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State/Territory Name: MO

State Plan Amendment (SPA) #: 15-0001

This file contains the following documents in the order listed:

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

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



Division of Medicaid and Children's Health Operations

June 26, 2015

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

Dear Mr. Kinkade:

On March 27, 2015, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #15-0001 of Attachment 2.6-A, page 4a 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 \$45 to \$50 per month for an individual and from \$90 to \$100 per month for a couple; for AFDC-related adults and children from \$45 to \$50 per month. This SPA supersedes the last transmittal of this page in SPA #13-25.

SPA 15-0001 was approved on June 25, 2015, as revised on June 23, 2015, with an effective date of January 1, 2015, 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <u>15-01</u>	2. STATE Missouri
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 01-01-2015	
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 435.725; 42 CFR 435.733; 42 CFR 435.832		7. FEDERAL BUDGET IMPACT: a. FFY 15 \$728,374 b. FFY 16 \$968,564	
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): Attachment 2.6-A, Page 4a	
10. SUBJECT OF AMENDMENT: Personal Needs Allowance Under Section 1924 of the Act			
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:		16. RETURN TO:	
13. TYPED NAME: Brian Kinkade		Alyson Campbell, Director Family Support Division P.O. Box 2320 Jefferson City, MO 65103	
14. TITLE: Department of Social Services			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 27, 2015		18. DATE APPROVED: June 25, 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015		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:			

Revision:

ATTACHMENT 2.6-A

Page 4a

State: Missouri

Citation(s)	Condition of Requirement								
1924 of the Act 435.725 435.733 435.832	<p>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:</p> <p>Personal Needs Allowance (PNA) of not less than \$50 for Individual and \$100for Couples for all Institutionalized Persons.</p> <p>a. Aged, Blind, and Disabled:</p> <table><tr><td>Individuals</td><td>\$50.00</td></tr><tr><td>Couples</td><td>\$100.00</td></tr></table> <p>For the following with greater need:</p> <ul style="list-style-type: none">• Individuals who participate in sheltered workshops• Individuals who are paying child support ordered by a court or the state child support agency <p>Supplement 12a to <u>Attachment 2.6-A</u> 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.</p> <p>b. AFDC related:</p> <table><tr><td>Children</td><td>\$50.00</td></tr><tr><td>Adults</td><td>\$50.00</td></tr></table> <p>For the following with greater need:</p> <p>N/A</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> 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.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A. N/A</p>	Individuals	\$50.00	Couples	\$100.00	Children	\$50.00	Adults	\$50.00
Individuals	\$50.00								
Couples	\$100.00								
Children	\$50.00								
Adults	\$50.00								
