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State/Territory Name: MO

State Plan Amendment (SPA) #: 21-0032

This file contains the following documents in the order listed:

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

MO - Submission Package - MO2021MS00070 - (MO-21-0032) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 Division of Program Operations
 601 E. 12th Street
 Room 355
 Kansas City, MO 64106



Center for Medicaid & CHIP Services

June 28, 2022

Todd Richardson
 Director
 MO HealthNet Division
 615 Howerton Court
 Jefferson City, MO 65109

Re: Approval of State Plan Amendment MO-21-0032

Dear Mr. Richardson,

On September 24, 2021, the Centers for Medicare and Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-21-0032 to update the state's existing regular and hospital Presumptive Eligibility (PE) programs to include determinations for the Adult Group. In addition, the amendment proposes to remove citizenship, national status, and immigration status as eligibility requirements for any PE program, including hospital PE. It also allows additional provider types to serve as qualified entities to make PE determinations for the Adult Group, Parent/Caretaker Relatives, Former Foster Care Youth, Children, and Pregnant Women.

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Missouri's State Plan Amendment (SPA) 21-0032, Regular and Hospital Presumptive Eligibility (PE). We approve Missouri's SPA MO 21-0032. The following are the effective dates of the various Reviewable Units (RUs) in the submission: PE, PE for Children under Age 19, and Hospital PE - July 1, 2021. PE for Parents and Other Caretake Relatives, PE for Pregnant Women, PE for the Adult Group and PE for the Former Foster Care Children - March 1, 2022. These dates were requested by the state.

Reviewable Unit	Effective Date
Presumptive Eligibility	July 01, 2021
Presumptive Eligibility for Children under Age 19	July 01, 2021
Parents and Other Caretaker Relatives - Presumptive Eligibility	March 01, 2022
Presumptive Eligibility for Pregnant Women	March 01, 2022
Adult Group - Presumptive Eligibility	March 01, 2022
Former Foster Care Children - Presumptive Eligibility	March 01, 2022
Presumptive Eligibility by Hospitals	July 01, 2021

If you have any questions regarding this amendment, please contact Deborah Read at deborah.read@cms.hhs.gov

Sincerely,
 James G. Scott
 Director, Division of Program Operations
 Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Missouri

Medicaid Agency Name: MO HealthNet Division

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

Package Header

Package ID MO2021MS00070
Submission Type Official
Approval Date 6/28/2022
Superseded SPA ID N/A

SPA ID MO-21-0032
Initial Submission Date 9/24/2021
Effective Date N/A

SPA ID and Effective Date

SPA ID MO-21-0032

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	7/1/2021	MO-13-0021
Presumptive Eligibility for Children under Age 19	7/1/2021	MO-13-0021
Parents and Other Caretaker Relatives - Presumptive Eligibility	3/1/2022	New
Presumptive Eligibility for Pregnant Women	3/1/2022	MO-13-0021
Adult Group - Presumptive Eligibility	3/1/2022	New
Former Foster Care Children - Presumptive Eligibility	3/1/2022	New
Presumptive Eligibility by Hospitals	7/1/2021	MO-14-0012

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Update Hospital Presumptive Eligibility Program to include determinations for Expansion coverage. The addition of the Adult Group to the HPE program is effective July 1, 2021. Citizenship, national status, and immigration status are no longer an eligibility requirement for any PE program, including Hospital PE. Changes related to citizenship and immigration requirement are effective October 1, 2021.

Effective 3/1/2022, allow Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Community Mental Health Centers (CMHCs) and Comprehensive Substance Treatment and Rehabilitation (CSTARs) to determine Presumptive Eligibility for the Adult Group, Parent/Caretaker Relatives and Former Foster Care Youth. Effective 3/1/2022, to allow CMHCs and CSTARs to determine Presumptive Eligibility for Pregnant Women and Children.

