

**MISSOURI STATEWIDE HEALTH REFORM DEMONSTRATION
FACT SHEET**

Name of Section 1115 Demonstration:	Missouri Managed Care Plus (MC+)
Waiver Number:	11-W-00122/7
Date Proposal Submitted:	June 30, 1994
Date Proposal Approved:	April 29, 1998
Date Implemented:	September 1, 1998
BBA Extension/Renewal Approved:	August 25, 2003
Demonstration Expired:	October 15, 2007*
Number of Amendments:	8

* Temporary extensions of the demonstration were granted on February 28, 2007; March 9, 2007; March 16, 2007; April 30, 2007; August 31, 2007; September 14, 2007; and September 27, 2007.

SUMMARY

The demonstration was a statewide program that provides Medicaid Managed Care to adults and children in the State that are not otherwise eligible for Medicaid. The demonstration ran concurrently with the State's current Section 1915(b) waiver, also known as Managed Care Plus (MC+). Enrollment of children into the program began August 1, 1998, with services starting September 1, 1998. Enrollment of adults into the program began January 1, 1999, with services starting February 1, 1999. The *Healthcare for the Indigent of St. Louis* amendment was approved in August 2002 and continued until April 30, 2007. Through this amendment, the State developed a "safety net" program for the St. Louis Connect Care community. A 3-year extension of the demonstration was approved on August 25, 2003, and was extended to March 1, 2007. Temporary extensions of the demonstration were granted multiple times and the demonstration expired on October 15, 2007. Missouri transitioned its section 1115 demonstration into a separate family planning demonstration and a separate Children's Health Insurance Program (CHIP) program.

Missouri's Section 1115 Demonstration was approved in 1998. The initial approval covered State plan children and postpartum women using Title XIX funds and optional targeted low-income children through a CHIP Medicaid Expansion program using Title XXI funds (up to 300 percent of the FPL). Originally, the demonstration expanded transitional medical assistance (TMA) coverage to working parents; however, in August 2002, the State eliminated this expansion of coverage. In October 2007, when the demonstration expired, the remaining demonstration populations were postpartum uninsured women who lose their Medicaid eligibility 60 days after the birth of their child (extending eligibility for women's health services for 1 year) and optional targeted low-income children (up to 300 percent of the FPL). When the demonstration expired,

Missouri transitioned its section 1115 demonstration into a separate family planning demonstration and a separate CHIP program.

The demonstration combined Title XIX and XXI funding streams. The expansion population of children was funded through Title XXI. All other demonstration populations and services were covered through Title XIX through diverted Disproportionate Share Hospital (DSH) funds.

ELIGIBILITY

In 2007, the demonstration covered the following populations:

Missouri Managed Care Plus (MC+) 1115 Demonstration Populations

I. Medicaid Mandatory State Plan Group(s)	Federal Poverty Level and/or Other Qualifying Criteria	Funding
Pregnant women and Infants under age 1 (SOBRA)	0 to 185% of the FPL	Title XIX
Children 1 through 5	0 to 133% of the FPL	Title XIX
Children 6 through 18	0 to 100% of the FPL	Title XIX
II. Medicaid Expansion Optional State Plan Group (Optional Targeted Low-Income Children)		
Infants under age 1	Above 185% - 300% of the FPL	Title XXI
Children 1 through 5	Above 133% - 300% of the FPL	Title XXI
Children 6 through 18	Above 100% - 300% of the FPL	Title XXI
III. Non-State Plan Group		
Postpartum Medicaid Women (Family Planning)	Uninsured women, who lose their Medicaid eligibility 60 days after the birth of their child, are eligible for women’s health services for 1 year (12 months).	Title XIX (enhanced FMAP)

BENEFITS

- Eligible children received all Medicaid benefits, except non-emergent medical transportation.
- Eligible postpartum women received women’s health services only. This included contraception counseling, devices, pharmaceuticals, and implants; pap smears and pelvic exams; and sexually transmitted disease testing and treatment. These benefits were available through fee-for-service.