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State/Territory Name: MO

State Plan Amendment (SPA) #: 18-0002

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 64106-2898



Kansas City Regional Operations Group

July 18, 2019

Jennifer Tidball, Acting Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, MO 65102-1527

Dear Ms. Tidball:

On February 28, 2018, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) Transmittal #18-0002. This SPA adds peer support, family support, and allows Licensed Practical Nurses to provide Extended Day Treatment services. This SPA also clarifies language for various other approved services, such as assessments. Finally, this SPA clarifies the qualifications of practitioners who can provide Comprehensive Substance Abuse and Rehabilitation Services (C-STAR).

SPA #18-0002 was approved July 18, 2019, with an effective date of January 1, 2018, 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 or Deborah Read at (816) 426-5925.

Sincerely,

7/18/2019

James G. Scott, Director
Division of Medicaid Field Operations - North

Signed by: James G. Scott -S

Enclosure

cc:
Todd Richardson, Medicaid Director
Amanda Clutter
Marissa Crump
Glenda Kremer

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 8 - 0 2</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 January 1, 2018	

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: 42 CFR 431 Subpart M, 42 CFR 447 Subpart A, B, and F	7. FEDERAL BUDGET IMPACT: a. FFY 17 18 \$ 4 1,500,000.00 * b. FFY 18 19 \$ 0 1,900,000.00 *
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 17aaa-2, 17aaa, 17aaa-2, 17aaaa, 17aaaa-2, 17aaaaa, 17aaaaa-2 Attachment 4.19-B Page 6b and 6bb ** ** Attachment 3.1-A, Pages 17aaa-3 - 11, Pages 17aaaaa-3	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (if Applicable): Attachment 3.1-A Page 17aa-2, 17aaa, 17aaaa, 17aaaaa Attachment 4.19-B Page 6b and 6bb **

10. SUBJECT OF AMENDMENT:

This State Plan Amendment (SPA) adds peer support, family support and allows Licensed Practical Nurses to provide Extended Day Treatment services. This SPA also includes clarifying language for various other approved services such as assessments. It clarifies the qualifications of practitioners who can provide Comprehensive Substance Treatment and Rehabilitation Services (CSTAR).

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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:	
14. TITLE:	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 28, 2018	18. DATE APPROVED: July 18, 2019
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: James G. Scott	22. TITLE: Director Division of Medicaid Field Operations - North
23. REMARKS:	

* Fiscal Impact pen and ink changes per states responses dated 8.10.18

** Pen and Ink change per state email dated 7.2.19

13.d. Rehabilitative Services

Comprehensive Substance Treatment and Rehabilitation Services (CSTAR):

Assessment, community support, individual counseling, trauma individual counseling, co-occurring disorder individual counseling, communicable disease counseling, group counseling, collateral dependent counseling, group rehabilitative support, day treatment, family therapy, family conference, medically monitored detoxification, medication services, medication services support, adolescent treatment support, and peer and family support are covered services for participants under CSTAR. Comprehensive substance abuse and addiction treatment is offered to participants to provide a continuum of care within community based settings. CSTAR services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual.

Services are restricted to participants who have been assessed to need a particular level of CSTAR treatment. Each participant will have an individual treatment plan comprised of those services designed to meet the participant’s circumstances and needs. In accordance with EPSDT requirements at 1905(r) of the Social Security Act, children under the age of 21 will receive services without limitation and based on medical necessity. The individual treatment plan will be reviewed and signed either by a licensed psychologist, licensed psychiatrist, licensed professional counselor, licensed clinical social worker or licensed physician.

Settings in which CSTAR services are approved for delivery include office, home, school and other unlisted community setting. The following matrix provides a description of each service as well as the practitioners qualified to provide each service.

