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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 22-0005

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 25, 2023

Mr. Todd Richardson
Director
MO HealthNet Division
Missouri Department of Social Services
P.O. Box 6500
Jefferson City, MO 65102-6500

Re: MO-22-0005 SPA

Dear Mr. Richardson:

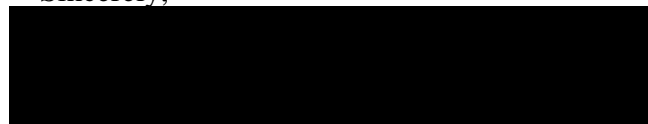
Enclosed please find a corrected approval package for your Missouri State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0005. This SPA, which made a number of changes to the services covered under the CSTAR program, was originally approved on May 25, 2022. During a quality review errors were identified in the original approval package sent to Missouri including:

- Page 17-aaaaaa-2 was missing;
- Page 17aaaaaa-3a was mis-numbered as 17aaaaaa-4; this was corrected through a pen and ink change authorized on January 18, 2023;
- Page 17aaaa-9 was incorrectly noted on the 179 as 17aaa-9 in Blocks 7 and 8; this was corrected through a pen and ink change authorized on July 28, 2022.

The enclosed corrected package contains the original signed letter, the corrected CMS-179, and the corrected SPA pages.

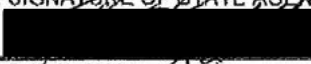
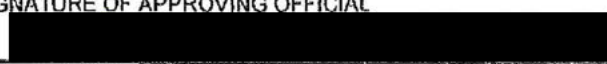
If you have any questions, please contact Michala Walker at 816-426-6503, or via email at Michala.walker@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 2 — 0 0 0 5</u>	2. STATE <u>MO</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 431 Subpart M, 42 CFR 447 Subpart A, B, F</u>		4. PROPOSED EFFECTIVE DATE April 1, 2022 * July 1, 2022	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Pages 17aaa-2, 17aaaa, 17aaaa-3, 17aaaa-4, 17aaaa-5, 17aaaa-6, 17aaaa-7, 17aaaa-8, 17aaa-9, 17aaaa-10, 17aaaa-11, 17aaaa-12, 17aaaa-13, 17aaaa-14, 17aaaa-15, 17aaaa-16, 17aaaa, 17aaaaaa, 17aaaaaa-2, 17aaaaaa-3, 17aaaaaa-3a, 6b, and 6bb 17aaa-9 of Attachment 3.1A 6b and 6bb of Attachment 4.19B		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>22</u> \$ <u>0</u> b. FFY <u>23</u> \$ <u>0</u>	
9. SUBJECT OF AMENDMENT <small>The current approved state plan amendment for Comprehensive Substance Treatment and Rehabilitation (CSTAR) is being revised as follows: Adds the American Society of Addiction Medicine (ASAM) levels of care as covered services for providers meeting ASAM criteria. Updates service descriptions and qualified practitioners for various services. Removes the face-to-face requirement for individual counseling, group counseling, collateral dependent counseling, and family therapy. Consolidates trauma individual counseling and co-occurring disorder individual counseling with individual counseling. Adds Crisis Intervention as a service. Updates the qualifications of practitioners. Adds Resident Physician, Medical Assistant, Paramedic, and Qualified Mental Health Professionals as practitioners. and Updates the effective date of the SPA to April 1, 2022.</small>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Pages 17aaa-2, 17aaaa, 17aaaa-3, 17aaaa-4, 17aaaa-5, 17aaaa-6, 17aaaa-7, 17aaaa-8, 17aaa-9, 17aaaa-10, 17aaaa-11, 17aaaa, 17aaaaaa, 17aaaaaa-2, 17aaaaaa-3, 6b, and 6bb 17aaa-9 of Attachment 3.1A 6b and 6bb of Attachment 4.19B	
10. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <i>SLV</i>		<input type="radio"/> OTHER, AS SPECIFIED:	
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO	
12. TYPED NAME <u>Robert J. Knodell</u>			
13. TITLE <u>Acting Director</u>			
14. DATE SUBMITTED <u>03-02-2022</u>			
FOR CMS USE ONLY			
16. DATE RECEIVED <u>3/15/2022</u>		17. DATE APPROVED <u>May 25, 2022</u>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>7/1/2022</u>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>		21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>	
22. REMARKS			

* change effective date
from 4/1/2022 to
7/1/2022 per e-mail
from the state 5/13/2022

Boxes 7 and 8: State authorized pen and ink changes on July 28, 2022.
State authorized correction to page number on page 17aaaaaa-3a in
Attachment 3.1A on January 18 and 19, 2023.

13.d. Rehabilitative Services

Comprehensive Substance Treatment and Rehabilitation (CSTAR) Services:

Comprehensive Substance Treatment and Rehabilitation (CSTAR) services include an array of person-centered outpatient and residential services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use.

Services are restricted to individuals who have been assessed to the risk and severity of their substance use and found to need a particular intensity level of CSTAR treatment. Each individual will have a treatment plan comprised of those services designed to meet the individual's circumstances and needs. In accordance with EPSDT requirements at 1905(r) of the Social Security Act, children under the age of 21 will receive services without limitation and based on medical necessity. The individual treatment plan will be reviewed and signed by a Qualified Addiction Professional or Qualified Mental Health Professional and/or Licensed Mental Health Professional. CSTAR services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual.

