

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

Preamble

Section 4901 of the Balanced Budget Act of 1997 (BBA) amended the Social Security Act (the Act) by adding a new title XXI, the State Children's Health Insurance Program (SCHIP). Title XXI provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner. To be eligible for funds under this program, states must submit a state plan, which must be approved by the Secretary. A state may choose to amend its approved state plan in whole or in part at any time through the submittal of a plan amendment.

This model application template outlines the information that must be included in the state child health plan, and any subsequent amendments. It has been designed to reflect the requirements as they exist in current regulations, found at 42 CFR part 457. These requirements are necessary for state plans and amendments under Title XXI.

The Department of Health and Human Services will continue to work collaboratively with states and other interested parties to provide specific guidance in key areas like applicant and enrollee protections, collection of baseline data, and methods for preventing substitution of Federal funds for existing state and private funds. As such guidance becomes available, we will work to distribute it in a timely fashion to provide assistance as states submit their state plans and amendments.

Form CMS-R-211

Effective Date: 09/01/1998

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Approval Date:

Revised Date: 09/05/2002

**MODEL APPLICATION TEMPLATE FOR
STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: MISSOURI
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Dana Katherine Martin	Position/Title: Director, Department of Social Services
Name: Gregory A. Vadner	Position/Title: Director, Division of Medical Services
Name:	Position/Title:

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 0938-0707. The time required to complete this information collection is estimated to average 160 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, N2-14-26, Baltimore, Maryland 21244.

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) (42 CFR 457.70):

1.1.1 ~ Obtaining coverage that meets the requirements for a separate child health program (Section 2103); **OR**

1.1.2. Providing expanded benefits under the State's Medicaid plan (Title XIX); **OR**

1.1.3. ~ A combination of both of the above.

Missouri is expanding Medicaid under a Section 1115 waiver originally submitted August 26, 1997. Title XXI moneys will be used to fund the Medicaid expansion in conjunction with this waiver.

Missouri proposes that all uninsured children with net family income up to 200 percent of the federal poverty level (300 percent gross income) be covered under a Medicaid expansion. The Medicaid expansion will occur under a Title XIX 1115 waiver. Children will include individuals age birth through age 18. No new eligible will be excluded because of pre-existing illness or condition.

Children eligible for Title XXI will receive the Medicaid package of essential medically necessary health services. Non-emergent medical transportation is the only service that will not be covered under the 1115 waiver. This benefit is so unheard of in any health insurance plan that its inclusion would serve as a significant incentive for the dropping of private coverage. Prescription drugs will be subject to the national drug rebate program requirements. Fee-for-service will be utilized in regions where MC+ is not yet available. When MC+ begins in these areas, Title XXI eligibles will be enrolled in managed care.

1.2 Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of

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1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

- 1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Effective date: September 1, 1998

Implementation date: September 1, 1998

Section 2. General Background and Description of State Approach to Child Health Coverage and Coordination (Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))

- 2.1. Describe the extent to which, and manner in which, children in the state including targeted low-income children and other classes of children, by income level and other relevant factors, such as race and ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, make a distinction between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (42 CFR 457.80(a))

Response: Please refer to Attachments 1, 2, and 3. Information regarding age, income, coverage by other health insurance, and location is currently available from Missouri's Application For Benefits. Information regarding age, income, coverage by other health insurance, and location will be required from Title XXI applicants. The state will require that any participant cooperates fully with the state and federal government in establishing eligibility and in providing any verification necessary as requested by the state in the initial application process or at any subsequent time. Title XXI recipients will have a distinct ME code for tracking purposes.

- 2.2. Describe the current state efforts to provide or obtain creditable health coverage for uncovered children by addressing: (Section 2102)(a)(2) (42CFR 457.80(b))
- 2.2.1. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in public health insurance programs (i.e. Medicaid and state-only child health insurance):

Response: Please refer to Attachment 4. Outreach and eligibility determination occur throughout Missouri with state offices in every county. Free materials are available and used by other entities assisting in outreach, such as other state agencies with whom DSS has interagency agreements, social welfare organizations, schools, and health care providers through outstationed eligibility workers. The Department of Social Services has interagency agreements with the Department of Health and Senior Services to develop a Well Child outreach Project, a Lead Poisoning Outreach Program, and to conduct outreach activities to identify possible Medicaid eligibles and refer them to the Division of Family Services for eligibility determination. There is no state-only child health insurance program in Missouri.

