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6.d. Nurse Practitioner/ Clinical Nurse Specialist Services (cont'd)

A clinical nurse specialist must be a registered nurse and have a master's degree in the area of clinical nursing specialty practice or be currently certified by the American Nurses Association as a clinical nurse specialist in the area of specialty practice.

A new patient office visit is limited to one per provider for each recipient. An established patient extended or comprehensive visit is limited to one per provider per year for each recipient.

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State Missouri

23. Family Nurse Practitioner/Pediatric Nurse Practitioner

Advanced practice nurse services are limited to those services provided by properly licensed and certified nurse practitioners practicing within the scope of state law. A family nurse practitioner or pediatric nurse practitioner must be currently licensed as a registered professional nurse and recognized as an advanced practice nurse within a specific clinical specialty area and role by the Missouri State Board of Nursing pursuant to state law.

A family nurse practitioner or pediatric nurse practitioner cannot perform abortions and cannot be an assistant surgeon.

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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary

f. Personal Care Services (cont.)

1. Cont.
Personal care services include an advanced level of personal care, which provide assistance with activities of daily living to individuals with chronic and stable conditions, who require devices and procedures related to altered body functions. Recipients in need of advanced personal care will be assessed by the provider agency RN for care plan development. Recipients in need of advanced personal care will receive ongoing nurse visits not to exceed 26 visits in a six (6) month period. The nurse visits are reimbursable and provide enhanced supervision of the aide and continued assessment of the recipient's needs.

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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary

f. Personal Care Services (cont.)

2. Personal Care Assistance (Consumer-Directed Model)

Personal care assistance (PCA) services include a specialized level of PCA which includes both basic and advanced personal care for persons who are capable of self-directing their own care. Persons eligible for PCA must also be capable of living independently with PCA. Services include assistance with activities of daily living and/or instrumental activities of daily living, provided by a qualified and trained aide in accordance with a plan of care approved by the state. Clients select, hire, train and supervise their own aides, with assistance, supervision, and oversight from qualified Medicaid enrolled providers. Medicaid recipients who do not meet the criteria for PCA specified in this subsection of the State Plan will be referred for assessment for personal care services under numbers 1 or 2 above, depending upon the needs of the recipient.

Providers of the Consumer-Directed Model of Personal Care are required to have:

- A philosophy that promotes the consumer's ability to live independently in the most integrated setting or the maximum community inclusion of persons with physical disabilities. This philosophy includes the following independent living services: advocacy, independent living skills training, peer counseling, and information and referral services.
- Established programs and procedures for the training and orientation of consumers concerning their responsibilities of being an employer, including but not limited to: skills needed to recruit, employ, instruct/train, supervise and maintain the services of personal care attendants and the preparation and verification of time sheets.
- Established procedures for the maintenance of a list of individuals eligible to be personal care attendant, for when a participant requests assistance in recruitment.
- Established procedures for educating the participant and the attendant of his or her responsibility to comply with all state statutory and regulatory requirements for the program.
- Established procedures for addressing inquiries and problems received from participants and personal care attendants.
- The capacity and procedures established to provide fiscal conduit services, including but not limited to: performing, directly or by contract, payroll and fringe benefit accounting functions on behalf of the participants, including the transmission of the individual payment directly to the personal care attendant on behalf of the participant and filing claims for Medicaid reimbursement.

To maintain the Medicaid provider enrollment, providers must:

- Demonstrate sound fiscal management as evidenced on quarterly financial reports and an annual audit.
- Demonstrate a positive impact on consumer outcomes regarding the provision of personal care assistance services as evidenced on quarterly and annual program reports.
- Implement a quality assurance and supervision process that ensures program compliance and accuracy of records.
- Comply with all provisions of Section 208.900 to 208.927 RSMo, and the regulations promulgated hereunder by 19 CSR 15-8.

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State Missouri

Personal Care Services

a. Personal Care Services (Agency Model):

The state agency will reimburse personal care service providers in accordance with the provision of 42 CFR 447 Subpart D and state regulation. RN supervisory visits provided in Residential Care Facilities are billed by the provider at a separate rate per visit and do not duplicate services already provided by the facility. The state payment for each service shall be the lower of:

(1) The provider's actual charge for the services; or
(2) The established rate per service unit or visit as determined by the state agency.

The total monthly payment made in behalf of an individual cannot exceed sixty percent (60%) of the average statewide monthly cost for care in a nursing institution (excluding state mental intermediate care facilities).

The total monthly payment for personal care for individuals eligible for advanced personal care services may not exceed 100% of the average statewide monthly cost for care in a nursing institution (excluding state mental intermediate care facilities).

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Personal Care and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the MO HealthNet on-line fee schedule which is available at http://dssapp2.dss.mo.gov/pricelistx/main_disclaimer.html .

The fee schedule, as described, applies to all levels of personal care (basic, advanced, and RN supervisory visits). There is a variation in the rates paid according to the setting where services are delivered.

The amount of time associated with one unit of basic and advanced Personal Care is 15 minutes. The RN supervisory visit is a per visit unit. Except as otherwise noted in the plan, state-developed fee schedule rates are effective for personal care services including RN supervisory visits provided on or after July 1, 2011. All rates are published on the MO HealthNet's website. Any rate paid for furnishing personal care services to Medicaid beneficiaries does not include a cost consideration for room and board.

b. Personal Care Assistance (Consumer-Directed Model)

The total monthly payment for personal care assistance for individuals shall not exceed 100% of the average statewide monthly cost for care in a nursing institution (excluding state mental intermediate care facilities). The state payment for services shall be the lower of:

(1) The vendor's actual charge for the services; or
(2) The established rate per service unit as determined by the state agency.

The amount of time associated with one unit of Personal Care Assistance is 15 minutes. The RN supervisory visit is a per visit unit. Except as otherwise noted in the plan, state-developed fee schedule rates are effective for personal care services including RN supervisory visits provided on or after July 1, 2011. All rates are published on the MO HealthNet's website. Any rate paid for furnishing personal care services to Medicaid beneficiaries does not include a cost consideration for room and board.

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Nurse Practitioner/Clinical Nurse Specialist Services

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the MO HealthNet Division. The determination and reimbursement of reasonable charge will be in conformance with the standards and methods as expressed in 42 CFR 447 Subpart D. Agency payment will be the lower of:

(1) The provider's actual charge for the service; or

(2) The allowable fee based on reasonable charge as above determined.

For certain specified diagnostic laboratory services included under the Title XVIII Medicare fee schedule, and when provided in a nurse practitioner's place of service. Medicaid payment will not exceed the maximum allowable Medicare payment.

The state agency will reimburse providers of nurse practitioner services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient/patients who are also eligible for Medicare Part B in conformance with 42 CFR 431.625.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of nurse practitioner services. The agency's fee schedule rate was set as of April 6, 2011 and is effective for services provided on or after that date. All rates are published at: http://www.dss.mo.gov/mhd/providers/index.htm.

Licensed Psychologist's Services

Reimbursement for psychological services for adults and children shall be based on the physicians' fee schedule and payment will be made on the lower of:

(1) The provider's actual charge for the service, or;

(2) The maximum allowable fee or rate as determined by the MO HealthNet Division.

The state agency will reimburse providers of psychology services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient/patients who are also eligible for Medicare Part B in conformance with 42 CFR 431.625.