This SPA also updates each PE program with provider performance standards for all provider types.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

42 CFR 435.1110 and 42 CFR 435.1102, and 42 CFR 435.1103.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	MO-13-0021		
	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Adult Group - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Presumptive Eligibility

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Superseded SPA ID	MO-13-0021		
	User-Entered		

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

CMS-10434 OMB 0938-1188

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	System-Derived		

Presumptive eligibility for children is determined under the following provisions:

A. Presumptive Eligibility Income Standard

2. The income standard for presumptive eligibility is the higher of the standard used for Targeted Low-Income Children (42 CFR 435.229) or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

B. Presumptive Eligibility Age Limit

Children under the following age may be determined presumptively eligible:

Under age:

19

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

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	System-Derived		

C. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 1. a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 2. b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Presumptive Eligibility for Children under Age 19

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	System-Derived		

D. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
PE-1SSL fillable 03.1.2022	3/29/2022 2:56 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

Using information provided on the application for presumptive eligibility (PE-1SSL) the qualified entity completes a worksheet (PE-2 Worksheet) and makes a determination. Individuals are screened on specific questions to determine their categorical needs. If ineligible on any section, qualified entity goes to last section of form and indicates reason for ineligibility. If eligible on questions they continue to the household size and income calculations. Based on an income standard, they are determined eligible or ineligible.

If individual is eligible, they receive an authorization notice (PE-3); if ineligible, they are given a copy of the PE-2 Worksheet.

E. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. Household income must not exceed the applicable income standard for the child's age, described in Section A.

- a. A reasonable estimate of MAGI-based income is used to determine household income.
- b. Gross income is used to determine household size.
- 2. State residency
- 3. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Children under Age 19

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	System-Derived		

F. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.









2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:











Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Rural Health Centers (RHCs)	RHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Federally Qualified Health Center (FQHCs)	FQHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Qualified Hospitals	Qualified Hospitals with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Community Mental Health Centers (CMHCs)	CMHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Comprehensive Substance Treatment and Rehabilitation (CSTARs)	CSTARs with signed memorandum of agreement to determine presumptive eligibility after completing state training.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
ME Codes for Full MO HealthNet	3/21/2022 1:41 PM EDT	
1. Introductory Information	3/22/2022 9:20 AM EDT	
_Script for video #1	3/22/2022 9:20 AM EDT	
FSD and MHD Contact Information	3/22/2022 9:34 AM EDT	
13. Contact and Closing Information	3/22/2022 9:34 AM EDT	
Script for video #13	3/22/2022 9:34 AM EDT	
5. PE for Children	3/22/2022 9:34 AM EDT	
_Script for video #5	3/22/2022 9:34 AM EDT	

Name	Date Created	
4. Determining Presumptive Eligibility	3/22/2022 9:34 AM EDT	
_Script for video #4	3/22/2022 9:34 AM EDT	
3. General Information for PE Programs	3/22/2022 9:34 AM EDT	
_Script for video #3	3/22/2022 9:34 AM EDT	
2021 PE Appendix A - rev-12.2021	3/22/2022 9:34 AM EDT	
_Script for video #2	3/22/2022 9:34 AM EDT	
2. PE Policy changes and Forms	3/22/2022 9:34 AM EDT	
Script for video #10	3/22/2022 9:34 AM EDT	
10. What Do you Do After You Have Made a PE Determination	3/22/2022 9:34 AM EDT	
Script for video #11	3/22/2022 9:34 AM EDT	
11. EMCIA and When It is Used	3/22/2022 9:34 AM EDT	
12. Performance Standards and Corrective Action	3/22/2022 10:09 AM EDT	
Script for video #12	3/22/2022 10:09 AM EDT	
PE-1SSL fillable 03.1.2022	3/29/2022 3:02 PM EDT	
PE-2 Worksheet-fillable-3.1.2022	3/29/2022 3:02 PM EDT	
PE-3 03.1.2022	5/13/2022 12:56 PM EDT	
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Presumptive Eligibility for Children under Age 19

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G. Additional Information (optional)

Performance Standards:

