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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 20-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid & CHIP Operations Group

August 26, 2020

Jennifer Tidball
Acting Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102

Re: Missouri State Plan Amendment (SPA) 20-0014

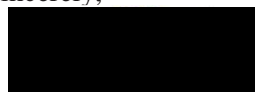
Dear Ms. Tidball:

On June 17, 2020, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan (SPA) No. 20-00014. This SPA was submitted to allow a plan of care to be approved by a nurse practitioner, physician assistant or assistant physician and allows PDN services to be provided by a family member, parent, legally responsible individual or legal guardian.

We are pleased to inform you that SPA 20-0014 was approved on August 25, 2020, with an effective date of April 1, 2020, 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 matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,



Digitally signed by James G.
Scott -S
Date: 2020.08.26 17:34:53 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Todd Richardson, SMD, MHD
Glenda Kremer, MHD
Megan Buck, Program Branch Manager

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 0 - 0 0 14	2. STATE Missouri
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2020	
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)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1905(r) of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY 20 \$ 350,027.38 b. FFY 21 \$ 701,248.75	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 10e		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 10e	
10. SUBJECT OF AMENDMENT This SPA allows PDN services to also be provided by a graduate LPN or a graduate RN, allows for the plan of care to also be approved by a nurse practitioner, physician assistant or assistant physician, and allows PDN services to be provided by a family member, parent, legally responsible individual or legal guardian.			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <i>SLV</i> <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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. TYPED NAME Johnifer R. Tidball			
14. TITLE Acting Director			
15. DATE SUBMITTED 8-17-2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 6/17/2020		18. DATE APPROVED 8/25/2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 4/1/2020		20. SIGNATURE OF REGIONAL OFFICIAL Digitally signed by James G. Scott -S Date: 2020.08.26 17:38:51 -05'00'	
21. TYPED NAME James G. Scott		22. TITLE Director, Division of Program Operations	
23. REMARKS			

State Missourib. Early and Periodic, Screening, Diagnosis, and Treatment Services (cont.)

OPTICAL PROGRAM:

A medically necessary item or service that is normally non-covered by Medicaid that is identified as a result of a physician or optometrist through an EPSDT screening service may be covered for persons under the age of 21 years on a prior authorization basis. Items or services that have been prior approved under the HCY Optical Program are such items as replacement eyeglasses within two years and medically necessary contact lenses.

AMBULANCE PROGRAM:

Medically necessary ambulance services for recipients under the age of 21 years are covered as an EPSDT service.

HOSPITAL PROGRAM:

- Outpatient Hospital – Medically necessary occupational therapy, speech/language therapy services, and other services provided in an outpatient hospital facility that are beyond state plan covered services are covered through the EPSDT option. Prior authorization restrictions for the purpose of determining medical necessity may apply to some services.
- Inpatient Hospital – Medically necessary inpatient days beyond the Medicaid allowed number of days are covered through EPSDT option if prior authorized.

HOME HEALTH:

Intermittent skilled nurse visits, physical therapy, occupational therapy, and speech therapy, and disposable medical supplies are available to children in their homes when there is an established medical need for such services, and the services are not available in another setting or the needs of the child may be more appropriately met in the home. Services are delivered in accordance with a plan of care approved by a physician, and are provided by Medicaid enrolled and Medicare-certified home health agencies.

PRIVATE DUTY NURSING:

The provision of individual and continuous care (in contrast to part-time or intermittent care) by registered nurses (RN) or licensed practical nurses (LPN) in shifts of 4 to 24 hours per day is covered for children with complicated medical needs, whose care can be safely provided in the home setting. Services are delivered under the direction of the participant's physician. Services are provided by qualified agencies enrolled as Medicaid providers of private duty nursing for children.

PERSONAL CARE:

Personal care services, which are assistance with activities of daily living, are covered for children with disabilities who are unable to perform age appropriate functions such as personal hygiene, ambulation, toileting and eating. Services are provided by Medicaid enrolled personal care agencies, and follow a plan of care approved by a physician. Personal care services are distinguished from other home care services such as home health or private duty nursing in that children with chronic and stable conditions may be eligible for personal care, whereas children who are medically fragile and/or require active treatment where skilled nursing or skilled rehabilitative intervention is required will be eligible for services under the home health or private duty programs.