- 2.2.2. The steps the state is currently taking to identify and enroll all uncovered children who are eligible to participate in health insurance programs that involve a public-private partnership:

Response: The state cooperates fully with the privately funded Caring Foundation for Children in making referrals and receiving referrals so that there is coordination with Medicaid and maximum outreach for both programs.

- 2.3. Describe the procedures the state uses to accomplish coordination of SCHIP with other public and private health insurance programs, sources of health benefits coverage for children, and relevant child health programs, such as title V, that provide health care services for low-income children to increase the number of children with creditable health coverage. *(Previously 4.4.5.)*
(Section 2102(a)(3) and 2102(c)(2) and 2102(b)(3)(E)) (42CFR 457.80(c))

Response: Outreach and eligibility determination activities to increase the number of children with credible coverage occur throughout Missouri with state offices in every county. We propose using brochures and informational flyers to educate families about the health coverage available through Medicaid including those funded by Title XXI. We will stress that:

- Children do not have to be on TANF(cash assistance) to be Medicaid eligible;
- Children may receive Medicaid benefits even if both parents live in the home; and
- One or both parents can work full-time and the children may still be Medicaid eligible.

Information about Medicaid and the Title XXI expansion will be shared with families through the press, public speaking opportunities of executive agency staff, public service announcements, and state approved health plan and provider education.

The State will involve the MC+ Consumer Advisory Committee and coordinate with the Division of Family Services, the Department of Health and Senior Services, school districts, and other appropriate agencies or groups to include public health insurance programs in the design and implementation of the brochures, flyers, and other education material. We will continue to identify barriers to Medicaid enrollment by receiving information about those barriers from schools, hospitals, and local health departments through our regularly scheduled interagency meetings, provider association contacts, the MC+ Consumer Advisory Committee and Medical Advisory Committee Subcommittees.

The State will have a simplified mail-in application process for the expansion populations. This should overcome the burden of applying in person at a Division of Family Services office.

Missouri will continue to outstation eligibility workers at hospitals and federally qualified health centers. The state will explore the effectiveness of expanding the sites

for enrolling children in a wider variety of community settings with the MC+ Consumer Advisory Committee, advocates for children, and health care providers. We will also be cooperating with the Missouri Hospital Association in their efforts to develop an effective outreach program for not only this program, but for Medicaid children in general. Please refer to Attachment 5. We will also partner with local community groups and agencies which want to sponsor local outreach initiatives.

Income will be determined by looking at the total gross income available to the children for whom the application is being made. The current assistance group definitions used by Missouri for Medicaid budgeting will be followed. A standard income disregard equal to 100 percent of the federal poverty level will be made from the gross income figure. The net income figure will be compared to 200 percent of the federal poverty level to determine if the child(ren) is (are) eligible. To be eligible, this net figure must not exceed 200 percent of the federal poverty level for children.

It is important that the State is concerned that the Missouri SCHIP Program, MC+ For Kids, does not "crowd out" private insurance options. The following measures will help address crowd out with private insurance options:

- There will be a six month look back period for health insurance when determining eligibility. Children of parents who dropped available private health insurance coverage within the last six months will have a six month waiting period for Medicaid coverage is approved as part of the Title XIX section 1115 demonstration waiver.
- Uninsured is defined as an individual who has not had employer-subsidized health care insurance coverage for six months prior to application for payment of health care. Exceptions to this limitation in cases where prior coverage ended due to reasons unrelated to the availability of government financed health insurance shall include, but not be limited to:
 - ❑ Loss of employment due to factors other than voluntary termination;
 - ❑ Change to a new employer that does not provide an option for dependent coverage; or
 - ❑ Expiration of COBRA coverage period.
- Non-emergent transportation will not be covered. This benefit is so unheard of in any health insurance plan that its inclusion would serve as a significant incentive for the dropping of private coverage.
- Crowd out will be evaluated yearly to determine if additional protections are warranted. If crowd out does become a problem the state will develop additional anti-crowd out measures as warranted by the scope and nature of the problem. Additional options may include:

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- ❑ Adding an insurance availability test to preclude participation;
- ❑ Lengthening the look back period;
- ❑ Implementing cost sharing provisions;
- ❑ Moving to once yearly open enrollment periods for children with family income over 200 percent of gross federal poverty level; and
- ❑ Other measures designed to efficiently deal with what the research finds.

