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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 20-0006

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

May 20, 2020

Jennifer Tidball
Acting Director
MO Healthnet Division
P.O Box 6500
Jefferson City, MO 65102

RE: TN 20-0006

Dear Ms. Tidball:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B, MO-20-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 4, 2020. This plan amendment proposes to update the provider fee schedule to add behavioral health services with an effective date of January 1, 2020.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

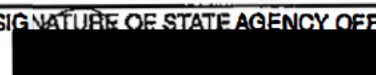
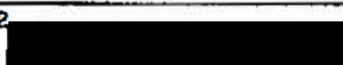
If you have any additional questions or need further assistance, please contact Betsy Pinho at (518) 396-3816 or betsy.pinho@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 0 0 0 0 6</u>	2. STATE Missouri
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 1/1/2020	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.60		7. FEDERAL BUDGET IMPACT a. FFY 2020 \$2,075.39 b. FFY 2021 \$2,738.10	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Page 9	
10. SUBJECT OF AMENDMENT This State Plan Amendment (SPA) proposes to update the fee schedule by adding additional practitioner specialties for health behavior assessment and intervention (HBAI) services.			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <i>SLV</i> <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. TYPED NAME Jennifer R Tidball			
14. TITLE Acting Department Director			
15. DATE SUBMITTED <u>02-25-2020</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 3/4/2020		18. DATE APPROVED 05/20/2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/2020		20. OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Director Division of Reimbursement Review	
23. REMARKS			

State Missouri

Nurse 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. 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.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of nurse practitioner/clinical nurse specialist services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>

Licensed Psychologist's, School Psychologist's, Licensed Professional Counselor's, Licensed Clinical Social Worker's, and Licensed Marital and Family Therapist'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 behavioral health services (as detailed in Section 3.1-A of the state plan). The agency's fee schedule rate was set as of January 1, 2020 and is effective for services provided on or after that date. The Medicaid fee schedule is published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search," and select "Medical Services" or "EPSDT Other Services."