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**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 15-0003**

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 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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May 6, 2016

Brian Kinkade, Director  
Missouri Department of Social Services  
Broadway State Office Building  
P.O. Box 1527  
Jefferson City, MO 65102-1527

Dear Mr. Kinkade:

On August 13, 2015, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #15-0003, which proposed to amend the provisions governing Early and Periodic Screening, Diagnosis, and Treatment Services to include Applied Behavior Analysis (ABA) Services for individuals under age 21 with Autism Spectrum Disorder. On November 9, 2015, the Regional Office (RO) sent a request for additional information (RAI). The state responded to the RAI on February 5, 2016.

This SPA was approved on May 5, 2016, with an effective date of January 15, 2016, as requested by the State. Enclosed is a copy of the CMS 179 form, as well as, the approved pages for incorporation into the Missouri State plan.

I appreciate the significant amount of work that your staff dedicated to getting this SPA approved and the cooperative way in which we achieved this much-desired outcome. If you have any questions concerning this SPA, please contact me at (816)426-5925 or have your staff contact Kevin Slaven at (816) 426-5925.

Sincerely,

James G. Scott  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

Enclosure

cc:  
Joseph Parks, M.D., Director  
Debbie Meller

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 5 -- 003</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 <u>10/15/2015</u> <u>1/15/2016</u> *	

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: <u>42 CFR 441, Subpart B</u>	7. FEDERAL BUDGET IMPACT: a. FFY <u>16</u> <u>\$7,494,131</u> b. FFY <u>17</u> <u>\$9,448,443</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 3.1-A, Pages 10o, 10p, &amp; 10q *</u> <u>Attachment 3.1-A, Pages 10gj &amp; 10 gk</u> <u>Attachment 4.19-B, Pages 2b &amp; 2c *</u>	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 3.1-A, Page gj * Attachment 4.19B,</u> <u>Attachment 3.1-A, Page 10o Pages 2b and 2c *</u>

10. SUBJECT OF AMENDMENT: The SPA proposes to amend the provisions governing Early and Periodic Screening, Diagnosis, and Treatment Services covered under the Medicaid State Plan to include Applied Behavior Analysis (ABA) Services for individual under age 21 with Autism Spectrum Disorder.

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:  <i>(Signature)</i>	16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPE NAME: <u>Brian Kinkade</u>	
14. TITLE: <u>Director</u>	
15. DATE SUBMITTED: <u>August 13, 2015</u>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <u>August 13, 2015</u>	18. DATE APPROVED: <u>May 5, 2016</u>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>January 15, 2016</u>	20. SIGNATURE OF REGIONAL OFFICIAL:  <i>(Signature)</i>
21. TYPED NAME: <u>James G. Scott</u>	22. TITLE: <u>Associate Regional Administrator</u> <u>for Medicaid and Children's Health Operations</u>

23. REMARKS:

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State: Missouri

3.1-A  
Rev. 01/16  
Page 10gjb. Early and Periodic Screening, Diagnosis, and Treatment Services (cont)Certified Diabetes Educator, Registered Dietician, Registered Pharmacist Diabetic Education Services

Two subsequent visits will be reimbursed each 12 months when prescribed by a physician or a health care professional with prescribing authority. Documentation of medically appropriate diabetes self-management education services will include:

- Any significant change in the patient's symptoms, condition or treatment; or
- Need for re-education or refresher training.

The RD will provide medical nutrition therapy and diet education.

The RPH will provide comprehensive instruction in the pathophysiology of diabetes and the acute and long-term complications of diabetes. The RPH will also teach current approaches to the medical management of diabetes with special emphasis on nutritional interventions and pharmacologic therapies.

Licensed Behavior Analyst

- (1) MO HealthNet shall provide coverage for, and payment to, licensed behavior analysts and licensed psychologists for services provided within their scope of practice. Licensed behavior analysts and licensed psychologists shall be reimbursed for MO HealthNet covered therapy services that are medically necessary, prior authorized by MO HealthNet or its designee, and delivered in accordance with the participant's treatment plan.

Licensed behavior analysts shall provide supervision to licensed assistant behavior analysts. Licensed behavior analysts or licensed psychologists shall provide supervision to registered behavior technicians. Supervision is included in the State's Scope of Practice Act for licensed behavior analysts and licensed psychologists, and they shall assume professional responsibility for the services rendered by an unlicensed practitioner.

(2) Provider Qualifications(A) Licensed Behavior Analysts shall:

1. be licensed by the Missouri Behavior Analyst Advisory Board;
2. be covered by professional liability insurance in the amount designated by the state;
3. have no sanctions or disciplinary actions by the state licensing board or the Behavior Analyst Certification Board (BACB);
4. have no Medicaid or Medicare sanctions or exclusions from participation in federally funded programs; and
5. be currently enrolled with MO HealthNet as a provider.