Section 3. Methods of Delivery and Utilization Controls (Section 2102)(a)(4))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 4.

- 3.1. Describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Include a description of the choice of financing and the methods for assuring delivery of the insurance products and delivery of health care services covered by such products to the enrollees, including any variations. (Section 2102)(a)(4) (42CFR 457.490(a))

- 3.2. Describe the utilization controls under the child health assistance provided under the plan for targeted low-income children. Describe the systems designed to ensure that enrollees receiving health care services under the state plan receive only appropriate and medically necessary health care consistent with the benefit package described in the approved state plan. (Section 2102)(a)(4) (42CFR 457.490(b))

Section 4. Eligibility Standards and Methodology. (Section 2102(b))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 5.

4.1. The following standards may be used to determine eligibility of targeted low-income children for child health assistance under the plan. Please note whether any of the following standards are used and check all that apply. If applicable, describe the criteria that will be used to apply the standard. (Section 2102)(b)(1)(A)) (42CFR 457.305(a) and 457.320(a))

- 4.1.1. ~ Geographic area served by the Plan:
- 4.1.2. ~ Age:
- 4.1.3. ~ Income:
- 4.1.4. ~ Resources (including any standards relating to spend downs and disposition of resources):
- 4.1.5. ~ Residency (so long as residency requirement is not based on length of time in state) :
- 4.1.6. ~ Disability Status (so long as any standard relating to disability status does not restrict eligibility):
- 4.1.7. ~ Access to or coverage under other health coverage:
- 4.1.8. ~ Duration of eligibility:
- 4.1.9. ~ Other standards (identify and describe):

4.2. The state assures that it has made the following findings with respect to the eligibility standards in its plan: (Section 2102)(b)(1)(B)) (42CFR 457.320(b))

- 4.2.1. ~ These standards do not discriminate on the basis of diagnosis.
- 4.2.2. ~ Within a defined group of covered targeted low-income children, these standards do not cover children of higher income families without covering children with a lower family income.
- 4.2.3. ~ These standards do not deny eligibility based on a child having a pre-existing medical condition.

4.3. Describe the methods of establishing eligibility and continuing enrollment.
(Section 2102)(b)(2)) (42CFR 457.350)

4.3.1 Describe the state's policies governing enrollment caps and waiting lists (if any).
(Section 2106(b)(7)) (42CFR 457.305(b))

Check here if this section does not apply to your state.

4.4. Describe the procedures that assure that:

4.4.1. Through the screening procedures used at intake and follow-up eligibility determination, including any periodic redetermination, that only targeted low-income children who are ineligible for Medicaid or not covered under a group health plan or health insurance coverage (including access to a state health benefits plan) are furnished child health assistance under the state child health plan. (Sections 2102(b)(3)(A) and 2110(b)(2)(B)) (42 CFR 457.310(b) (42CFR 457.350(a)(1)) 457.80(c)(3))

4.4.2. The Medicaid application and enrollment process is initiated and facilitated for children found through the screening to be potentially eligible for medical assistance under the state Medicaid plan under Title XIX. (Section 2102)(b)(3)(B)) (42CFR 457.350(a)(2))

4.4.3. The State is taking steps to assist in the enrollment in SCHIP of children determined ineligible for Medicaid. (Sections 2102(a)(1) and (2) and 2102(c)(2)) (42CFR 431.636(b)(4))

4.4.4 The insurance provided under the state child health plan does not substitute for coverage under group health plans. Check the appropriate box. (Section 2102)(b)(3)(C)) (42CFR 457.805) (42 CFR 457.810(a)-(c))

4.4.4.1. Coverage provided to children in families at or below 200% FPL: describe the methods of monitoring substitution.