CSTAR SERVICE	DESCRIPTION	QUALIFIED PRACTITIONERS
Assessment	This service is a comprehensive evaluation of a participant’s physical, mental, and emotional health, including issues related to substance use, along with their ability to function within a community in order to service needs and formulate recommendations for treatment.	Qualified Addictions Professional (QAP) N Licensed Mental Health Professional (for diagnosis)

13.d. Rehabilitative Services

<p>Assessment (continued)</p>	<p><u>Components:</u></p> <ul style="list-style-type: none"> • Risk assessment to determine emergency, urgent, and/or routine need for services • Obtain from the participant information about presenting problem, brief history, current medications, current medical conditions, and current symptoms • Formulation of a diagnosis by a licensed mental health professional • Development of initial treatment recommendations 	
<p>Community Support</p>	<p>A comprehensive service designed to reduce the disability resulting from mental illness, emotional disorders, and/or substance use disorders, restore functional skills of daily living, build natural supports and solution-oriented interventions intended to achieve the recovery identified in the goals and/or objectives as set forth in the individualized treatment plan. This service may be provided to the participant’s family and significant others when such services are for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery. Most contact occurs in community locations where the person lives, works, attends school, and/or socializes.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Developing recovery goals; identifying needs, strengths, skills, resources and supports and teaching how to use them to support recovery; and identifying barriers to recovery and assisting in the development and implementation of plans to overcome them. • When the natural acquisition of skills is negatively impacted by the participant’s substance use disorder and/or co-occurring mental illness, or emotional disorder, helping participants restore skills and resources to address symptoms that interfere with the following: 	<p>Community Support Specialist</p>

13.d. Rehabilitative Services

<p>Community Support (continued)</p>	<ul style="list-style-type: none"> ▪ Seeking or successfully maintaining a job, including but not limited to, communication, personal hygiene and dress, time management, capacity to follow directions, planning transportation, managing symptoms/cravings, learning appropriate work habits, and identifying behaviors that interfere with work performance. ▪ Maintaining success in school including, but not limited to, communication with teachers, personal hygiene and dress, age appropriate time management, capacity to follow directions and carry out school assignments, appropriate study habits, and identifying and addressing behaviors that interfere with school performance. ▪ Obtaining and maintaining housing in the least restrictive setting including, but not limited to, issues related to nutrition; meal preparation; and personal responsibility. • Supporting and assisting participants in crises to access needed treatment services to resolve a crisis. • Discharge planning with participants receiving CSTAR services who are hospitalized for medical or behavioral health reasons. • In conjunction with the participant, family, significant others and referral sources, identifying risk factors related to relapse in mental illness and/or substance use disorders, developing strategies to prevent relapse, and advising and otherwise assisting the participant in implementing those strategies. • Promoting the development of positive support systems by providing information to family members, as appropriate, regarding the participant’s mental illness, emotional disorders and/or substance use disorders, and ways they can be of support to their family members recovery. Such activities must be directed toward the primary well-being and benefit of the participant. 	
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Revised Submission

13.d. Rehabilitative Services

<p>Community Support (continued)</p>	<ul style="list-style-type: none"> • Developing and advising the participant on implementing lifestyle changes needed to cope with the side effects of psychotropic medications, and/or to promote recovery from the disabilities, negative symptoms and/or functional deficits associated with mental illness, emotional disorders, and/or substance use disorders. • Advising the participant on maintaining a healthy lifestyle, including but not limited to, assistance in recognizing the physical and physiological signs of stress, creating a self-defined daily routine that includes adequate sleep and rest, walking or exercise, appropriate levels of activity and productivity, and involvement in creative or structured activity that counteracts negative stress responses; and learning to assume personal responsibility and care for minor illnesses, and knowing when professional medical attention is needed. 	
<p>Individual Counseling</p>	<p>An individual, face-to-face, structured, and goal-oriented therapeutic counseling designed to resolve problems related to alcohol and/or other drugs that interfere with the participant’s functioning. Includes evidence-based interventions such as motivational interviewing, cognitive behavioral therapy and trauma informed care.</p> <p>Examples of evidence-based practices that may be used include:</p> <ul style="list-style-type: none"> • Motivational interviewing is a goal-oriented, client centered counseling style for eliciting behavioral change by helping participants to explore and resolve ambivalence. This approach upholds four principals which are expressing empathy and avoiding arguing; developing discrepancy; rolling with resistance; and supporting self-efficacy. • Cognitive Behavioral Therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, substance use disorders, marital problems, eating disorders and severe mental illness. CBT treatment usually involves efforts to change thinking patterns. 	<p>QAP or Associate Addiction Counselor (AAC)</p>

