

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 0 -- 0 2</u>	2. STATE: Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2010	

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: 1902(a)(10)(D)	7. FEDERAL BUDGET IMPACT: a. FFY <u>2011</u> \$ <u>365</u> b. FFY <u>2012</u> \$ <u>365</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages 13, 14	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, pages 13, 14
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10. SUBJECT OF AMENDMENT:

This amendment will eliminate the "confined to the home" requirement of the MO HealthNet home health program as required by the Centers for Medicare and Medicaid Services February 26, 2010 letter in order to maintain federal financial participation.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT 
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPE NAME: Ronald J. Levy	
14. TITLE: Director	
15. DATE SUBMITTED: April 12, 2010	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: April 12, 2010	18. DATE APPROVED: June 3, 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations
23. REMARKS:	

State Missouri

Home health services are only covered for a Medicaid recipient if provided in the recipient's home. Home health visits will be limited to the number of visits on a Plan of Care. The number of home health visits (skilled nurse and aide) during one year may not exceed 100, except skilled nurse visits as approved by the MO HealthNet Division or their designee. These services are restricted to performance by a registered or licensed practical nurse, home health aide, physical therapist, occupational therapist, or speech therapist, in the employ of or under contract to a home health agency licensed by the State of Missouri. To be eligible for home health services, a recipient must require the services of a skilled nurse or therapist, as defined in paragraphs 7.a and d below. The services which are required must be reasonable and necessary for the treatment of an illness or injury and must require performance by the appropriate licensed or qualified professional to achieve the medically desired result.

7.a. Intermittent or part-time nursing service

Intermittent skilled nursing care by a registered or licensed practical nurse which is reasonable and necessary for the treatment of an injury or illness is covered when delivered in accordance with the plan of treatment. Purely preventive care is not covered.

7.b. Home-health aide services

Home health aide services must be specified on the plan of care and needed concurrently with covered skilled nursing or physical, occupational, or speech therapy services. The services of the aide must be reasonable and necessary to maintain the recipient at home and there must be no other person who could and would perform the service.

7.c. Medical supplies, equipment, and appliances

Medically necessary supplies which are not routinely furnished in conjunction with patient care visits and which are direct, identifiable services to an individual patient are reimbursable to the agency. Examples include: Ostomy sets and supplies, irrigation sets and supplies, tapes, catheters and supplies.

Needed items of medical equipment prescribed by a physician are available to all recipients including recipients of home health, through the Durable Medical Equipment program.

State Plan TN# 10-02
Supersedes TN# 00-09

Effective Date October 1, 2010
Approval Date JUN 03 2010

State Missouri

7.d. Physical therapy, occupational therapy, and speech therapy:

Skilled therapy services as defined under 42 CFR 440.70(b)(4) will be considered reasonable and necessary for treatment under the home health program if the following conditions are met.

(A) The Services:

1. Must be consistent with the nature and severity of the illness, and the recipient's particular medical needs, and;
2. Must be considered, under accepted standards of medical practice, to be specific and effective treatment for the patient's condition, and;
3. Must be provided with the expectation, based on the assessment by the attending physician of the recipient's rehabilitation potential, that the recipient's condition will improve materially in a reasonable and generally predictable period of time, and;
4. Are necessary for the establishment of a safe and effective maintenance program, or for teaching and training a caregiver.

(B) Therapy services may be delivered for one certification period (up to 62 days), if services are initiated within 60 days of onset of the condition or within 60 days from date of discharge from the hospital, if the recipient was hospitalized for the condition. Prior authorization to continue therapy services beyond the initial certification period may be requested by the home health provider. Prior authorization requests will be reviewed by MO HealthNet Division, and approval or denial of the continuation of services will be based on the services' continued adherence to the criteria used in the original determination.

9. Clinic services

Clinic services are payable to a clinic only if

- (1) The clinic has signed a participation agreement and has been set up as a participating provider under one of the following provider types: Independent Clinic, Public Health Department Clinic, Planned Parenthood Clinic, Professional Clinic Optometry, Community Mental Health Center, Adult Day Health Care Center.

State Plan TN# 10-02
Supersedes TN# 93-41

Effective Date October 1, 2010
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