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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 17-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

July 24, 2017

Steve Corsi, Acting Director
Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, MO 65102 - 1527

Dear Mr. Corsi:

On May 25, 2017, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #17-0001. This SPA added nationally certified school psychologists employed by schools as a provider of behavioral health services.

SPA #17-0001 was approved July 21, 2017, with an effective date of August 1, 2017, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Missouri State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher at (816) 426-5925.

Sincerely,

//s//

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Jay Ludlam, Acting Medicaid Director
Debbie Meller

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 7 - 0 1</u>	2. STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: 08/01/2017	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <u>42 CFR 441, Subpart B</u> 42 CFR 440.60 *	7. FEDERAL BUDGET IMPACT: a. FFY <u>18</u> \$ <u>467,549</u> b. FFY <u>19</u> \$ <u>467,549</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 3.1-A, Pages 10d & 10dd</u> Page 12c * <u>Attachment 4.19B, Page 9</u> *	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable). <u>Attachment 3.1-A, Page 10d</u> 12c * <u>Attachment 4.19B, Page 9</u> *

10. SUBJECT OF AMENDMENT: The SPA proposes to amend the provisions governing ~~Early and Periodic Screening, Diagnosis, and Treatment Services~~ ^{Other Licensed Practitioners *} covered under the Medicaid State Plan to include nationally certified school psychologists employed by schools as providers of behavioral health services.

11. GOVERNOR'S REVIEW (Check One)	
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input type="checkbox"/> OTHER, AS SPECIFIED:
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPE NAME: <u>Jennifer Tidball</u>	
14. TITLE: <u>Acting Director, Department of Social Services</u>	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>May 25, 2017</u>	18. DATE APPROVED: <u>July 21, 2017</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>August 1, 2107</u>	20. SIGNATURE OF REGIONAL OFFICIAL: <u>//s//</u>
21. TYPED NAME: <u>James G. Scott</u>	22. TITLE: <u>Associate Regional Administrator</u> <u>for Medicaid and Children's Health Operations.</u>
23. REMARKS:	

6.d. Other practitioners' services continued

Licensed Psychologist and School Psychologist

An independently enrolled Medicaid psychologist may bill for services to adults and children in accordance within the psychologist's scope of practice as defined by the state of Missouri. School Psychologists certified under the program standards of the National Association of School Psychologists who are employed in a duly accredited public or charter school may provide services to students within the scope of employment for such school and within the scope of his or her education, training, and experience.

Anesthesiologist Assistant

Anesthesiologist Assistant services are covered by Missouri Medicaid when performed under the direct supervision of an anesthesiologist who remains physically present and immediately available for diagnosis and treatment of emergencies. An Anesthesiologist Assistant must be enrolled as a provider with Missouri Medicaid. The specific limitations may be found in the Physician Provider Manual. The state assures that supervision is included in the state's scope of practice act for the supervising licensed practitioners; that the licensed practitioners assume professional responsibility for the services provided by the unlicensed practitioners; that the licensed practitioners are able to furnish the services being provided; and that the licensed practitioners bill for the services provided by the unlicensed practitioners.

7. Home Health Services

The Medicaid Program will pay for home health care when the attending physician has developed a written Plan of Care certifying the need for home health services. The Plan of Care must be reviewed by the physician at least every 60 days, or at such time as the Plan of Care is interrupted by a period of hospitalization. The certification period can be up to, but never exceed, two calendar months and mathematically never exceed 62 days.

State MissouriNurse 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 and School Psychologist's 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. Reimbursement is the lesser of charges or the published fee schedule amount. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of psychological services and the fee schedule is published on the website at <http://www.dss.mo.gov/mhd/providers/index.htm> and is effective for services provided on and after the effective date of this state plan amendment.

The state agency will reimburse providers of psychological 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.

State Plan TN # 17-001
Supersedes TN # 11-08

Effective Date August 1, 2017
Approval Date July 21, 2017