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State/Territory Name: MO

State Plan Amendment (SPA) #: 14-0012-MM7

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 12th Street, Suite 355 Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

November 4, 2014

Brian Kinkade, Director Missouri Department of Social Services Broadway State Office Building P.O. Box 1527 Jefferson City, Missouri 65102

Dear Mr. Kinkade:

On March 31, 2014, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #14-0012-MM7, which describes the Modified Adjusted Gross Income (MAGI)-based hospital presumptive eligibility criteria covered under Missouri's Medicaid State Plan. The MAGI presumptive eligibility as set forth in 42 CFR § 435.1110 allows states to provide Medicaid services to children under 19 years of age, during period of presumptive eligibility, prior to formal determination.

SPA 14-0012-MM7 was approved on November 3, 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 Deborah Read or Karen Hatcher at (816) 426-5925.

Sincerely,

//s//

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

Enclosure

cc: Joe Parks, M.D. Debbie Melller Kim O'Hara

Prease enter the Transmittal Number (TV) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered. MO-14-0012 Proposed Effective Date 01/01/2014 (nmt/dd/yyyy) Federal Statute/Regulation Citation 42 CFR 435.1110 Federal Budget Impact Federal Fiscal Year Amount First Year 2013 \$ 0.00 Second Year 2014 \$ 0.00 Subject of Amendment Presumptive eligibility determinations by qualified entities-hospitals Governor's office reported no comment Comments of Governor's office received Describe: No reply received within 45 days of submittal Other, as specified Describe:	State/Territory name: Transmittal Number		Missouri
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Signature of State Agency Official

Submitted By:	Kimberly O'Hara
Last Revision Date:	Oct 29, 2014
Submit Date:	Mar 31, 2014



Medicaid Eligibility

Presumptive Eligibility by Hospitals S21
42 CFR 435.1110
One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.
⊙ Yes ∩ No
The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:
A qualified hospital is a hospital that:
 Participates as a provider under the Medicaid 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
The eligibility groups or populations for which hospitals determine eligibility presumptively are:
Pregnant Women
Infants and Children under Age 19
Parents and Other Caretaker Relatives
Adult Group, if covered by the state
Individuals above 133% FPL under Age 65, if covered by the state
Individuals Eligible for Family Planning Services, if covered by the state
Former Foster Care Children
Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state
Other Family/Adult groups:
Eligibility groups for individuals age 65 and over
Eligibility groups for individuals who are blind
Eligibility groups for individuals with disabilities
Other Medicaid state plan eligibility groups
Demonstration populations covered under section 1115
The state establishes standards for qualified hospitals making presumptive eligibility determinations.

Approval Date: November 3, 2014



Medicaid Eligibility

• Yes O No			
Select one or both:			
$\boxtimes \begin{array}{c} \text{The state has standards tha} \\ \text{application, as described at} \end{array}$	t relate to the propo 42 CFR 435.907, 1	ortion of individuals determined presumptively eligible before the end of the presumptive eligibility period.	e who submit a regular
Description of standards:	months from the da standard after the 1 monitored quarter!	tions must result in a regular application. (this standar ate of the hospital's election to determine PE. Hospita 2 month exemption period must submit a corrective a y. If still not meeting expectations established in corr tal will be disqualified from determining presumptive	als failing to meet this action plan to be ective action plan after
$\boxtimes \begin{array}{c} \text{The state has standards tha} \\ \text{submission of an application} \end{array}$	t relate to the propo on before the end of	ortion of individuals who are determined eligible for M f the presumptive eligibility period.	Aedicaid based on the
Description of standards:	election to determi period must submi expectations establ	dard. (this standard will be applied 12 months from th ne PE. Hospitals failing to meet this standard after the t a corrective action plan to be monitored quarterly. If lished in corrective action plan after one year, the hosp presumptive eligibility for 3 yrs)	e 12 month exemption f still not meeting
The presumptive period begins	on the date the dete	ermination is made.	
The end date of the presumptive	e period is the earli	er of:	
		alar Medicaid is made, if an application for Medicaid i determination of presumptive eligibility is made; or	is filed by the last day of
The last day of the month application for Medicaid is		h in which the determination of presumptive eligibilit	y is made, if no
Periods of presumptive eligibili	ty are limited as fo	llows:	
O No more than one period w	thin a calendar yea	ır.	
\bigcirc No more than one period with	thin two calendar	years.	
\bigcirc No more than one period we period.	thin a twelve-mon	th period, starting with the effective date of the initial	presumptive eligibility
• Other reasonable limitation:			
Name of	limitation	Description	
➡ Limitation for P	regnancy	No more than one period per pregnancy	X
	l other programs	No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.	x
The state requires that a written app	lication be signed	by the applicant, parent or representative, as appropria	ate.



