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State/Territory Name: MO

State Plan Amendment (SPA) #: 18-0007

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 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Kansas City Regional Operations Group

March 20, 2019

Steve Corsi, Psy.D., Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, MO 65102-1527

Dear Mr. Corsi:

On September 14, 2018, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) Transmittal #18-0007. The purpose of the SPA is to allow the state to provide alternative therapies for the management of chronic pain for adult participants. The therapies will utilize integration of medical alternative therapy and non-opioid pharmacologic therapy in order to facilitate non-opioid therapy to manage chronic pain.

SPA #18-0007 was approved on March 19, 2019, with an effective date of April 1, 2019, as requested by the state. 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 Laura D'Angelo at (816) 426-5925.

Sincerely, _____

3/20/2019

James G. Scott, Director
Division of Medicaid Field Operations - North

Signed by: James G. Scott -A

cc:

Todd Richardson, Medicaid Director
Glenda Kremer
Marissa Crump
Nanci Nikodym

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

1 8 --- 0007

2. STATE
Missouri

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT
(MEDICAID)

4. PROPOSED EFFECTIVE DATE

~~July 1, 2018~~ **April 1, 2019***

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

13 CFR 70-3.290

7. FEDERAL BUDGET IMPACT: (in thousands)

a. FFY 2018 \$ 0
b. FFY 2019 \$ 2,400

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attach 3.1-A, page 3**
Attach 3.1-A, page 12C*
Attach 3.1-A, page 17aaaaaaa*
Attach 4.19-B, page 4e*
Attach 4.19-B, page 4f*

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
OR ATTACHMENT (If Applicable):

~~Attach 3.1-A, page 17~~ **Attach 3.1-A, page 3****
~~Attach 3.1-A, page 17-1~~ **Attach 3.1-A, page 12C***
~~Attach 3.1-A, page 17-2~~ **Attach 3.1-A, page 17aaaaaaa***
~~Page 4-e~~

10. SUBJECT OF AMENDMENT: Alternatives to Chronic Pain Management

11. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Signature]

16: RETURN TO:

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

13. TYPE NAME: Steve Corsi, Psy.D.

14. TITLE: Director

15. DATE SUBMITTED:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 14, 2018

18. DATE APPROVED: March 19, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

James G. Scott

22. TITLE: Director

for Medicaid Field Operations - North

23. REMARKS:

* Per Pen-and-ink change request from the state; email dated February 28, 2019.

** Per Pen-and-ink change request from the state; email dated March 11, 2019.

State/Territory: Missouri

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- b. Optometrists' services.
 - Provided: No limitations With limitations*
 - Not provided.

- c. Chiropractors' services.
 - Provided No limitations With limitations*
 - Not provided.

- d. Other practitioners' services.
 - Provided: Identified on attached sheet with description of limitations, if any.
 - Not provided.

- 7. Home health services.
 - a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 - Provided: No limitations With limitations*

 - b. Home health aide services provided by a home health agency.
 - Provided: No limitations With limitations*

 - c. Medical supplies, equipment, and appliances suitable for use in the home.
 - Provided: No limitations With limitations*

*Description provided on attachment.

State Plan TN# 18-0007
Supersedes TN# 93-19

Effective Date April 1, 2019
Approval Date March 19, 2019

6.d. Other practitioners' services continued

Licensed Psychologist and School Psychologist

Licensed psychologists are able to furnish services within the scope of their practice as defined by State Law. School Psychologists are able to furnish services within the scope of their practice as defined by State Law.

Anesthesiologist Assistant

Anesthesiologist Assistant practitioners are supervised by a licensed Anesthesiologist. The licensed supervising practitioner is available for consultations and referrals of patients who need a higher level of care. The licensed supervising practitioner is practicing within their scope of practice as defined by State law, and assumes professional liability for the medical acts of the unlicensed practitioner.

Acupuncturists

Acupuncturists are to be licensed within the state of Missouri and are covered for services within their scope of practice under state law.

6.d.(b) Other practitioners' services

Chiropractors

Chiropractors' services include only services that are provided by a chiropractor who is licensed by the State and meets standards issued by the Secretary under § 405.232(b). Chiropractor services consist of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform.

7. Home Health Services

Home health services are provided in accordance with 42 CFR 440.70 and include nursing services; home health aide services; physical therapy, occupational therapy, and speech therapy services; and medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place. MO HealthNet will pay for home health care ordered by a physician as part of a written Plan of Care certifying the need for home health services that the physician reviews every 60 days. A face-to-face encounter, in accordance with 42 CFR 440.70(f) is required.

13.d. Rehabilitative Services (continued)

Complementary Medicine and Alternatives to Chronic Pain Management Services

1. Definition and Description of Services:

Therapy Benefit – 42 CFR 440.110

Physical therapy means services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided to a beneficiary by or under the direction of a qualified physical therapist. A qualified physical therapist must meet personnel qualifications for a physical therapist at 42 C.F.R. 484.4. Treatment of chronic pain may include, but is not limited to, participant education and counseling, manual techniques, therapeutic exercises, electrotherapy, and massage. Therapy services are available to participants twenty-one (21) years of age or older. Number of visits and/or units will be determined after complete assessment by prescribing provider and will follow predetermined MO HealthNet criteria.

2. Prior Authorization/Referrals/Annual Limits:

Complementary Medicine and Alternatives for Chronic Pain services require a physician or other licensed practitioner's referral to be eligible to receive services. Annual service limits are for Physical Therapy, Chiropractic, and Acupuncture for either services combined or a single service per rolling calendar year. Annual limits are not to exceed thirty (30) hours and/or one-hundred-twenty (120) units. Additional hours/units may be requested as needed for clinical review with medical necessity.

State Missouri13.d. Rehabilitative ServicesComplementary Medicine and Alternatives to Chronic Pain Management

The state agency shall provide reimbursement for enrolled providers providing complementary and alternative treatments for chronic pain who are currently in a pending, preliminary, or full recognition status with the Centers for Disease Control and Prevention (CDC), and in good standing with the state as defined in 13 CSR 70-3.290. Complementary Medicine and Alternative Pain Management for adults is a structured program developed to decrease use and misuse of opioid medications along with providing alternative treatments for chronic pain.

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

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Complementary Medicine and Alternatives to Chronic Pain Management. The agency's fee schedule rate was set as of April 1, 2019 and is effective for services provided on or after that date. All rates are published at <http://www.dss.mo.gov/mhd/providers/index.htm>.

State Missouri6.d. Other Licensed PractitionerAcupuncturists

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

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of acupuncture services. The agency's fee schedule rate was set as of April 1, 2019 and is effective for services provided on or after that date. All rates are published at

<http://www.dss.mo.gov/mhd/providers/index.htm>.

6.d.(b) Other Licensed PractitionerChiropractors

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

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

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of chiropractic services. The agency's fee schedule rate was set as of April 1, 2019 and is effective for services provided on or after that date. All rates are published at

<http://www.dss.mo.gov/mhd/providers/index.htm>.