1. Check for existing full MO HealthNet coverage prior to completing a PE determination. Expectation is that correct determinations will be made on 90% or more of the PE applications received.
2. Check for receipt of PE within the past 12 months for non-pregnancy PE programs or during the current pregnancy for pregnant women. Expectation is that correct determinations will be made on 98% or more of the PE applications received.
3. Determine PE accurately. Expectation is that correct determinations will be made on 90% or more of the PE applications received.
4. Assist applicants in completing and submitting a full MO HealthNet application. Expectation is that 90% of these applications (full applications) should be received prior to the end date of the PE period.
5. Full MO HealthNet applications submitted prior to the end of the PE period will be used to determine ongoing MO HealthNet eligibility. Expectation is that 95% of these applications should be approved for ongoing full coverage. Exception: Full Medicaid applications denied due to citizenship or immigration status are not counted in this percentage since the state does not require an attestation of eligible immigration status or citizenship in PE.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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Medicaid State Plan Eligibility

Presumptive Eligibility

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

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Superseded SPA ID	New		
	User-Entered		

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Parents and Other Caretaker Relatives - Presumptive Eligibility

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B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
 - a. Paper - A copy of the application form is included.
 - b. Online - A copy of the application form is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
PE-1SSL fillable 03.1.2022	3/29/2022 3:07 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

Using information provided on the application for presumptive eligibility (PE-1SSL) the qualified entity completes a worksheet (PE-2 Worksheet) and makes a determination. Individuals are screened on specific questions to determine their categorical needs. An adult may qualify for coverage based on their reported circumstances in one of 4 categories in the following hierarchy:

1. PE for pregnancy
2. PE for Parents/Caretaker Relatives
3. PE for Former Foster Care Youth
4. PE for the Adult Group

If ineligible, qualified entity goes to last section of form and indicates reason for ineligibility. If eligible, go to the last section of the form and indicates eligibility and program they are eligible for. Based on an income standard, they are determined eligible or ineligible.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must be a caretaker relative, as described at 42 CFR 435.110.
2. Household income must not exceed the applicable income standard described at 42 CFR 435.110.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household income.
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Parents and Other Caretaker Relatives - Presumptive Eligibility

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D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.









2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

















Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Qualified Hospitals	Hospitals with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Federally Qualified Health Centers (FQHCs)	FQHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Comprehensive Substance Treatment and Rehabilitation (CSTARs)	CSTARs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Rural Health Centers (RHCs)	RHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Community Mental Health Centers (CMHCs)	CMHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
1. Introductory Information	3/21/2022 1:51 PM EDT	
_Script for video #1	3/21/2022 1:51 PM EDT	
ME Codes for Full MO HealthNet	3/21/2022 1:51 PM EDT	
2. PE Policy changes and Forms	3/22/2022 10:16 AM EDT	
_Script for video #2	3/22/2022 10:16 AM EDT	
3. General Information for PE Programs	3/22/2022 10:16 AM EDT	
_Script for video #3	3/22/2022 10:16 AM EDT	
4. Determining Presumptive Eligibility	3/22/2022 10:16 AM EDT	

Name	Date Created	
_Script for video #4	3/22/2022 10:16 AM EDT	
8. PE for Parents and Caretaker Relatives	3/22/2022 10:16 AM EDT	
Script for video #10	3/22/2022 10:19 AM EDT	
10. What Do you Do After You Have Made a PE Determination	3/22/2022 10:19 AM EDT	
Script for video #11	3/22/2022 10:19 AM EDT	
11. EMCIA and When It is Used	3/22/2022 10:19 AM EDT	
12. Performance Standards and Corrective Action	3/22/2022 10:19 AM EDT	
Script for video #12	3/22/2022 10:19 AM EDT	
Script for video #13	3/22/2022 10:19 AM EDT	
13. Contact and Closing Information	3/22/2022 10:19 AM EDT	
FSD and MHD Contact Information	3/22/2022 10:19 AM EDT	
2021 PE Appendix A - rev-12.2021	3/22/2022 10:21 AM EDT	
PE-1SSL fillable 03.1.2022	3/29/2022 3:11 PM EDT	
PE-2 Worksheet-fillable-3.1.2022	3/29/2022 3:11 PM EDT	
PE-3 03.1.2022	5/13/2022 12:48 PM EDT	
Script for video #8	5/13/2022 12:48 PM EDT	