CSTAR services may be provided in accordance with the American Society of Addiction (ASAM) guidelines. Not all CSTAR providers will have clinical staff who are trained and qualified to utilize the ASAM Criteria as of the effective date of this state plan amendment. CSTAR services for those providers utilizing the ASAM criteria include the following:

- ASAM Level 0.5 – Early Intervention
- ASAM Level 1 – Outpatient Services
- ASAM Level 1 - Opioid Treatment Services
- ASAM Level 2.1 - Intensive Outpatient Services
- ASAM Level 2.5 - Partial Hospitalization Services
- ASAM Level 1-WM - Ambulatory Withdrawal Management without Extended On-Site Monitoring
- ASAM Level 2-WM - Ambulatory Withdrawal Management without Extended On-Site Monitoring
- ASAM Level 2-WM -EM - Ambulatory Withdrawal Management with Extended On-Site Monitoring
- ASAM Level 3.1 – Clinically Managed Low-Intensity Residential Services
- ASAM Level 3.2-WM – Clinically Managed Residential Withdrawal Management
- ASAM Level 3.3 – Clinically Managed High-Intensity Residential Services, Population-Specific
- ASAM Level 3.5 - Clinically Managed High-Intensity Residential Services
- ASAM Level 3.7 – Medically Monitored Intensive Inpatient Services
- ASAM Level 3.7-WM – Medically Monitored Inpatient Withdrawal Management

CSTAR services do not include and Federal Financial Participation (FFP) is not available for any of the following:

- Room and board;
- Educational, vocational, and job training services;
- Recreational and social activities; and
- Services that are covered elsewhere in the state Medicaid plan.

13.d. Rehabilitative Services

The following matrix provides a description of each service as well as the practitioners qualified to provide each service.

<p>Assessment</p>	<p>This service is a comprehensive evaluation of an individual’s physical, mental, and emotional health, including issues related to substance use, along with their ability to function within a community in order to service needs and formulate recommendations for treatment.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Risk assessment to determine emergent, urgent, and/or routine need for services • Obtain from the individual information about presenting problem, brief history, current medications, current medical conditions, and current symptoms • Formulation of a diagnosis by a licensed mental health professional • Development of treatment plan 	<p>Qualified Addictions Professional (QAP), Qualified Mental Health Professional (QMHP) and Licensed Mental Health Professional (LMHP) (for diagnosis)</p>
<p>Community Support</p>	<p>A comprehensive service designed to reduce the disability resulting from mental illness, emotional disorders, and/or substance use disorders, restore functional skills of daily living, build natural supports and solution-oriented interventions intended to achieve the recovery identified in the goals and/or objectives as set forth in the individualized treatment plan. This service may be provided to the individual’s family and natural supports when such services are for the direct benefit of the individual, in accordance with the individual’s needs and treatment goals identified in the treatment plan, and for assisting in the individual’s recovery. Most contact occurs in community locations where the person lives, works, attends school, and/or socializes.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Developing recovery goals; identifying needs, strengths, skills, resources and supports and teaching how to use them to support recovery; and identifying barriers to recovery and assisting in the development and implementation of plans to overcome them. • When the natural acquisition of skills is negatively impacted by the individual’s substance use disorder and/or co-occurring mental illness, or emotional disorder, helping individuals restore skills and resources to address symptoms that interfere with the following: 	<p>Community Support Specialist</p>

13.d. Rehabilitative Services

<p>Community Support (continued)</p>	<ul style="list-style-type: none"> • Developing and advising the individual on implementing lifestyle changes needed to cope with the side effects of psychotropic medications and/or medications to treat addiction, and/or to promote recovery from the disabilities, negative symptoms and/or functional deficits associated with mental illness, emotional disorders, and/or substance use disorders. • Advising the individual on maintaining a healthy lifestyle, including but not limited to, assistance in recognizing the physical and physiological signs of stress, creating a self-defined daily routine that includes adequate sleep and rest, walking or exercise, appropriate levels of activity and productivity, and involvement in creative or structured activity that counteracts negative stress responses; and learning to assume personal responsibility and care for minor illnesses, and knowing when professional medical attention is needed. 	
<p>Individual Counseling</p>	<p>An individual, structured, and goal-oriented therapeutic counseling designed to resolve problems related to alcohol and/or other drugs that interfere with the individual’s functioning. Includes evidence-based interventions such as motivational interviewing, cognitive behavioral therapy and trauma informed care. Specialized individual counseling includes trauma individual counseling and co-occurring disorder individual counseling.</p> <p>Examples of evidence-based practices that may be used include, but are not limited to:</p> <ul style="list-style-type: none"> • Motivational interviewing: a goal-oriented, person centered counseling style for eliciting behavioral change by helping individuals to explore and resolve ambivalence. This approach upholds four principals which are expressing empathy and avoiding arguing; developing discrepancy; rolling with resistance; and supporting self-efficacy. • Cognitive Behavioral Therapy (CBT): a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, substance use disorders, marital distress, eating disorders, and severe mental illness. CBT treatment usually involves efforts to change thinking patterns. 	<p>QAP or Associate Substance Use Counselor Trauma individual counseling is provided by a provisionally licensed or licensed mental health professional who is a QAP</p> <p>Co-occurring disorder individual counseling is provided by either a person provisionally licensed or licensed by the Missouri Division of Professional Registration as a mental health professional who is practicing within their current competence; or, a person certified by the Missouri Credentialing Board as a professional working in co-occurring disorders who is practicing within their current competence.</p>