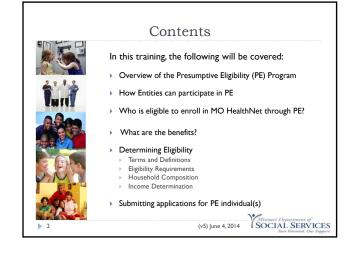
Medicaid Eligibility

\bigcirc The state uses a single application form	for Medicaid and presumptive eligibility, approved b	y CMS.
• The state uses a separate application form included.	m for presumptive eligibility, approved by CMS. A c	copy of the application form is
	An attachment is submitted.	
The presumptive eligibility determination is	based on the following factors:	
being determined (e.g., based on age, pr	ncial eligibility for the group for which the individua regnancy status, status as a parent/caretaker relative, o Medicaid 1115 demonstration for that group)	
Household income must not exceed the eligibility is being determined, if an inc	applicable income standard for the group for which ome standard is applicable for this group.	the individual's presumptive
State residency		
Citizenship, status as a national, or satis	factory immigration status	
The state assures that it has communicated the rehability hospitals. A copy of the training materials has be	equirements for qualified hospitals, and has provided een included.	adequate training to the
	An attachment is submitted.	

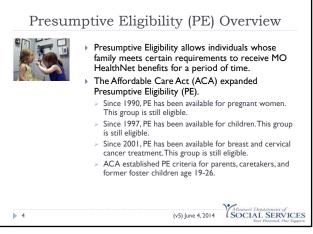
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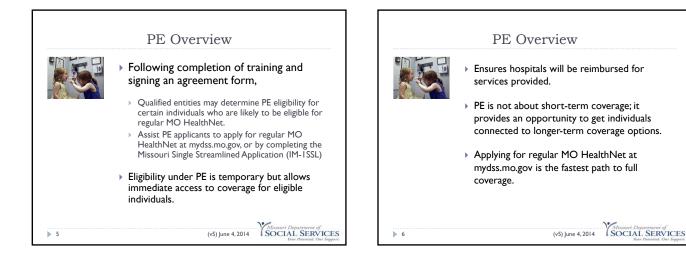
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated 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.