13.d. Rehabilitative Services

Trauma Individual Counseling	Individual face-to-face counseling provided to the primary participant in accordance with the treatment plan to resolve issues related to psychological trauma in the context of substance use disorders. Personal safety and empowerment of the participant <i>must</i> be addressed.	Licensed Mental Health Professional, a professional certified by the Missouri Division of Professional Registration who is practicing within their current competence
Co-Occurring Disorder Individual Counseling	An individual, face-to-face, structured and goal-oriented therapeutic interaction between a participant and a counselor designed to identify and resolve issues related to substance use and co-occurring mental illness functioning.	Licensed Mental Health Professional, a professional certified by the Missouri Credentialing Board as a professional working in co-occurring disorders who is practicing within their current competence.
Communicable Disease Counseling	<p>Communicable disease counseling assists participants in understanding how to reduce the behaviors that interfere with their ability to lead healthy, safe lives and to restore them to their best possible functional level.</p> <p>Communicable disease counseling can cover such topics as HIV/STD/TB status or substance use disclosure to family members and friends; addressing stigma for drug users in accessing services; how to maximize health care services interactions; how to reduce substance use and avoid overdose; and how to address anxiety, anger, and depressive episodes.</p>	Licensed mental health professionals (LMHPs), QAPs, and AACs who are knowledgeable about communicable diseases including HIV, TB and STDs through training and/or previous employment experience. LMHPs, QAPs and AACs knowledge shall include awareness of risks, disease management/ treatment and resources for care, and confidentiality requirements when working with special populations. LMHPs, QAPs and AACs providing these services shall also be competent to therapeutically assist participants to understand and appropriately respond to test results.

13.d. Rehabilitative Services

<p>Group Counseling</p>	<p>Face-to-face, goal-oriented therapeutic interaction among a counselor and two or more participants as specified in individual treatment plans designed to promote participant functioning and recovery through personal disclosure and interpersonal interaction among group members. This service can include trauma related symptoms and co-occurring behavioral health and substance use disorders.</p> <p>Examples of Evidence Based Practices that may be used include:</p> <ul style="list-style-type: none"> • Motivational interviewing is a goal-oriented, client centered counseling style for eliciting behavioral change by helping participants to explore and resolve ambivalence. This approach upholds four principals which are expressing empathy and avoiding arguing; developing discrepancy; rolling with resistance; and supporting self-efficacy. • Cognitive Behavioral Therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, substance use disorders, marital problems, eating disorders and severe mental illness. CBT treatment usually involves efforts to change thinking patterns. 	<p>QAP or AAC</p>
<p>Collateral Dependent Counseling</p>	<p>Face-to-face, goal-oriented therapeutic interaction with an individual or a group to address dysfunctional behaviors and life patterns associated with being a member of a family in which an individual has a substance use problem and is currently participating in treatment for substance use. This service is only provided to a person who is a member of the primary consumer’s family when such services are for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery. The primary consumer is not present in collateral dependent counseling. Collateral dependent group counseling may consist of up to 12 family members of multiple primary consumers’ families.</p>	<p>Marital and Family Therapist or Qualified Addiction Professional practicing within their current competence.</p>

13.d. Rehabilitative Services

<p>Group Rehabilitative Support</p>	<p>This consists of facilitated group discussions, based on individualized needs and treatment plans, designed to promote an understanding of the relevance of the nature, course and treatment of substance use disorders, to assist participants in understanding their individual recovery needs and how they can restore functionality.</p>	<p>Group Rehabilitation Support Specialist</p>
<p>Day Treatment</p>	<p>Day treatment combines group rehabilitative support with medically necessary activities that are both structured and therapeutic and focus on providing opportunities for participants to apply and practice healthy skills, decision-making and appropriate expression of thoughts and feelings. This service is designed to assist the individual with compensating for, or eliminating functional deficits, and interpersonal and/or environmental barriers associated with substance use disorders. The intent is to restore, to the fullest extent possible, the individual to an active and productive member of his or her family, community, and/or culture. This service is provided in a group setting.</p> <p>Components:</p> <ul style="list-style-type: none"> • When a beneficiary’s skills are negatively impacted by a substance use disorder, providing group rehabilitative support, based on individualized needs and treatment plans, designed to promote an understanding of the relevance of the nature, course and treatment of substance use disorders, to assist participants in understanding their individual recovery needs and how they can restore functionality. • Assistance in the development and implementation of lifestyle changes needed to cope with the side effects of addiction or psychotropic medications, and/or to promote recovery from the disabilities, negative symptoms and/or functional deficits associated with the substance use disorder. • Assistance with the restoration of skills and use of resources to address symptoms that interfere with activities of daily living and community integration. 	<p>A team that consists of Group Rehabilitation Support Specialists and Day Treatment Technicians</p>