State Plan TN No. 15-03  
Supersedes TN No. 05-09

Effective Date: January 15, 2016  
Approval Date: May 5, 2016

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(B) Licensed Psychologists shall:

1. be licensed by the Missouri State Committee of Psychologists;
2. be covered by professional liability insurance in the amount designated by the state;
3. have no sanctions or disciplinary actions by the state licensing board;
4. have no Medicaid or Medicare sanctions or exclusions from participation in federally funded programs; and
5. be currently enrolled with MO HealthNet as a provider.

(C) Licensed Assistant Behavior Analysts shall:

1. be licensed by the Missouri Behavior Analyst Advisory Board;
2. be covered by professional liability insurance in the amount designated by the state;
3. work under the supervision of a Licensed Behavior Analyst, with the supervisory relationship documented in writing;
4. have no sanctions or disciplinary actions by the state licensing board or the BACB;
5. have no Medicaid or Medicare sanctions or exclusions from participation in federally funded programs; and
6. be currently enrolled with MO HealthNet as a provider.

(D) Registered Behavior Technicians (RBT™) shall:

1. be credentialed by the BACB as an RBT™. Eligibility requirements for the RBT™ credential, which may be updated periodically by the BACB, currently include, but are not limited to, possession of high school diploma or national equivalent, successful completion of criminal background registry check, completion of a 40-hour training program conducted by a BACB certificant, and passing the RBT™ Competency Assessment administered by a BACB certificant.
2. work under the supervision of a licensed behavior analyst, licensed psychologist (if officially granted supervisory privileges by the BACB), or licensed assistant behavior analyst to the extent allowed for holders of the latter credential and at the discretion of the supervising licensed behavior analyst.
3. the supervisory relationship shall be documented in writing; and
4. have no Medicaid or Medicare sanctions, or exclusions from participation in federally funded programs.



State: Missouri

The state agency will reimburse providers of Lab and X-Ray Services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient-patients who also have Medicare Part B eligibility.

#### FAMILY PLANNING

The state agency will pay for medical services which are identified as qualified Family Planning services. The payment will be in accordance with the standards and methods herein described as apply to the provider type represented

#### EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (E.P.S.D.T.)

Reimbursement for EPSDT services provided in accordance with the provisions of section 6403 of P.L. 101-239 and federal regulations as promulgated thereunder shall be made on the basis of reasonable allowance fee schedules or per-diem rates, if applicable, as determined by the Division of Medical Services, and in accordance with the standards and methods herein described as applicable to the service and provider type represented. The state payment for each service will be made on the lower of :

- (1) The provider's actual charge for the service, or;
- (2) The maximum allowable fee or rate as determined by the Division of Medical Services.
- (3) Reimbursement Methodology for Licensed Behavior Analysts and Licensed Psychologists:
  - (A) MO HealthNet shall provide reimbursement to enrolled Licensed Behavior Analysts (LBAs) and Licensed Psychologists (LPs), who are currently licensed and in good standing with the state, for services provided within their scope of practice. Payment for services rendered by Licensed Assistant Behavior Analysts (LABAs) shall be made to the LBA supervising and employing these personnel. Payment for services rendered by technicians shall be made to the LBA or LP supervising and employing these personnel. If the LBA or LP operates through an agency or corporate entity, payment may be made to that agency or entity. Reimbursement for services shall not be made to or for services rendered by a parent, a legal guardian, or other legally responsible person.
  - (B) 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. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable amount per unit of service. Reimbursement shall only be made for services authorized by MO HealthNet or its designee.
  - (C) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of ABA services. The agency's fee schedule is published on the website at <http://www.dss.mo.gov/mhd/providers/index.htm> and are effective for services provided on and after the effective date of this state plan amendment.

State Plan TN# 15-03  
Supersedes TN# 06-09

Effective Date January 15, 2016  
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NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

1. Transportation is paid to scheduled appointments to providers of medically necessary services.
  - a. Services through interagency agreements with other state agencies/departments that provide non-emergency medical transportation (NEMT) to individuals, including Medicaid eligible individuals are carved out of the broker contract and reimbursed on a fee-for-service basis.
  - b. Services through cooperative agreements with public entities that currently provide NEMT services to individuals, including Medicaid eligible recipients are carved out of the broker contract and reimbursed on a fee-for-service basis.
  
2. Services shall be reimbursed based on reasonable allowance fee schedules or per diem rates, if applicable, as determined by the Division of Medical Services, and in accordance with the standards and methods herein described as applicable to the service and provider type represented. The state payment for each service will be made on the lower of:
  - a. The provider's actual charge for the service, or;
  - b. The maximum allowable fee or rate as determined by the Division of Medical Services