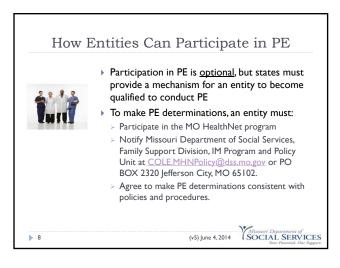


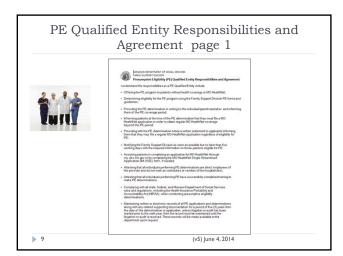


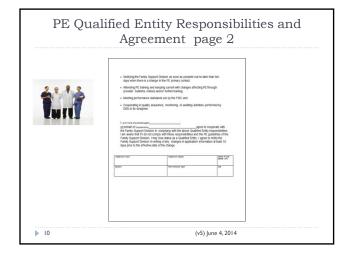


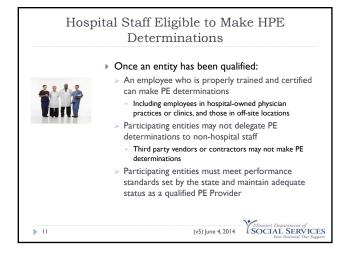


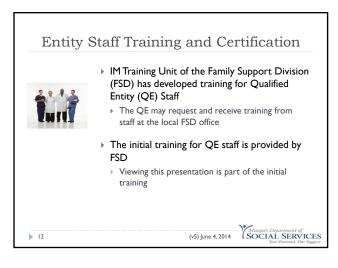


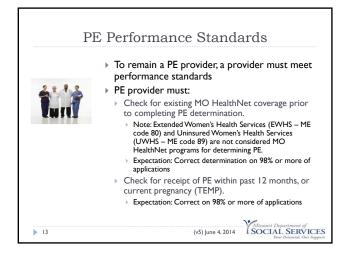


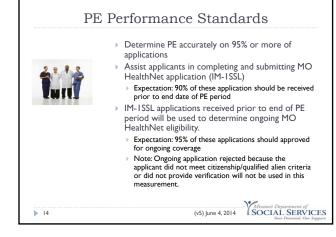


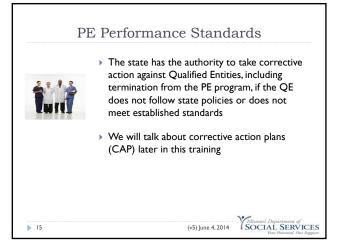




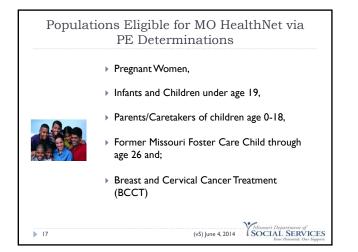


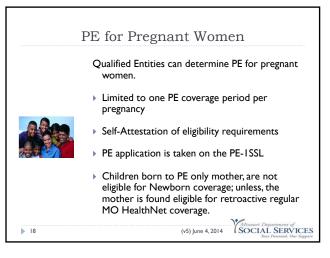


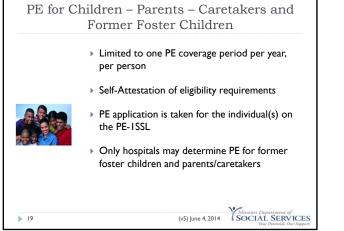


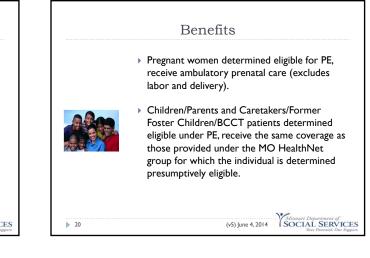


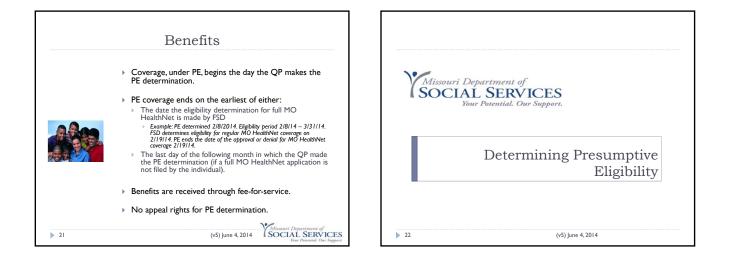


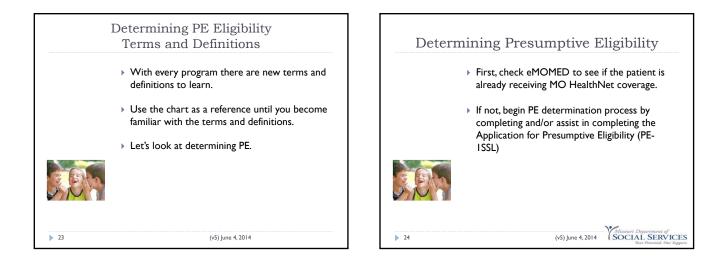








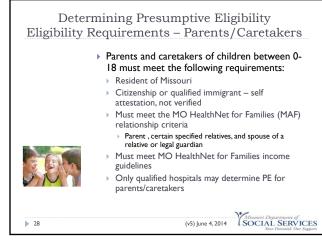


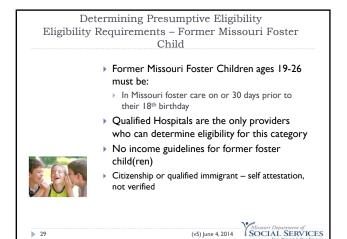


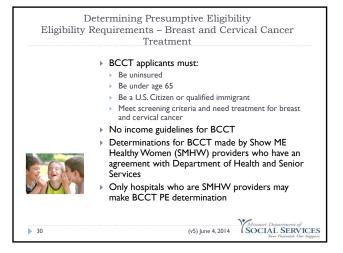
Transmittal Number: MO 14-0012-MM7 Approval Date: November 3, 2014

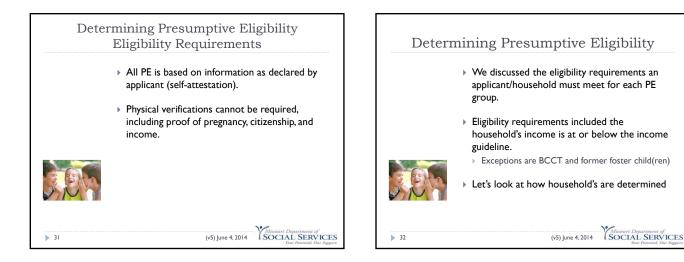




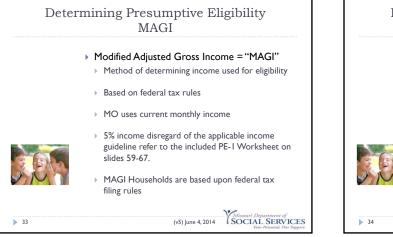


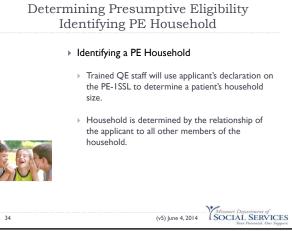


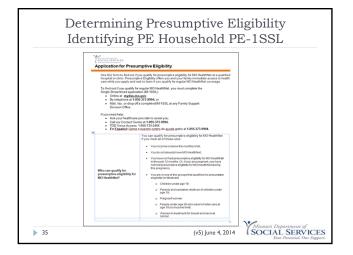


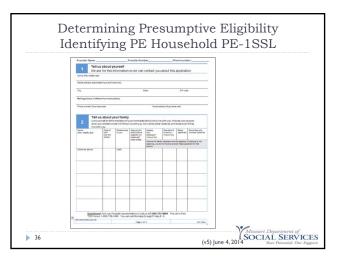


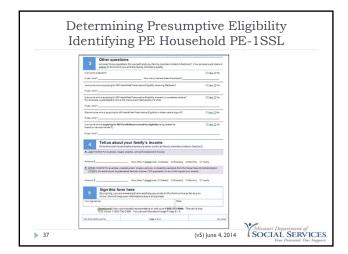
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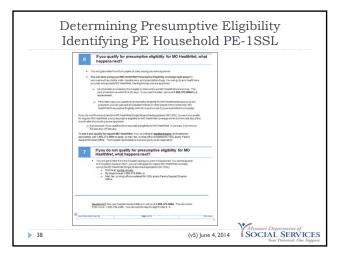