4.4.4.2. Coverage provided to children in families over 200% and up to 250% FPL: describe how substitution is monitored and identify specific strategies to limit substitution if levels become unacceptable.

4.4.4.3. Coverage provided to children in families above 250% FPL: describe how substitution is monitored and identify specific strategies in place to prevent substitution.

4.4.4.4. If the state provides coverage under a premium assistance program, describe:

The minimum period without coverage under a group health plan, including any allowable exceptions to the waiting period.

The minimum employer contribution.

The cost-effectiveness determination.

4.4.5 Child health assistance is provided to targeted low-income children in the state who are American Indian and Alaska Native. (Section 2102)(b)(3)(D)) (42 CFR 457.125(a))

Section 5. Outreach (Section 2102(c))

Describe the procedures used by the state to accomplish:

Outreach to families of children likely to be eligible for child health assistance or other public or private health coverage to inform them of the availability of the programs, and to assist them in enrolling their children in such a program: (Section 2102(c)(1)) (42CFR 457.90)

Response: We propose using brochures and informational flyers to educate families about the health coverage available through Medicaid. We will stress that:

- Children do not have to be on TANF (cash assistance) to be Medicaid eligible;
- Children may receive Medicaid benefits even if both parents live in the home; and
- One or both parents can work full-time and the children may still be Medicaid eligible.

We will involve the MC+ Consumer Advisory Committee, the Division of Family Services staff, the Department of Health and Senior Services, school districts, and other appropriate agencies or groups in the design and implementation of the brochures and flyers. We will continue to coordinate eligibility outreach efforts with schools, hospitals, and local health agencies by identifying barriers to Medicaid enrollment.

We will also move to a simplified mail-in application process for the expansion populations. This should overcome the burden of applying in person at a Division of Family Services office.

We are also cooperating with the Missouri Hospital Association in their efforts to develop an effective outreach program for not only this program, but for Medicaid children in general.

We are also planning to work with local groups in designing their local outreach initiatives.

Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)



Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 7.

6.1. The state elects to provide the following forms of coverage to children:
(Check all that apply.) (42CFR 457.410(a))

6.1.1. ~ Benchmark coverage; (Section 2103(a)(1) and 42 CFR 457.420)

6.1.1.1. ~ FEHBP-equivalent coverage; (Section 2103(b)(1))
(If checked, attach copy of the plan.)

6.1.1.2. ~ State employee coverage; (Section 2103(b)(2)) (If checked, identify the plan and attach a copy of the benefits description.)

6.1.1.3. ~ HMO with largest insured commercial enrollment (Section 2103(b)(3)) (If checked, identify the plan and attach a copy of the benefits description.)

6.1.2. ~ Benchmark-equivalent coverage; (Section 2103(a)(2) and 42 CFR 457.430)
Specify the coverage, including the amount, scope and duration of each service, as well as any exclusions or limitations. Please attach a signed actuarial report that meets the requirements specified in 42 CFR 457.431. **See instructions.**

6.1.3. ~ Existing Comprehensive State-Based Coverage; (Section 2103(a)(3) and 42 CFR 457.440) [Only applicable to New York; Florida; Pennsylvania]
Please attach a description of the benefits package, administration, date of enactment. If existing comprehensive state-based coverage is modified, please provide an actuarial opinion documenting that the actuarial value of the modification is greater than the value as of 8/5/97 or one of the benchmark plans. Describe the fiscal year 1996 state expenditures for existing comprehensive state-based coverage.

6.1.4. ~ Secretary-Approved Coverage. (Section 2103(a)(4)) (42 CFR 457.450)

6.1.4.1. Coverage the same as Medicaid State plan

6.1.4.2. Comprehensive coverage for children under a Medicaid Section 1115 demonstration project

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- 6.1.4.3. Coverage that either includes the full EPSDT benefit or that the state has extended to the entire Medicaid population
- 6.1.4.4. Coverage that includes benchmark coverage plus additional coverage
- 6.1.4.5. Coverage that is the same as defined by existing comprehensive state-based coverage
- 6.1.4.6. Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit by benefit comparison (Please provide a sample of how the comparison will be done)
- 6.1.4.7. Other (Describe)

6.2. The state elects to provide the following forms of coverage to children:
(Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