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	3/1/2022
Superseded SPA ID	New		
	User-Entered		

E. Additional Information (optional)

Performance Standards:

1. Check for existing full MO HealthNet coverage prior to completing a PE determination. Expectation is that correct determinations will be made on 90% or more of the PE applications received.
2. Check for receipt of PE within the past 12 months for non-pregnancy PE programs or during the current pregnancy for pregnant women. Expectation is that correct determinations will be made on 98% or more of the PE applications received.
3. Determine PE accurately. Expectation is that correct determinations will be made on 90% or more of the PE applications received.
4. Assist applicants in completing and submitting a full MO HealthNet application. Expectation is that 90% of these applications (full applications) should be received prior to the end date of the PE period.
5. Full MO HealthNet applications submitted prior to the end of the PE period will be used to determine ongoing MO HealthNet eligibility. Expectation is that 95% of these applications should be approved for ongoing full coverage. Exception: Full Medicaid applications denied due to citizenship or immigration status are not counted in this percentage since the state does not require an attestation of eligible immigration status or citizenship in PE.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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MO - Submission Package - MO2021MS00070 - (MO-21-0032) - Eligibility

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Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	<u>3/1/2022</u>
Superseded SPA ID	MO-13-0021		
	System-Derived		

The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

- a. Paper - A copy of the application form is included.
- b. Online - A copy of the application form is included.

- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
PE-1SSL fillable 03.1.2022	3/29/2022 3:14 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

Applicants apply through PE qualified entities by completing the application for presumptive eligibility (PE-1SSL). Client statement is accepted for all eligibility requirements.

Using information provided on the application the qualified entity completes a worksheet (PE-2 Worksheet) and makes a determination. If ineligible on any requirement, qualified entity goes to last section of form and indicates reason for ineligibility. If eligible on all requirements they are approved and given an authorization notice (PE-3PW). If ineligible, they are given a copy of the PE-2 Worksheet.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- The woman must be pregnant.
- Household income must not exceed the applicable income standard at 42 CFR 435.116.

- a. A reasonable estimate of MAGI-based income is used to determine household income.
- b. Gross income is used to determine household size.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	3/1/2022
Superseded SPA ID	MO-13-0021		
	System-Derived		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.







2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:



















Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Rural Health Clinics (RHCs)	RHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Qualified Hospitals	Qualified Hospitals with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Community Mental Health Centers (CMHCs)	CMHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Comprehensive Substance Treatment and Rehabilitation (CSTARs)	CSTARs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Local Public Health Agency (LPHAs)	LPHAs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Federally Qualified Health Centers (FQHCs)	FQHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
ME Codes for Full MO HealthNet	3/21/2022 1:47 PM EDT	
_Script for video #1	3/21/2022 1:47 PM EDT	
1. Introductory Information	3/21/2022 1:47 PM EDT	
_Script for video #2	3/22/2022 10:26 AM EDT	
2. PE Policy changes and Forms	3/22/2022 10:26 AM EDT	
3. General Information for PE Programs	3/22/2022 10:26 AM EDT	

Name	Date Created	
_Script for video #3	3/22/2022 10:26 AM EDT	
4. Determining Presumptive Eligibility	3/22/2022 10:26 AM EDT	
_Script for video #4	3/22/2022 10:26 AM EDT	
6. PE for Pregnant Women	3/22/2022 10:26 AM EDT	
10. What Do you Do After You Have Made a PE Determination	3/22/2022 10:28 AM EDT	
Script for video #10	3/22/2022 10:28 AM EDT	
11. EMCIA and When It is Used	3/22/2022 10:28 AM EDT	
Script for video #11	3/22/2022 10:28 AM EDT	
12. Performance Standards and Corrective Action	3/22/2022 10:28 AM EDT	
Script for video #12	3/22/2022 10:28 AM EDT	
13. Contact and Closing Information	3/22/2022 10:28 AM EDT	
Script for video #13	3/22/2022 10:28 AM EDT	
FSD and MHD Contact Information	3/22/2022 10:28 AM EDT	
2021 PE Appendix A - rev-12.2021	3/22/2022 10:30 AM EDT	
PE-1SSL fillable 03.1.2022	3/29/2022 3:17 PM EDT	
PE-2 Worksheet-fillable-3.1.2022	3/29/2022 3:17 PM EDT	
_Script for video #6	5/13/2022 12:26 PM EDT	
PE-3PW 03.01.2022	5/13/2022 12:43 PM EDT	

