

## **Table of Contents**

**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 13-0021-A**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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September 28, 2015

Brian Kinkade, Director  
Department of Social Services  
Broadway State Office Building  
PO Box 1527  
Jefferson City, MO 65102

Dear Mr. Kinkade:

On December 31, 2013, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #13-0021-MM1, which describes the Modified Adjusted Gross Income (MAGI) based eligibility groups in accordance with the Affordable Care Act. During the review of this SPA, it was determined necessary to split the SPA into two separate SPAs - 13-0021-MM1 and 13-0021-A. SPA 13-0021-A includes the following pages: Attachment 2.2-A, Pages 9c, 13, & 13a; Supplement 8a to Attachment 2.6-A, Page 5; and Supplement 1 to Attachment 2.2-A, page 1. It has a requested effective date of December 31, 2013.

This SPA clarifies coverage in place in the state as of December 31, 2013, with respect to individuals covered under 42 CFR 435.222, as well as those under age 18 who are in Nursing Facilities, Intermediate Care Facilities for person with Intellectual Disability, and under age 21 who are receiving active treatment as inpatients in psychiatric treatment facilities or programs, who would be eligible for AFDC, SSI, or optional state supplement if not institutionalized. This SPA does not reflect a change in state policy.

SPA 13-0021-A was approved on September 24, 2015, with an effective date of December 31, 2013, as requested. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Missouri State Plan.

If you have any questions regarding this amendment, please contact Barbara Cotterman at 816-426-5925.

Sincerely,

//s//

James G. Scott  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

Enclosure

cc: Dr. Joe Parks

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**13-0021A**

2. STATE  
**Missouri**

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**12-31-2013**

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:  
**42 CFR 435.210; 1902(a)(10)(A)(ii); 1905(a); 42 CFR  
435.211; 42 CFR 435.222**

7. FEDERAL BUDGET IMPACT:  
a. FFY 13      \$0  
b. FFY 14      \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 2.2-A Page 9c  
Attachment 2.2-A Page 13a  
Attachment 2.2-A Page 13  
Supplement 8a to Attachment 2.6-A page 5  
Supplement 1 to Attachment 2.2-A page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
The same pages as in block 8 \*

10. SUBJECT OF AMENDMENT:

Reasonable Classifications of children

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENTS  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
**Brian Kinkade**

14. TITLE:  
**Director, Department of Social Services**

15. DATE SUBMITTED:  
**8/27/15**

16. RETURN TO:

**Julie Gibson, Director  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65103**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **December 31, 2013**

18. DATE APPROVED: **September 24, 2015**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**December 31, 2013**

20. SIGNATURE OF REGIONAL OFFICIAL:  
*/s/*

21. TYPED NAME: **James G. Scott**

22. TITLE: **Associate Regional Administrator  
for Medicaid and Children's Health Operations**

23. REMARKS:

\* Pen and Ink changes per request dated 9.8.15

State: Missouri

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Citation(s)	Groups Covered
42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the ACT	<p>B. Optional Groups other than the Medically Needy</p> <p><input type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional state supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.</p> <p><input type="checkbox"/> The plan covers all individuals as described above.</p> <p><input type="checkbox"/> The plan covers only the following group or groups of individuals:</p> <ul style="list-style-type: none"><li>- Aged</li><li>- Blind</li><li>- Disabled</li><li>- Caretaker relatives</li><li>- Pregnant Women</li></ul>
42 CFR 435.211	<p><input type="checkbox"/> 2. Individuals who would be eligible for AFDC, SSI, or an optional state supplement as specified in 42 CFR 435.230, if they were not in a medical institution.</p> <p><input checked="" type="checkbox"/> a.</p> <p>Only reasonable classifications of individuals described in B.2. who are individuals in NFs who are under the age of 18, individuals in ICF/MR who are under 18, and individuals receiving active treatment as inpatients in psychiatric treatment facilities or programs under the age of 21. These services are covered in the state plan.</p>

State: Missouri

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Citation(s)	Groups Covered
42 CFR 435.222	B. Optional Groups other than the Medically Needy (continued)
	<input checked="" type="checkbox"/> b.
	<input checked="" type="checkbox"/> (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
	<input checked="" type="checkbox"/> (a) In foster homes (and are under the age of <u>21</u> ).
	<input checked="" type="checkbox"/> (b) In private institutions (and are under the age of <u>21</u> ).
	<input type="checkbox"/> (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of <u>  </u> ).
	<input checked="" type="checkbox"/> (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of <u>21</u> ).
	<input type="checkbox"/> (3) Individuals in NFs (who are under the age of <u>  </u> ). NF services are provided under this plan.
	<input type="checkbox"/> (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of <u>  </u> ).

State: Missouri

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Citation(s)	Groups Covered
	B. Optional Groups other than the Medically Needy (continued)
	— (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient services for individuals under age 21 are provided under this plan.
	— (6) Other defined groups (and ages), as specified in Supplement 1 of <u>Attachment 2.2-A.</u>

Revision: HCFA-PM-91-4 (BPD)  
August 1991

Supplement 1 to Attachment 2.2-A  
Page 1  
OMB No: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Missouri

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Reasonable Classifications of Individuals Under The Age of 21, 20, 19, and 18

Reserved for future use.

State: Missouri

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For the reasonable classifications of individuals under age 21 in reference to 42 CFR 435.222 Attachment 2.2-A B.7.b(1)(a), (1)(b), and (2): Exclude all income.

For Mandatory Coverage –Categorically Needy Groups as described in Sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), and 1902(a)(10)(A)(i)(VII) of the Social Security Act:

- Annual Social Security cost-of-living-adjustments shall be disregarded until the annual federal poverty level adjustment.