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November 18, 2026

The Honorable Mike Kehoe
Governor of Missouri
P.O. Box 720
Jefferson City, MO 65102

Jessica Bax
Director, Missouri Department of Social Services
P.O. Box 1527
Jefferson City, MO 65102

RE: Request to Elect CMS's Optional Hold Harmless Period for Medicaid Community Engagement Implementation

Dear Governor Kehoe and Director Bax:

On behalf of the Community Health Commission of Missouri (CHCM), I write to encourage Missouri to elect the full optional hold harmless period offered by the Centers for Medicare & Medicaid Services (CMS) through June 30, 2027. We recognize the significant work underway across state agencies to implement new Medicaid community engagement requirements by January 1, 2027. The federal option offers a practical opportunity to test systems, strengthen communications, and protect continuity of coverage for otherwise eligible Missourians as those efforts proceed.

Specifically, we respectfully request that Missouri notify CMS by December 11, 2026, of its intent to use the full period and seek approval through its community engagement mitigation plan. Under CMS State Medicaid Director Letter #26-006, issued November 13, states may temporarily suspend eligibility denials and disenrollments based solely on a person's failure to demonstrate community engagement, an exception, or an exclusion. States must continue assessing those requirements during the transition, and the option does not alter other Medicaid eligibility standards. CMS has indicated that states operating within an approved mitigation plan will receive the specified federal compliance and eligibility-audit protections.

What Missouri partners are telling us

CHCM recently convened regional partners in St. Louis, Kansas City, and Southeast Missouri, followed by a statewide health access discussion. Across these conversations, healthcare providers, community organizations, and other partners identified recurring operational needs: timely and understandable information about changing requirements; simpler renewal and reporting processes; reliable opportunities to update contact

information and receive assistance; and clearer guidance for providers and navigators serving patients.

The discussions also reinforced that implementation challenges will look different across the state. Southeast Missouri partners emphasized transportation limitations, provider availability, and fewer accessible employment and service opportunities. St. Louis partners highlighted administrative barriers, consistent communications, and coordination across health systems. Kansas City partners described ongoing work through existing community networks to prepare residents and trusted institutions for policy changes. Participants also encouraged county-level and demographic data to help identify where administrative barriers may be concentrated.

These observations are not a substitute for the state's administrative data, nor do they represent a formal endorsement of this specific federal option by every convening participant. They do, however, illustrate why a measured transition, informed by regional realities, would benefit both Missouri families and the state agencies responsible for implementation.

A practical approach to the transition

We encourage Missouri to use the full hold harmless period to strengthen implementation in four complementary ways:

- **Test and improve eligibility processes.** Continue assessing community engagement, exclusions, and exceptions while testing notices, data matching, renewal workflows, and the handling of incomplete or conflicting information before coverage decisions take effect.
- **Reduce unnecessary documentation burdens.** Maximize reliable, automated verification where permitted and provide clear instructions and accessible assistance when additional information is needed.
- **Monitor and respond to geographic differences.** Track application and renewal outcomes, common verification failures, and opportunities for corrective action, using county-level and demographic reporting where feasible and appropriate to privacy protections.
- **Engage established regional partners.** Build on DSS's October H.R. 1 stakeholder presentations and existing provider, navigator, rural health, and community networks to refine plain-language materials, answer operational questions, and identify problems early.

CHCM is prepared to support this work through our statewide health access coordination efforts, including regional partner connections, shared communications resources,

focused provider briefings, and the responsible elevation of community experiences alongside quantitative data. We would welcome the opportunity to align these efforts with the Department's priorities, rather than duplicate existing state or partner infrastructure.

Electing the full period would not postpone Missouri's responsibility to implement the law. It would provide a federally recognized transition for validating systems and addressing avoidable barriers before community-engagement-related coverage terminations begin. We believe this is a prudent step toward accurate administration, responsible use of public resources, and continuity of care for eligible Missourians.

Thank you for your leadership and consideration. We welcome a conversation with your team about this request and opportunities to support effective implementation across Missouri. I can be reached at rrawlins@chcmissouri.org or 314-446-6462.

Sincerely,



Riisa Rawlins, MSW
Chief Executive Officer
Community Health Commission of Missouri

cc: Missouri General Assembly Health and Appropriations Committee Chairs; Missouri Department of Health and Senior Services

Federal reference: CMS State Medicaid Director Letter #26-006 (November 13, 2026), https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd26006.pdf