- 6.2.1. ~ Inpatient services (Section 2110(a)(1))
- 6.2.2. ~ Outpatient services (Section 2110(a)(2))
- 6.2.3. ~ Physician services (Section 2110(a)(3))
- 6.2.4. ~ Surgical services (Section 2110(a)(4))
- 6.2.5. ~ Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5))
- 6.2.6. ~ Prescription drugs (Section 2110(a)(6))
- 6.2.7. ~ Over-the-counter medications (Section 2110(a)(7))
- 6.2.8. ~ Laboratory and radiological services (Section 2110(a)(8))
- 6.2.9. ~ Prenatal care and pre-pregnancy family services and supplies (Section 2110(a)(9))
- 6.2.10. ~ Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Section 2110(a)(10))
- 6.2.11. ~ Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services (Section 2110(a)(11))

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- 6.2.12. ~ Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))
 - 6.2.13. ~ Disposable medical supplies (Section 2110(a)(13))
 - 6.2.14. ~ Home and community-based health care services (See instructions) (Section 2110(a)(14))
 - 6.2.15. ~ Nursing care services (See instructions) (Section 2110(a)(15))
 - 6.2.16. ~ Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16))
 - 6.2.17. ~ Dental services (Section 2110(a)(17))
 - 6.2.18. ~ Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a)(18))
 - 6.2.19. ~ Outpatient substance abuse treatment services (Section 2110(a)(19))
 - 6.2.20. ~ Case management services (Section 2110(a)(20))
 - 6.2.21. ~ Care coordination services (Section 2110(a)(21))
 - 6.2.22. ~ Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))
 - 6.2.23. ~ Hospice care (Section 2110(a)(23))
 - 6.2.24. ~ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (Section 2110(a)(24))
 - 6.2.25. ~ Premiums for private health care insurance coverage (Section 2110(a)(25))
 - 6.2.26. ~ Medical transportation (Section 2110(a)(26))
 - 6.2.27. ~ Enabling services (such as transportation, translation, and outreach services) (See instructions) (Section 2110(a)(27))
 - 6.2.28. ~ Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))
- 6.3 The state assures that, with respect to pre-existing medical conditions, one of the following two statements applies to its plan: (42CFR 457.480)
- 6.3.1. ~ The state shall not permit the imposition of any pre-existing medical condition exclusion for covered services (Section 2102(b)(1)(B)(ii)); **OR**
 - 6.3.2. ~ The state contracts with a group health plan or group health insurance coverage, or contracts with a group health plan to provide family

coverage under a waiver (see Section 6.4.2. of the template). Pre-existing medical conditions are permitted to the extent allowed by HIPAA/ERISA (Section 2103(f)). Please describe: *Previously 8.6*

6.4 **Additional Purchase Options.** If the state wishes to provide services under the plan through cost effective alternatives or the purchase of family coverage, it must request the appropriate option. To be approved, the state must address the following: (Section 2105(c)(2) and(3)) (42 CFR 457.1005 and 457.1010)

6.4.1. ~ **Cost Effective Coverage.** Payment may be made to a state in excess of the 10% limitation on use of funds for payments for: 1) other child health assistance for targeted low-income children; 2) expenditures for health services initiatives under the plan for improving the health of children (including targeted low-income children and other low-income children); 3) expenditures for outreach activities as provided in section 2102(c)(1) under the plan; and 4) other reasonable costs incurred by the state to administer the plan, if it demonstrates the following (42CFR 457.1005(a)):

6.4.1.1. Coverage provided to targeted low-income children through such expenditures must meet the coverage requirements above; **Describe the coverage provided by the alternative delivery system. The state may cross reference section 6.2.1 - 6.2.28.** (Section 2105(c)(2)(B)(i)) (42CFR 457.1005(b))

6.4.1.2. The cost of such coverage must not be greater, on an average per child basis, than the cost of coverage that would otherwise be provided for the coverage described above.; **Describe the cost of such coverage on an average per child basis.** (Section 2105(c)(2)(B)(ii)) (42CFR 457.1005(b))

