robert Knodell, Acting Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102

Re: Missouri Title XIX FMAP State Plan Amendment, Transmittal #21-0030

Dear Mr. Knodell:

We have reviewed the proposed Federal Medical Assistance Payment (FMAP) State Plan Amendment (SPA), MO 21-0030, which was submitted to the Centers for Medicare & Medicaid Services on September 21, 2021. This SPA describes the methodology used by the state for determining the appropriate FMAP rates, including the increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in 42 CFR 435.119.

Based on the information provided, the Medicaid SPA 21-0030 is approved with an effective date of July 1, 2021. We are enclosing the approved Form CMS-179 and the Medicaid state plan pages.

If you have any additional questions or need further assistance, please contact Yvette Moore at (646) 694-0915 or by email at Yvette.Moore@cms.hhs.gov.

ly,

Digitally signed by
Jennifer L. Clark -S
Date: 2021.12.17 15:51:07
-05'00'
Jennifer Clark
Deputy Director
Division of Financial Policy

Enclosures:

cc: Todd Richardson, State Medicaid Director, MO HealthNet Division

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 1 0 0 30	2. STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2021	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION Public Law 111-148 (ACA); 42 CFR 433; 1905(y)(1) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 21 \$ 0 b. FFY 22 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 18 to Attachment 2.6A pages 1-6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New

10. SUBJECT OF AMENDMENT
 The purpose of this State Plan is to establish the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR 440 Subpart C.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT *SLV*
 OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPED NAME Jennifer Tidball	
14. TITLE Acting Director	
15. DATE SUBMITTED 9-21-21	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 21, 2021	18. DATE APPROVED December 17, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL Digitally signed by Jennifer L. Clark -S Date: 2021.12.17 15:51:39 -05'00'
21. TYPED NAME Jennifer Clark	22. TITLE Deputy Director, Division of Financial Policy

23. REMARKS

State Plan Under Title XIX of the Social Security Act

State: Missouri

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 06/07/2021. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Population Group	Covered Populations Within New Adult Group	Applicable Population Adjustment				
		Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
A	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p>	B	C	D	E	F
Parents/Caretaker Relatives	Attachment A, Column C, Line 1 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No	No
Disabled Persons, non-institutionalized	Attachment A, Column C, Line 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No	No
Disabled Persons, institutionalized	Attachment A, Column C, Line 3 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No	No
Children Age 19 or 20	N/A	N/A	N/A	N/A	N/A	N/A
Childless Adults	N/A	N/A	N/A	N/A	N/A	N/A
Other Categories	N/A	N/A	N/A	N/A	N/A	N/A

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

Applies existing state data from periods before January 1, 2014.

Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).

An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 - Yes. The combined enrollment cap adjustment is described in Attachment C
 - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 - Applies a special circumstances adjustment(s).
 - Does not apply a special circumstances adjustment.
2. The state:
 - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

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 4 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.

Attachment A: Most Recent Updated Summary Information for Part 2 of the Modified Adjusted Gross Income (MAGI) Conversion Plan*

MISSOURI

07/07/2014

	Population Group	Net standard as of 12/1/09	Converted standard for FMAP claiming	Same as converted eligibilty standard? (yes, no, or n/a)	Source of information in Column C (New SIPP conversion or Part 1 of approved state MAGI conversion plan)	Data source for Conversion (SIPP or state data)
	A	B	C	D	E	F
Conversions for FMAP Claiming Purposes						
1	Parents/Caretaker Relatives				Part 1 of approved state MAGI conversion plan	state data
	Dollar standards by family size					
	1	\$136	\$141			
	2	\$234	\$241			
	3	\$292	\$301			
	4	\$342	\$353			
	5	\$388	\$400			
	6	\$431	\$445	yes		
	7	\$474	\$490			
	8	\$514	\$532			
	9	\$554	\$574			
	10	\$595	\$616			
	11	\$635	\$658			
12	\$675	\$700				
	add-on	\$40	\$42			
2	Noninstitutionalized Disabled Persons	85%	87%	n/a	new SIPP conversion	SIPP
	FPL %					
3	Institutionalized Disabled Persons	\$1,178	\$1,178	n/a	ABD conversion template	n/a
	Dollar standards					
4	Children Age 19-20	n/a	n/a	n/a	n/a	n/a
5	Childless Adults	n/a	n/a	n/a	n/a	n/a

n/a: Not applicable.

*The contents of this table will be updated automatically in case of modifications to the CMS approved MAGI Conversion Plan

Transition Methodologies

Missouri currently operates an 1115 Waiver for the Gateway to Better Health (GTBH) program. The waiver was implemented in 2010 and only provides limited ambulatory benefits. This population does not count as a covered adult group that would affect FMAP claiming because all GTBH enrollees are eligible for the enhanced FMAP. Since the eligibility standards for the GTBH are more restrictive than the adult group, all individuals in this waiver who originally met and continue to meet the GTBH eligibility requirements will qualify for the adult group. Therefore, there are no special FMAP adjustments associated with their transition out of the 1115 Waiver.

The Missouri Department of Social Services Family Support Division (FSD) is a state-administered agency responsible for the eligibility and enrollment process for Medicaid, as well as other state programs. For the purposes of the GTBH program, FSD eligibility specialists are responsible for screening GTBH applications for Medicaid eligibility and determining eligibility for GTBH. FSD will continue to process applications and enroll eligible applicants into GTBH through September 30, 2021.

Beginning October 1, 2021, and continuing through December 31, 2021, FSD will manually redetermine Medicaid eligibility on all bases for all GTBH members. This three month timeframe permits a necessary eligibility review as qualification for GTBH coverage is verified under the Family Assistance Management Information System (FAMIS), while coverage under Medicaid expansion will be determined under the Medicaid Eligibility Determination and Enrollment System (MEDES). FSD has dedicated a unit to manually convert GTBH cases into MEDES and oversee the redetermination of each GTBH member's eligibility. As the state phases-out the GTBH program, FSD will be responsible for closing the eligibility for GTBH enrollees. FSD will follow the same disenrollment process for GTBH members as for individuals eligible under the state Medicaid Plan, which includes notice of appeal rights, as described in more detail below.

FSD will take all of the necessary steps and comply with applicable federal statutes, regulations and relevant CMS policy guidance to redetermine Medicaid eligibility for active GTBH enrollees.

FSD will manually review all GTBH cases on an ongoing basis between 10-01-2021 and 12-31-2021.

If GTBH individuals should require hospitalization or medical services not available through the GTBH program before they are reviewed for conversion, FSD will work with the medical facility to expedite conversion.