Table of Contents

State/Territory Name: Missouri

State Plan Amendment (SPA) #: 23-0022

This file contains the following documents in the order listed:

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

MO - Submission Package - MO2023MS0004O - (MO-23-0022) - Eligibility

Summary

Reviewable Units

Versions Correspondence Log Analyst Notes

Approval Letter

Transaction Logs

News

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



Center for Medicaid & CHIP Services

November 14, 2023

Todd Richardson Director MO HealthNet Division PO Box 6500 Jefferson City, MO 65102

Re: Approval of State Plan Amendment MO-23-0022

Dear Todd Richardson,

On August 23, 2023, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-23-0022, in which the state proposed to elect the option described in section 1902(e)(16) of the Social Security Act to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals.

We approve Missouri State Plan Amendment (SPA) MO-23-0022 with an effective date(s) of July 07, 2023.

If you have any questions regarding this amendment, please contact Mandy Strom at mandy.strom@cms.hhs.gov.

Sincerely,

James G. Scott

Director, Division of Program Operations

Center for Medicaid & CHIP Services

MO - Submission Package - MO2023MS0004O - (MO-23-0022) - Eligibility

Summary

Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs

News

Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS00040 | MO-23-0022

CMS-10434 OMB 0938-1188

Package Header

Package ID MO2023MS0004O Submission Type Official **Approval Date** 11/14/2023

SPA ID MO-23-0022

Initial Submission Date 8/23/2023

Effective Date N/A

State Information

State/Territory Name: Missouri

Superseded SPA ID N/A

Medicaid Agency Name: MO HealthNet Division

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS0004O | MO-23-0022

Package Header

Package ID MO2023MS0004O

Submission Type Official

Approval Date 11/14/2023

Superseded SPA ID N/A

SPA ID MO-23-0022

Initial Submission Date 8/23/2023

Effective Date N/A

SPA ID and Effective Date

SPA ID MO-23-0022

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	7/7/2023	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS0004O | MO-23-0022

Package Header

Package ID MO2023MS0004O

Submission Type Official

Approval Date 11/14/2023

Superseded SPA ID N/A

SPA ID MO-23-0022

Initial Submission Date 8/23/2023

Effective Date N/A

Executive Summary

Summary Description Including The goal of this SPA submission is to add 12-month postpartum coverage for Medicaid participants under the authority of the 1902(e)(16) of the SSA.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$966636
Second	2024	\$16799627

Federal Statute / Regulation Citation

42 CFR 435.116

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created			
No items available				

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS0004O | MO-23-0022

Package Header

Package ID MO2023MS0004O

Submission Type Official

Approval Date 11/14/2023

Superseded SPA ID N/A

SPA ID MO-23-0022

Initial Submission Date 8/23/2023

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 11/14/2023 8:42 AM EST

MO - Submission Package - MO2023MS0004O - (MO-23-0022) - Eligibility

Summary

Reviewable Units

Versions

Correspondence Log Analyst Notes

Approval Letter

Transaction Logs

News

Related Actions

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | MO2023MS0004O | MO-23-0022

CMS-10434 OMB 0938-1188

Package Header

Package ID MO2023MS0004O

SPA ID MO-23-0022

Submission Type Official

Initial Submission Date 8/23/2023

Approval Date 11/14/2023

Effective Date 7/7/2023

Superseded SPA ID New

User-Entered

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).





- 1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
- 2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
- 3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
 - a. The individual requests voluntary termination of eligibility;
 - b. The individual ceases to be a resident of the state;
 - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
 - d. The individual dies.

C. Additional Information (optional)

Section 5113 of the Consolidated Appropriations Act, 2023 eliminated, without replacement, the March 31, 2027, sunset date of the 12-month postpartum continuous eligibility option. Therefore, the durational limit of the option that is described in Section B. does not apply.

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.