13.d. Rehabilitative Services

<p>Family Therapy</p>	<p>Service consists of face-to-face counseling or family based therapeutic interventions (e.g. role playing, educational discussions) for the primary participant and/or one or more members of their family/significant others. It is designed to address and resolve patterns of dysfunctional communication and interactions that have become habitual over time, particularly as it relates to alcohol and/or other drug use problems. It is delivered by specialized staff in accordance with the primary participant’s individual rehabilitation plan. One or more family members or significant others of the primary participant must be present. Service can be offered to members of a single family, or members of multiple families struggling with similar issues. Service location is an office setting or in the participant’s home depending on participants involved.</p> <p>Services to the participant’s family and significant others is for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s treatment plan, and for the purpose of assisting in the participant’s recovery.</p>	<p>Family therapy shall be performed by a professional who:</p> <ul style="list-style-type: none"> • Is licensed in Missouri as a marital and family therapist; or • Has a degree in marriage and family therapy, psychology, social work or counseling and <ul style="list-style-type: none"> • has at least one (1) year of supervised experience in family therapy and has specialized training in family therapy; or • receives close supervision from an individual who meets the requirements of dot point 1 and 2 above; or • A qualified addiction professional who receives close supervision from an individual who meets the requirements of dot point 1 and 2 above.

13.d. Rehabilitative Services

<p>Family Conference</p>	<p>A substance use intervention service that enlists the support of the natural support system through meeting with family members, referral sources, and significant others about the participant’s treatment plan and discharge plan. The service must include the participant, and must be for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Communicating about issues at home that are barriers to treatment plan goals. • Identifying relapse triggers and establishing a relapse prevention plan. • Assessing the need for family therapy or other referrals to support the family system. • Participating in a discharge conference. 	<p>QAP or AAC</p>
<p>Medically Monitored Detoxification</p>	<p>Detoxification is the process of withdrawing a participant from a specific psychoactive substance (alcohol, illegal drugs, and/or prescription medications) in a safe and effective manner to restore the participant to the functionality of someone not under the influence of drugs or alcohol. This service consists of the provision of care to participants whose intoxication or withdrawal signs and symptoms are sufficiently severe to require 24-hour supervised medical care and monitoring; however, the full resources of a hospital setting are <i>not</i> necessary. This service is provided in a residential setting, of 16 beds or less, certified by the Department of Mental Health; however, this service does not include the provision of room and board.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> • Medically supervised monitoring of vital signs, health status, and withdrawal symptoms. • Medication management. • Referral to ongoing treatment following successful detoxification. 	<p>A team including:</p> <ul style="list-style-type: none"> • A physician or advanced practice registered nurse (APN) who is on call 24 hours per day, seven days per week to provide medical evaluation and ongoing withdrawal management • Licensed nursing staff must be present 24 hour per day • A registered nurse (RN) with relevant education, experience, and competency must be on site or available by phone for 24 hour supervision • A minimum of two Addiction Recovery Aids with specific training related to detoxification that provide continuous supervision and safety of participants receiving care