13.d. Rehabilitative Services

<p>Communicable Disease Counseling</p>	<p>Communicable disease counseling assists individuals in understanding how to reduce the behaviors that interfere with their ability to lead healthy, safe lives and to restore them to their best possible functional level.</p> <p>Communicable disease counseling can cover such topics as HIV/STD/TB status or substance use disclosure to family members and friends; addressing stigma for people who use drugs in accessing services; how to maximize health care service interactions; harm reduction; and how to address anxiety, anger, and depressive episodes.</p>	<p>LMHPs, QAPs, and Associate Substance Use Counselors who are knowledgeable about communicable diseases including HIV, TB and STDs through training and/or previous employment experience. LMHP's, QMHP's, QAP's and Associate Substance Use Counselor's knowledge shall include awareness of risks, disease management/treatment, resources for care, and confidentiality requirements when working with special populations. LMHPs, QMHPs, QAPs and Associate Substance Use Counselors providing these services shall also be competent to therapeutically assist individuals to understand and appropriately respond to test results.</p>
<p>Crisis Intervention</p>	<p>Intervention that is designed to interrupt and/or ameliorate a substance use crisis experience. The goal of crisis intervention is symptom reduction, stabilization, and restoration to a previous level of functioning.</p> <p>Components:</p> <ul style="list-style-type: none"> • Preliminary assessment of risk, mental status, and medical stability • Stabilization of immediate crisis • Determination of the need for further evaluation and/or substance use services • Linkage to needed additional treatment services 	<p>LMHP, QMHP, QAP, community support specialist with population-specific experience providing community support services in accordance with the key service functions for Community Support services.</p>

13.d. Rehabilitative Services

<p>Group Counseling</p>	<p>Goal-oriented therapeutic interaction among a counselor and two or more individuals as specified in the individuals’ treatment plans designed to promote individual functioning and recovery through personal disclosure and interpersonal interaction among group members. This service can include trauma related symptoms and co-occurring behavioral health and substance use disorders.</p> <p>Examples of evidence based practices that may be used include, but are not limited to:</p> <ul style="list-style-type: none"> • Motivational interviewing: a goal-oriented, person centered counseling style for eliciting behavioral change by helping individuals to explore and resolve ambivalence. This approach upholds four principals which are expressing empathy and avoiding arguing; developing discrepancy; rolling with resistance; and supporting self-efficacy. • Cognitive Behavioral Therapy (CBT) a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, substance use disorders, marital distress, eating disorders and severe mental illness. CBT treatment usually involves efforts to change thinking patterns. 	<p>LMHP, QAP or Associate Substance Use Counselor</p>
<p>Collateral Dependent Counseling</p>	<p>Goal-oriented therapeutic interaction with an individual or a group to address dysfunctional behaviors and life patterns associated with being a member of a family in which an individual has a substance use disorder and is currently participating in treatment. This service is only provided to a person who is a member of the primary individual’s family when such services are for the direct benefit of the individual, in accordance with the individual’s needs and treatment goals identified in the individualized treatment plan, and for assisting in the individual’s recovery. The individual is not present in collateral dependent counseling. Collateral dependent group counseling may consist of up to 12 family members of multiple primary individuals’ families.</p>	<p>LMHP, Marital and Family Therapist or QAP practicing within their current competence.</p>

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Supersedes TN# 18-0002

Effective Date July 1, 2022
Approval Date May 25, 2022

13.d. Rehabilitative Services

<p>Group Rehabilitative Support</p>	<p>Facilitated group discussions, based on individualized needs and treatment plans, designed to promote an understanding of the relevance of the nature, course and treatment of substance use disorders, to assist individuals in understanding their individual recovery needs and how they can restore functionality.</p>	<p>Group Rehabilitation Support Specialist</p>
<p>Day Treatment</p>	<p>Day treatment combines group rehabilitative support with medically necessary activities that are both structured and therapeutic and focus on providing opportunities for individuals to apply and practice healthy skills, decision-making, and appropriate expression of thoughts and feelings. This service is designed to assist the individual with compensating for, or eliminating functional deficits, and interpersonal and/or environmental barriers associated with substance use disorders. The intent is to restore, to the fullest extent possible, the individual to an active and productive member of his or her family, community, and/or culture. This service is provided in a group setting.</p> <p>Components:</p> <ul style="list-style-type: none"> • When an individual’s skills are negatively impacted by a substance use disorder, providing group rehabilitative support, based on individualized needs and treatment plans, designed to promote an understanding of the relevance of the nature, course and treatment of substance use disorders, to assist individuals in understanding their individual recovery needs and how they can restore functionality. • Assistance in the development and implementation of lifestyle changes needed to cope with the side effects of addiction or psychotropic medications, and/or to promote recovery from the disabilities, negative symptoms and/or functional deficits associated with the substance use disorder. • Assistance with the restoration of skills and use of resources to address symptoms that interfere with activities of daily living and community integration. 	<p>A team consisting of Group Rehabilitation Support Specialists and Treatment Technicians</p>

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<p>Family Therapy</p>	<p>Service consists of counseling or family based therapeutic interventions (e.g. role playing, educational discussions) for the primary individual and/or one or more members of their family/natural supports. It is designed to address and resolve patterns of dysfunctional communication and interactions that have become habitual over time, particularly as it relates to the individual’s substance use disorder(s). It is delivered by specialized staff in accordance with the primary individual’s treatment plan. One or more family members or natural supports of the primary individual must be present. Service can be offered to members of a single family or members of multiple families struggling with similar issues. Service location is an office setting or in the individual’s home depending on individuals involved.</p> <p>Services to the individual’s family and natural supports is for the direct benefit of the individual, in accordance with the individual’s needs and treatment goals identified in the treatment plan, and for the purpose of assisting in the individual’s recovery.</p> <p>Family therapy services that involve the participation of a non-Medicaid eligible family member/natural support is for the direct benefit of the individual. This service must actively involve the individual in the sense of being tailored to the individual’s needs. There may be times when, based on clinical judgement, the individual is not present during the delivery of the service, but remains the focus of the service.</p>	<p>Family therapy shall be performed by a professional who:</p> <ul style="list-style-type: none"> • Is licensed in Missouri as a marital and family therapist; • Has a degree in marriage and family therapy, psychology, social work or counseling and <ul style="list-style-type: none"> • has at least one (1) year of supervised experience in family therapy and has specialized training in family therapy; or • receives close supervision from an individual who meets the requirements of dot point 1 and 2 above; • A QAP who receives close supervision from an individual who meets the requirements of dot points 1 or 2 above; or • A QMHP who receives close supervision from an individual who meets the requirements of dot points 1 or 2 above.
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13.d. Rehabilitative Services

