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**State/Territory Name: Missouri**

**State Plan Amendment (SPA) #: 23-0003**

This file contains the following documents in the order listed:

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

**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

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March 2, 2023

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

Re: Missouri State Plan Amendment (SPA) 23-0003

Dear Mr. Richardson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0003. This amendment adds coverage of biopsychosocial treatment of obesity services provided by licensed registered dietitians in federally qualified health centers and rural health clinics.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act at 1905(a)(2)(B) and (C). This letter is to inform you that Missouri Medicaid SPA 23-0003 was approved on March 2, 2023, with an effective date of February 1, 2023.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at [Michala.Walker@cms.hhs.gov](mailto:Michala.Walker@cms.hhs.gov).

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Glenda Kremer  
Jamie Purnell  
Marissa Crump  
Kimberly Johnson

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 3 0 0 0 3</u>	2. STATE <u>MO</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>February 1, 2023</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440.13(e) 1905(a)(2)(B) and (C)</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>68,000</u> b. FFY <u>2024 Savings</u> \$ <u>165,488</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-A, page 10b</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-A, page 10b</u>	

9. SUBJECT OF AMENDMENT

This state plan amendment adds language to allow the department to cover biopsychosocial treatment of obesity services provided by licensed registered dietitians in federally qualified health centers (FQHCs) and rural health clinics (RHCs).

10. GOVERNOR'S REVIEW (Check One)

- SLV
- GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
12. TYPED NAME Robert J. Knodell	
13. TITLE Acting Director	
14. DATE SUBMITTED <u>1/30/23</u> 2/1/23	

FOR CMS USE ONLY

16. DATE RECEIVED <u>February 1, 2023</u>	17. DATE APPROVED <u>March 2, 2023</u>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>February 1, 2023</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 of Operations</u>
22. REMARKS	

Boxes 5 and 14: Changes authorized by State on 02/17/2023.

State Missouri

Coverage of services related to the performance of certain specified elective surgical procedures is allowed when medically necessary. Elective surgical operations shall be defined as those in which the patient's life will not be threatened and the patient's health will not be permanently impaired by any delay in performing the surgery. Coverage is provided for a documented second or third opinion, at the participant's choice, when the primary recommendation for the surgery fails to confirm the need for surgery.

Bone marrow, heart, kidney, liver and certain restricted multiple organ transplants and related transplantation services are covered when prior authorized. Cornea transplants are covered without a requirement of prior authorization.

## PHYSICIAN ATTESTATION POLICY FOR HOSPITALS

MO HealthNet's requirements are the same as Medicare Program requirements for physician attestation statements.

### 2.a. Outpatient Hospital Services

Coverage of services related to the performance of certain specified elective surgical procedures is allowed when medically necessary. Elective surgical operations shall be defined as those in which the patient's life will not be threatened and the patient's health will not be permanently impaired by any delay in performing the surgery. Coverage is provided for a documented second or third opinion, at the participant's choice, to confirm the need for surgery.

Payment is made to a hospital for physician's services only if the physician is hospital based and has signed a Medicaid participation agreement.

### 2.b. Rural Health Clinic Services

Payment will be made for services provided in a rural health clinic only when that clinic has been certified for participation in the Title XVIII Medicare Program by the Bureau of Hospital Licensing and Certification of the Missouri Department of Health and Senior Services or by comparable agencies in other states. RHC services include ambulatory services included in the State Plan under Title XIX of the Social Security Act and include, but are not limited to, services provided by physicians, physician assistants, nurse practitioners, nurse midwives, clinical psychologists, clinical social workers, licensed professional counselors, licensed marital and family therapists and nurses, licensed dietitians and licensed dietician nutritionists.

### 2.c. Federally Qualified Health Center (FQHC) Services

FQHC services include ambulatory services included in the State Plan under Title XIX of the Social Security Act and include, but are not limited to, services provided by physicians, physician assistants, nurse practitioners, nurse midwives, clinical psychologists, clinical social workers, licensed professional counselors, licensed marital and family therapists and nurses, licensed dietitians and licensed dietician nutritionists.

(1) Provider Participation. To be eligible for participation in the Missouri FQHC program, a provider must submit proof satisfactory to the MO HealthNet Division that meets the following conditions:

State Plan TN# 23-0003  
Supersedes TN# 19-0002

Effective Date February 1, 2023  
Approval Date March 2, 2023