13.d. Rehabilitative Services

<p>Medically Monitored Detoxification (continued)</p>		<ul style="list-style-type: none"> • Only a physician or advanced practice registered nurse may provide medication management • Only a physician, advanced practice registered nurse, registered nurse, or licensed practical nurse may provide medically supervised monitoring of vital signs, and referral for ongoing treatment • All practitioners on the team may provide medically supervised monitoring of health status and withdrawal symptoms
<p>Medication Services</p>	<p>Goal-oriented interactions to assess the appropriateness of medications in a participant’s treatment; periodically evaluating and re-evaluating the efficacy of the prescribed medications; and providing ongoing management of a medication regimen within the context of a participant’s treatment plan.</p>	<p>Licensed Physician, Licensed Psychiatrist, Licensed Physician Assistant, Licensed Assistant Physician, or Advanced Practice Registered Nurse who is in a collaborating practice arrangement with a licensed physician.</p>
<p>Medication Services Support</p>	<p>Medical and consultative services provided by a Registered Nurse or Licensed Practical Nurse for the purpose of monitoring and managing the participant’s health needs during receipt of medications.</p>	<p>Licensed Registered Nurse or Licensed Practical Nurse.</p>
<p>Adolescent Treatment Support</p>	<p>Assist, promote and support children in a therapeutic supervised drug- and alcohol-free setting to take personal responsibility for their daily interactions with peers, and to encourage implementation of the coping mechanisms they are developing, to restore them to their full functionality, without the influence of drugs and alcohol. Adolescent treatment support would be available to children under age 21 determined to need substance use disorder treatment and for whom this service is clinically appropriate. Children under age 21 determined to have medically necessary needs that cannot be met with adolescent treatment support will be referred for additional Medicaid covered services appropriate for their age and clinical need.</p>	<p>Adolescent Treatment Team The team consists of Addiction Recovery Aides, Group Rehabilitative Support Specialist and Day Treatment Technician.</p>

13.d. Rehabilitative Services

<p>Adolescent Treatment Support (continued)</p>	<p>Components:</p> <ul style="list-style-type: none"> • Remind and assist children to utilize their self-management strategies as they interact with peers during daily living activities • Support the practical aspect of treatment such as assuring children are adhering to daily domicile rules (e.g. showering, meals, attending educational activities, etc.) • Assist with communication and conflict resolution as children interact with peers during structured activities • Monitor the 'pattern of behaviors' exhibited by each child throughout the day for signs of risky behaviors, changes in mood, or changes in physical appearance 	
<p>Peer and Family Support</p>	<p>Peer and family support services are coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. Peer and family support services are person-centered and promote participant ownership of the plan of care.</p> <p>This service may be provided to the participant's family and significant others when such services are for the direct benefit of the participant, in accordance with the participant's needs and treatment goals identified in the participant's individualized treatment plan, and for assisting in the participant's recovery.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> • Person-centered planning to promote the development of self-advocacy skills • Empowering the participant to take a proactive role in the development, updating and implementation of their person-centered plan • Crisis support • Assisting the participant and families in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies identified in the person-centered plan so that the participant remains in the least restrictive settings; achieves recovery and resiliency goals; self-advocates for quality 	<p>A Certified Peer Specialist or Family Support Provider</p>

13.d. Rehabilitative Services

<p>Peer and Family Support (continued)</p>	<p>physical and behavioral health services; and has access to strength-based behavioral health services and medical services in the community</p> <ul style="list-style-type: none"> • Assisting participants/families in identifying strengths and personal/family resources to aid recovery/promoting resilience, and to recognize their capacity for recovery/resilience. Serving as an advocate, mentor, or facilitator for resolution of issues and skills necessary to enhance and improve the health of a child/youth with substance use or co-occurring disorders • Providing information and support to parents/caregivers of children with emotional disorders so they have a better understanding of the participant’s needs, the importance of their voice in the development and implementation of the individualized treatment plan, the roles of the various providers, and the importance of the “team” approach; and assisting in the exploration of options to be considered as part of treatment 	
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13.d. Rehabilitative Services

Agencies contracted with and certified by the Department of Mental Health as CSTAR providers are the agency provider types qualified to furnish CSTAR services.

Qualifications of Provider Agencies are as follows:

- Certified as a CSTAR program by the Department of Mental Health;
- Contracted as a CSTAR provider by the Department of Mental Health;
- Medicaid enrolled provider; and
- Agreed to comply with all applicable civil rights laws and regulations, and to maintain auditable records.

Qualifications of Practitioners are as follows:

Addiction Recovery Aid: an individual with specific training related to detoxification that provides continuous supervision and ensures safety of individuals receiving care. Addiction Recovery Aids are supervised by nursing staff on duty in the Medically Monitored Detox setting.