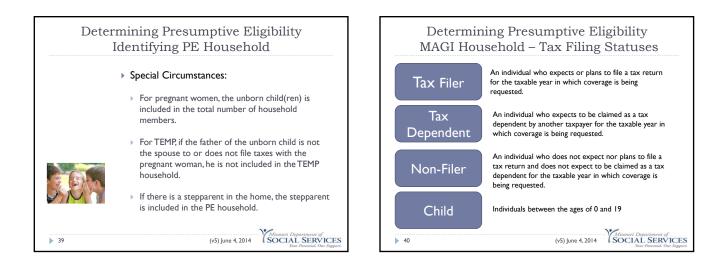


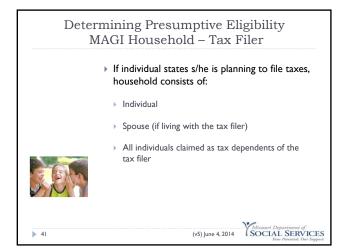




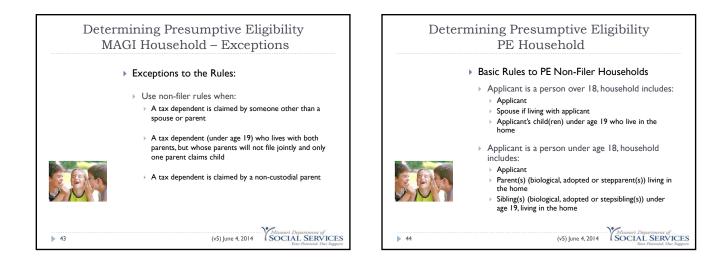




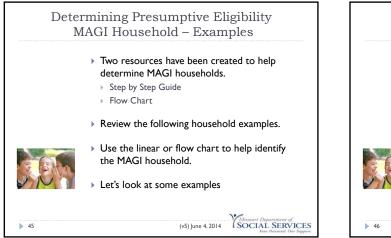


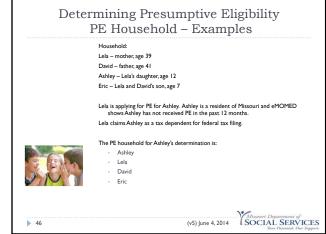


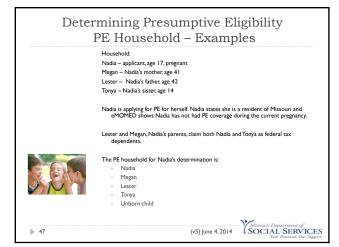


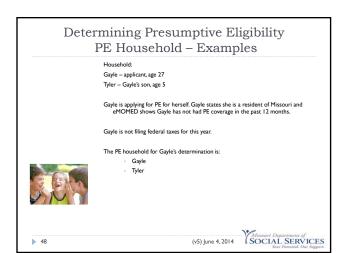


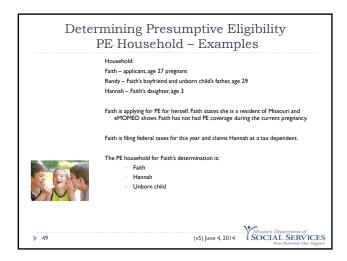
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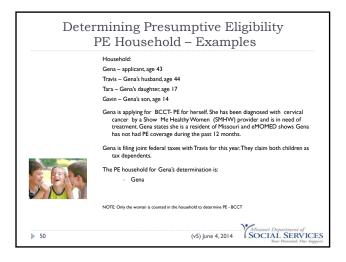