6.4.1.3. The coverage must be provided through the use of a community-based health delivery system, such as through contracts with health centers receiving funds under section 330 of the Public Health Service Act or with hospitals such as those that receive disproportionate share payment adjustments under section 1886(c)(5)(F) or 1923 of the Social Security Act. **Describe the community based delivery system.** (Section 2105(c)(2)(B)(iii)) (42CFR 457.1005(a))

- 6.4.2. ~ **Purchase of Family Coverage.** Describe the plan to purchase family coverage. Payment may be made to a state for the purpose of family coverage under a group health plan or health insurance coverage that includes coverage of targeted low-income children, if it demonstrates the following: (Section 2105(c)(3)) (42CFR 457.1010)
- 6.4.2.1. Purchase of family coverage is cost-effective relative to the amounts that the state would have paid to obtain comparable coverage only of the targeted low-income children involved; and **(Describe the associated costs for purchasing the family coverage relative to the coverage for the low income children.)** (Section 2105(c)(3)(A)) (42CFR 457.1010(a))
- 6.4.2.2. The state assures that the family coverage would not otherwise substitute for health insurance coverage that would be provided to such children but for the purchase of family coverage. (Section 2105(c)(3)(B)) (42CFR 457.1010(b))
- 6.4.2.3. The state assures that the coverage for the family otherwise meets title XXI requirements. (42CFR 457.1010(c))

Section 7. Quality and Appropriateness of Care

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 8.**

- 7.1. Describe the methods (including external and internal monitoring) used to assure the quality and appropriateness of care, particularly with respect to well-baby care, well-child care, and immunizations provided under the plan. (2102(a)(7)(A)) (42CFR 457.495(a))

Will the state utilize any of the following tools to assure quality?
(Check all that apply and describe the activities for any categories utilized.)

- 7.1.1. ~ Quality standards
7.1.2. ~ Performance measurement
7.1.3. ~ Information strategies
7.1.4. ~ Quality improvement strategies

- 7.2. Describe the methods used, including monitoring, to assure: (2102(a)(7)(B)) (42CFR 457.495)

- 7.2.1 Access to well-baby care, well-child care, well-adolescent care and childhood and adolescent immunizations. (Section 2102(a)(7)) (42CFR 457.495(a))
- 7.2.2 Access to covered services, including emergency services as defined in 42 CFR part 457.10. (Section 2102(a)(7)) 42CFR 457.495(b))
- 7.2.3 Appropriate and timely procedures to monitor and treat enrollees with chronic, complex, or serious medical conditions, including access to an adequate number of visits to specialists experienced in treating the specific medical condition and access to out-of-network providers when the network is not adequate for the enrollee's medical condition. (Section 2102(a)(7)) (42CFR 457.495(c))
- 7.2.4 Decisions related to the prior authorization of health services are completed in accordance with state law **or**, in accordance with the medical needs of the patient, within 14 days after the receipt of a request for services. (Section 2102(a)(7)) (42CFR 457.495(d))

Section 8. Cost Sharing and Payment (Section 2103(e))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 9.**

8.1. Is cost-sharing imposed on any of the children covered under the plan? (42CFR 457.505)

8.1.1. YES, as approved in the Title XIX section 1115 demonstration waiver that may affect individuals covered under Title XXI.

8.1.2. ~ NO, skip to question 8.8.

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge and the service for which the charge is imposed or time period for the charge, as appropriate.

(Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

8.2.1. Premiums:

8.2.2. Deductibles:

8.2.3. Coinsurance or copayments:

8.2.4. Other:

8.3. Describe how the public will be notified, including the public schedule, of this cost-sharing (including the cumulative maximum) and changes to these amounts and any differences based on income. (Section 2103(e)(1)(B)) (42CFR 457.505(b))

8.4. The state assures that it has made the following findings with respect to the cost sharing in its plan: (Section 2103(e))

8.4.1. ~ Cost-sharing does not favor children from higher income families over lower income families. (Section 2103(e)(1)(B)) (42CFR 457.530)

8.4.2. ~ No cost-sharing applies to well-baby and well-child care, including age-appropriate immunizations. (Section 2103(e)(2)) (42CFR 457.520)

8.4.3. ~ No additional cost-sharing applies to the costs of emergency medical services delivered outside the network. (Section 2103(e)(1)(A)) (42CFR 457.515(f))

