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**State/Territory Name: Missouri**

**State Plan Amendment (SPA) #: 20-0027**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



**Medicaid & CHIP Operations Group**

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March 3, 2021

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

Re: Missouri State Plan Amendment (SPA) 20-0027

Dear Ms. Tidball:

On December 3, 2020, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan (SPA) No. 20-0027. This SPA was submitted to request technical changes to add information inadvertently omitted from Page 12c of Attachment 3.1-A during the submission of MO SPA 20-0016.

We are pleased to inform you that SPA 20-0027 was approved on March 3, 2021, with an effective date of October 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](mailto:Deborah.read@cms.hhs.gov).

Sincerely,

 Digitally signed by James G.  
Scott -S  
Date: 2021.03.03 17:00:03 -06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Todd Richardson, SMD, MHD  
Glenda Kremer, MHD  
Sophia Hinojosa, Program Branch Manager

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 0 0 0 27</u>	2. STATE <b>Missouri</b>
	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 <b>October 1, 2020</b>	
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 <b>42 CFR 430 Subpart B</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>20</u> \$ <u>0</u> b. FFY <u>21</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A page 12c</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 3.1-A page 12c</b>

10. SUBJECT OF AMENDMENT  
**This is a technical amendment to correct page 12c of the State Plan. Submission of SPA 20-0016 resulted in the inadvertent omission of changes made to page 12c through SPA 18-0007. The SPA is to correct that omission.**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT **3U**       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 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 <b>Jennifer R. Tidball</b>	
14. TITLE <b>Acting Director</b>	
15. DATE SUBMITTED <b>12-2-2020</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>12/03/2020</b>	18. DATE APPROVED <b>3/3/2021</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>10/01/2020</b>	20. SIGNATURE OF REGIONAL OFFICIAL Digitally signed by James G. Scott -S Date: 2021.03.03 17:00:46 -06'00'
21. TYPED NAME <b>James G. Scott</b>	22. TITLE <b>Director, Division of Program Operations</b>

23. REMARKS

6.d. Other practitioners' services continued\_

Licensed Psychologist and School Psychologist

Licensed psychologists are able to furnish services within the scope of their practice as defined by State Law. School Psychologists, supervised by a licensed practitioner, are able to furnish services within the scope of their practice as defined by State Law.

Anesthesiologist Assistant

Anesthesiologist Assistant practitioners are supervised by a licensed Anesthesiologist. The licensed supervising practitioner is available for consultations and referrals of patients who need a higher level of care. The licensed supervising practitioner is practicing within their scope of practice as defined by State law, and assumes professional liability for the medical acts of the unlicensed practitioner.

Acupuncturists

Licensed Acupuncturists are able to furnish services within their scope of practice as defined by State Law.

6.d.(b) Other practitioners' services

Chiropractors

Chiropractors' services include only services that are provided by a chiropractor who is licensed by the State and meets standards issued by the Secretary under § 405.232(b). Chiropractor services consist of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform.

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.