Table of Contents

State/Territory Name: MO

State Plan Amendment (SPA) #: 14-0013-MM5

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice (delete if not applicable)
- 4) Approved SPA Pages

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



Division of Medicaid and Children's Health Operations

June 30, 2014

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

Dear Mr. Kinkade:

On March 31, 2014, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #14-0013-MM5, which describes the Modified Adjusted Gross Income (MAGI) residency requirements. The MAGI based residency requirements are set forth in at 1902(b)(2) of the Act and in 42 CFR § 435.403.

SPA 14-0013-MM5 was approved on June 27, 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 Karen Hatcher or Debbie Read at (816) 426-5925.

Sincerely,

//s//

Megan Buck Acting Associate Regional Administrator for Medicaid and Children's Health Operations

Enclosure

cc: Dr. Joe Parks

Debbie Meller Kimberly O'Hare Emily Rowe

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Transmittal Number Please enter the Tr year, and 0000 = a	ansmittal Number (TN) in th	Missouri umber (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission umber with leading zeros. The dashes must also be entered.		
MO-14-0013	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Proposed Effective I	Date			
01/01/2014	(mm/dd/yyyy	(mm/dd/yyyy)		
Federal Statute/Regi	ulation Citation			
42 CFR 435.403				
Federal Budget Imp	act Federal Fiscal Year	Amount		
First Year	2013	\$ 0.00		
Second Year	2014	\$ 0.00		
	ligibility - State Residence	cy		
Governor's Office R Governo	eview r's office reported no co	omment		
	ats of Governor's office			
			<u></u>	
	received within 45 days	s of submittal		
			*	
Signature of State A	~ *	While Ollien		
Submitted By: Last Revision I		Kimberly O'Hara Jun 25, 2014		
Submit Date:	-	Mar 31, 2014		

SUPERSEDING PAGES OF STATE PLAN MATERIAL						
TRANSMITTAL NUMBER:	STATE:					
MO-14-0013 MM5	Missouri					
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):					
S88 Non-Financial Eligibility- State Residency	Section 2.3, Page 13, TN 87-9 Attachment 2.6-A: Page 3, Item 4, TN 14-0014 MM6					



Transmittal Number: MO 14-0013-MM5

Medicaid Eligibility

OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

		Cinancial Eligibility Residency	S88		
42	CFR	435.403			
Sta	te R	esidency			
7		e state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under tain conditions.			
	Individuals are considered to be residents of the state under the following conditions:				
		Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:			
		■ Intends to reside in the state, including without a fixed address, or			
		■ Entered the state with a job commitment or seeking employment, whether or not currently employed.			
		Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.	1		
		Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:			
		Residing in the state, with or without a fixed address, or			
		The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.			
		Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:			
		Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behaviour resides in the state, or	alf		
		Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual placement, or	al's		
		If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.			
		Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the statunless another state made the placement.	ite,		
		Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.			
		Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed institution by another state.	n the		
		IV-E eligible children living in the state, or			

Approval Date: June 27, 2014

Page 1 of 4

Effective Date: January 1, 2014



Medicaid Eligibility

Otherwise meet the requirements of 42 CFR 435.403.



Medicaid Eligibility

Meet the criteria specified in an interstate agreement.								
• Yes O No								
■ The state has interstate agreements with the following selected states:								
		Montana						
		Nebraska						
	⊠ Iowa	Nevada	South Dakota					
		New Hampshire						
		New Jersey						
	∑ Louisiana	New Mexico	□ Utah					
	Maine	☐ New York	∨ Vermont					
□ Delaware	Maryland	North Carolina	∇irginia					
□ District of Columbia	Massachusetts	North Dakota	⊠ Washington					
	Michigan	Ohio						
⊠ Georgia	Minnesota	○ Oklahoma						
Mawaii	Mississippi		☐ Wyoming					
	☐ Missouri	Pennsylvania						
The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply): Are IV-E eligible Are in the state only for the purpose of attending school Are out of the state only for the purpose of attending school								
Retain addresses in both	Retain addresses in both states							
Other type of individual	☐ Other type of individual							
The state has a policy related to individuals in the state only to attend school.								
○ Yes • No								
Otherwise meet the criteria of resident, but who may be temporarily absent from the state.								
The state has a definition of temporary absence, including treatment of individuals who attend school in another state.								
• Yes O No								



Medicaid Eligibility

Provide a description of the definition:

If the individual indicates they still intend to remain a resident, their coverage is not terminated in accordance with 42 CFR 435.403(j)(3).

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 40 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.