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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 20-0016

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



Medicaid and CHIP Operations Group

August 3, 2020

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

Re: Missouri State Plan Amendment (SPA) 20-0016

Dear Ms. Tidball:

On June 29, 2020, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan (SPA) No. 20-00016. This SPA was submitted in order to come into compliance with the Home Health requirements through the CARES Act. It will allow advanced practice registered nurses and physician assistants to order home health services and conduct face to face visits in accordance with 42 CFR 440.70(f).

We are pleased to inform you that SPA 20-0016 was approved on July 30, 2020, with an effective date of April 1, 2020, 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 matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Todd Richardson, SMD, MHD
Glenda Kremer, MHD
Marissa Crump, MHD
Megan Buck, Program Branch Manager

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

2 0 0 0 18

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

April 1, 2020

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 440.70 and 42 CFR Subpart F **

7. FEDERAL BUDGET IMPACT

a. FFY 20 _____ \$ 0
b. FFY 21 _____ \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Page 12C

Attachment 3.1-A Page 14

Attachment 4.19-B Page 3 *

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A Page 12C

A

Attachment 3.1-A Page 14

Attachment 4.19-B Page 3 *

10. SUBJECT OF AMENDMENT

This Data Plan Amendment (DPA) is in response to changes made to home health requirements through the CARES Act

This DPA corrects advanced practice registered nurses and physician assistants to order home health services, and allows those ordering practitioners to conduct face-to-face visits in accordance with 42 CFR 440.70(f)

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

13. TYPED NAME

Jennifer Tidball

14. TITLE

Acting Director

15. DATE SUBMITTED

06-25-2020

16. RETURN TO

MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

June 29, 2020

18. DATE APPROVED

July 30, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

* Pen and Ink change request, per email from the state dated 07/15/2020.

** Pen and Ink change request, per email from the state dated 07/27/2020.

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, in accordance with 42 CFR 440.70(a)(2), a physician, nurse practitioner, clinical nurse specialist, or physician assistant, within the scope of practice authorized under State law, as part of a written Plan of Care certifying the need for home health services that the ordering practitioner reviews every 60 days. A face-to-face encounter, in accordance with 42 CFR 440.70(f) is required.

The state will comply with home electronic visit verification system requirements for home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.

State Plan TN# 20-0016
Supersedes TN# 18-0007

Effective Date April 1, 2020
Approval Date July 30, 2020

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 ordering practitioner 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# 20-0016
Supersedes TN# 18-0018

Effective Date April 1, 2020
Approval Date July 30, 2020

State MissouriEMERGENCY AMBULANCE SERVICES

Reimbursement for services is made on a fee-for service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be the lower of:

1. The provider's actual charge for the services, or;
2. The Medicaid maximum allowable amount per 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 Ambulance 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>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search", and select "Ambulance".

HOME HEALTH SERVICES

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be the lower of:

1. The provider's actual charge for the services; or
2. The Medicaid maximum allowable amount per 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 home health program services (intermittent or part-time nursing services, home health aide services, therapy services, and medical supplies). 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>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search", and select "Other Services".

State Plan TN# 20-0016
Supersedes TN # 19-0016

Effective Date April 1, 2020
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