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**State/Territory Name: Missouri**

**State Plan Amendment (SPA) #: 22-0015**

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# MO - Submission Package - MO2021MS00080 - (MO-22-0015) - Eligibility

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



## Center for Medicaid & CHIP Services

May 19, 2023

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

Re: Approval of State Plan Amendment MO-22-0015

Dear Todd Richardson,

On April 06, 2022, the Centers for Medicare and Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-22-0015 to update Missouri's single streamlined MO HealthNet application used for all Medicaid and CHIP programs.

We approve Missouri State Plan Amendment (SPA) MO-22-0015 with an effective date(s) of February 01, 2022.

This SPA is being approved with a companion letter to memorialize the timeline agreed to for additional required changes to Missouri's application.

Name	Date Created	
<a href="#">Final Companion Letter 3.30.2023_MO 22-0015</a>	5/18/2023 12:46 PM EDT	

If you have any questions regarding this amendment, please contact Michala Walker at [michala.walker@cms.hhs.gov](mailto:michala.walker@cms.hhs.gov).

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

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CMS-10434 OMB 0938-1188

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

### Package Header

<b>Package ID</b>	MO2021MS00080	<b>SPA ID</b>	MO-22-0015
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/6/2022
<b>Approval Date</b>	5/19/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | MO2021MS00080 | MO-22-0015

### Package Header

**Package ID** MO2021MS00080  
**Submission Type** Official  
**Approval Date** 5/19/2023  
**Superseded SPA ID** N/A

**SPA ID** MO-22-0015  
**Initial Submission Date** 4/6/2022  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** MO-22-0015

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Process	2/1/2022	MO-13-0024
Application	2/1/2022	MO-13-0024

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

### Package Header

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this SPA is to update Missouri's single streamlined MO HealthNet application used for all Medicaid and CHIP programs per 42 CFR 435.907. This takes priority over Missouri's multi benefit application that is introduced in SPA MO-21-0019.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

#### Federal Statute / Regulation Citation

42 CFR 435.907

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

### Package Header

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**Superseded SPA ID** N/A

**SPA ID** MO-22-0015  
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**Effective Date** 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.

*This view was generated on 5/22/2023 3:59 PM EDT*

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## Medicaid State Plan Eligibility

### General Eligibility Requirements

### Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

### Package Header

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<b>Superseded SPA ID</b>	MO-13-0024		
	System-Derived		

The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining, verifying and renewing eligibility, and furnishing Medicaid.

### A. Submission of Application

1. The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person. These modes of submission are available to all individuals applying for coverage, including those who may be eligible based on the applicable Modified Adjusted Gross Income (MAGI) standard and those who may be eligible on a basis other than MAGI.

#### 2. The agency also accepts applications by other electronic means:

Yes  No

##### Name of other electronic means:

Smart Phone

##### Description:

Participants can send via internet enabled phone.

3. The agency ensures that any application or supplemental form is accessible to persons who are limited English proficient and persons who have disabilities, consistent with 42 CFR 435.905(b).



# Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

## Package Header

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## B. Establishment of Outstation Locations

The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals:

1. Parents and Other Caretaker Relatives,
2. Pregnant Women, and
3. Infants and Children under Age 19.

## C. MAGI Renewals

Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Once every 12 months
2. Without requiring an in-person interview
3. Without requiring information from the individual if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency
4. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:
  - a. Provides the individual with a pre-populated renewal form containing the information available to the agency (including information gathered from electronic data sources).
  - b. Provides the individual with a reasonable period of time from the date of the prepopulated renewal form to respond and provide any necessary information. The time period used by the state is:
    - i. 30 days
    - ii. More than 30 days
  - c. Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form via the internet website described in 42 CFR 435.1200(f) (d), by telephone, via mail, and in person.
  - d. Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956
  - e. Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:
    - i. 90 days
    - ii. More than 90 days.

# Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

## Package Header

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	System-Derived		

## D. Renewals on a Basis Other than MAGI

Redeterminations of eligibility for individuals whose financial eligibility is not based on the MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Frequency:

- a. Once every 12 months
- b. Once every 6 months
- c. Other, more frequent than once every 12 months

2. Without requiring information from the individual, if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency.

3. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:

- a. Provides the individual with a renewal form

**i. The renewal form is pre-populated with information available to the agency (including information gathered from electronic data sources).**

Yes  No

ii. As part of this process, the agency:

(1) Provides the individual with a reasonable period of time from the date of the renewal form to respond and provide any necessary information. The time period used by the state is:

- (a) 30 days
- (b) More than 30 days

(2) Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form using the following methods:

- (a) Via the internet website described in 42 CFR 435.1200(f)
- (b) By telephone
- (c) Via mail
- (d) In person
- (e) By other means

**Description:** .

(3) Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956

**(4) Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:**

Yes  No

- (a) 90 days
- (b) Other

- b. Utilizes an alternative process to redetermine eligibility.

## Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

### Package Header

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### E. Determination of Ineligibility

- 1. Prior to making a determination of ineligibility, the agency considers all bases of eligibility, consistent with 42 CFR 435.911
- 2. For individuals determined ineligible for Medicaid, the agency determines potential eligibility for other insurance affordability programs and complies with the procedures set forth in 42 CFR 435.1200(e)

### F. Assistance with Application and Renewal

- The agency provides assistance to any individual seeking help with the application or renewal process in person, over the telephone, and online, and in a manner that is accessible to individuals with disabilities and those who are limited English proficient, consistent with 42 CFR 435.905(b)

## Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

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### G. Notices

- 1. The agency provides individuals with a choice to receive notices and information in an electronic format or by regular mail, in accordance with 42 CFR 435.918.
- 2. The agency provides applicants with timely and accurate notice of any approval or disapproval of Medicaid eligibility, which includes, but is not limited to: the basis and effective date of eligibility, the circumstances and procedures for reporting a change that may impact eligibility, the level of benefits and services approved, any applicable premiums or cost sharing, appeal rights, and if applicable, the amount of medical expenses which must be incurred to establish eligibility.
- 3. The agency makes notices, as well as cards evidencing eligibility for medical assistance, available to an individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.  
**Notices and cards are made available through the following method(s)** Attempt to verify last known address by contacting individual and utilizing all electronic sources available. If there is not a last known address, general delivery through the post office will be used.
- 4. The agency provides beneficiaries with timely and adequate notice of proposed adverse action to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid, and sends corresponding notice(s) to the individual at least 10 days prior to the action's effective date, as described in 42 CFR 431.211.
- 5. All notices provided by the agency are written in plain language. To ensure that notices are clear and understandable to consumer, the agency:
  - a. Utilizes an in-house readability and plain language review process
  - b. Contracts with an outside entity to complete a readability and plain language review
  - c. Other

## Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

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### H. Authorized Representatives

- 1. The agency permits applicants and beneficiaries to designate an individual or organization to act responsibly on their behalf in assisting with individuals' application and renewal of eligibility and other ongoing communications with the agency.
- 2. The agency requires that, as a condition of serving as an authorized representative, a provider or staff member or volunteer of an organization affirms that he or she will adhere to the regulations in 42 CFR 431, subpart F and at 45 CFR 155.260(f) (relating to confidentiality of information), §447.10 of this chapter (relating to the prohibition against reassignment of provider claims as appropriate for a facility or an organization acting on the facility's behalf), as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information.
- 3. Designations of authorized representatives are accepted through all of the modalities described in 42 CFR 435.907(a) and are permitted at application and at other times. The agency accepts electronic, including telephonically recorded, signatures and handwritten signatures transmitted by facsimile or other electronic transmission.

### I. Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### J. Additional Information (optional)

# Medicaid State Plan Eligibility

## General Eligibility Requirements

### Application

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

### Package Header

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Effective Date	2/1/2022

### A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

#### Name

IM-1SSL

The paper application(s) has been uploaded.

Document Name	Date Created
IM-1SSL submitted for SPA	2/17/2022 11:47 AM EST

#### Name

IM-1SSL 02/2023

The paper application(s) has been uploaded.

Document Name	Date Created
IM-1SSL (3-2023)_final	2/21/2023 3:34 PM EST

3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

# Application

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS00080 | MO-22-0015

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	System-Derived		

## B. MAGI Online Application


The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

### Name

MAGI Online Application

**Screenshots or other documentation of the online application(s) has been uploaded.**

Document Name	Date Created	
<a href="#">Updated copy of MAGI online application</a>	2/17/2022 12:00 PM EST	

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

# Application

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS0008O | MO-22-0015

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## C. Basis Other than MAGI - Paper Application


The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

### Name

non-MAGI paper application


**The paper application(s) has been uploaded.**

Document Name	Date Created	
Aged, Blind, Disabled Supplement for IM-1SSL v.8 (1)	2/8/2022 2:48 PM EST	

### Name

IM-1SSL

**The paper application(s) has been uploaded.**

Document Name	Date Created	
IM-1SSL submitted for SPA	2/17/2022 12:03 PM EST	

- 3. One or more applications used to apply for multiple human service programs
- 4. Other alternative applications



# Application

MEDICAID | Medicaid State Plan | Eligibility | MO2021MS0008O | MO-22-0015

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	System-Derived		

## D. Other than MAGI - Online Application


The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

### Name

non-MAGI online application

**Screenshots or other documentation of the online application(s) has been uploaded.**

Document Name	Date Created	
Non-MAGI Online Application (1)	2/8/2022 2:51 PM EST	

- 3. One or more application used to apply for multiple human service programs
- 4. Other alternative applications

## Application

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### E. Additional Information (optional)

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