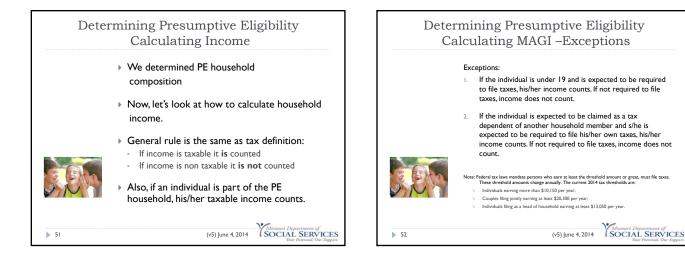


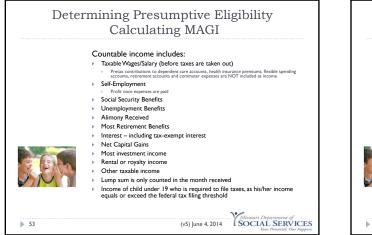


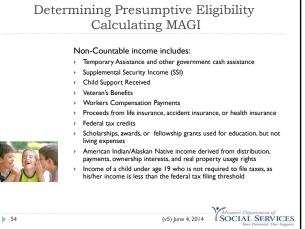


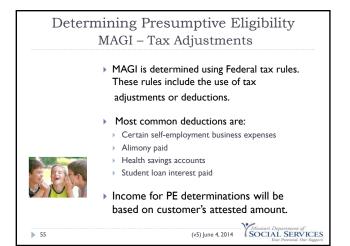


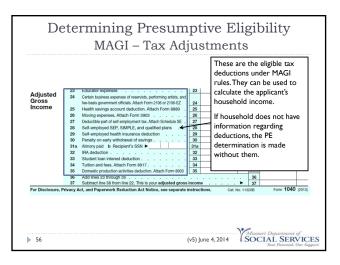


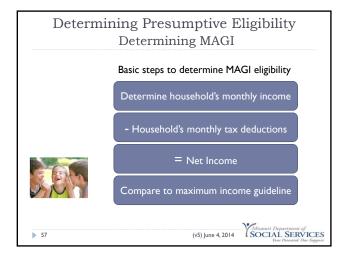


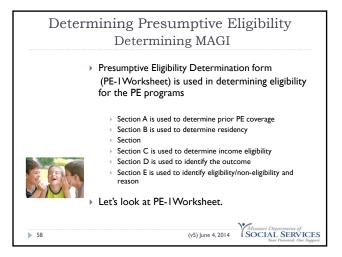


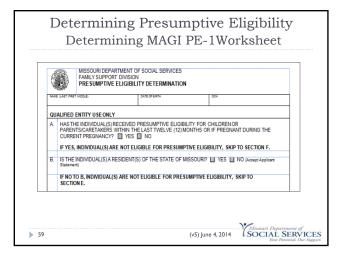


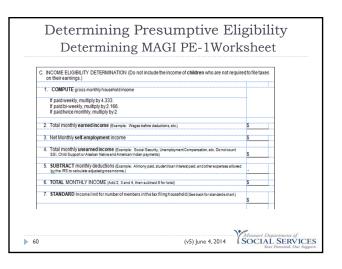


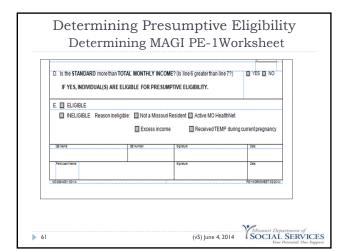






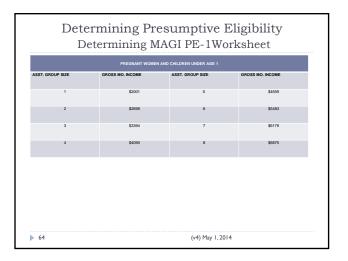






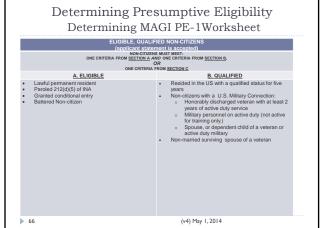
G. ELIGIBLE INELIGIBL	E		
Reason ineligible:	Has active MO HealthNet	Received Presumptive Eligit	ility during the last 12 months
Reason ineligible:	Not a Missouri Resident	Not a U.S. Citizen or qualified	I and eligible immigrant
	Received TEMP dur	ing current pregnancy	Excessive income
QE Name:	QE Number:	Signature	Data
Applicant Name:		Applicant S	gradure Date
MO 886-8051 (02-14)			PE-IWORKSHEET (062014

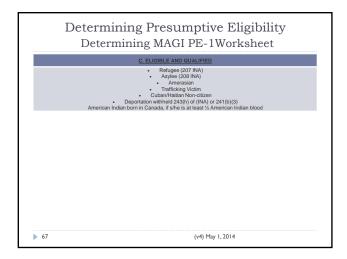
Determining Presumptive Eligibility Determining MAGI PE-1Worksheet			
CHIL	DREN AGES 1 THROUGH AGE 18	until the day before their 19th birt	hday)
ASST. GROUP SIZE	GROSS MO. INCOME	ASST. GROUP SIZE	GROSS MO. INCOME
1	\$1532	5	\$3663
2	\$2065	6	\$4196
3	\$2597	7	\$4729
4	\$3130	8	\$5262
63		(v4) May I, J	2014

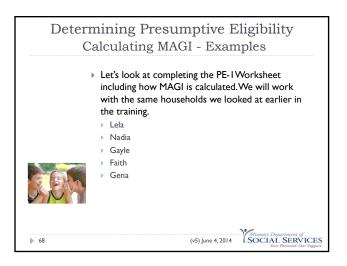


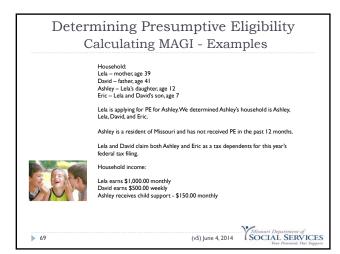
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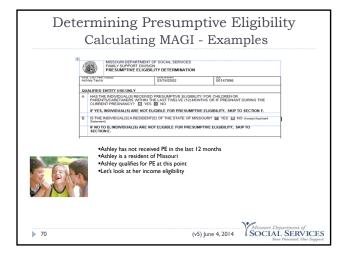
	(this number	OR CARETAKERS OF CHILDREN UN does not adjust annually)	
ASST. GROUP SIZE	GROSS MO. INCOME	ASST. GROUP SIZE	GROSS MO. INCOME
1	\$148	5	\$420
2	\$253	6	\$467
3	\$316	7	\$515
4	\$371	8	\$559

