

Table of Contents

State/Territory Name: MO

State Plan Amendment (SPA) #: 19-0002

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

April 11, 2019

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

Dear Dr. Corsi:

On February 22, 2019, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #19-0002. This SPA adds language allowing the department to cover services by Licensed Professional Counselors and Licensed Marital and Family Therapists in a Federally Qualified Health Center and a Rural Health Center.

SPA #19-0002 was approved April 10, 2019, with an effective date of January 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 Karen Hatcher or Deborah Read at (816) 426-5925.

Sincerely,

4/11/2019


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

Signed by: James G. Scott -S

Enclosure

cc: Todd Richardson, Medicaid Director
Amanda Clutter
Marissa Crump

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 19-0002	2. STATE Missouri
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		4. PROPOSED EFFECTIVE DATE January 1, 2019	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 440		7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$ 0 \$222,121.20 * b. FFY 2020 \$ 0 \$222,121.20 *	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 10b Attachment 3.1-A Page 10bb-new page		9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 10b	
10. SUBJECT OF AMENDMENT: Adds language to allow the department to cover services by Licensed Professional Counselors and Licensed Marital and Family Therapists in a Federally Qualified Health Center and a Rural Health Clinic.			
11. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 35%;"> <input type="checkbox"/> OTHER, AS SPECIFIED: </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		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: February 22, 2019		18. DATE APPROVED: April 10, 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Medicaid Field Operations - North	
23. REMARKS:			

* Pen and Ink change per state response dated 3.26.19 and 3.28.19

State Missouri

Coverage of services related to the performance of certain specified elective surgical procedures is allowed when medically necessary. Elective surgical operations shall be defined as those in which the patient's life will not be threatened and the patient's health will not be permanently impaired by any delay in performing the surgery. Coverage is provided for a documented second or third opinion, at the participant's choice, when the primary recommendation for the surgery fails to confirm the need for surgery.

Bone marrow, heart, kidney, liver and certain restricted multiple organ transplants and related transplantation services are covered when prior authorized. Cornea transplants are covered without a requirement of prior authorization.

PHYSICIAN ATTESTATION POLICY FOR HOSPITALS

MO HealthNet's requirements are the same as Medicare Program requirements for physician attestation statements.

2.a. Outpatient Hospital Services

Coverage of services related to the performance of certain specified elective surgical procedures is allowed when medically necessary. Elective surgical operations shall be defined as those in which the patient's life will not be threatened and the patient's health will not be permanently impaired by any delay in performing the surgery. Coverage is provided for a documented second or third opinion, at the participant's choice, to confirm the need for surgery.

Payment is made to a hospital for physician's services only if the physician is hospital based and has signed a Medicaid participation agreement.

2.b. Rural Health Clinic Services

Payment will be made for services provided in a rural health clinic only when that clinic has been certified for participation in the Title XVIII Medicare Program by the Bureau of Hospital Licensing and Certification of the Missouri Department of Health and Senior Services or by comparable agencies in other states. RHC services include ambulatory services included in the State Plan under Title XIX of the Social Security Act and include, but are not limited to, services provided by physicians, physician assistants, nurse practitioners, nurse midwives, clinical psychologists, clinical social workers, licensed professional counselors, licensed marital and family therapists and nurses.

2.c. Federally Qualified Health Center (FQHC) Services

FQHC services include ambulatory services included in the State Plan under Title XIX of the Social Security Act and include, but are not limited to, services provided by physicians, physician assistants, nurse practitioners, nurse midwives, clinical psychologists, clinical social workers, licensed professional counselors, licensed marital and family therapists and nurses.

(1) **Provider Participation.** To be eligible for participation in the Missouri FQHC program, a provider must submit proof satisfactory to the MO HealthNet Division that it meets the following conditions:

State Missouri

(A) The health center receives a grant under section 329, 330 or 340 of the Public Health Services Act or the Secretary of Health and Human Services (HHS) has determined the health center qualifies by meeting other requirements. If a FQHC identified in the grant has multiple sites, the

State Plan TN# 19-0002
Supersedes TN# New material

Effective Date January 1, 2019
Approval Date April 10, 2019