<p>Family Conference</p>	<p>A substance use intervention service that enlists the support of family members, referral sources, and natural supports meeting about the individual’s treatment plan and discharge plan. The service must include the individual, be for the direct benefit of the individual, in accordance with the individual’s needs and treatment goals identified in the treatment plan, and for assisting in the individual’s recovery.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Communicating about issues at home that are barriers to treatment plan goals. • Identifying relapse triggers and establishing a relapse prevention plan. • Assessing the need for family therapy or other referrals to support the family system. • Participating in a discharge conference. 	<p>QAP or Associate Substance Use Counselor</p>
<p>Medically Monitored Withdrawal Management</p>	<p>The process of physiological withdrawal from a specific psychoactive substance (alcohol, illegal drugs, and/or prescription medications) in a safe and effective manner to restore the individual to the functionality of someone not under the influence of drugs or alcohol. This service consists of the provision of care to individuals whose intoxication or withdrawal signs and symptoms are sufficiently severe to require 24-hour supervised medical care and monitoring; however, the full resources of a hospital setting are <i>not</i> necessary. This service is provided in a residential setting, of 16 beds or less, certified by the Department of Mental Health; however, this service does not include the provision of room and board.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> • Medically supervised monitoring of vital signs, health status, and withdrawal symptoms. • Medication management. • Referral to ongoing treatment. 	<p>A team including:</p> <ul style="list-style-type: none"> • A physician or advanced practice registered nurse (APRN) who is on call 24 hours per day, seven days per week to provide medical evaluation and ongoing withdrawal management • Licensed nursing staff must be present 24 hour per day • A registered nurse (RN) with relevant education, experience, and competency must be one site or available by phone for 24 hour supervision • A minimum of two Addiction Recovery Aids with specific training related to withdrawal management that provide continuous supervision and safety of individuals receiving care

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<p>Medically Monitored Withdrawal Management (continued)</p>		<ul style="list-style-type: none"> • Only a physician or advanced practice registered nurse may provide medication management • Only a physician, advanced practice registered nurse, registered nurse, or licensed practical nurse may provide medically supervised monitoring of vital signs, and referral for ongoing treatment • All practitioners on the team may provide medically supervised monitoring of health status and withdrawal symptoms
<p>Medication Services</p>	<p>Goal-oriented interactions to assess the appropriateness of medications in an individual’s treatment; periodically evaluating and re-evaluating the efficacy of the prescribed medications; and providing ongoing management of a medication regimen within the context of an individual’s treatment plan.</p>	<p>Licensed Physician, Resident Physician, Licensed Psychiatrist, Licensed Physician Assistant, Licensed Assistant Physician, or Advanced Practice Registered Nurse who is in a collaborating practice arrangement with a licensed physician.</p>
<p>Medication Services Support</p>	<p>Medical and consultative services provided by an APRN, Registered Nurse, or Licensed Practical Nurse for the purpose of monitoring and managing the individual’s health needs during receipt of medications.</p>	<p>APRN, Licensed Registered Nurse (RN) or Licensed Practical Nurse (LPN).</p>
<p>Adolescent Treatment Support</p>	<p>Assist, promote and support children in a therapeutic supervised drug- and alcohol-free setting to take personal responsibility for their daily interactions with peers, and to encourage implementation of the coping mechanisms they are developing, to restore them to their full functionality, without the influence of drugs and alcohol. Adolescent treatment support would be available to children under age 21 determined to need substance use disorder treatment and for whom this service is clinically appropriate. Children under age 21 determined to have medically necessary needs that cannot be met with adolescent treatment support will be referred for additional Medicaid covered services appropriate for their age and clinical need.</p>	<p>Adolescent Treatment Team The team consists of a Physician, RN, LPN, QAP, Associate Substance Use Counselor, Community Support Specialist (CSS), Substance Use Recovery Aides, Group Rehabilitative Support Specialist and Treatment Technicians.</p>

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<p>Adolescent Treatment Support (continued)</p>	<p>Components:</p> <ul style="list-style-type: none"> • Remind and assist children to utilize their self-management strategies as they interact with peers during daily living activities • Support the practical aspect of treatment such as assuring children are adhering to daily domicile rules (e.g. showering, meals, attending educational activities, etc.) • Assist with communication and conflict resolution as children interact with peers during structured activities • Monitor any behavior patterns exhibited by each child throughout the day for signs of risky behaviors, changes in mood, or changes in physical appearance 	
<p>Peer and Family Support</p>	<p>Peer and family support services are coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. Peer and family support services are person-centered and promote individual ownership of the plan of care.</p> <p>This service may be provided to the family member(s)/natural supports when such services are for the direct benefit of the individual, in accordance with the individual’s needs and treatment goals identified in the treatment plan, and for assisting in the individual’s recovery.</p> <p>Peer and family support services that involve the participation of a non-Medicaid eligible family member/natural support is for the direct benefit of the individual. The service must actively involve the individual in the sense of being tailored to the individual’s needs. There may be times when, based on clinical judgement, the individual is not present during the delivery of the service but remains the focus of the service.</p>	<p>A Certified Peer Specialist or Family Support Provider</p>

