Table of Contents

State/Territory Name: MO

State Plan Amendment (SPA) #: 18-0009

This file contains the following documents in the order listed:

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

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

November 6, 2018

Steve Corsi, Psy.D., Director Missouri Department of Social Services Broadway State Office Building P.O. Box 1527 Jefferson City, MO 65102-1527

Dear Dr. Corsi:

On August 20, 2018, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) Transmittal #18-0009. The purpose of the SPA is to allow the state to cover services provided to adults by Licensed Professional Counselors and Licensed Clinical Social Workers. The SPA also allows the state to cover services provided by Licensed Marital and Family Therapists for both children and adults.

SPA #18-0009 was approved on November 6, 2018, with an effective date of July 1, 2018, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved page for incorporation into the Missouri State Plan.

If you have any questions regarding this amendment, please contact Laura D'Angelo at (816) 426-5925.

Sincerely,

11/6/2018

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

Signed by: James G. Scott -A

cc:

Jennifer Tidball, Deputy Director Caleb Neeley, MHD

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER	R: 2. STATE	
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1 8 - 0 0 0 9	Missouri	
TOR. HEADIN GARDINANCING ADMINISTRATION	3. PROGRAM IDENTIFICAT TITLE XIX OF THE SOCI (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE I	DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	- May 14, 201 \$— July 1,	-May 14, 2018 July 1, 2018*	
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDE	RED AS NEW PLAN 🛛 AMENDME	ENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN	NAMENDMENT (Separate Transmittal for ea	ch amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IM	PACT:	
42.CFR 440.60(a)	a. FFYFFY 18	<u>\$_713,675_</u>	
	b. FFY FFY 19	\$_724,128	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE S OR ATTACHMENT (If Ap		
Attachment 4.19-B Page 9 ** Attachment 3.1-A Page 12bbb (New)	Attachment 4.19-B Page	Attachment 4.19-B Page 9 **	
Attachment 3.1-A Page 12000 (New)			
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FORM HCFA-179 (07-92)

6.d. Other practitioners' services continued

<u>Licensed Professional Counselor, Licensed Clinical Social Worker and Licensed Marital and Family Therapist</u>

An enrolled Medicaid Licensed Professional Counselor, Licensed Clinical Social Worker or Licensed Marital and Family Therapist may bill on a fee-for-service basis for services for adults and children in accordance with the professional's scope of practice

State Plan TN# <u>18-0009</u> Effective Date <u>July 1, 2018</u>
Supersedes TN# <u>New</u> Approval Date <u>November 6, 2018</u>