

## **Table of Contents**

**State/Territory Name: Missouri**

**State Plan Amendment (SPA) #: 23-0010**

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

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October 27, 2023

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) 23-0010

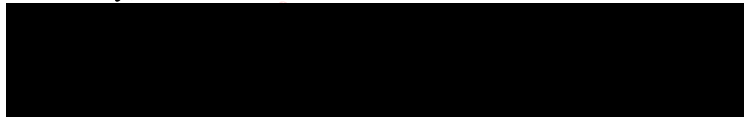
Dear Director Richardson:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Missouri's State Plan Amendment (SPA) Transmittal #23-0010, submitted on August 14, 2023. The SPA allows for changes in the practitioners qualified to perform the services and minor language updates.

CMS approved SPA #23-0010 on October 27, 2023, with an effective date of July 1, 2023. 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 amendment, please contact Mandy Strom at [mandy.strom@cms.hhs.gov](mailto:mandy.strom@cms.hhs.gov) or (303)844-7068.

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Marissa Crump, Missouri Medicaid  
Glenda Kremer, Missouri Medicaid

<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 1 0</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 July 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Pages 17aaaa, 17aaaa-3, 17aaaa-4, 17aaaa-5, 17aaaa-6, 17aaaa-7, 17aaaa-8, 17aaaa-9, 17aaaa-10, 17aaaa-12, 17aaaa-13, 17aaaa-14, 17aaaa-15, 17aaaa-16, 17aaaa, 17aaaaa, 17aaaaa-2, 17aaaaa-3, 17aaaaa-4a*	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Pages 17aaaa, 17aaaa-3, 17aaaa-4, 17aaaa-5, 17aaaa-6, 17aaaa-7, 17aaaa-8, 17aaaa-9, 17aaaa-10, 17aaaa-12, 17aaaa-13, 17aaaa-14, 17aaaa-15, 17aaaa-16, 17aaaa, 17aaaaa, 17aaaaa-2, 17aaaaa-3, 17aaaaa-4a*	

9. SUBJECT OF AMENDMENT  
 This amendment allows for changes in the practitioners qualified to perform the services and minor language updates.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT     SLV      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
12. TYPED NAME Robert J. Knodell	
13. TITLE Director	
14. DATE SUBMITTED 8-10-23	

**FOR CMS USE ONLY**

16. DATE RECEIVED August 14, 2023	17. DATE APPROVED October 27, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

**\* State requested pen & ink change on 10/25/23 in box 7 and 8 to change page number to 17aaaaa-3a.**

**13.d. Rehabilitative Services**

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

<p>Comprehensive 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"> <li>• Risk assessment to determine emergent, urgent, and/or routine need for services</li> <li>• Obtain from the individual information about presenting problem, brief history, current medications, current medical conditions, and current symptoms</li> <li>• Formulation of a diagnosis by a licensed mental health professional</li> <li>• Development of treatment plan</li> </ul>	<p>Qualified Addictions Professional (QAP), an individual possessing a master’s or doctorate degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy or related field who has successfully completed a practicum or has one (1) year of experience, and/or Licensed Mental Health Professional (LMHP) (for diagnosis).</p>
<p>Community Support</p>	<p>A comprehensive service designed to reduce an individual’s 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"> <li>• Developing recovery goals; identifying needs, strengths, skills, resources and supports and teaching how to use them to support recovery; identifying barriers to recovery and assisting in the development and implementation of plans to overcome them.</li> <li>• 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:</li> </ul>	<p>Community Support Specialist or Community Support Supervisor.</p>

**13.d. Rehabilitative Services**

<p>Community Support (continued)</p>	<ul style="list-style-type: none"> <li>• Developing and advising the individual on implementing lifestyle changes needed to cope with the side effects of psychotropic medications and/or medications to treat substance use disorders, 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.</li> <li>• 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.</li> </ul>	
<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"> <li>• 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 principles which are expressing empathy and avoiding arguing; developing discrepancy; rolling with resistance; and supporting self-efficacy.</li> <li>• Cognitive Behavioral Therapy (CBT): a form of psychological treatment that has been demonstrated to be effective for various 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.</li> </ul>	<p>Licensed or provisionally licensed Clinical Social Worker, Professional Counselor, Marital and Family Therapist, Psychologist, QAP or Associate Substance Use Counselor 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 restore them to their best possible functional level.</p> <p>Communicable disease counseling can cover such topics as HIV/STI/TB status or substance use disclosure to family members/natural supports; addressing stigma for people who use drugs in accessing services; how to maximize health care service interactions; reducing substance use and avoiding overdose; and how to address anxiety, anger, and depressive episodes.</p>	<p>LMHPs, QMHPs, or Qualified Behavioral Assistants (QBA) who are knowledgeable about communicable diseases including HIV, TB and STIs through training and/or previous employment experience. Knowledge shall include awareness of risks, disease management/treatment, resources for care, and confidentiality requirements when working with special populations. Staff 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"> <li>• Preliminary assessment of risk, mental status, and medical stability</li> <li>• Stabilization of immediate crisis</li> <li>• Determination of the need for further evaluation and/or substance use services</li> <li>• Linkage to needed additional treatment services</li> </ul>	<p>LMHP, QMHP, QBA or Paraprofessional</p>