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13.d. Rehabilitative Services

<p>Peer and Family Support (continued)</p>	<p><u>Components</u></p> <ul style="list-style-type: none"> • Person-centered treatment planning to promote the development of self-advocacy skills. • Empowering the individual to take a proactive role in the development, updating, and implementation of their person-centered treatment plan. • Crisis support • Assisting the individual and families in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies identified in the person-centered treatment plan so the individual remains in the least restrictive setting; achieves recovery and resiliency goals; self-advocates for quality physical and behavioral health services; and has access to strength-based behavioral health services and medical services in the community • Assisting individuals/families in identifying strengths and personal/family resources to aid recovery/promote resilience, and to recognize their capacity for recovery/resilience. Serving as an advocate, mentor, or facilitator for resolution of issues and skills necessary to enhance and improve the health of a child/youth with substance use or co-occurring disorders • Providing information and support to parents/caregivers of children with emotional disorders so they have a better understanding of the individual’s needs, the importance of their voice in the development and implementation of the individualized treatment plan, the roles of the various providers, and the importance of the “team” approach; and assisting in the exploration of options to be considered as part of treatment 	
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ASAM Level .5 – Early Intervention	ASAM Level 0.5 is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for individuals with substance use disorders, as well as those who are at risk of developing these disorders. Interventions offered in 0.5 may involve individual, group, or family counseling, SBIRT (screening, brief intervention and referral to treatment), as well as planned educational experiences focused on helping the individual recognize and avoid harmful or high-risk substance use and/or addiction behavior.	As described above for each individual service.
ASAM Level 1 – Outpatient Services	ASAM Level 1 services are tailored to each individual’s level of clinical severity and function and are designed to help the individual achieve changes in his or her substance use or addictive behaviors. Treatment must address major lifestyle, attitudinal, and behavioral issues that have the potential to undermine goals of treatment or to impair the individual’s ability to cope with major life tasks without the use of substances. This level includes all outpatient services as described above.	As described above for each individual service
ASAM Level 1 – Opioid Treatment Services	ASAM Level 1- opioid treatment programs (OTP) are federally regulated programs that include direct administration of daily medication (opioid agonists: methadone or buprenorphine-based medications) as well as highly structured psychosocial programming that addresses major lifestyle, attitudinal, and behavioral issues that could undermine recovery-oriented goals. The individual does not have a prescription for the methadone or buprenorphine-based medication but receives daily medication from the OTP. OTPs must conform to the Federal opioid treatment standards set forth under 42 CFR 8.12 in order to provide methadone or buprenorphine-based medications for opioid maintenance treatment and withdrawal.	Physician, RN, LPN, APRN, Psychiatrist, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician. APRN must be in collaborating practice agreement with a licensed physician
ASAM Level 2.1 – Intensive Outpatient Services	ASAM Level 2.1 intensive outpatient programs (IOP) include a minimum set of skilled treatment services based on ASAM treatment standards. Such services may include individual and group counselling, medication management, family therapy, group rehabilitation support, community support, peer/family support and other therapies. These are provided in amounts, frequencies, and intensities appropriate to the objectives of the treatment plan. IOPs have a planned format of therapies, delivered on an individual and group basis, and adapted to the individual’s developmental stage and comprehension level. Motivational interviewing, enhancement, and enhancement strategies are used in preference to confrontational approaches.	Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, RN, LPN, Associate Substance Use Counselor, QAP, QMHP, LMHP, Community Support Specialist, Treatment Technician, Certified Peer Specialist, Family Support Provider, Group Rehabilitation Support Specialist

<p>ASAM Level 2.5 – Partial Hospitalization Services</p>	<p>ASAM Level 2.5 partial hospitalization programs (PHP) provide a set of skilled treatment services based on ASAM treatment standards. Services may include individual and group counselling, medication management, family therapy, group rehabilitation support, community support, peer/family support, and other therapies. These are provided in amounts, frequencies, and intensities appropriate to the objectives of the treatment plan. PHPs have a planned format of therapies, delivered on an individual and group basis, and adapted to the individual’s developmental stage and comprehension level. Motivational interviewing, enhancement, and enhancement strategies are used in preference to confrontational approaches.</p>	<p>Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, RN, LPN, Associate Substance Use Counselor, QAP, QMHP, LMHP, Community Support Specialist, Treatment Technician, Certified Peer Specialist, Family Support Provider, Group Rehabilitation Support Specialist</p>
<p>ASAM Level 1-WM – Ambulatory Withdrawal Management Without Extended On-Site Monitoring</p>	<p>ASAM Level 1-WM withdrawal management services include individual assessment, medication or non-medication methods of withdrawal management, patient education, non-pharmacological clinical support, involvement of family members or significant others in the withdrawal management process, and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups. Therapies also include physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal.</p>	<p>Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, RN, LPN, Paramedic</p>
<p>ASAM Level 2-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring</p>	<p>ASAM Level 2-WM withdrawal programs without extended on-site monitoring provide up to four (4) hours of withdrawal management services in an outpatient setting. These services include individual assessment, including assessment tools used to measure withdrawal, medication or non-medication methods of withdrawal management, patient education, non-pharmacological clinical support, involvement of family members or significant others in the withdrawal management process, and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups. Therapies also include physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal.</p>	<p>Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, RN, LPN, Paramedic, Medical Assistant, Associate Substance Use Counselor, QAP, QMHP, LMHP, Community Support Specialist, Certified Peer Specialist, Family Support Provider, Substance Use Recovery Aide, Treatment Technician, Group Rehabilitation Support Specialist</p>

