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State/Territory Name: MO

State Plan Amendment (SPA) #: 18-0018

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

January 31, 2019

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 December 18, 2018, Missouri submitted SPA 18-0018 to incorporate the requirements for the Medicaid Home Health final rule. These changes include the removal of the requirement of the need for a skilled service to receive home health aide services, defines where home health services may be provided, and adds face-to-face encounter and documentation requirements. In addition, it also updates terminology, the MO HealthNet Division web site address, and the incorporated by reference date.

SPA #18-0018 was approved January 28, 2019, with an effective date of October 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,

1/31/2019

Megan K. Buck
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Sign

Enclosure

cc:
Todd Richardson
Jennifer Tidball
Glenda Kramer
Caleb Neeley
Donna Sybouts

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

5. TYPE OF PLAN MATERIAL, (Check One):

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

COMPLETE BLOCKS 8 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.70	7. FEDERAL BUDGET IMPACT: a. FFY 2019 <u>\$346,018.97</u> b. FFY 2020 <u>\$347,341.68</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 12C; 3.1A Page 13; 3.1A Page 14	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 12C; 3.1A Page 13; 3.1A Page 14

10. SUBJECT OF AMENDMENT:

This amendment incorporates the requirements of the Centers for Medicare and Medicaid Services (CMS) Medicaid Home Health final rule published on February 2, 2016 to 42 CFR 440.70. These changes include removal of the requirement of the need for a skilled service to receive home health aide services, defines where home health services may be provided, and adds face-to-face encounter and documentation requirements. In addition, it also updates terminology, the MO HealthNet Division web site address, and the incorporated by reference date.

The purpose of this amendment is to bring the MO HealthNet Home Health Program into compliance with the CMS final rule for 42 CFR 440.70.

11. GOVERNOR'S REVIEW (Check One)	
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
<input type="checkbox"/> OTHER AS SPECIFIED:	
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPE NAME: Steve Corsi	
14. TITLE: Director	
15. DATE SUBMITTED: 12/18/18	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 19, 2018	18. DATE APPROVED: January 28, 2019
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Megan K. Buck	22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations
23. REMARKS:	

6.d. Other practitioners' services continued

Licensed Psychologist and School Psychologist

An independently enrolled Medicaid psychologist may bill on a fee-for-service basis for services for adults and children in accordance within the psychologist's scope of practice. 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.

7. Home Health Services

Home health services are provided in accordance with 42 CFR 440.70 and include nursing services; home health aide services; physical therapy, occupational therapy, and speech therapy services; and medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place. MO HealthNet will pay for home health care ordered by a physician as part of a written Plan of Care certifying the need for home health services that the physician reviews every 60 days. A face-to-face encounter, in accordance with 42 CFR 440.70(f) is required.

State Plan TN# 18-0018
Supersedes TN# 17-001

Effective Date October 1, 2018
Approval Date January 28, 2019

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Home health services are restricted to performance by personnel qualified in accordance with 42 CFR 484.115 and employed by or under contract with a Medicare certified and state licensed home health agency. Home health visits will be limited to the number of visits on the Plan of Care. The number of home health visits (skilled nurse and aide) during one year may not exceed 100, except skilled nurse visits as determined medically necessary and prior authorized by the MO HealthNet Division or their designee. Coverage of home health services cannot be contingent upon the beneficiary needing nursing or therapy services. In accordance with 42 CFR 440.70 (a)(1) and (c)(1), home health services are to be provided in a participant's place of residence which includes any non-institutional setting in which normal life activities take place. Services cannot be provided in a hospital, nursing facility, or ICF-MR, except as allowed by 42 CFR 470.70(c). Home health services cannot be limited to services furnished to participants who are homebound.

7.a. Intermittent or part-time nursing service

Intermittent skilled nursing care by a registered or licensed practical nurse which is reasonable and necessary for the treatment of an injury or illness is covered when delivered in accordance with the plan of treatment. Purely preventive care is not covered.

7.b. Home-health aide services

Home health aide services must be specified on the plan of care. The services of the aide must be reasonable and necessary to prevent institutionalization, and there must be no other person who could and would perform the service.

7.c. Medical supplies, equipment, and appliances

Home health services include medical supplies, as specified in 42 CFR 440.70(b)(3)(i), suitable for use in any setting in which normal life activities take place. Medically necessary supplies which are not routinely furnished in conjunction with patient care visits and which are direct, identifiable services to an individual patient are reimbursable to the agency. Examples include: Ostomy sets and supplies, irrigation sets and supplies, tapes, catheters and supplies.

Needed items of medical equipment and appliances prescribed by a physician are available to all participants, including home health participants, through the Durable Medical Equipment program.

State Missouri

7.d. Physical therapy, occupational therapy, and speech therapy:

Skilled therapy services as defined under 42 CFR 440.70(b)(4) will be considered reasonable and necessary for treatment under the home health program if the following conditions are met.

(A) The Services:

1. Must be consistent with the nature and severity of the illness, and the participant's particular medical needs, and;
2. Must be considered, under accepted standards of medical practice, to be specific and effective treatment for the patient's condition, and;
3. Must be provided with the expectation, based on the assessment by the attending physician of the participant's rehabilitation potential, that the participant's condition will improve materially in a reasonable and generally predictable period of time, and;
4. Are necessary for the establishment of a safe and effective maintenance program, or for teaching and training a caregiver.
5. Must be provided in accordance to 42 CFR 440.110.
6. Must be provided by a home health agency that is currently licensed with the Missouri Department of Health and Senior Services, is Medicare certified, and has a current MO HealthNet provider agreement.

(B) Therapy services may be delivered for one certification period, if services are initiated within 60 days of onset of the condition or within 60 days from date of discharge from the hospital, if the participant was hospitalized for the condition. Prior authorization to continue therapy services beyond the initial certification period may be requested by the home health provider. Prior authorization requests will be reviewed by MO HealthNet Division, and approval or denial of the continuation of services will be based on the services' continued adherence to the criteria used in the original determination.

9. Clinic services

Clinic services are payable to a clinic only if

- (1) The clinic has signed a participation agreement and has been set up as a participating provider under one of the following provider types: Independent Clinic, Public Health Department Clinic, Planned Parenthood Clinic, Professional Clinic Optometry, Community Mental Health Center.

State Plan TN# 18-0018
Supersedes TN# 10-14

Effective Date October 1, 2018
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