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**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"> <li>• 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 principles which are expressing empathy and avoiding arguing; developing discrepancy; rolling with resistance; and supporting self-efficacy.</li> <li>• Cognitive Behavioral Therapy (CBT) is 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.</li> </ul>	<p>Licensed or provisionally licensed Clinical Social Worker, Professional Counselor, Marital and Family Therapist, Psychologist, QAP or Associate Substance Use Counselor practicing within their current competence.</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 family member/natural support of an individual who 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/natural supports of multiple primary individuals’ families.</p>	<p>Licensed or provisionally licensed Clinical Social Worker, Professional Counselor, Marital and Family Therapist, Psychologist, QAP, or Associate Substance Use Counselor practicing within their current competence.</p>

**13.d. Rehabilitative Services**

<p>Group Rehabilitative Support</p>	<p>Facilitated group discussions, based on individualized needs and treatment plan goals, 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>LMHP, QMHP, QBA, Paraprofessionals</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 being an active and productive member of the family, community, and/or culture. This service is provided in a group setting.</p> <p>Components:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Assistance with the restoration of skills and use of resources to address symptoms that interfere with activities of daily living and community integration.</li> </ul>	<p>A team consisting of LMHPs, QMHPs, QBAs, and Paraprofessionals</p>

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<p>Family Therapy</p>	<p>Service consists of counseling or family based therapeutic interventions (e.g. role playing, psychoeducational 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 engrained 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. Services can be offered to members of a single family or members of multiple families dealing 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 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 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 are 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>Licensed or provisionally licensed Clinical Social Worker, Professional Counselor, Marital and Family Therapist or Psychologist practicing within their current competence.</p>
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<p>Family Conference</p>	<p>A substance use intervention that enlists the support of the primary individual’s family members, referral sources, and natural supports by meeting about the individual’s treatment plan, transition plan and/or transfer plan, and discharge plan. The service must include the individual receiving services and be for their direct benefit, in accordance with the needs and goals identified in their treatment plan, and for assisting in the individual’s recovery.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> <li>• Communicating about issues in the individual’s home that are barriers to treatment plan goals.</li> <li>• Identifying triggers that may lead to a return to the use of substances and establishing prevention strategies.</li> <li>• Assessing the need for family therapy or other referrals to support the family system.</li> <li>• Participating in transition and/or transfer planning, and discharge planning conferences.</li> </ul>	<p>LMHP, QMHP, or QBA.</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"> <li>• Medically supervised monitoring of vital signs, health status, and withdrawal symptoms.</li> <li>• Medication services and medication services support.</li> <li>• Referral to ongoing treatment.</li> </ul>	<p>A team of LMHPs, QMHPs, QBAs, and Paraprofessionals including:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Licensed nursing staff must be present 24 hours per day.</li> <li>• A registered nurse (RN) with relevant education, experience, and competency must be on-site or available by phone for 24-hour supervision.</li> <li>• A minimum of two Treatment Assistants with specific training related to withdrawal management who provide continuous supervision and safety of individuals receiving care.</li> </ul>

**13.d. Rehabilitative Services**

<p>Medically Monitored Withdrawal Management (continued)</p>		<ul style="list-style-type: none"> <li>• Only a physician or advanced practice registered nurse may provide medication services.</li> <li>• 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.</li> <li>• All practitioners on the team may provide medically supervised monitoring of health status and withdrawal symptoms.</li> </ul>
<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 (including Psychiatrist), Resident Physician (including Psychiatrist), Licensed Physician Assistant, Licensed Assistant Physician, or Advanced Practice Registered Nurse..</p>
<p>Medication Services Support</p>	<p>Physical evaluation and medical consultation for the purpose of monitoring and managing health needs and medication management.</p>	<p>APRN, Licensed Registered Nurse (RN), Licensed Practical Nurse (LPN), Paramedic, or Certified Medical Assistant.</p>
<p>Adolescent Treatment Support</p>	<p>Assist, promote and support individuals aged nine through 17 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 is available to individuals determined to need substance use disorder treatment and for whom this service is clinically appropriate. Exceptions to the age requirements may be authorized through the department’s clinical review process. Individuals 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 comprised of LMHPs, QMHPs, QBAs, and Paraprofessionals.</p>