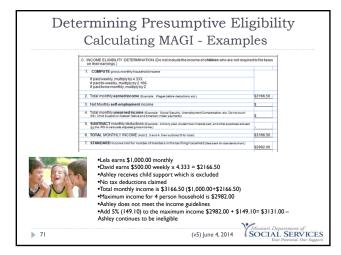


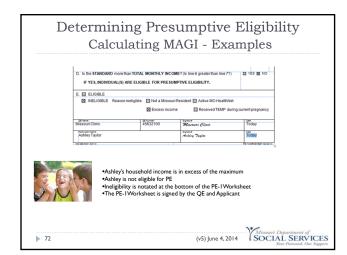


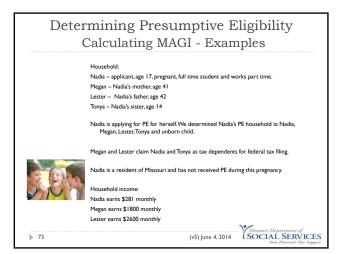


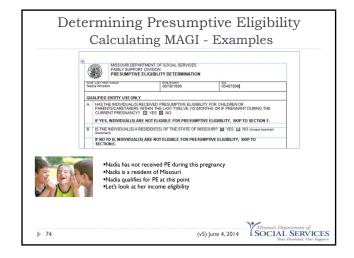


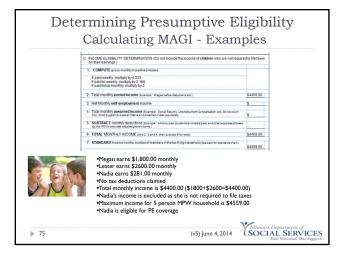


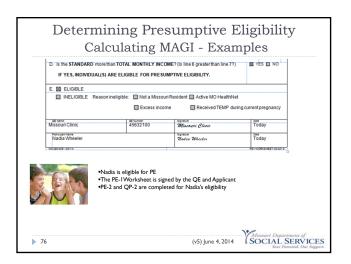


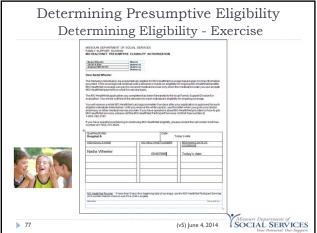


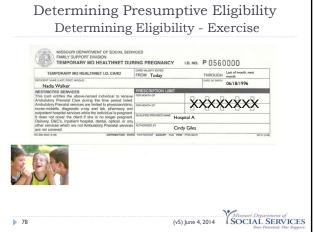


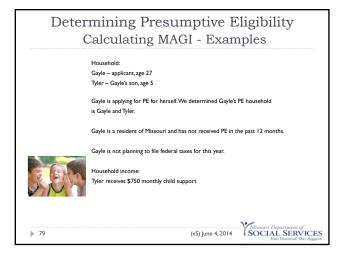


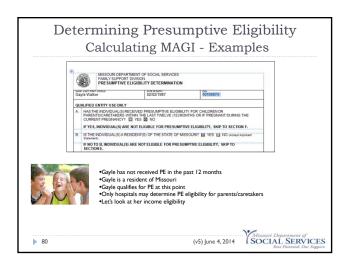


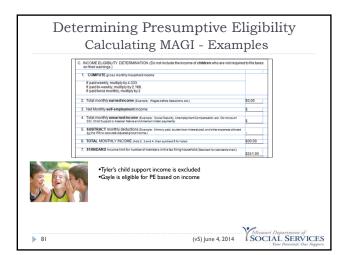




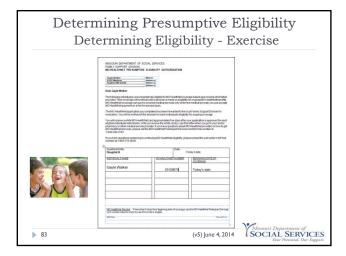


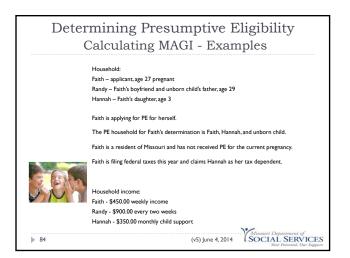


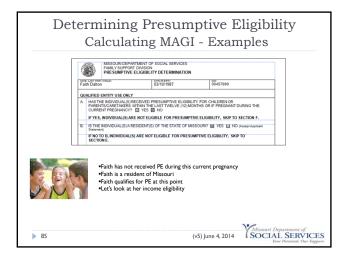


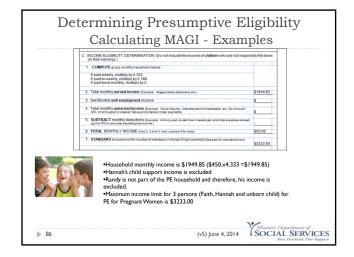


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82			(v5) June 4, 2014	Missouri Department of SOCIAL SERVICES Your Potential. Our Support.

