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STATE/TERRIORITY NAME: Missouri

## STATE PLAN AMENDMENT (SPA)#: 21-0042

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 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



January 18, 2022

Robert Knodell 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) 21-0042

Dear Mr. Knodell:

On December 22, 2021, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan (SPA) No. 21-0042. This SPA was submitted to include new Federal requirements that transportation providers and drivers must meet in order to provide Non-emergency Medical Transportation (NEMT) services under the Medicaid program.

We are pleased to inform you that SPA 21-0042 was approved on January 18, 2022, with an effective date of December 27, 2021, 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 <u>Deborah.read@cms.hhs.gov</u>.

Sincerely,
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Digitally signed by Ruth Hughes -S Date: 2022.01.18 16:38:51 -06'00'

Ruth A. Hughes, Acting Director Division of Program Operations

Enclosures

cc: Todd Richardson, SMD, MHD Nanci Nikodym, MHD Sophia Hinojosa, Program Branch Manager

CENTERS FOR MEDICARE & MEDICAID SERVICES	ONB No. 0938-0913
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE   2 1 0 0 4 2 M 0   3. PROGRAM IDENTIFICATION: TITLEOF THE SOCIAL SECURITY ACT Title XIX Medicaid 0F THE SOCIAL 0F THE SOCIAL   4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	December 27, 2021
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 431.153 42 CFR 440.170	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2021 S 6 b FFY 2022 S 6
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 1b	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
The amendment is a change to include new federal requirements that transportation providers and drive 10. GOVERNOR'S REVIEW (Check One) Second Second Seco	ers must meet in order to provide Non-Emergency Transportation (NEMT) services.
11_SIGNATURE OF STATE ACENCY OFFICIAL 1: 12. TYPED NAME Robert Knodell	5. RETURN TO
13. TITLE	
14. DATE SUBMITTED	
FOR ONS DS	7. DATE APPROVED 01/18/2022
PLAN APPROVED - ONE 18. EFFECTIVE DATE OF APPROVED MATERIAL	
12/27/2021	ate: 2022.01.18 16:41:05 -06'00'
	1. TITLE OF APPROVING OFFICIAL
	Acting Director, Division of Program Operations
22. REMARKS	

ATTACHMENT 3.1-A Page 1b

The state assures that all minimum requirements outlined in Section 1902(a)(87) of the Act are met. Those requirements include the following:

- a. Each provider and individual driver is not excluded from participation in any federal health care program (as defined in Section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- b. Each such individual driver has a valid driver's license;
- c. Each such provider has in place a process to address any violation of a state drug law; and
- d. Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

TN No.: <u>MO 21-0042</u> Supersedes TN No.: <u>new material</u> Effective Date <u>December 27, 2021</u> Approval Date <u>January 18, 2022</u>