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	3/1/2022
Superseded SPA ID	MO-13-0021		
	System-Derived		

E. Additional Information (optional)

Performance Standards:

1. Check for existing full MO HealthNet coverage prior to completing a PE determination. Expectation is that correct determinations will be made on 90% or more of the PE applications received.
2. Check for receipt of PE within the past 12 months for non-pregnancy PE programs or during the current pregnancy for pregnant women. Expectation is that correct determinations will be made on 98% or more of the PE applications received.
3. Determine PE accurately. Expectation is that correct determinations will be made on 90% or more of the PE applications received.
4. Assist applicants in completing and submitting a full MO HealthNet application. Expectation is that 90% of these applications (full applications) should be received prior to the end date of the PE period.
5. Full MO HealthNet applications submitted prior to the end of the PE period will be used to determine ongoing MO HealthNet eligibility. Expectation is that 95% of these applications should be approved for ongoing full coverage. Exception: Full Medicaid applications denied due to citizenship or immigration status are not counted in this percentage since the state does not require an attestation of eligible immigration status or citizenship in PE.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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MO - Submission Package - MO2021MS00070 - (MO-21-0032) - Eligibility

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Medicaid State Plan Eligibility

Presumptive Eligibility

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	<u>3/1/2022</u>
Superseded SPA ID	New User-Entered		

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made, or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	3/1/2022
Superseded SPA ID	New User-Entered		

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
PE-1SSL fillable 03.1.2022	3/29/2022 3:21 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

Using information provided on the application for presumptive eligibility (PE-1SSL) the qualified entity completes a worksheet (PE-2 Worksheet) and makes a determination. Individuals are screened on specific questions to determine their categorical needs. An adult may qualify for coverage based on their reported circumstances in one of 4 categories in the following hierarchy:

1. PE for pregnancy
2. PE for Parents/Caretaker Relatives
3. PE for Former Foster Care Youth
4. PE for the Adult Group

If ineligible, qualified entity goes to last section of form and indicates reason for ineligibility. If eligible, go to the last section of the form and indicates eligibility and program they are eligible for. Based on an income standard, they are determined eligible or ineligible.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.119.
2. Household income must not exceed the applicable income standard described at 42 CFR 435.119.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household income.
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	3/1/2022
Superseded SPA ID	New User-Entered		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.








2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:


















Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Qualified Hospitals	Hospitals with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Federally Qualified Health Centers (FQHCs)	FQHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Rural Health Centers (RHCs)	RHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Community Mental Health Centers (CMHCs)	CMHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Comprehensive Substance Treatment and Rehabilitation (CSTARs)	CSTARs with signed memorandum of agreement to determine presumptive eligibility after completing state training.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
2021 PE Appendix A - rev-12.2021	3/21/2022 1:32 PM EDT	
Script for video #9	3/21/2022 1:32 PM EDT	
9. PE for the Adult Expansion Group	3/21/2022 1:32 PM EDT	
ME Codes for Full MO HealthNet	3/21/2022 1:34 PM EDT	
1. Introductory Information	3/22/2022 9:18 AM EDT	
_Script for video #1	3/22/2022 9:18 AM EDT	
_Script for video #2	3/22/2022 10:35 AM EDT	