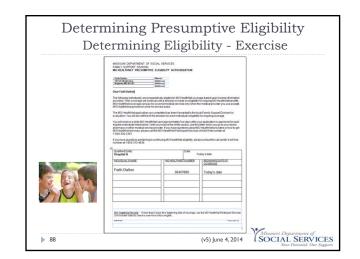


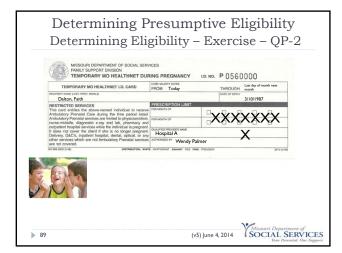


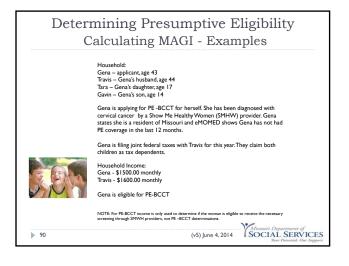


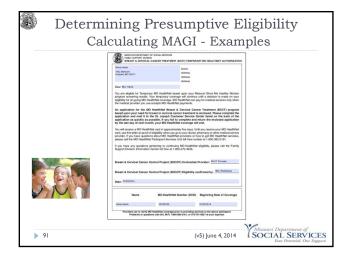


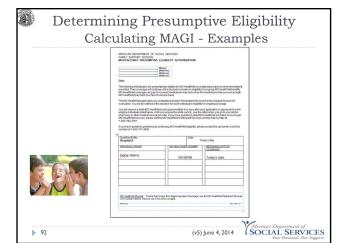
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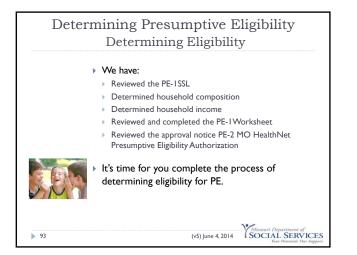


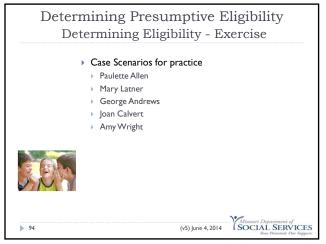


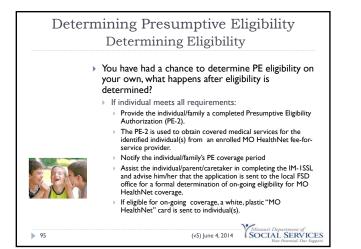


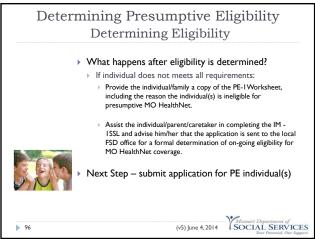


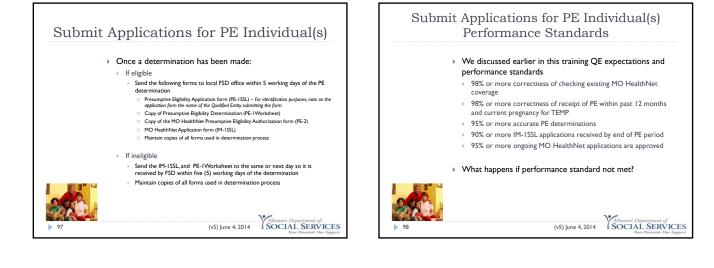


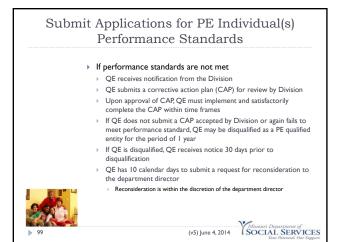


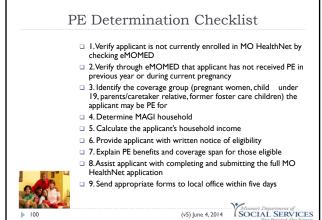


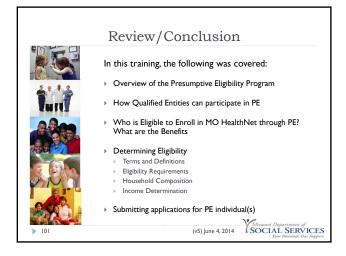
















Application for Presumptive Eligibility

Use this form to find out if you qualify for presumptive eligibility for MO HealthNet at a qualified hospital or clinic. Presumptive Eligibility offers you and your family immediate access to health care while you apply and wait to learn if you qualify for regular MO HealthNet coverage.

To find out if you qualify for regular MO HealthNet, you must complete the Single Streamlined application (IM-1SSL):

- Online at mydss.mo.gov;
- By telephone at **1-855-373-9994**; or
- Mail, fax, or drop off a completed IM-1SSL at any Family Support Division Office.

If you need help:

- Ask your healthcare provider to assist you;
- Call our Contact Center at 1-855-373-9994.
- TDD Voice Access: 1-800-735-2466
- En Español: Llame a nuestro centro de ayuda gratis al 1-855-373-9994.

You can qualify for presumptive eligibility for MO HealthNet if you meet all of these rules:

- Your income is below the monthly limit;
- You do not already have MO HealthNet, except for Uninsured Women's Health Services or Extended Women's Health Services;
- You have not had presumptive eligibility for MO HealthNet in the past 12 months. Or, if you are pregnant, you have not had Temporary (TEMP) MO HealthNet during this pregnancy.
 - You are in one of the groups that qualifies for presumptive eligibility for MO HealthNet:
 - o Children under age 19;
 - Parents and caretaker relatives of children under age 19;
 - o Pregnant women;
 - People under age 26 who were in foster care at age 18;
 - Women in treatment for breast and cervical cancer.