<p>ASAM Level 2-WM-EM – Ambulatory Withdrawal Management with Extended On-Site Monitoring</p>	<p>ASAM Level 2-WM-EM withdrawal management with extended on-site monitoring provide up to 23 hours of withdrawal management services on an outpatient basis in a crisis unit setting. These services include individual assessment, including assessment tools used to measure withdrawal, medication or non-medication methods of withdrawal management, patient education, non-pharmacological clinical support, involvement of family members or significant others in the withdrawal management process, and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups.</p> <p>Therapies also include physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal.</p>	<p>Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, RN, LPN, Paramedic, Associate Substance Use Counselor, QAP, QMHP, LMHP, Community Support Specialist, Certified Peer Specialist, Family Support Provider, Substance Use Recovery Aide, Treatment Technician, Group Rehabilitation Support Specialist</p>
<p>ASAM Level 3.1 – Clinically Managed Low Intensity Residential Services</p>	<p>ASAM Level 3.1 is a structured recovery residence environment, staffed 24 hours a day. Treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into the worlds of work, education, and family life.</p> <p>ASAM Level 3.1 residential programs (16 beds or less) offer at least five (5) hours per week of planned clinical program activities to stabilize and maintain the stability of the individual’s substance use disorder symptoms, and to help him/her develop and apply recovery skills. Services include assessment, individual and group counseling, group rehabilitative support, family therapy, peer and family support, and community support. A physician/APRN/PA/AP should review admission decisions to confirm clinical necessity of services.</p>	<p>Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, Associate Substance Use Counselor, QAP, QMHP, LMHP, Community Support Specialist, Certified Peer Specialist, Family Support Provider, Treatment Technician, Group Rehabilitation Support Specialist</p>

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<p>ASAM Level 3.2 - WM – Clinically Managed Residential Withdrawal Management</p>	<p>ASAM Level 3.2 – WM is a residential program (16 beds or fewer) provided in an organized, residential, non-medical setting delivered by an appropriately trained staff that provides safe, 24-hour supervision, observation and support for individuals who are intoxicated or experiencing withdrawal. The program emphasis is on SUD services and supports, not medical and nursing care. Some programs are staffed to supervise self-administered medications for the management of withdrawal and all programs rely on established clinical protocol to identify individuals in need of medical services beyond the capacity of the facility and to arrange for transfer.</p> <p>Services offered by Level 3.2-WM withdrawal management include daily clinical services to assess and address individualized needs. Services include assessment, individual and group counseling, group rehabilitation support, peer/family support, community support, and may include appropriate medical services.</p>	<p>Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, RN, LPN, Associate Substance Use Counselor, QAP, QMHP, LMHP, Paramedic, Medical Assistant, Community Support Specialist, Certified Peer Specialist, Family Support Provider, Substance Use Recovery Aide, Treatment Technician, Group Rehabilitation Support Specialist</p>
<p>ASAM Level 3.3 – Clinically Managed Population-Specific High-Intensity Residential Services</p>	<p>ASAM Level 3.3 is a structured recovery environment, staffed 24-hours a day, in combination with high-intensity clinical services provided in a manner to meet the functional limitations of individuals to support recovery from substance-related disorders. For individuals in Level 3.3 programs, the effects of the substance use disorder or a co-occurring disorder resulting in cognitive impairment on the individual’s life are so significant, and the resulting level of impairment so great, that outpatient motivational and/or relapse prevention strategies are not feasible or effective. The individual’s cognitive limitations make it unlikely that he or she could benefit from other levels of residential care.</p> <p>ASAM Level 3.3 treatment shall include a minimum of 20 hours of services per week and include assessment, individual and group counseling, group rehabilitative support, family therapy, peer/family support, community support, medication services, and medication services support.</p>	<p>Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, RN, LPN, Associate Substance Use Counselor, QAP, QMHP, LMHP, Paramedic, Community Support Specialist, Certified Peer Specialist, Family Support Provider, Treatment Technician, Group Rehabilitation Support Specialist</p>

<p>ASAM Level 3.5 – Clinically Managed High-Intensity Residential Services</p>	<p>ASAM Level 3.5 is a residential program offering a 24-hour supportive treatment environment. Treatment goals are to stabilize an individual who is in imminent danger if not in a 24-hour treatment setting, promote abstinence from substance use, and to effect a global change in the individual’s lifestyles, attitudes, and values. Individual needs are of such severity that treatment cannot be safely provided in a less intensive level of care.</p> <p>ASAM 3.5 treatment shall include at least 20 hours per week of a combination of clinical and recovery-focused services specifically focused on individuals who have significant social and psychological problems. Services include assessment, individual and group counseling, group rehabilitative support, family therapy, peer/family support, community support, medication services, and/or medication services support.</p>	<p>Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, RN, LPN, Associate Substance Use Counselor, QAP, QMHP, LMHP, Paramedic, Community Support Specialist, Certified Peer Specialist, Family Support Provider, Treatment Technician, Group Rehabilitation Support Specialist</p>
<p>ASAM Level 3.7 – Medically Monitored Intensive Inpatient Services</p>	<p>ASAM Level 3.7 programs provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in a licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility. The primary focus of treatment is related to substance use disorders. The skills of the interdisciplinary team and availability of support services also can accommodate withdrawal management and co-occurring disorders.</p> <p>ASAM Level 3.7 treatment shall provide 30 hours of structured treatment activities per week including, but not limited to, assessment, individual and counseling, group rehabilitative support, family therapy, peer/family support, community support, medication services, and/or medication services support.</p>	<p>Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, RN, LPN, Associate Substance Use Counselor, QAP, QMHP, LMHP, Paramedic, Community Support Specialist, Certified Peer Specialist, Family Support Provider, Treatment Technician, Group Rehabilitation Support Specialist</p>
<p>ASAM Level 3.7 – WM – Medically Monitored Inpatient Withdrawal Management</p>	<p>ASAM Level 3.7 – WM is an organized service delivered by medical and nursing professionals, which provide for 24 hour medically-supervised evaluation under a defined set of physician approved policies and physician-monitored procedures or clinical protocols.</p> <p>An interdisciplinary team of trained clinicians is available to assess and treat the individual and to obtain and interpret information regarding the individual’s needs. Services include assessment, individual and group counseling, group rehabilitative support, peer/family support, community support, medication services, and medication services support.</p>	<p>Physician, Psychiatrist, APRN, Assistant Physician, Physician Assistant, Resident Physician under the supervision of a licensed physician, RN, LPN, Associate Substance Use Counselor, QAP, QMHP, LMHP, Community Support Specialist, Certified Peer Specialist, Family Support Provider, Substance Use Recovery Aide, Treatment Technician, Group Rehabilitation Support Specialist</p>