**13.d. Rehabilitative Services**

<p>Adolescent Treatment Support (continued)</p>	<p>Components:</p> <ul style="list-style-type: none"> <li>• Remind and assist individuals in utilizing their self-management strategies as they interact with peers during daily living activities</li> <li>• Support the practical aspect of treatment such as ensuring individuals are adhering to daily routines (e.g. showering, meals, attending educational activities, etc.)</li> <li>• Assist with communication and conflict resolution as individuals interact with peers during structured activities</li> <li>• Monitor any behavior patterns exhibited by each individual throughout the day for signs of risky behaviors, changes in mood, or changes in physical appearance</li> </ul>	
<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 receiving services, in accordance with the needs and treatment goals identified in the treatment plan, and for assisting in the individual’s recovery/resiliency.</p> <p>Peer and family support services that involve the participation of a non-Medicaid eligible family member/natural support are 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 judgment, the individual is not present during the delivery of the service but remains the focus of the service.</p>	<p>Paraprofessional</p>

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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. They 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 the goals of treatment or 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 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.	For medication dosing and administration: Physician (including psychiatrists), Resident Physician (including psychiatrists) or Assistant Physician, Physician Assistant, APRN, RN, LPN, and/or Certified Medical Assistant (CMA)
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 counseling, 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.	A team comprised of LMHPs, Paraprofessionals, and the following: RN, LPN, Associate Substance Use Counselor, QAP, Community Support Specialist, Community Support Supervisor, Treatment Assistant, and Group Rehabilitation Support Specialist.

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<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 counseling, 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>A team comprised of LMHPs, Paraprofessionals, and the following: RN, LPN, Associate Substance Use Counselor, QAP, Community Support Specialist, Community Support Supervisor, Treatment Assistant, , and 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 (including psychiatrists), APRN, Assistant Physician, Physician Assistant, Resident Physician (including psychiatrists), RN, LPN, and 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>A team comprised of LMHPs, Paraprofessionals and the following: Physician (including psychiatrist), APRN, Assistant Physician, Physician Assistant, Resident Physician (including psychiatrist), RN, LPN, Paramedic, Certified Medical Assistant, Associate Substance Use Counselor, QAP, Community Support Specialist, Community Support Supervisor, Treatment Assistant, Group Rehabilitation Support Specialist</p>

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<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 provides 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>A team comprised of LMHPs, Paraprofessionals, and the following: Physician (including psychiatrist), APRN, Assistant Physician, Physician Assistant, Resident Physician (including psychiatrist), RN, LPN, Paramedic, Associate Substance Use Counselor, QAP, Community Support Specialist, Community Support Supervisor, Treatment Assistant, and 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.</p>	<p>A team comprised of LMHPs, Paraprofessionals and the following: Associate Substance Use Counselor, QAP, Community Support Specialist, Community Support Supervisor, Treatment Assistant, and 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>A team comprised of LMHPs, Paraprofessionals and the following: Physician (including psychiatrist), APRN, Assistant Physician, Physician Assistant, Resident Physician (including psychiatrist), RN, LPN, Associate Substance Use Counselor, QAP, Paramedic, Community Support Specialist, Community Support Supervisor, Treatment Assistant, 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>A team comprised of LMHPs, Paraprofessionals, and the following: Physician (including psychiatrist), APRN, Assistant Physician, Physician Assistant, Resident Physician (including psychiatrist), RN, LPN, Associate Substance Use Counselor, QAP, Paramedic, Community Support Specialist, Community Support Supervisor, Treatment Assistant, Group Rehabilitation Support Specialist</p>

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<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>A team comprised of LMHPS, Paraprofessionals and the following: Physician (including psychiatrist), APRN, Assistant Physician, Physician Assistant, Resident Physician (including psychiatrist), RN, LPN, Associate Substance Use Counselor, QAP, Paramedic, Community Support Specialist, Community Support Supervisor, Treatment Assistant and 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>Team comprised of LMHPs, Paraprofessionals, and the following: Physician (including psychiatrist), APRN, Assistant Physician, Physician Assistant, Resident Physician (including psychiatrist), RN, LPN, Associate Substance Use Counselor, QAP, Paramedic, Community Support Specialist, Community Support Supervisor, Treatment Assistant, and 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>A team comprised of LMHPs, Paraprofessionals and the following: Physician (including psychiatrist), APRN, Assistant Physician, Physician Assistant, Resident Physician (including psychiatrist), RN, LPN, Associate Substance Use Counselor, QAP, , Community Support Specialist, Community Support Supervisor, Treatment Assistant, and Group Rehabilitation Support Specialist</p>

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### 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:

**Adolescent Treatment Team:** A team comprised of LMHPs, QMHPs, QBAs and Paraprofessionals.

**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.

**Licensed Assistant Physician:** a person licensed as an assistant physician under Missouri state law who performs tasks that might otherwise be performed by a licensed physician.

