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State/Territory Name: MO

State Plan Amendment (SPA) #: 18-0014

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

October 22, 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,

The Centers for Medicare & Medicaid Services (CMS) has approved your request for State Plan Amendment (SPA) MO 18-0014. This SPA changed the Developmentally Disabled Targeted Case Management (TCM) provider qualifications and added conflict free requirements.

CMS approved this SPA on October 22, 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 pages for incorporation into the Missouri State Plan.

If you have any questions, please contact Deborah Read at (816) 426-5925.

Sincerely,

10/22/2018

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

Signed by: James G. Scott -A

cc:

Jennifer Tidball, Acting Medicaid Director
Glenda Kremer, MHD
Angie Brenner, DMH
Caleb Neeley, MHD

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: <u>1 8 -- 1 4</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 July 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 441.18 | 7. FEDERAL BUDGET IMPACT: a. FFY <u>FFY 18</u> \$ <u>0</u> b. FFY <u>FFY 19</u> \$ <u>0</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 4d, 4dd | 9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 4d, 4dd |

10. SUBJECT OF AMENDMENT:

This Medicaid State Plan Amendment (SPA) changes the Developmentally Disabled Targeted Case Management provider qualifications and adds conflict free requirements.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ 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: <u>Steve Corsi</u> | |
| 14. TITLE: <u>Director</u> | |
| 15. DATE SUBMITTED: <u>9/28/18</u> | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: September 28, 2018 | 18. DATE APPROVED: October 22, 2018 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018 | 20. SIGNATURE OF REGIONAL OFFICIAL: <u>[Signature]</u> |
| 21. TYPED NAME: James G. Scott | 22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations |
| 23. REMARKS: | |

and activities related specifically to the client. Service logs will be maintained which identify the recipient, the case manager and the activity, as well as the date, units of service (5 minute increments), and place of service.

E. Qualification of Providers:

Case managers will be employed by:

1. Regional Offices of the Missouri Division of Developmental Disabilities (Division of DD);
2. County Senate Bill 40 Boards designated by the Division of DD; or
3. Not for profit agency registered with the Missouri Secretary of State, designated by the Division of DD. In addition, a designated not for profit shall have a case management agreement with a County Senate Bill 40 Board, or have a case management agreement/contract with the Division of DD.

Qualified County Senate Bill 40 Boards shall maintain an active case management agreement or intergovernmental agreement with the Division of DD that includes the provision of case management. A not for profit agency is only an eligible case management provider within a county or counties where it has an active case management agreement with the County Senate Bill 40 Board in that county or has a case management agreement/contract with the Division of DD.

Division of DD Regional Offices or approved County Senate Bill 40 Boards that meet the requirements set forth in 42 CFR 447.10 may serve as an Organized Health Care Delivery System (OHCDS). Otherwise qualified providers shall not be required to provide services through an OHCDS arrangement.

An entity that contracts with an OHCDS to provide case management services must meet the same requirements and qualifications as apply to providers enrolled directly with the Medicaid Agency. All contracts executed by an OHCDS for case management services shall meet the applicable requirements of 42 CFR 434.6 and 45 CFR Part 74, Appendix G.

Effective July 1, 2018, case managers shall have one of the following qualifications:

1. A Registered Nurse license; or
2. A Bachelor's degree from an accredited college or university

Case managers employed by a qualified provider on or before June 30, 2018 shall remain qualified.

F. Freedom of Choice:

The targeted group consists of eligible individuals who have developmental disabilities. Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities receive needed services.

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.
2. Eligible individuals may not choose the same entity to provide both case management and waiver services in violation of 42 CFR 441.301(c)(1). The case manager will educate and inform the individual on choices of TCM entities and waiver providers to prevent conflicted arrangements.

G. Access to Services:

The State assures:

- Case management services will be provided in a manner consistent with the best interest of recipients and will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, the receipt of case management services shall not be conditioned on the receipt of other Medicaid services, nor will the receipt of other Medicaid services be conditioned on receipt of case management services.
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan; and
- For persons transitioning from a qualified medical institution to the community the State assures FFP is only available to community providers and will not be claimed until the individual is discharged from the medical institution and enrolled in community services.

H. Limitations:

Case management does not include the following:

- Activities not consistent with the definition of case management services under section 6052 of the Deficit Reduction Act; The direct delivery of an underlying medical, education, social, or other service to which an eligible individual has been referred;
- Activities integral to the administration of foster care programs; or
- Activities for which third parties are liable to pay.