8.5. Describe how the state will ensure that the annual aggregate cost-sharing for a family does not exceed 5 percent of such family's income for the length of the child's eligibility period in the State. Include a description of the procedures that do not primarily rely on a refund given by the state for overpayment by an enrollee: (Section 2103(e)(3)(B)) (42CFR 457.560(b) and 457.505(e))

- 8.6 Describe the procedures the state will use to ensure American Indian (as defined by the Indian Health Care Improvement Act of 1976) and Alaska Native children will be excluded from cost-sharing. (Section 2103(b)(3)(D)) (42CFR 457.535)
- 8.7 Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42CFR 457.570 and 457.505(c))
- 8.7.1 Please provide an assurance that the following disenrollment protections are being applied:
- State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, copayments, coinsurance, deductibles or similar fees prior to disenrollment. (42CFR 457.570(a))
 - The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non payment of cost-sharing charges. (42CFR 457.570(b))
 - In the instance mentioned above, that the state will facilitate enrolling the child in Medicaid or adjust the child's cost-sharing category as appropriate. (42CFR 457.570(b))
 - The state provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42CFR 457.570(c))
- 8.8 The state assures that it has made the following findings with respect to the payment aspects of its plan: (Section 2103(e))
- 8.8.1. ~ No Federal funds will be used toward state matching requirements. (Section 2105(c)(4)) (42CFR 457.220)
- 8.8.2. ~ No cost-sharing (including premiums, deductibles, copays, coinsurance and all other types) will be used toward state matching requirements. (Section 2105(c)(5)) (42CFR 457.224) (Previously 8.4.5)
- 8.8.3. ~ No funds under this title will be used for coverage if a private insurer would have been obligated to provide such assistance except for a provision limiting this obligation because the child is eligible under the this title. (Section 2105(c)(6)(A)) (42CFR 457.626(a)(1))
- 8.8.4. ~ Income and resource standards and methodologies for determining Medicaid eligibility are not more restrictive than those applied as of June 1, 1997. (Section 2105(d)(1)) (42CFR 457.622(b)(5))

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- 8.8.5. ~ No funds provided under this title or coverage funded by this title will include coverage of abortion except if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest. (Section 2105)(c)(7)(B)) (42CFR 457.475)
- 8.8.6. ~ No funds provided under this title will be used to pay for any abortion or to assist in the purchase, in whole or in part, for coverage that includes abortion (except as described above). (Section 2105)(c)(7)(A)) (42CFR 457.475)

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

- 9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

Response: Please refer to Attachment 6. The state hopes to expand health coverage, thereby decreasing the number of uninsured in Missouri. This will be accomplished with the greatest administrative efficiency through a Medicaid expansion.

- 9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

Response: The state expects to enroll approximately 70,000 additional children in Medicaid by June 30, 1999. Please refer to Attachment 6.

- 9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the state's performance, taking into account suggested performance indicators as specified below or other indicators the state develops: (Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

- 9.3.1. The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.
- 9.3.2. The reduction in the percentage of uninsured children.
- 9.3.3. ~ The increase in the percentage of children with a usual source of care.
- 9.3.4. ~ The extent to which outcome measures show progress on one or more of the health problems identified by the state.
- 9.3.5. ~ HEDIS Measurement Set relevant to children and adolescents younger than 19.
- 9.3.6. ~ Other child appropriate measurement set. List or describe the set used.
- 9.3.7. If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:
- 9.3.7.1. Immunizations
 - 9.3.7.2. Well child care
 - 9.3.7.3. Adolescent well visits
 - 9.3.7.4. Satisfaction with care

- 9.3.7.5. Mental health
- 9.3.7.6. Dental care
- 9.3.7.7. Other, please list:

Response: Please refer to Attachment 7, MC+ Quality Indicators.

9.3.8. ~ Performance measures for special targeted populations.

9.4. The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1)) (42CFR 457.720)

9.5. The state assures it will comply with the annual assessment and evaluation required under Section 10. Briefly describe the state's plan for these annual assessments and reports. (Section 2107(b)(2)) (42CFR 457.750)

Response: This population will become part of our MC+ managed care reporting. In addition, all necessary 1115 reports and documentation will be submitted. Please refer to Attachment 8.

