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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 24-0013

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

July 22, 2024

Todd Richardson, Director
MO HealthNet Division
Missouri Department of Social Services
P O Box 6500
Jefferson City, MO 65102-6500

RE: Missouri State Plan Amendment (SPA) 24-0013


Dear Director Richardson:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Missouri's State Plan Amendment (SPA) Transmittal #24-0013, submitted on June 27, 2024. This SPA changes the MO HealthNet Dental Program to allow eligible MO HealthNet participants aged 21 and older to receive periodic oral evaluations. The SPA also allows MO HealthNet-enrolled dental providers to provide and receive reimbursement for the evaluations rendered.

CMS approved SPA #24-0013 on July 22, 2024, with an effective date of July 1, 2024. 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 Mandy Strom at Mandy.Strom@cms.hhs.gov or (303) 844-7068.

Sincerely,


James G. Scott, Director
Division of Program Operations

Enclosures

cc: Marissa Crump, Missouri Medicaid
Glenda Kremer, Missouri Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 3</u>	2. STATE <u>MO</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>July 1, 2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>1905(a)(10) of the SSA</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>109,940</u> b. FFY <u>2025</u> \$ <u>434,703</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1A Page 15 and 3.1A Page 15-1</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1A page 15 and 3.1A page 15-1</u>	

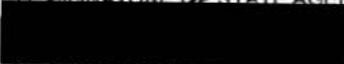
9. SUBJECT OF AMENDMENT
This State Plan Amendment is regarding a change to MO HealthNet's Dental Program, allowing periodic oral evaluations for MO HealthNet participants age 21 and older. The State Plan Amendment will also allow MO HealthNet-enrolled dental providers to provide and receive reimbursement for periodic oral evaluations rendered.

10. GOVERNOR'S REVIEW (Check One) SLV

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO <u>MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102</u>
12. TYPED NAME <u>Robert J. Knodell</u>	
13. TITLE <u>Director</u>	
14. DATE SUBMITTED <u>06-26-2024</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>June 27, 2024</u>	17. DATE APPROVED <u>July 22, 2024</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2024</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

State: Missouri
10. Dental Services

A. Dental services:

1. The following services are covered for adults age 21 and over:

Oral evaluations, diagnostic imaging, prophylaxis, restorations, periodontal services, extractions, adjunctive general services, treatment of complications, oral surgery, anesthesia

B. The following limitations apply to adults age 21 and over. Limits may be exceeded based on medical necessity.

1. Comprehensive oral evaluation – one (1) per participant per provider every two (2) years
2. Limited oral evaluation – one (1) every two (2) years
3. Periodic oral evaluation – two (2) per calendar year
4. Intraoral periapical films - four (4) films per day
5. Panoramic films – one (1) film every two (2) years
6. Prophylaxis – one (1) time every six (6) months
7. Bitewings - one (1) set every six (6) months
8. Scaling and root planning - one (1) time per quadrant within a two (2)-year period
9. Intravenous conscious sedation – three (3) units per day

11.a.,b.,c. Physical Therapy and Related Services

Physical therapy, occupational therapy, and speech, language or hearing pathology or disorders are not provided and reimbursed as separate, independent practitioner services.