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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 25-0008

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

October 24, 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-25-0008

Dear Director Richardson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0008. This amendment streamlines the requirements for Diabetes Prevention Program services to remove administrative burden for providers, improve accessibility of services for participants and correct the fee schedule link.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act implementing federal statute 42 CFR 440.130(c). This letter informs you that Missouri's Medicaid SPA TN 25-0008 was approved on October 24, 2025, with an effective date of December 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Missouri State Plan.

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

Sincerely,

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25 — 0008

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: 12/1/25

5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 26 $ 0
b. FFY 27 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 16aaa and 16aaaa and 4.19 B Page 4DD

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 3.1-A Page 16aaa-aaaa, TN# 20-0001 and 4.19 B Page 4DD; TN# 22-0027

9. SUBJECT OF AMENDMENT

The purpose of this amendment is to streamline requirements for Diabetes Prevention Program services in order to remove administrative burden for providers and improve accessibility of services for participants. Also, correcting the fee schedule link listed on 4.19B Page 4DD.

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: DSS Director

14. DATE SUBMITTED: 7-28-25

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED: July 29, 2025

17. DATE APPROVED: October 24, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL: December 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL: Nicole McKnight

21. TITLE OF APPROVING OFFICIAL: On Behalf of Courtney Miller, MCOG Director

22. REMARKS

12.d. Eyeglasses

Eyeglasses can be dispensed by physicians, optometrists, or opticians. Eyeglasses are covered only for children (Medicaid recipients under age 21). One pair of-eyeglasses is covered for adults 21 years or older following cataract surgery.

Supportive documentation of medical necessity is required for the repair of frames or replacement of parts of frames. Replacement of lenses covered within 24 months of Medicaid eyeglasses only when supported by Medical Necessity and prescription for change of 0.50 diopters for at least one eye.

13.c Preventive Services

Diabetes Prevention Program Services

Program (DPP) services are a set of structured, medically necessary services recommended by a physician or other licensed practitioner of the healing arts to prevent or delay the onset of type 2 diabetes for participants ages twenty-one (21) years of age and older who are at risk for diabetes or have indications of prediabetes, in accordance with 42 CFR 440.130(c).

DPP services provide a variety of behavioral and nutritional interventions identified as evidence-based by clinical research or studies and/or nationally recognized organizations specializing in disease control and prevention. DPP services are provided during sessions that occur at regular, periodic intervals over the course of one year, and, if eligible based upon individual measurable health-outcomes, additional ongoing maintenance sessions at regular, periodic intervals for another year. At these sessions, DPP services include:

- Ongoing nutrition or behavioral counseling focusing on weight reduction and lifestyle changes.
- Physical activity and fitness assessments.

Additional DPP service requests beyond the initial allocation shall be requested by the referring provider and be deemed medically necessary.

Qualified Providers:
A DPP service provider must be enrolled as a MO HealthNet provider and must have an established Level of Recognition from the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program. The CDC regulates the standards needed for the Level of Recognition.

DPP service providers use lifestyle coaches for delivery of DPP services to participants. The lifestyle coaches must have completed nationally recognized training for delivery of DPP services. Lifestyle coaches may be:

- Physicians
- Licensed nonphysician practitioners, such as nurses, and physical therapists.
- Unlicensed practitioners under the supervision of a DPP services provider or a licensed MO HealthNet practitioner.

For DPP services delivered by unlicensed lifestyle coaches, the supervising MO HealthNet provider will assume professional liability for care of the patient and furnish services within its scope of practice according to state law.

All lifestyle coaches must complete a minimum of 12 hours of training in DPP services from an organization recognized by the CDC for DPP.

Diabetes Prevention Program (DPP) Services for Adults

Reimbursement for services is made on a fee-for-service basis. MHD has determined the maximum allowable fee for a unit of service as a reasonable fee, consistent with efficiency, economy, and quality of care. The state payment for each service will be lower of.

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

Effective 12/1/2025, reimbursement shall be only for services authorized by the state agency or its designee. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of DPP services. The agency's fee schedule rate was set as of July 1, 2022 and is effective for services provided on or after that date. All rates are published on the fee schedule: https://apps.dss.mo.gov/fmsFeeSchedules/default.aspx.