Name	Date Created	
2. PE Policy changes and Forms	3/22/2022 10:35 AM EDT	
3. General Information for PE Programs	3/22/2022 10:35 AM EDT	
_Script for video #3	3/22/2022 10:35 AM EDT	
4. Determining Presumptive Eligibility	3/22/2022 10:35 AM EDT	
_Script for video #4	3/22/2022 10:35 AM EDT	
Script for video #10	3/22/2022 10:38 AM EDT	
10. What Do you Do After You Have Made a PE Determination	3/22/2022 10:38 AM EDT	
Script for video #11	3/22/2022 10:38 AM EDT	
11. EMCIA and When It is Used	3/22/2022 10:38 AM EDT	
12. Performance Standards and Corrective Action	3/22/2022 10:38 AM EDT	
Script for video #12	3/22/2022 10:38 AM EDT	
Script for video #13	3/22/2022 10:38 AM EDT	
13. Contact and Closing Information	3/22/2022 10:38 AM EDT	
FSD and MHD Contact Information	3/22/2022 10:38 AM EDT	
PE-1SSL fillable 03.1.2022	3/29/2022 3:24 PM EDT	
PE-2 Worksheet-fillable-3.1.2022	3/29/2022 3:24 PM EDT	
PE-3 03.1.2022	5/13/2022 12:59 PM EDT	

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	3/1/2022
Superseded SPA ID	New User-Entered		

E. Additional Information (optional)

Performance Standards:

1. Check for existing full MO HealthNet coverage prior to completing a PE determination. Expectation is that correct determinations will be made on 90% or more of the PE applications received.
2. Check for receipt of PE within the past 12 months for non-pregnancy PE programs or during the current pregnancy for pregnant women. Expectation is that correct determinations will be made on 98% or more of the PE applications received.
3. Determine PE accurately. Expectation is that correct determinations will be made on 90% or more of the PE applications received.
4. Assist applicants in completing and submitting a full MO HealthNet application. Expectation is that 90% of these applications (full applications) should be received prior to the end date of the PE period.
5. Full MO HealthNet applications submitted prior to the end of the PE period will be used to determine ongoing MO HealthNet eligibility. Expectation is that 95% of these applications should be approved for ongoing full coverage. Exception: Full Medicaid applications denied due to citizenship or immigration status are not counted in this percentage since the state does not require an attestation of eligible immigration status or citizenship in PE.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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MO - Submission Package - MO2021MS00070 - (MO-21-0032) - Eligibility

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Medicaid State Plan Eligibility

Presumptive Eligibility

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

The state covers former foster care children when determined presumptively eligible by a qualified entity.

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	<u>3/1/2022</u>
Superseded SPA ID	New		
	User-Entered		

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
Approval Date	6/28/2022	Effective Date	3/1/2022
Superseded SPA ID	New User-Entered		

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
 - a. Paper - A copy of the application form is included.
 - b. Online - A copy of the application form is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
PE-1SSL fillable 03.1.2022	3/29/2022 3:26 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

Using information provided on the application for presumptive eligibility (PE-1SSL) the qualified entity completes a worksheet (PE-2 Worksheet) and makes a determination. Individuals are screened on specific questions to determine their categorical needs. An adult may qualify for coverage based on their reported circumstances in one of 4 categories in the following hierarchy:

1. PE for pregnancy
2. PE for Parents/Caretaker Relatives
3. PE for Former Foster Care Youth
4. PE for the Adult Group

If ineligible, qualified entity goes to last section of form and indicates reason for ineligibility. If eligible, go to the last section of the form and indicates eligibility and program they are eligible for. Based on an income standard, they are determined eligible or ineligible.

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must meet the categorical requirements of 42 CFR 435.150.
- 2. State residency
- 3. Citizenship, status as a national, or satisfactory immigration status

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
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Superseded SPA ID	New User-Entered		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.









2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

















Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Qualified Hospitals	Hospitals with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Federally Qualified Health Centers (FQHCs)	FQHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Rural Health Centers (RHCs)	RHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Community Mental Health Centers (CMHCs)	CMHCs with signed memorandum of agreement to determine presumptive eligibility after completing state training.
Comprehensive Substance Treatment and Rehabilitation (CSTARs)	CSTARs with signed memorandum of agreement to determine presumptive eligibility after completing state training.

