

## **Table of Contents**

**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 14-0001**

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

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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November 14, 2014

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

Dear Mr. Kinkade:

On February 28, 2014, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #14-01, which proposed to set reasonable limitations under Section 1902(r)(1)(A)(ii) for costs which may be deducted from total income when determining client obligation through post-eligibility calculations required under 42 CFR 435.726 and 435.733.

SPA 14-01 was approved on November 12, 2014, with an effective date of January 1, 2014, as requested by the state. 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 or Debbie Read at (816) 426-5925.

Sincerely,

//s//

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

Enclosure

cc: Dr. Joe Parks  
Debbie Meller  
Valarie Howard

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 14-01	2. STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 12-01-2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 1902(r)(1)(A)(ii)	7. FEDERAL BUDGET IMPACT: a. FFY <del>13</del> ( <del>\$264,366.90</del> ) '14 - (\$1,189,651) b. FFY <del>14</del> ( <del>\$1,586,201.44</del> ) '15 - (\$1,586,201)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 3 to Attachment 2.6-A, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  New Material

10. SUBJECT OF AMENDMENT:

Reasonable Limits Under Section 1902(r)(1)(A)(ii)

11. GOVERNOR'S REVIEW (Check One):

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

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Brian Kinkade	Alyson Campbell, Director Family Support Division P.O. Box 2320 Jefferson City, MO 65103
14. TITLE: Acting Director, Department of Social Services	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 28, 2014	18. DATE APPROVED: November 12, 2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	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 change per 10.29.14 e-mail from state.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_Missouri\_\_\_\_\_

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL  
CARE NOT COVERED UNDER MEDICAID UNDER SECTION 1902 (r)(1)(A)(ii) OF THE  
ACT

A deduction from the individual's income for any single medical or remedial care expense is allowable only once, but expenses may be deducted for however many months it takes to deplete the total expense. Institutional long-term care medical expenses are allowed as a deduction at an amount equal to the Medicaid reimbursement rate.

The following applies in determining surplus during the post eligibility treatment of income:

- The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.
- The amount of outstanding medical or remedial care expenses which may be deducted is limited to those expenses not covered by Medicaid or any other third party which were incurred during the three months prior to the month of application.
- All medical expenses must be verified as medically necessary.
- Covered services beyond the amount of the Medicaid State Plan that are medically necessary are limited to the Medicaid State Plan rates.

TN No. MS-14-01 Approval Date November 12, 2014 Effective Date 01-01-2014

Supersedes TN No. New Material