Who can qualify for presumptive eligibility for MO HealthNet?

1

ZIP code

Tell us about yourself

We ask for this information so we can contact you about this application.

Name (first, middle, last)

Home address (leave blank if you don't have one)

City

State

County

Mailing address (if different from home address)

Phone number (if you have one)

Email address (if you have one)

2

Tell us about your family

List yourself and the members of your immediate family who live with you. Include your spouse and your children under 19 if they live with you. Do not list other relatives or friends even if they live with you.

	you.						
Name (first, middle, last)	Date of birth (XX/XX/ XXXX)	Relationship to you	Applying for presumptive eligibility for MO HealthNet?	Already has MO HealthNet? (Yes or No)	Resident of Missouri? (Yes or No)	Race (optional)	Social Security Number (optional)
			(Yes or No)	Answer for family members who are applying. If a person is not applying, you do not have to answer these questions for that person			
(Same as above)		(Self)					

Questions? Ask your hospital representative or call us at **1-855-373-9994**. The call is free. TDD Voice: 1-800-735-2466. You can call Monday through Friday 8 a.m.- 5 p.m.

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PE-1SSL

	Other questions
3	Answer these questions for yourself and your family members listed in Section 2. Your answers will make it easier to find out if you and any family members qualify.
Is anyone	pregnant? □ Yes □ No If yes, who?
How many	babies does she expect? What is the pregnancy start date? What is the estimated due date?
Is everyone for this que	e who is applying for MO HealthNet Presumptive Eligibility a U.S. citizen? (If applicant is pregnant, no response is required estion.)
If no, list th	e following information for applicants who are not U.S. Citizens: Name, Immigration status, and date of entry:
For examp	who is applying for MO HealthNet Presumptive Eligibility a parent, or caretaker relative?
	ne who is applying for MO HealthNet Presumptive Eligibility in foster care 30 days prior to their 18 birthday? Yes No
If yes, who	?
	who is applying for MO HealthNet presumptive eligibility being treated for Prvical cancer?]
	?
n yoo, who	··
4	Tell us about your family's income Write the total income before taxes are taken out for all family members listed in Section 2.
▼ Job inc	come For example, wages, salaries, and self-employment income.
Amount \$ _	How often? <i>(check one)</i> UWeekly Diweekly Vonthly Vearly
	ncome For example, unemployment checks, alimony, or disability payments from the Social Security Administration "). Do not include Supplemental Security Income ("SSI payments") or any child support you receive.
Amount \$ _	How often? (check one) Weekly Biweekly Monthly Yearly
5	Sign this form here By signing, you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.
Your signa	ature: Date:
	Questions? Ask your hospital representative or call us at 1-855-373-9994 . The call is free. TDD Voice: 1-800-735-2466. You can call Monday through Friday 8 a.m. – 5 p.m.
MO XXX-XXX	XX (06/14) Page 3 of 4 PE-1SSI

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If you qualify for presumptive eligibility for MO HealthNet, what happens next?

- You will get a letter from the hospital or clinic saying you were approved.
- You can start using your MO HealthNet Presumptive Eligibility coverage right away for services such as doctor visits, hospital care, and prescription drugs. You can go to any health care provider who accepts MO HealthNet, starting the day you are approved.
 - Use the letter provided by the hospital or clinic until your MO HealthNet card arrives. The card should arrive within five business (5) days. If you lose the letter, call us at 1-855-373-9994 for a replacement.
 - If the letter says you qualify for presumptive eligibility for MO HealthNet because you are pregnant, you can get care at outpatient clinics or other places in the community. MO HealthNet Presumptive Eligibility will not cover the cost if you are admitted to a hospital.

If you do not fill out and send the MO HealthNet Single Streamlined application (IM-1SSL) to see if you qualify for regular MO HealthNet, your presumptive eligibility for MO HealthNet coverage will end on the last day of the month after the month you are approved.

→ For example, if you qualified for presumptive eligibility for MO HealthNet in January, it will end on the last day of February.

To see if you qualify for regular MO HealthNet, visit us online at <u>mydss.mo.gov</u> and submit an application, call 1-855-373-9994 to apply, or mail, fax, or drop off a completed IM-1SSL at any Family Support Division Office. The hospital representative can also give you an application.

7

If you do not qualify for presumptive eligibility for MO HealthNet, what happens next?

- You will get a notice from the hospital or clinic saying you were not approved. You
 cannot appeal the hospital or clinic's decision. BUT, you can still apply for regular MO
 HealthNet coverage using the MO HealthNet Single Streamlined application (IM-1SSL):
 - Online at mydss.mo.gov;
 - o By telephone at 1-855-373-9994; or
 - Mail, fax, or drop off a completed IM-1SSL at any Family Support Division Office.

Questions? Ask your hospital representative or call us at **1-855-373-9994**. The call is free. TDD Voice: 1-800-735-2466. You can call Monday through Friday 8 a.m. – 5 p.m.

MO XXX-XXXX (06/14)