Adolescent Treatment Team: Physician, registered nurse or licensed practical nurse, qualified addiction professional, associate addiction counselor, community support specialist, and treatment technicians. Treatment technicians are individuals who have experience and receive appropriate training to carry out their job responsibilities. Training includes but is not limited to: responding to crisis with CPI and verbal de-escalation techniques, knowledge of addiction, mental health symptoms, the disease concept, basic counseling/problem solving skills, CPR and First Aid. Treatment technicians are supervised by a Qualified Addiction Professional.

Advanced Practice Registered Nurse: a licensed registered nurse certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified nurse anesthetist, or certified clinical nurse specialist under state law. When providing Medication Management, an Advanced Practice Registered Nurse must be in a collaborating practice arrangement with a licensed physician.

Assistant Physician: a person licensed as an assistant physician under Missouri state law.

Associate Addiction Counselor: A trainee that meets the requirements set forth by the Missouri Credentialing Board or the appropriate board of professional registration with the Department of Insurance, Financial Institutions & Professional Registration

An Associate Addiction Counselor must be supervised by a Qualified Addiction Professional who has completed the Missouri Credentialing Board (MCB) Clinical Supervision Training. Clinical supervision must focus on improving the quality of treatment delivered through improving counseling skills, competencies and effectiveness of persons supervised. All counselor functions performed by an Associate Counselor shall be performed pursuant to the supervisor's control, oversight, guidance and full professional responsibility.

13.d. Rehabilitative Services

Certified Peer Specialist: An individual in recovery from mental illness and/or substance use disorder with at least a high school diploma or equivalent who meets the applicable training and credentialing required by the Missouri Credentialing Board, Inc.

A Certified Peer Specialist must be supervised by a Qualified Addiction Professional (QAP) or an individual possessing a master's degree in a behavioral health or related field who has completed a practicum or has one (1) year of experience in a behavioral health setting.

Community Support Specialist: an individual meeting one of the following qualifications:

- A qualified mental health professional;
- An individual with a bachelor's degree in human services field, which includes social work, psychology, nursing, education, criminal justice, recreational therapy, human development and family studies, counseling, child development, gerontology, sociology, human services, behavioral science and rehabilitation counseling;
- An individual with any four year degree and two years of qualifying experience;
- An individual with any four year combination of higher education and qualifying experience
- An individual with four years of qualifying experience; or
- An individual with an Associate of Applied Science in Behavioral Health Support degree from an approved institution.

Qualifying experience must include delivery of service to individuals with mental illness, substance use disorders, or developmental disabilities. Experience must include some combination of the following:

- Providing one-on-one or group services with rehabilitation/habilitation and recovery/resiliency focus;
- Teaching and modeling for individuals how to cope and manage psychiatric, developmental or substance use issues while encouraging the use of natural resources;
- Supporting efforts to find and maintain employment for individuals and/or function appropriately in families, school and communities;
- Assisting individuals to achieve goals and objectives on their individualized treatment or person centered plans.

Community Support Specialists must complete the necessary orientation and training requirements specified by the Division of Behavioral Health, and must be supervised by one of the following: a QAP; an individual possessing a master's degree in a behavioral health or related field who has completed a practicum or has one (1) year of experience in a behavioral health setting; or, an individual meeting the qualifications of a community support specialist with at least three years of population specific experience providing community support services in accordance with the key service functions.

State Plan TN# 18-002
Supersedes TN # 10-10

Effective Date January 1, 2018
Approval Date July 18, 2019

Day Treatment Technician: individuals with a high school diploma or equivalent who are under the direction and supervision of a QAP and have the following minimum requirements:

- Have received training on the topic/s being presented; and
- Must demonstrate competency and skill in educational techniques.

Family Support Provider: A family member of a child/youth (17 and younger) who had or currently has a behavioral/emotional disorder or a substance use disorder, has a high school diploma or equivalent, has completed training as required by department policy, and is supervised a qualified addiction professional (QAP), or an individual possessing a master's degree in a behavioral health or related field who has completed a practicum or has one (1) year of experience in a behavioral health setting.

