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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 26-0001

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

March 12, 2026

Joshua Moore, Director
MO HealthNet Division
Missouri Department of Social Services
P O Box 6500
Jefferson City, MO 65102-6500

Re: Missouri State Plan Amendment MO-26-0001

Dear Director Moore:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number MO-26-0001. This State Plan Amendment adds coverage for ground ambulance emergency transportation to Behavioral Health Crisis Centers (BHCC) for individuals experiencing a behavioral health crisis.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.170(a). This letter is to inform you that Missouri Medicaid SPA MO-26-0001 was approved on March 11, 2026, with an effective date of January 1, 2026.

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

Sincerely,

Wendy E. Hill Petras, 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 <u>26 0 — 0 0 1</u>	2. STATE <u>MO</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <u>January 1, 2026</u>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2025</u> \$ <u>0</u> b FFY <u>2026</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>3.1-A 18e (TN:08-09)</u>	

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

5. FEDERAL STATUTE/REGULATION CITATION
~~42 CFR 410.40 CFR 42 440.170 (a)~~ 42 CFR 440.170 (a)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
3.1-A page 18e
3.1-A page 18e-1 (NEW)

9. SUBJECT OF AMENDMENT
The MO HealthNet Division is requesting approval to add coverage for ground ambulance transport to Behavioral Health Crisis Centers (BHCC) for participants with a confirmed or suspected mental health and/or substance use disorder diagnosis who are experiencing a behavioral crisis or are presenting for urgent behavioral needs.

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT *jef* OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME Jessica Ray
13. TITLE DSS Director
14. DATE SUBMITTED 1-27-26

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED January 28, 2026 17. DATE APPROVED March 11, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

State authorized pen and ink change on 3/8/26

State Missouri24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretarya. Transportation

1. Emergency transportation is provided as an optional medical service under MO HealthNet when an emergency medical situation exists, and the patient could not be safely transported by any other means. The participant is transported to the nearest appropriate hospital, emergency room, or Behavioral Health Crisis Center. Emergency ambulance includes both land and air ambulance modes of transportation. Transportation to a scheduled or impromptu non-emergency, by emergency ambulance, such as to or from a physician's or dentist's office, an independent clinic, an independent laboratory, or to a patient's home, is not covered as emergency transportation services.

Air ambulance is defined as any privately or publicly owned conventional air service, rotary wing specially designed, constructed, or modified, maintained, or equipped with the intent to be used for the transportation of patients as defined in Federal Aviation Regulations.

Emergency Air Ambulance services are covered when the patient's condition is such that the time needed to transport by land or the instability of transportation by land poses a threat to the patient's survival or seriously endangers the patient. The most appropriate vehicle/mode of emergency ambulance should be utilized depending on the emergency and route (e.g., fixed wing air ambulance should be used when rotary wing ambulance and/or land ambulance cannot meet the transportation needs due to critical transportation time, distance, weather, or obstacles making travel inaccessible when traveling to the nearest hospital with appropriate facilities).

2. Non-Emergency Medical Transportation (NEMT) services are provided under MO HealthNet as an optional medical service and covered for scheduled medical appointments when transportation is necessary, in the least costly, most appropriate mode of transportation. Participants are not eligible for NEMT if they have access to free transportation, if a service does not require transportation, such as mail order from their pharmacy, or if services are scheduled to be received in their home.

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The modes of transportation the broker may utilize include, but are not limited to:

- A. Public transit or bus tokens.
- B. Gas reimbursement.
- C. Para-lift van.
- D. Taxi.
- E. Ambulance.
- F. Stretcher van.
- G. Multi-passenger van.
- H. Volunteer driver program, if approved by the state agency.
- I. And Ride share (for example: Lyft or Uber).

All transportation, regardless of mode of transport, is prior authorized and arranged by the NEMT broker as described on attachment 3.1-A, pages 9-1 and 9-2.

Individuals eligible as Qualified Medicare Beneficiaries (QMB) only are not eligible for MO HealthNet transportation services nor is NEMT covered to services of a QMB only provider.

State Plan TN# 26-0001

Supersedes TN# NEW

Effective Date January 1, 2026

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