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State/Territory Name: MO

State Plan Amendment (SPA) #: 16-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page(s)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

October 11, 2016

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

Dear Mr. Kinkade:

On May 13, 2016, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #16-009. This SPA proposes to amend the provisions governing clinic services to clarify which providers are allowed to provide Community Mental Health Center (CMHC) services.

SPA #16-0009 was approved October 5, 2016, with an effective date of April 1, 2016, 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 Deborah Read or Karen Hatcher at (816) 426-5925.

Sincerely,

10/11/2016

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

Signed by: James G. Scott -A

Enclosure

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

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

1. TRANSMITTAL NUMBER:

1 6 ... 0 9

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

04/01/2016

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:

42 CFR 440.90

7. FEDERAL BUDGET IMPACT:

a. FFY 16 \$395,490

b. FFY 17 \$789,211.72

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 14a

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

Attachment 3.1-A, Page 14a

10. SUBJECT OF AMENDMENT: The SPA proposes to amend the provisions governing clinic services to clarify which providers are allowed to provide Community Mental Health Center (CMHC) services.

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: Brian Kinkade

14. TITLE: Director

15. DATE SUBMITTED:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 13, 2016

18. DATE APPROVED: October 5, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2016

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

- (2) The physician or optometrist actually performing, or exercising a direct personal supervision of the performance of the service, unless exempted by the Medicare Primary Care Exception as defined in 42 CFR 415.174, is participating in the Physician or Optical Care Program and is identified on each line item of service representing a professional service for which they are responsible by their provider identification number. This applies to all clinic provider types.

Clinic services are payable in accordance with all guidelines, restrictions, and limitation of Physicians' Services for all the clinic provider types except Professional Clinic Optometry which is the same as Optometrists Services and those Independent Clinics having an Ambulatory Surgical Care Type of Service designation. Ambulatory Surgical Care covered services are those specifically listed surgical procedures and related ancillaries which are provided in accordance with A.S.C. guidelines. Obstetrical delivery services are not included. Prior Authorization is required for the surgical procedures of Blepharoplasty and Excision of Keloids when performed in an Ambulatory Surgical Care Clinic.

The global prenatal benefit covers all prenatal visits, routine urinalysis testing and pregnancy related conditions during the participant's pregnancy period. Coverage of this benefit requires a minimum of four prenatal visits be provided and will be limited to one global service per pregnancy.

Coverage for clinical 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.

Bone marrow, heart, kidney, liver, lung and certain restricted multiple organ transplants and related transplantation services are covered when prior authorized. Corneal transplants are covered without a requirement of prior authorization. The clinic may bill for the professional service of the transplant surgery itself (as performed by a physician employed by the clinic).

Community Mental Health Center (CMHC) 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, psychologists, and clinical social workers.

State Plan TN# MO 16-09
Supersedes TN# 12-17

Effective Date April 1, 2016
Approval Date October 5, 2016