Group Rehabilitation Support Specialist: An individual who:

- Is suited by education, background or experience to present the information being discussed;
- Demonstrates competency and skill in facilitating group discussion; and
- Has knowledge of the topic(s) being taught.

Group Rehabilitation Support Providers must be supervised by a QAP.

Marital and Family Therapist: a person licensed as a marital and family therapist under state law to furnish services within their scope of practice act.

Licensed Practical Nurse: a person licensed as a practical nurse under state law to furnish services within their scope of practice act.

Licensed Mental Health Professional (for diagnosis):

- A physician licensed or provisionally licensed under Missouri law to practice medicine or osteopathy;
- A psychologist licensed or provisionally licensed under Missouri law to practice psychology;
- A professional counselor licensed or provisionally licensed under Missouri law to practice counseling;
- A clinical social worker licensed under Missouri law to practice social work;
- A master social worker under registered supervision with the Missouri Division of Professional Registration for licensure as a Clinical Social Worker;
- A marital and family therapist licensed or provisionally licensed under Missouri law to provide marriage and family services;
- Advanced practice registered nurse, a registered nurse who is currently recognized by the board of nursing as an advanced practice registered nurse;
- Assistant physician, a licensed assistant physician under Missouri state law;
- Physician assistant, a licensed physician assistant under Missouri state law.

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Physician: An individual licensed as a physician under state law to furnish services within their scope of practice act.

Physician Assistant: a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician under Missouri state law.

Psychiatrist: a licensed physician who is a psychiatrist and delivers services within their scope of practice.

Psychologist: An individual licensed as a psychologist under Missouri State law to furnish services within their scope of practice act.

Qualified Addiction Professional (QAP):

- A physician or qualified mental health professional licensed or provisionally licensed under Missouri state law;
- An individual who meets the applicable training and credentialing required by the Missouri Credentialing Board, Inc. for any of the following positions:
 - Certified Alcohol and Drug Counselor (CADC)
 - Certified Reciprocal Alcohol and Drug Counselor (CRADC)
 - Certified Reciprocal Advanced Alcohol and Drug Counselor (CRAADC)
 - Certified Criminal Justice Addictions Professional (CCJP)
 - Registered Alcohol Drug Counselor-Provisional (RADC-P)
 - Registered Alcohol Drug Counselor (RADC)
 - Co-occurring Disorder Professional (CDP)
 - Co-occurring Disorders Professional Diplomat(CDPD)

Registered Nurse: an individual licensed as a registered nurse to furnish services within their scope of practice act.

13.d. Rehabilitative ServicesRehabilitative Services Provided through Comprehensive Substance Treatment and Rehabilitation Services (CSTAR)

Comprehensive substance use disorder treatment services are offered to participants to provide a continuum of care within community based settings through Comprehensive Treatment and Rehabilitation Services.

Specific services, with unit designations, are as follows:

- Assessment – Each
- Community Support – ¼ hour
- Individual Counseling – ¼ hour
- Trauma Individual Counseling – ¼ hour
- Co-Occurring Disorder Individual Counseling – ¼ hour
- Communicable Disease Counseling – ¼ hour
- Group Counseling – ¼ hour
- Collateral Dependent Counseling – ¼ hour
- Group Rehabilitative Support – ¼ hour
- Day Treatment – 1 hour
- Family Therapy – ¼ hour
- Family Conference – ¼ hour
- Medically Monitored Detoxification – 1 day
- Medication Services – ¼ hour
- Medication Services Support – ¼ hour
- Adolescent Treatment Support – 1 day
- Peer and Family Support – ¼ hour

The state agency will reimburse Comprehensive Substance Treatment and Rehabilitation (CSTAR) providers at fee for service rates established for services provided to single beneficiaries by qualified, individual providers that coordinate care within a multidisciplinary treatment model. These activities and interventions are billed as distinct units of service. Such rates are those as defined and determined by the MO HealthNet Division and in accordance with the provisions of 42 CFR 447 Subpart B. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service

13.d. Rehabilitative Services

A single rate is established for each unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services offered by CSTAR providers (as detailed in Section 3.1-A of the state plan). The CSTAR procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after July 1, 2019.

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