

## **Table of Contents**

**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 25-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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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June 5, 2025

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 MO-25-0001

Dear Director Richardson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number MO-25-0001. This amendment adds a daily reimbursement amount for services provided at a licensed Prescribed Pediatric Extended Care facility.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation 42 CFR 440.

This letter is to inform you that Missouri Medicaid SPA MO-25-0001 was approved on June 2, 2025, with an effective date of August 28, 2025.

If you have any questions, please contact Rhonda Gray at 410-786-6140 or via email at [Rhonda.Gray@cms.hhs.gov](mailto:Rhonda.Gray@cms.hhs.gov)

Sincerely,

Shantrina Roberts, Acting Director  
Division of Program Operations

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 1

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT ☒ XIX ☐ XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~July 1, 2025~~ August 28, 2025

5. FEDERAL STATUTE/REGULATION CITATION  
42CFR440.80, 42CFR440.110, 42CFR440.167,  
1905(r) of the Soc. Sec. Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0  
b. FFY 2026 \$ (233,189)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
3.1-A Page 2bb. 10ee  
4.19-B Page 10ee2bb

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)  
new

9. SUBJECT OF AMENDMENT

This amendment adds a daily reimbursement amount for services provided at a licensed Prescribed Pediatric Extended Care facility.

10. GOVERNOR'S REVIEW (Check One)

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT JAF  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Jessica Bax

13. TITLE  
Acting Department Director

14. DATE SUBMITTED

3-6-25

15. RETURN TO  
MO HealthNet Division  
P.O. Box 6500  
Jefferson City, MO 65102

**FOR CMS USE ONLY**

16. DATE RECEIVED

March 7, 2025

17. DATE APPROVED

June 2, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 28, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Box 4: State authorized pen and ink change on 5/21/25.

Box 7 pen and ink changes approved by state



**STATE PLAN AMENDMENT DRAFT****4.b. Early and periodic screening, diagnostic and treatment services****PRESCRIBED PEDIATRIC EXTENDED CARE**

The following services are provided in Prescribed Pediatric Extended Care (PPEC) facilities that are licensed as such by the State of Missouri. These services are provided as an alternative to institutionalization and are an alternative setting to in-home care for children who are determined to be in medical need of the combination of services. The services provided include:

- Private duty nursing services provided under the direction of the individual's physician by a registered nurse or licensed practical nurse in accordance with 42 CFR 440.80.
- Physical therapy prescribed by a physician or other licensed practitioner of the healing arts within their scope of practice under state law and provided by or under the direction of a qualified physical therapist in accordance with 42 CFR 440.110.
- Occupational therapy prescribed by a physician or other licensed practitioner of the healing arts within their scope of practice under state law and provided by or under the direction of a qualified occupational therapist in accordance with 42 CFR 440.110.
- Speech/language therapy referred by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law and provided by or under the direction of a speech pathologist in accordance with 42 CFR 440.110.
- Personal care services to assist with activities of daily living and nurse delegated tasks as allowed by state law provided by a certified nursing assistant or certified medical technician in accordance with 42 CFR 440.167. Electronic visit verification requirements for personal care services are not applicable due to the delivery of services in a congregate setting.

Prescribed pediatric extended care services must be prior authorized.

Private duty nursing and personal care services are also available to eligible participants outside the PPEC in the individual's home. Physical, occupational, and speech/language therapy are also available outside the PPEC in other settings.

State Plan TN# 25-0001  
Supersedes TN# New

Effective Date: August 28, 2025  
Approval Date: June 2, 2025

**Prescribed Pediatric Extended Care Services Reimbursement Methodology**

The state agency will reimburse Prescribed Pediatric Extended Care (PPEC) providers on a fee-for-service basis using either a full-day rate or a half-day rate. A single, statewide fee schedule rate is established for the per diem unit of service and a separate single, statewide rate is established for the half-day unit of service.

Except as otherwise noted, state-developed fee schedule rates are the same for both governmental and private providers of PPEC services (as detailed in Section 3.1-A of the state plan). PPEC services are limited to 12 hours a day and are therefore restricted by state requirements to daytime hours; based on this, the rates do not include room and board.

A maximum rate is established for each unit of service. The state payment for each service is the lower of:

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

The Medicaid fee schedule, which contains the maximum rates, is published at:

<https://mydss.mo.gov/mhd/fee-schedules-rate-lists>. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search", and select "Other Services". The PPEC rates are effective for services provided on or after August 28, 2025.

State Plan TN# 25-0001  
Supersedes TN# New

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