

## **Table of Contents**

**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 13-0003**

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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June 18, 2015

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

Dear Mr. Kinkade:

On December 24, 2013, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #13-03 of Attachment 2.6-A, page 4 which proposed to raise the personal needs allowance (PNA) for institutionalized individuals subject to post-eligibility requirements at 42 CFR 435.733. The PNA is increased for aged, blind and disabled individuals from \$35 to \$40 per month for an individual and from \$70 to \$80 per month for a couple; for AFDC-related adults and children from \$35 to \$40 per month, and for individuals eligible under 42 CFR 435.222 from \$35 to \$40 per month, superseding the last transmittal of this page in SPA #12-15.

SPA 13-03 was approved on June 17, 2015, with an effective date of July 1, 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 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  
Valerie Howard

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <u>13-03</u>	2. STATE Missouri
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 <del>01-01-2013</del> * 07/01/2013	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1924 of the Social Security Act 42 CFR 435.733		7. FEDERAL BUDGET IMPACT: a. FFY 13 <del>\$1,249,885</del> * \$312,471 b. FFY 14 <del>\$1,263,327</del> * \$1,263,328	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.6-A, Page 4a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Supersedes MS- <del>03-18</del> Attachment 2.6-A, Page 4a * 12-15	
10. SUBJECT OF AMENDMENT:  Increase in Personal Needs Allowance			
11. GOVERNOR'S REVIEW (Check One):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <i>[Signature]</i>		16. RETURN TO:  Alyson Campbell, Director Family Support Division P.O. Box 2320 Jefferson City, MO 65103	
13. TYPED NAME: Brian Kinkade			
14. TITLE: Acting Director, Department of Social Services			
15. DATE SUBMITTED: <u>12-20-13</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 24, 2013		18. DATE APPROVED: June 17, 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 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 states response to RAI dated 4.30.15.

Revision:

ATTACHMENT 2.6-A

Page 4a

State: Missouri

Citation(s)  
1924 of the Act  
435.725  
435.733

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Condition of Requirement

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than **\$40** for Individual and **\$80** for Couples for all Institutionalized Persons.

a. Aged, Blind, and Disabled:

Individuals     **\$40.00**  
Couples        **\$80.00**

For the following with greater need:

- Individuals who participate in sheltered workshops
- Individuals who are paying child support ordered by a court or the state child support agency

Supplement 12a to Attachment 2.6-A describes the greater need basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and , where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:

Children        **\$40.00**  
Adults          **\$40.00**

For the following with greater need:

N/A

Supplement 12a to Attachment 2.6-A describes the greater need basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and , where appropriate, identifies the organizational unit which determines that a criterion is met.

- c. Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A. **\$40.00**