9.6. The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3)) (42CFR 457.720)

9.7. The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed. (42CFR 457.710(e))

9.8. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.135)

9.8.1. Section 1902(a)(4)(C) (relating to conflict of interest standards)

9.8.2. Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)

9.8.3. Section 1903(w) (relating to limitations on provider donations and taxes)

9.8.4. Section 1132 (relating to periods within which claims must be filed)

- 9.9. Describe the process used by the state to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c)) (42CFR 457.120(a) and (b))

Response: During public hearings for Missouri's 1115 waiver amendment and in all other public discourse it was clearly stated our intent to coordinate the use of the new State Children's Health Insurance Program to expand Medicaid coverage.

These discussions have continued in numerous additional public settings, newswire stories, and in our state legislative and appropriation processes.

On an ongoing basis the MC+ Statewide Quality Assessment and Improvement (QA&I) Advisory Group will advise the Division of Medical Services regarding health policy that: improves the health status of MC+ clients; maintains or reduces the cost of health care while maintaining or improving quality of care; and describes best practices.

The role of the QA&I subcommittees will be to evaluate, refine, and recommend sentinel indicators; recommend intervention strategies; and review satisfaction and audit data as it relates to maternal and child health and behavioral health issues. The QA&I subcommittees will also communicate provider complaints and system issues to the QA&I Advisory Committee and the Division of Medical Services and respond to ad hoc requests of the QA&I Committee.

- 9.9.1 Describe the process used by the state to ensure interaction with Indian Tribes and organizations in the state on the development and implementation of the procedures required in 42 CFR part 457.125. (Section 2107(c)) (42CFR 457.120(e))

Response: There are no federally recognized Indian Tribes and Organizations in the State.

- 9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in part 457.65(b) through (d).

Response: There has been no amendment relating to eligibility or benefits.

9.10. Provide a one year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including --
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.

Response: Please refer to Attachment 9.

Section 10. Annual Reports and Evaluations (Section 2108)

- 10.1. Annual Reports. The state assures that it will assess the operation of the state plan under this Title in each fiscal year, including: (Section 2108(a)(1),(2)) (42CFR 457.750)
 - 10.1.1. The progress made in reducing the number of uncovered low-income children and report to the Secretary by January 1 following the end of the fiscal year on the result of the assessment, and
- 10.2. The state assures it will comply with future reporting requirements as they are developed. (42CFR 457.710(e))
- 10.3. The state assures that it will comply with all applicable Federal laws and regulations, including but not limited to Federal grant requirements and Federal reporting requirements.

Section 11. Program Integrity (Section 2101(a))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue to Section 12.

- 11.1 ~ The state assures that services are provided in an effective and efficient manner through free and open competition or through basing rates on other public and private rates that are actuarially sound. (Section 2101(a)) (42CFR 457.940(b))
- 11.2. The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.935(b)) *The items below were moved from section 9.8. (Previously items 9.8.6. - 9.8.9)*
- 11.2.1. ~ 42 CFR Part 455 Subpart B (relating to disclosure of information by providers and fiscal agents)
 - 11.2.2. ~ Section 1124 (relating to disclosure of ownership and related information)
 - 11.2.3. ~ Section 1126 (relating to disclosure of information about certain convicted individuals)
 - 11.2.4. ~ Section 1128A (relating to civil monetary penalties)
 - 11.2.5. ~ Section 1128B (relating to criminal penalties for certain additional charges)
 - 11.2.6. ~ Section 1128E (relating to the National health care fraud and abuse data collection program)

Section 12. Applicant and enrollee protections (Sections 2101(a))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan.**

Eligibility and Enrollment Matters

12.1 Please describe the review process for **eligibility and enrollment** matters that complies with 42 CFR part 457.1120.

Health Services Matters

12.2 Please describe the review process for **health services matters** that complies with 42 CFR part 457.1120.

Premium Assistance Programs

12.3 If providing coverage through a group health plan that does not meet the requirements of 42 CFR part 457.1120, please describe how the state will assure that applicants and enrollees have the option to obtain health benefits coverage other than through the group health plan at initial enrollment and at each redetermination of eligibility.