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
ME Codes for Full MO HealthNet	3/21/2022 1:56 PM EDT	
1. Introductory Information	3/21/2022 1:56 PM EDT	
_Script for video #1	3/21/2022 1:56 PM EDT	
2. PE Policy changes and Forms	3/22/2022 11:01 AM EDT	
_Script for video #2	3/22/2022 11:01 AM EDT	
3. General Information for PE Programs	3/22/2022 11:01 AM EDT	
_Script for video #3	3/22/2022 11:01 AM EDT	
4. Determining Presumptive Eligibility	3/22/2022 11:01 AM EDT	

Name	Date Created	
_Script for video #4	3/22/2022 11:01 AM EDT	
Script for video #7	3/22/2022 11:01 AM EDT	
Script for video #10	3/22/2022 11:01 AM EDT	
10. What Do you Do After You Have Made a PE Determination	3/22/2022 11:01 AM EDT	
11. EMCIA and When It is Used	3/22/2022 11:01 AM EDT	
Script for video #11	3/22/2022 11:01 AM EDT	
12. Performance Standards and Corrective Action	3/22/2022 11:01 AM EDT	
Script for video #12	3/22/2022 11:01 AM EDT	
Script for video #13	3/22/2022 11:01 AM EDT	
13. Contact and Closing Information	3/22/2022 11:01 AM EDT	
FSD and MHD Contact Information	3/22/2022 11:01 AM EDT	
2021 PE Appendix A - rev-12.2021	3/22/2022 11:03 AM EDT	
PE-1SSL fillable 03.1.2022	3/29/2022 3:28 PM EDT	
PE-2 Worksheet-fillable-3.1.2022	3/29/2022 3:28 PM EDT	
7. PE for Former Foster Care Youth	5/13/2022 12:38 PM EDT	
PE-3 03.1.2022	5/13/2022 12:39 PM EDT	

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

Package Header

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E. Additional Information (optional)

Performance Standards:

1. Check for existing full MO HealthNet coverage prior to completing a PE determination. Expectation is that correct determinations will be made on 90% or more of the PE applications received.
2. Check for receipt of PE within the past 12 months for non-pregnancy PE programs or during the current pregnancy for pregnant women. Expectation is that correct determinations will be made on 98% or more of the PE applications received.
3. Determine PE accurately. Expectation is that correct determinations will be made on 90% or more of the PE applications received.
4. Assist applicants in completing and submitting a full MO HealthNet application. Expectation is that 90% of these applications (full applications) should be received prior to the end date of the PE period.
5. Full MO HealthNet applications submitted prior to the end of the PE period will be used to determine ongoing MO HealthNet eligibility. Expectation is that 95% of these applications should be approved for ongoing full coverage. Exception: Full Medicaid applications denied due to citizenship or immigration status are not counted in this percentage since the state does not require an attestation of eligible immigration status or citizenship in PE.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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MO - Submission Package - MO2021MS00070 - (MO-21-0032) - Eligibility

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Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032

CMS-10434 OMB 0938-1188

Package Header

Package ID	MO2021MS00070	SPA ID	MO-21-0032
Submission Type	Official	Initial Submission Date	9/24/2021
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Superseded SPA ID	MO-14-0012		
	System-Derived		

- The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.
- The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

- Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
- Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
- Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

Presumptive Eligibility by Hospitals

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	System-Derived		

B. Eligibility Groups or Populations Included

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes No

9. Other Medicaid state plan eligibility groups:

10. Demonstration populations covered under section 1115

Presumptive Eligibility by Hospitals

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C. Standards for Participating Hospitals

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

Yes No

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Percentage of individuals submitting a regular application:

90.00%

The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Percentage of individuals found eligible for Medicaid

95.00%

The state has elected one or more other reasonable standard(s).

Description
Qualified entities must check for existing full MO HealthNet coverage prior to completing a PE determination. Our expectation is that the qualified entities make this determination correctly on at least 90% of PE applications.
Qualified entities must check for receipt of PE within the past 12 months for children, parent/caretaker relative, adult expansion group, and former foster care youth, or during the current pregnancy for pregnant women. Our expectation is that the qualified entities make this determination correctly on at least 98% of PE applications.
PE must be determined accurately. Our expectation is that correct determinations will be made on 90% or more of the PE applications received.

D. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:

- a. No more than one period within a calendar year.
- b. No more than one period within two calendar years.
- c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
- d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- e. Other reasonable limitation:

Name of limitation	Description
Limitation for Pregnancy	No more than one period per pregnancy
Limitation for all other programs	No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Presumptive Eligibility by Hospitals

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E. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application form for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
PE-1SSL fillable 03.1.2022	3/29/2022 3:30 PM EDT	

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

Using information provided on the application for presumptive eligibility (PE-1SSL) the qualified entity completes a worksheet (PE-2 Worksheet) and makes a determination. Individuals are screened on specific questions to determine their categorical needs. An adult may qualify for coverage based on their reported circumstances in one of 4 categories in the following hierarchy:

1. PE for pregnancy
2. PE for Parents/Caretaker Relatives
3. PE for Former Foster Care Youth
4. PE for the Adult Group

If ineligible, qualified entity goes to last section of form and indicates reason for ineligibility. If eligible, go to the last section of the form and indicates eligibility and program they are eligible for. Based on an income standard, they are determined eligible or ineligible.

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
2. Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
 - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00070 | MO-21-0032






















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Superseded SPA ID MO-14-0012
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SPA ID MO-21-0032
Initial Submission Date 9/24/2021
Effective Date 7/1/2021

G. Qualified Entity Requirements

- 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- 2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
2021 PE Appendix A - rev-12.2021	3/21/2022 1:25 PM EDT	
Script for video #9	3/21/2022 1:25 PM EDT	
9. PE for the Adult Expansion Group	3/21/2022 1:25 PM EDT	
ME Codes for Full MO HealthNet	3/21/2022 1:36 PM EDT	
1. Introductory Information	3/21/2022 1:59 PM EDT	
_Script for video #1	3/21/2022 1:59 PM EDT	
_Script for video #2	3/22/2022 11:21 AM EDT	
2. PE Policy changes and Forms	3/22/2022 11:21 AM EDT	
3. General Information for PE Programs	3/22/2022 11:21 AM EDT	
_Script for video #3	3/22/2022 11:21 AM EDT	
4. Determining Presumptive Eligibility	3/22/2022 11:21 AM EDT	
_Script for video #4	3/22/2022 11:21 AM EDT	
5. PE for Children	3/22/2022 11:21 AM EDT	
_Script for video #5	3/22/2022 11:21 AM EDT	
6. PE for Pregnant Women	3/22/2022 11:21 AM EDT	
Script for video #7	3/22/2022 11:21 AM EDT	
8. PE for Parents and Caretaker Relatives	3/22/2022 11:21 AM EDT	
Script for video #10	3/22/2022 11:21 AM EDT	
10. What Do you Do After You Have Made a PE Determination	3/22/2022 11:21 AM EDT	
11. EMCIA and When It is Used	3/22/2022 11:21 AM EDT	
Script for video #11	3/22/2022 11:21 AM EDT	

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12. Performance Standards and Corrective Action	3/22/2022 11:21 AM EDT	
Script for video #12	3/22/2022 11:21 AM EDT	
Script for video #13	3/22/2022 11:21 AM EDT	
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FSD and MHD Contact Information	3/22/2022 11:21 AM EDT	
PE-1SSL fillable 03.1.2022	3/29/2022 3:34 PM EDT	
PE-2 Worksheet-fillable-3.1.2022	3/29/2022 3:34 PM EDT	
_Script for video #6	5/13/2022 1:07 PM EDT	
7. PE for Former Foster Care Youth	5/13/2022 1:07 PM EDT	
Script for video #8	5/13/2022 1:07 PM EDT	
PE-3 03.1.2022	5/13/2022 1:07 PM EDT	
PE-3PW 03.01.2022	5/13/2022 1:07 PM EDT	
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H. Additional Information (optional)

*As of July 1, 2021, Missouri is adding the Adult Expansion group PE. As of October 1, 2021, Missouri is removing the citizenship, status as a national, or satisfactory immigration status as an eligibility factor.

*In section C above, the state attests that 95% of individuals determined eligible for Presumptive Eligibility must also be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period. However, full Medicaid applications denied due to citizenship or immigration status are not counted in this percentage since the state does not require an attestation of eligible immigration status or citizenship in PE.

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