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**State/Territory Name: Missouri**

**State Plan Amendment (SPA) MO-25-0017**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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# MO - Submission Package - MO2025MS00040 - (MO-25-0017) - Health Homes

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Related Actions



CMS-10434 OMB 0938-1188

## Package Information

|                       |   |                         |                 |
|-----------------------|---|-------------------------|-----------------|
| <b>Package ID</b>     | MO2025MS00040   | <b>Submission Type</b>  | Official        |
| <b>Program Name</b>   | Migrated_HH.Community Mental Health Center – Health Homes | <b>State</b>            | MO              |
| <b>SPA ID</b>         | MO-25-0017  | <b>Region</b>           | Kansas City, KS |
| <b>Version Number</b> | 2   | <b>Package Status</b>   | Review          |
| <b>Milestone Date</b> | 4/10/2026   | <b>Submission Date</b>  | 9/25/2025       |
| <b>Priority Code</b>  | P2  | <b>Regulatory Clock</b> | 39 days remain  |
|                       |   | <b>Review Status</b>    | Review 2        |

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Financial Management Group  
230 South Dearborn Street  
Chicago, IL 60604



## Center for Medicaid & CHIP Services

Robert Knodell  
Director  
Department of Social Services  
615 Howerton Court  
Jefferson City, MO 65109

Re: Approval of State Plan Amendment MO-25-0017 Migrated\_HH.Community Mental Health Center – Health Homes

Dear Robert Knodell,

On September 25, 2025, the Centers for Medicare and Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) MO-25-0017 for Migrated\_HH. Community Mental Health Center – Health Homes to The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Missouri state plan amendment (SPA) to Attachment 4.19-B MO-25-0021 which was submitted to CMS on October 15th, 2025 .

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, contact Robert Bromwell at (410)-786-5914 or via email at [robert.bromwell@cms.hhs.gov](mailto:robert.bromwell@cms.hhs.gov).

Sincerely,

Todd McMillion

Director, Division of Reimbursement Review

Center for Medicaid & CHIP Services

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

### Package Header

**Package ID** MO2025MS00040  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** MO-25-0017  
**Initial Submission Date** 9/25/2025  
**Effective Date** N/A

### State Information

**State/Territory Name:** Missouri

**Medicaid Agency Name:** Department of Social Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

### Package Header

**Package ID** MO2025MS00040  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** MO-25-0017  
**Initial Submission Date** 9/25/2025  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** MO-25-0017

| Reviewable Unit                        | Proposed Effective Date | Superseded SPA ID |
|--|-------------------------|-------------------|
| 1945 Health Home Payment Methodologies | 8/1/2025                | MO-21-0033        |

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

### Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | MO2025MS00040 | <b>SPA ID</b>                  | MO-25-0017 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 9/25/2025  |
| <b>Approval Date</b>     | N/A           | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

### Executive Summary

**Summary Description Including Goals and Objectives** This state plan amendment increases the per member per month from \$79.51 to \$98.59 effective August 1, 2025.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

|        | Federal Fiscal Year | Amount   |
|--------|---------------------|----------|
| First  | 2026                | \$244268 |
| Second | 2027                | \$293121 |

#### Federal Statute / Regulation Citation

1945 of the Social Security Act

Section 2703 of the Patient Protection and Affordable Care Act

**Supporting documentation of budget impact is uploaded (optional).**

| Name               | Date Created |
|--------------------|--------------|
| No items available |              |

## Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

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**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

## Package Header

|                                 |  |
|---------------------------------|--|
| <b>Package ID</b> MO2025MS00040 | <b>SPA ID</b> MO-25-0017                 |
| <b>Submission Type</b> Official | <b>Initial Submission Date</b> 9/25/2025 |
| <b>Approval Date</b> N/A        | <b>Effective Date</b> N/A                |
| <b>Superseded SPA ID</b> N/A    |  |

### Name of 1945 Health Home Program

Migrated\_HH.Community Mental Health Center – Health Homes

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

### Upload copies of public notices and other documents used

| Name   | Date Created          |   |
|--|-----------------------|---|
| <a href="#">Public Notice 25-0017 073125</a> | 9/24/2025 9:44 PM EDT |  |

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

## Package Header

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|---------------------------------|--|
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| <b>Approval Date</b> N/A        | <b>Effective Date</b> N/A                |
| <b>Superseded SPA ID</b> N/A    |  |

### Name of 1945 Health Home Program:

Migrated\_HH.Community Mental Health Center – Health Homes

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

### Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

#### Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
- All Urban Indian Organizations

|   |   |
|---|---|
| <b>Date of solicitation/consultation:</b> | <b>Method of solicitation/consultation:</b>             |
| 7/25/2025                                 | Notice sent by email providing a 30 day comment period. |

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Name   | Date Created          |
|--|-----------------------|
| <a href="#">Tribal Notice - Community Mental Health Center Health Home Rate Increase</a> | 9/24/2025 9:48 PM EDT |

#### Indicate the key issues raised (optional)

- Access
- Quality

- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

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**Initial Submission Date** 9/25/2025  
**Effective Date** N/A

## SAMHSA Consultation

### Name of 1945 Health Home Program

Migrated\_HH.Community Mental Health Center – Health Homes

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

| Date of consultation |
|----------------------|
| 2/28/2011            |
| 12/2/2021            |

# 1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

## Package Header

**Package ID** MO2025MS00040  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** MO-21-0033  
 System-Derived

**SPA ID** MO-25-0017  
**Initial Submission Date** 9/25/2025  
**Effective Date** 8/1/2025

## Payment Methodology

The State's Health Home payment methodology will contain the following features

- Fee for Service
  - Individual Rates Per Service
  - Per Member, Per Month Rates
  - Comprehensive Methodology Included in the Plan
  - Incentive Payment Reimbursement
- Fee for Service Rates based on
  - Severity of each individual's chronic conditions
  - Capabilities of the team of health care professionals, designated provider, or health team
  - Other

**Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided** All CMHC Health Home providers will receive the same PMPM rate.

- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

## 1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

### Package Header

|                          |                |                                |            |
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| <b>Submission Type</b>   | Official       | <b>Initial Submission Date</b> | 9/25/2025  |
| <b>Approval Date</b>     | N/A            | <b>Effective Date</b>          | 8/1/2025   |
| <b>Superseded SPA ID</b> | MO-21-0033     |                                |            |
|                          | System-Derived |                                |            |

### Agency Rates

#### Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

## 1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

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|                          | System-Derived |                                |            |

### Rate Development

#### Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates;
2. Please identify the reimbursable unit(s) of service;
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit;
4. Please describe the state's standards and process required for service documentation, and;
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including:
  - the frequency with which the state will review the rates, and
  - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

#### **Comprehensive Description** Rate Basis/Development

Overview of Payment Structure: Missouri has developed the following payment structure for designated CMHC Health Homes. All payments are contingent on the Health Home meeting the requirements set forth in their Health Home applications, as determined by the State of Missouri. Failure to meet such requirements is grounds for revocation of Health Home status and termination of payments.

Clinical Care Management per-member-per-month (PMPM) payment:

Cost Assumptions/Factors Used to Determine Payment:

Missouri will pay CMHC Health Homes the cost of staff primarily responsible for delivery of services not covered by other reimbursement (Health Home Director, Nurse Care Manager(s), Care Coordinator(s), and Specialized Healthcare Consultant(s) whose duties are not otherwise reimbursable by MO HealthNet (MHD). Health Homes receive payments related to Health Home specific training, technical assistance, administration, and data analytics.

- Staff cost is based on a provider survey of all CMHCs statewide and includes fringe, operating, and indirect costs.
- All CMHC Health Home providers will receive the same PMPM rate.
- The PMPM method will be reviewed periodically to determine if the rate is economically efficient and consistent with quality of care.

Clinical Care Management Standards

Managed Care: All Health Home payments, including those for MO HealthNet participants enrolled in managed care plans, will be made directly from MO HealthNet to the Health Home provider. As a result of the additional value managed care plans will receive from MO HealthNet direct paid Health Home services, the managed care plan is not required to provide care coordination or case management services which would duplicate Health Home services reimbursed by CMS. This Health Home delivery design and payment methodology will not result in any duplication of payment between Health Homes and managed care. The managed care plan will be informed of members that are enrolled in Health Home services and a managed care plan contact person will be provided for each Health Home provider, and Health Home staff will provide the name of a contact person to the managed care plan to allow for coordination of care.

- The managed care plan will be required to inform the individual's Health Home or MO HealthNet of any inpatient hospital admission or discharge within 24 hours of the occurrence, as determined through its inpatient admission initial authorization and concurrent review processes
- The CMHC Health Home team will provide Health Home services in collaboration with managed care organization network primary care physicians in the same manner as they will collaborate with any other primary care physician who is serving as the PCP of an individual enrolled in the CMHC Health Home.

Minimum Criteria for Payment:

The criteria required for receiving the PMPM payment is:

- A. The person is identified as meeting CMHC Health Home eligibility criteria on the state-run Health Home patient registry;
- B. The person is enrolled as a Health Home member at the billing Health Home provider and is enrolled in only one Health Home at a time;
- C. The minimum Health Home service required to merit payment of the PMPM is that the person has received Care Management monitoring for treatment gaps or another Health Home service was provided that was documented; and
- D. The Health Home will report that the minimal service required for the PMPM rate payment occurred on a monthly Health Home attestation report.

Except as otherwise noted in the plan, state-developed PMPM rates are the same for both governmental and private providers of Health Home services. The department's PMPM rate is published on the website at: <https://dmh.mo.gov/media/pdf/cmhc-hch-pmpm-rate-chart> and is effective for services provided on or after August 1, 2025.

# 1945 Health Home Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MO2025MS00040 | MO-25-0017 | Migrated\_HH.Community Mental Health Center – Health Homes

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| <b>Superseded SPA ID</b> | MO-21-0033     |                                |            |
|                          | System-Derived |                                |            |


## Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Home services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

**Describe below how non-duplication of payment will be achieved** Health Home service payments will not result in any duplication of payment or services between Medicaid programs, services, or benefits (i.e. managed care, other delivery systems including waivers, any future Health Home state plan benefits, and other state plan services). In addition to offering guidance to providers regarding this restriction, the State may periodically examine recipient files to ensure that Health Home participants are not receiving similar services through other Medicaid-funded programs.

- The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).
- The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.
- The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

## Optional Supporting Material Upload

| Name   | Date Created           |   |
|--|------------------------|---|
| <a href="#">Funding Questions 25-0017 07.24.2025</a> | 9/25/2025 11:42 AM EDT |  |

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 4/30/2026 10:48 AM EDT*