**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 by improving the counseling skills, competencies and effectiveness of the 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, and is certified by the Missouri Credentialing Board, Inc.

A Certified Peer Specialist must be supervised by a LMHP, QAP, or Community Support Supervisor who has completed peer supervision training as required by the department.

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

- A qualified mental health professional;
- A qualified addiction professional;
- A bachelor's degree in a human services field from a college or university included in the U.S. Department of Education's database of accredited schools at <http://www.ope.ed.gov/accreditation>;
- Any four-year degree or combination of higher education and qualifying experience
- Four years of qualifying experience; or
- An Associate of Applied Science degree in Behavioral Health Support degree as designated by the department.

Qualifying experience must include service delivery to individuals with mental illness, substance use disorders, or developmental disabilities. Experience must include at least one 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/supports;
- Supporting individuals in their efforts to find and maintain housing, and employment, and/or function appropriately in families, schools and communities;
- Assisting individuals to achieve the goals and objectives of their individualized treatment plans.

Community Support Specialists must complete the necessary orientation and training requirements specified by the Department of Mental Health.

**Community Support Supervisor:** a QMHP, QAP, or an individual meeting the qualifications of a community support specialist with at least three years of experience providing community support services to individuals with mental illness and/or substance use disorders in accordance with the community support key service functions. Experience is specific to the adult or child/youth/adolescent population the individual will supervise.

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**Certified Family Support Provider:** A family member of an individual age 25 and younger who had or currently has a behavioral/emotional disorder or a substance use disorder, has a high school diploma or equivalent, is credentialed by the Missouri Credentialing Board, and is supervised by an LMHP, QAP, or Community Support Supervisor who has completed the peer supervision training required by the department.

**Group Rehabilitation Support Specialist:** An individual who:

- Is suited by education, background, knowledge, or experience to present the information being discussed; and
- Demonstrates competency and skill in facilitating group discussion.

Group Rehabilitation Support Specialists must be supervised by an LMHP or QMHP with experience in a related field (LMHP must be available for consultation).

**Marital and Family Therapist:** a person licensed/provisionally 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 (including a psychiatrist) 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 a 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 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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**Licensed Physician:** An individual licensed as a physician under state law to furnish services within their scope of practice act.

**Licensed 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)** is one of the following:

- A physician (including a psychiatrist) licensed or provisionally licensed under Missouri state law; or
- 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-D)

**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.

**Certified 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 certified medical assistant must have a high school diploma or the equivalent, complete an accredited medical assistant program, and pass the certification exam.

**Paramedic:** A person trained to assist a physician or give first aid or other healthcare in the absence of a physician, within their scope of practice. The individual must be 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 with a master's or bachelor's degree in a human services field (non-licensed) and/or certified/credentialed to provide services within their scope of practice, including the following professionals:

- Behavior Analyst licensed under state law to furnish services within the scope of their practice;
- Community support specialist;
- Community support supervisor;
- Occupational therapist, an Individual certified by the American Occupational Therapy Certification Board, registered in Missouri;
- Physical therapist who is licensed under state law to furnish services within the scope of their practice act;
- Psychiatric pharmacist, 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 Specialists, or a registered pharmacist currently in a psychopharmacology residency where the service has been supervised by a board-certified psychiatric pharmacist;
- Psychosocial Rehabilitation (PSR) supervisor, an individual who meets the qualifications of a Community Support Specialist with an additional three years of experience providing community support services to individuals with mental illness and/or substance use disorders in accordance with the community support key service functions.;
- Qualified Addiction professional (QAP);
- Registered nurse who is licensed to furnish services within their scope of practice act; and
- Social worker, Master's level (non-licensed) or higher degree in social work, counseling, psychology, or related behavioral health field from a college or university included in the U.S. Dept. of Education's database of accredited schools at <http://ope.ed.gov/accreditation>;

**Paraprofessional:** an individual with lived experience with a behavioral health disorder, has a high school diploma or equivalent, and is credentialed by the Missouri Credentialing Board as a certified peer specialist or certified family support provider.

**Physical Therapist:** an individual who is licensed under state law to provide services within their scope of practice.

**Qualified Behavioral Assistant:** an individual with an associate degree, high school diploma, or equivalent. Supervision is provided by an LMHP or QMHP with experience in a related field. An LMHP must be available for clinical consultation as needed. High school diploma/equivalent may be waived when program/job specific training is provided.

**Treatment Assistant:** an individual with an associate degree, high school diploma, or equivalent. High school diploma/equivalent may be waived when all department and/or specialized training is completed, as required, based on job duties. Supervision is provided by an LMHP or QMHP with experience in a related field (LMHP must be available for clinical consultation).

**Licensed or provisionally licensed clinical social worker:** an individual licensed or provisionally licensed under Missouri law to practice social work.

**Professional Counselor:** an individual licensed or provisionally licensed under Missouri law to practice counseling.

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