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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 23-0006

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

August 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) 23-0006

Dear Mr. Richardson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0006. This amendment allows occupational therapy assistants, physical therapy assistants, and speech language pathology assistants to enroll as MO HealthNet providers and bill for covered services provided to eligible MO HealthNet participants.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.110. This letter is to inform you that Missouri Medicaid SPA 23-0006 was approved on August 2, 2023, with an effective date of November 1, 2023.

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

cc: Glenda Kremer
Marissa Crump
Eric Martin

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 3 0 0 0 6	2. STATE MO
	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 November 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 485.713, 42 CFR 410.59 42 CFR 440.110	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2023 \$ 0 b FFY 2024 \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A Page 10g and Page 10gg	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A, page 10g and page 10gg	

9. SUBJECT OF AMENDMENT
This State Plan Amendment is regarding a change to MO HealthNet's Therapy Program, allowing occupational therapy assistants, physical therapy assistants and speech language pathology assistants to enroll as MO HealthNet providers and bill for covered services provided to eligible MO HealthNet participants. The State Plan Amendment will also allow occupational therapists and occupational therapy assistants to provide medically-necessary covered behavioral health services, within the scope of their practice, to eligible MO HealthNet participants and bill for those services.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED.

11. SIGNATURE OF STATE AGENCY OFFICIAL [Redacted]	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 5-31-23	

FOR CMS USE ONLY

16. DATE RECEIVED May 31, 2023	17. DATE APPROVED August 2, 2023
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

Boxes 5, 8, and 15: State authorized changes per email dated 6/5/23.

State Missouri

b. Early and Periodic Screening; Diagnosis, and Treatment Services (cont.)

COUNSELING PROGRAM:

Medically necessary counseling services are covered for individuals under the age of 21 years when the need for the services is discovered through an EPSDT screening service and provided by a licensed clinical social worker or licensed professional counselor. Some services require prior authorization to determine the medical necessity of the service recommended.

Counseling services include the following:

- Assessment
- Crisis Intervention
- Individual Therapy
- Family Therapy
- Group Therapy

THERAPY PROGRAM (HCY):

Physical Therapy: Physical therapy services are provided in accordance with 42 CFR 440.110(a). These services are covered as an EPSDT service to the extent they are medically necessary and include evaluation and treatment related to range of motion, muscle strength, functional abilities and the use of adaptive/therapeutic equipment. Activities include but are not limited to rehabilitation through exercise, massage, the use of equipment and therapeutic activities.

Occupational Therapy: Occupational therapy services are provided in accordance with 42 CFR 440.110(b). These services are covered as an EPSDT service to the extent they are medically necessary and include evaluation and treatment services. Typical activities related to occupational therapy are: perceptual motor activities, exercises to enhance functional performance, kinetic movement activities, guidance in the use of adaptive equipment and other techniques related to improving motor development.

State Plan TN No.: 23-0006
Supersedes TN No.: 03-09

Effective Date: November 1, 2023
Approval Date: August 2, 2023

State Missouri

b. Early and Periodic Screening, Diagnosis, and Treatment Services (cont.)

Occupational Therapy (cont.):

Occupational therapy services are covered as an EPSDT service when providing a medically necessary service related to a behavioral health diagnosis that is ordered by an advanced practice registered nurse, physician, or other practitioner of the healing arts and is within the scope of the licensed occupational therapists' or licensed occupational therapy assistant's practice.

Speech/Language Therapy:

Speech/language therapy is provided in accordance with 42 CFR 440.110(c). Speech/language services are a covered service when provided by a licensed speech pathologist or licensed speech pathologist assistant, licensed speech language pathologist during clinical fellowship, or by a Department of Elementary and Secondary Education (DESE) certified speech therapist or speech therapy assistant who is certified to provide speech/language services as a school district employee. Speech/language therapy is the evaluation and provision of treatment of the remediation and development of age appropriate speech, expressive and receptive languages, oral motor and communication skills. Speech treatment includes activities that stimulate and facilitate the use of effective communication skills. Speech/language therapy includes treatment in one or more of the following areas: articulation, language development, oral motor/feeding, auditory rehabilitation, voice disorders and augmentative communication modes.

The Missouri Department of Elementary and Secondary Education, as this state's lead agency for the provision of early intervention services consistent with the requirements of the Individuals with Disabilities Education Act, will act as an organized health care delivery system for the provision of physical, occupational, and speech therapy services for young children aged birth to 36 months.

Podiatry

Podiatrist services are limited to medical, surgical, and mechanical services for the foot or any area not above the ankle joint.

A new patient office visit, or an established patient extended or comprehensive visit is limited to one (1) visit per provider per recipient per year. Other service limitations may apply in the areas of physical medicine, hospital visits, house calls, surgery, anesthesia, laboratory, radiology and injections. The above limitations may be exceeded if medically necessary; a medical necessity form must be submitted.

State Plan TN No. 23-0006
Supersedes TN No. 05-09

Effective Date: November 1, 2023
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