13.d. Rehabilitative Services

Agencies contracted with and certified or provisionally certified by the Department of Mental Health as CSTAR providers are the agency provider types qualified to furnish CSTAR services.

Qualifications of Provider Agencies are as follows:

- Certified or provisionally certified as a CSTAR program by the Department of Mental Health;
- Contracted as a CSTAR provider by the Department of Mental Health;
- Medicaid enrolled provider; and
- Agreed to comply with all applicable civil rights laws and regulations, and to maintain auditable records.

Qualifications of Practitioners are as follows:

Substance Use Recovery Aide: an individual with specific training related to withdrawal management that provides continuous supervision and ensures safety of individuals receiving care. Substance Use Recovery Aides are supervised by nursing staff on duty in the withdrawal management settings.

Adolescent Treatment Team: Physician, registered nurse or licensed practical nurse, qualified mental health professional (QMHP), qualified addiction professional (QAP), associate substance use counselor, community support specialist, and treatment technicians.

Advanced Practice Registered Nurse: a licensed registered nurse certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified nurse anesthetist, or certified clinical nurse specialist under state law. When providing Medication Management, an Advanced Practice Registered Nurse must be in a collaborating practice arrangement with a licensed physician.

Assistant Physician: a person licensed as an assistant physician under Missouri state law.

Associate Substance Use Counselor: A trainee that meets the requirements set forth by the Missouri Credentialing Board or the appropriate board of professional registration with the Department of Insurance, Financial Institutions & Professional Registration

An Associate Substance Use Counselor must be supervised by a Qualified Addiction Professional who has completed the Missouri Credentialing Board (MCB) Clinical Supervision Training. Clinical supervision must focus on improving the quality of treatment delivered through improving counseling skills, competencies and effectiveness of persons supervised. All counselor functions performed by an Associate Substance Use Counselor shall be performed pursuant to the supervisor's control, oversight, guidance and full professional responsibility.

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13.d. Rehabilitative Services

Certified Peer Specialist: An individual in recovery from mental illness and/or substance use disorder with at least a high school diploma or equivalent who meets the applicable training and credentialing required by the Missouri Credentialing Board, Inc.

A Certified Peer Specialist must be supervised by a QAP, or QMHP.

Community Support Specialist: an individual meeting one of the following qualifications:

- A qualified mental health professional;
- A qualified addiction professional;
- An individual with a bachelor's degree in human services field, which includes, but is not limited to, social work, psychology, nursing, education, criminal justice, recreational therapy, human development and family sciences, counseling, child development, gerontology, sociology, human services, behavioral science and rehabilitation counseling;
- An individual with any four year degree and two years of qualifying experience;
- An individual with any four year combination of higher education and qualifying experience
- An individual with four years of qualifying experience; or
- An individual with an Associate of Applied Science in Behavioral Health Support degree from an approved institution.

Qualifying experience must include delivery of service to individuals with mental illness, substance use disorders, or developmental disabilities. Experience must include some combination of the following:

- Providing one-on-one or group services with rehabilitation/habilitation and recovery/resiliency focus;
- Teaching and modeling for individuals how to cope and manage psychiatric, developmental or substance use issues while encouraging the use of natural resources;
- Supporting efforts to find and maintain employment for individuals and/or function appropriately in families, school and communities;
- Assisting individuals to achieve goals and objectives on their individualized treatment or person centered plans.

Community Support Specialists must complete the necessary orientation and training requirements specified by the Department of Mental Health, and must be supervised by one of the following: a QMHP, a QAP; or, an individual meeting the qualifications of a community support specialist with at least three years of population specific experience providing community support services in accordance with the key service functions.

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Treatment Technician: individuals suited by education, background or experience who are under the direction and supervision of a QMHP or QAP and have the following minimum requirements:

- Have received training on the topic/s being presented; and
- Must demonstrate competency and skill in educational techniques.

Family Support Provider: A family member of a child/youth (17 and younger) who had or currently has a behavioral/emotional disorder or a substance use disorder, has a high school diploma or equivalent, has completed training as required by department policy, and is supervised by a QMHP or QAP.

Group Rehabilitation Support Specialist: An individual who:

- Is suited by education, background or experience to present the information being discussed;
- Demonstrates competency and skill in facilitating group discussion; and
- Has knowledge of the topic(s) being taught.

