

## **Table of Contents**

**State/Territory Name: Missouri**

**State Plan Amendment (SPA) #: 22-0014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2 26 12  
Baltimore, Maryland 21244 1850



June 24, 2022

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

Re: Missouri State Plan Amendment (SPA) 22-0014

Dear Mr. Knodell:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 22-0014. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

The State of Missouri requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

These waivers or modifications of the requirements related to public notice, apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that Missouri's Medicaid SPA Transmittal Number MO 22-0014 is approved effective August 1, 2022. This SPA is in addition to Disaster Relief SPA (DRSPA) 20-0013 approved on May 1, 2021; DRSPA 20-0012 approved on June 17, 2020; DRSPA 20-0020 approved on September 1, 2020; DRSPA 20-0021 approved on November 10, 2020; DRSPA 20-0026 approved on March 16, 2021; DRSPA 21-0005 approved on April 20, 2021, DRSPA 21-0021 approved on August 27, 2021; and DRSPA 22-0013 approved on April 12, 2022, and does not supersede anything approved in those SPAs.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact at Deborah Read at 816-426-6363 or by email at [Deborah.Read@cms.hhs.gov](mailto:Deborah.Read@cms.hhs.gov) if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Missouri and the health care community.

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.06.24  
08:02:28 -04'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

<p align="center"><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p> <p align="center"><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	<p>1. TRANSMITTAL NUMBER</p> <p align="center">2 2 — 0 0 1 4</p>	<p>2. STATE</p> <p align="center">M O</p>
	<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</p> <p>Title XIX</p>	
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>4. PROPOSED EFFECTIVE DATE</p> <p><del>April 1, 2022</del>* August 1, 2022</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION</p> <p>Title XIX of the Social Security Act</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a FFY 22 \$ 0</p> <p>b FFY 23 \$ 0</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</p> <p>Section 7.4 - Disaster Relief SPA for Covid-19 Public Health Emergency new pages 165-174</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</p>	

9. SUBJECT OF AMENDMENT

This SPA is to modify some of the COVID-19 temporary flexibilities that were granted through SPA 20-0012.

10. GOVERNOR'S REVIEW (Check One)

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT SLV ☐ OTHER, AS SPECIFIED:
- ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<p>11. TYPED NAME OF APPROVING OFFICIAL</p> <p>[Redacted]</p>	<p>15. RETURN TO</p> <p>MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102</p>
<p>12. TYPED NAME</p> <p>Robert J. Knodell</p>	
<p>13. TITLE</p> <p>Acting Director</p>	
<p>14. DATE SUBMITTED</p> <p>04-05-2022</p>	

**FOR CMS USE ONLY**

<p>16. DATE RECEIVED</p> <p>April 6, 2022</p>	<p>17. DATE APPROVED</p> <p>June 24, 2022</p>
<p align="center"><b>PLAN APPROVED - ONE COPY ATTACHED</b></p>	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL</p> <p>August 1, 2022</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p> <p>Alissa M. Deboy -S</p>
<p>20. TYPED NAME OF APPROVING OFFICIAL</p> <p>Alissa Mooney DeBoy</p>	<p>21. TITLE OF APPROVING OFFICIAL</p> <p>on behalf of Anne Marie Costello, Deputy Director, CMCS</p>
<p>22. REMARKS</p>	

\* pen and ink change to the effective date  
changed to August 1, 2022 per e-mail  
from the state dated June 3, 2022

Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.06.24  
08:02:48 -04'00'

## Section 7 – General Provisions

### 7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

*Describe shorter period here.*

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

#### Request for Waivers under Section 1135

  X   The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a.        SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b.   X   Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

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- c.        Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

*Please describe the modifications to the timeline.*

### Section A – Eligibility

1.        The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

*Include name of the optional eligibility group and applicable income and resource standard.*

2.        The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a.        All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard:                                 

-or-

- b.        Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard:                                 

3.        The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:



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Less restrictive resource methodologies:

4. \_\_\_\_\_ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. \_\_\_\_\_ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. \_\_\_\_\_ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

## Section B – Enrollment

1. \_\_\_\_\_ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

*Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.*

2. \_\_\_\_\_ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

*Please describe any limitations related to the populations included or the number of allowable PE periods.*

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3. \_\_\_\_\_ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

*Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.*

4. \_\_\_\_\_ The agency adopts a total of \_\_\_\_\_ months (not to exceed 12 months) continuous eligibility for children under age enter age \_\_\_\_\_ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. \_\_\_\_\_ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every \_\_\_\_\_ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. \_\_\_\_\_ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
- a. \_\_\_\_\_ The agency uses a simplified paper application.
  - b. \_\_\_\_\_ The agency uses a simplified online application.
  - c. \_\_\_\_\_ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

### Section C – Premiums and Cost Sharing

1. \_\_\_\_\_ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

*Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).*

2. \_\_\_\_\_ The agency suspends enrollment fees, premiums and similar charges for:
- a. \_\_\_\_\_ All beneficiaries
  - b. \_\_\_\_\_ The following eligibility groups or categorical populations:



State/Territory: Missouri

*Please list the applicable eligibility groups or populations.*

3. \_\_\_\_ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

*Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.*

## Section D – Benefits

### Benefits:

1. \_\_\_\_ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. \_\_\_\_ The agency makes the following adjustments to benefits currently covered in the state plan:

3. \_\_\_\_ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. \_\_\_\_ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. \_\_\_\_ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. \_\_\_\_ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

*Please describe.*

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**Telehealth:**

5. \_\_\_\_\_ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

*Please describe.*

**Drug Benefit:**

6. \_\_\_\_\_ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

*Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.*

7. \_\_\_\_\_ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. \_\_\_\_\_ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

*Please describe the manner in which professional dispensing fees are adjusted.*

9. \_\_\_\_\_ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

**Section E – Payments**

**Optional benefits described in Section D:**

1. \_\_\_\_\_ Newly added benefits described in Section D are paid using the following methodology:

- a. \_\_\_\_\_ Published fee schedules –

Effective date (enter date of change): \_\_\_\_\_

Location (list published location): \_\_\_\_\_

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b.      Other:

*Describe methodology here.*

*Increases to state plan payment methodologies:*

2.      The agency increases payment rates for the following services:

*Please list all that apply.*

a.      Payment increases are targeted based on the following criteria:

*Please describe criteria.*

b. Payments are increased through:

i.      A supplemental payment or add-on within applicable upper payment limits:

*Please describe.*

ii.      An increase to rates as described below.

Rates are increased:

     Uniformly by the following percentage:                     

     Through a modification to published fee schedules –

Effective date (enter date of change):                     

Location (list published location):                     

     Up to the Medicare payments for equivalent services.

     By the following factors:

*Please describe.*

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*Payment for services delivered via telehealth:*

3. ☐ For the duration of the emergency, the state authorizes payments for telehealth services that:
- a. ☐ Are not otherwise paid under the Medicaid state plan;
  - b. ☐ Differ from payments for the same services when provided face to face;
  - c. ☐ Differ from current state plan provisions governing reimbursement for telehealth;

*Describe telehealth payment variation.*

- d. ☐ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
  - i. ☐ Ancillary cost associated with the originating site for telehealth is incorporated into fee for service rates.
  - ii. ☐ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

*Other:*

4. ☐ Other payment changes:

*Please describe.*

**Section F – Post-Eligibility Treatment of Income**

1. ☐ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
- a. ☐ The individual's total income
  - b. ☐ 300 percent of the SSI federal benefit rate
  - c. ☐ Other reasonable amount: \_\_\_\_\_
2. ☐ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

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*Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.*

#### **Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information**

This SPA modifies the information in Section G of SPA 20-0012.

##### **Personal Care (Agency Model) and Personal Care Assistance (Consumer Directed Services)**

All evaluations, assessments, and person centered care plan meetings completed by DSDS or designated providers assessors shall be conducted in person or may be conducted via telephone as needed. If needed, required forms and other necessary documents may be discussed with HCBS participants or their designee via telephone. Participant or designee acknowledgment may be accepted verbally by telephone for all documents/ forms. Verbal signatures must be documented with the acknowledging party's name with a case note: "via telephone."

As needed, reevaluation and reassessments along with care plans may be extended for up to one year past the due date.

For agency model personal care, family members who do not live in the same residence and are not legally responsible individuals, spouses or legal guardians, may provide services when no other care giver is available and must be employed by or contracted with a Medicaid HCBS contracted provider.

Training requirements may be modified for personal care and advanced personal care aides. Providers are expected to train each individual to serve participants and their current needs. The training will also include information on participant rights and information regarding abuse, neglect and exploitation of participants and the importance of reporting fraudulent activities to the State.

#### **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. 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. \*\*\*CMS Disclosure\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection

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burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

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Supersedes TN: New

Approval Date: 06/24/22

Effective Date: 08/01/22