Group Rehabilitation Support Providers must be supervised by a QMHP or QAP.

Marital and Family Therapist: a person licensed as a marital and family therapist under state law to furnish services within their scope of practice act.

Licensed Practical Nurse: a person licensed as a practical nurse under state law to furnish services within their scope of practice act.

Licensed Mental Health Professional (for diagnosis):

- A physician licensed or provisionally licensed under Missouri law to furnish services within their scope of practice;
- A psychologist licensed or provisionally licensed as a psychologist under state law to furnish services within their scope of practice;
- A resident physician including resident psychiatrist;
- A professional counselor licensed or provisionally licensed under Missouri law to practice counseling;
- A clinical social worker licensed or provisionally licensed under Missouri law to practice social work;
- A master social worker under registered supervision with the Missouri Division of Professional Registration for licensure as a Clinical Social Worker;
- A marital and family therapist licensed or provisionally licensed under Missouri law to provide marriage and family services;
- Advanced practice registered nurse, a registered nurse who is currently recognized by the board of nursing as an advanced practice registered nurse;
- A licensed assistant physician under Missouri state law;
- A licensed physician assistant under Missouri state law.

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Physician: An individual licensed as a physician under state law to furnish services within their scope of practice act.

Physician Assistant: a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician under Missouri state law.

Psychiatrist: a licensed physician who is a psychiatrist and delivers services within their scope of practice.

Psychologist: An individual licensed or provisionally licensed as a psychologist under Missouri State law to furnish services within their scope of practice act.

Qualified Addiction Professional (QAP):

- A physician licensed or provisionally licensed under Missouri state law;
- An individual who meets the applicable training and credentialing required by the Missouri Credentialing Board, Inc. for any of the following positions:
 - Certified Alcohol and Drug Counselor (CADC)
 - Certified Reciprocal Alcohol and Drug Counselor (CRADC)
 - Certified Reciprocal Advanced Alcohol and Drug Counselor (CRAADC)
 - Certified Criminal Justice Addictions Professional (CCJP)
 - Registered Alcohol Drug Counselor-Provisional (RADC-P)
 - Registered Alcohol Drug Counselor (RADC)
 - Co-occurring Disorder Professional (CDP)
 - Co-occurring Disorders Professional Diplomat(CDPD)

Registered Nurse: an individual licensed as a registered nurse to furnish services within their scope of practice act.

Resident Physician: A medical school graduate and doctor in training who is taking part in a graduate medical education (GME) program.

Medical Assistant: a person who performs duties under the direction of medical staff related to the health and wellness of individuals who are ill or otherwise require assistance. A medical assistant must have a high school diploma or the equivalent, completed medical assistant training and obtain certification.

Paramedic: A person trained to assist a physician or give first aid or other healthcare in the absence of a physician who is on the National Registry of Emergency Medical Technicians (NREMT). Paramedics must complete an EMT training program from a state-approved training college or institute.

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Qualified Mental Health Professional (QMHP):

- An individual licensed or provisionally licensed as a physician under state law to furnish services within their scope of practice;
- An individual licensed or provisionally licensed as a psychologist under state law to furnish services within their scope of practice;
- A resident physician including resident psychiatrist
- A professional counselor licensed or provisionally licensed under Missouri law to practice counseling;
- A clinical social worker with a master's degree in social work from an accredited program and with specialized training in mental health services;
- A psychiatric nurse, i.e. a registered nurse with at least two (2) years of experience in a psychiatric setting or a master's degree in psychiatric nursing;
- An individual possessing a master's degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy, social work, or related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a mental health professional;
- An occupational therapist certified by the American Occupational Therapy Certification board, registered in Missouri, has a bachelor's degree, and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting.
- A licensed assistant physician under Missouri state law;
- A licensed physician assistant under Missouri state law; **or**
- Advanced practice registered nurse, a registered nurse who is currently recognized by the board of nursing as an advanced practice registered nurse.
- A psychiatric pharmacist who is a registered pharmacist in good standing with the Missouri Board of Pharmacy who is a board certified psychiatric pharmacist (BCPP) through the Board of Pharmaceutical Specialties, or a registered pharmacist currently in a psychopharmacology residency where the service has been supervised by a board-certified psychiatric pharmacist.
- An individual with a bachelor's degree with an additional three years of experience providing services to individuals with mental illness or substance use disorders

13.d. Rehabilitative Services

Rehabilitative Services Provided through Comprehensive Substance Treatment and Rehabilitation Services (CSTAR)

Comprehensive substance use disorder treatment services are offered to individuals to provide a continuum of care within community based settings through Comprehensive Treatment and Rehabilitation Services.

CSTAR services may be provided in accordance with the American Society of Addiction (ASAM) guidelines. Not all CSTAR providers will have clinical staff who are trained and qualified to utilize the ASAM Criteria as of the effective date of this state plan amendment. CSTAR services for those providers utilizing the ASAM criteria will bill for services as detailed in Section 3.1-A under the Comprehensive Substance Treatment and Rehabilitation Services (CSTAR) section.

The state agency will reimburse Comprehensive Substance Treatment and Rehabilitation (CSTAR) providers at fee for service rates established for services provided to single beneficiaries by qualified, individual providers that coordinate care within a multidisciplinary treatment model. These activities and interventions are billed as distinct units of service. Such rates are those as defined and determined by the MO HealthNet Division and in accordance with the provisions of 42 CFR 447 Subpart B. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service

A maximum rate is established for each 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 rehabilitative services offered by CSTAR providers (as detailed in Section 3.1-A of the state plan). The CSTAR procedure codes and the Medicaid fee schedule which includes the maximum rate are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after April 1, 2022.

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