

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 9 -- 000 7</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  July 1, 2019	

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 431 Subpart M, 42 CFR 447 Subpart A, B, and F	7. FEDERAL BUDGET IMPACT: a. FFY <u>FFY 19</u> \$ <u>59.8 million</u> b. FFY <u>FFY 20</u> \$ <u>240.2 million</u> <i>Note: Impact shown includes total federal dollars for the program since this is a new SPA. The state has been operating this program under the Section 223 demonstration but because it is new to state plan, full impact was shown.</i>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Pages 17aaaaa-4, 17aaaaa-5, 17aaaaa-6, 17aaaaa-7, 17aaaaa-8, 17aaaaa-9, 17aaaaa-10, 17aaaaa-11, 17aaaaa-12, 17aaaaa-13, 17aaaaa-14, 17aaaaa-15, 17aaaaa-16, 17aaaaa-17, 17aaaaa-18, 17aaaaa-19, 17aaaaa-20, 17aaaaa-21, 17aaaaa-22, 17aaaaa-23 Attachment 4.19-B Pages 6bbb and 6bbb	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (if Applicable): New pages

10. SUBJECT OF AMENDMENT:

This State Plan Amendment (SPA) adds Certified Community Behavioral Health Clinic (CCBHC) Services and provides for the rate methodology for CCBHCs.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT *SL*     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: <u>Steve Corri, Psy. D.</u>	
14. TITLE: <u>DSS Director</u>	
15. DATE SUBMITTED: <u>4-4-19</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: April 5, 2019	18. DATE APPROVED: June 17, 2019
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Leticia Barraza	22. TITLE: Acting Director, Division of Medicaid Field Operations - North
23. REMARKS:  * Pen and Ink change per email from state dated 6.11.19.	

13.d. Rehabilitative Services

Certified Community Behavioral Health (CCBH) Services

**Covered Services**

The provision of the following CCBH services may constitute a visit when provided face-to-face to a participant:

1. Assertive Community Treatment
2. Behavioral Assessment
3. Community Support
4. Counseling (Individual, Group & Family)
5. Crisis Intervention
6. Day Treatment
7. Family Conference
8. Group Behavioral Health Counseling
9. Intensive Community Psychiatric Rehabilitation
10. Medication Administration
11. Medication Management
12. Modified Medical Detoxification
13. Peer and Family Support
14. Psychological Testing
15. Psychosocial Rehabilitation
16. Treatment Planning

Settings in which CCBH services are approved for delivery include office, home, school and other unlisted facility. The following matrix provides a description of each service as well as the practitioners qualified to provide each service.

<p>Assertive Community Treatment (ACT)</p>	<p>This service is provided by transdisciplinary teams recognized by the Department of Mental Health as demonstrating fidelity to the evidence-based principles and components of ACT based on the internationally recognized Tool for Measurement of Assertive Community Treatment (TMACT). Team members have a shared caseload, and provide a flexible array of community behavioral health services, <i>in vivo</i>, based on assertive outreach and designed to promote recovery from serious mental illness and/or co-occurring substance use disorders for individuals with the most challenging and persistent problems.</p>	<p>Each ACT team, at a minimum, includes the following practitioners:</p> <ul style="list-style-type: none"> <li>• A licensed Qualified Mental Health Professional (QMHP) team leader</li> <li>• Physician</li> <li>• Nurse</li> <li>• Peer Specialist</li> <li>• Community Support Specialists</li> </ul>
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<p>Assertive Community Treatment (ACT) (continued)</p>	<p><u>Components:</u></p> <ul style="list-style-type: none"> <li>• Behavioral Health Assessment, as described under the service description for “Behavioral Health Assessment”</li> <li>• Crisis Intervention, as described under the service description for “Crisis Intervention”</li> <li>• Counseling (Individual), as described under the service description for “Counseling (Individual, Group &amp; Family)”</li> <li>• Community Support, as described under the service description for “Community Support”</li> <li>• Medication Administration, as described under the service description for “Medication Administration”</li> <li>• Medication Management, as described under the service description for “Medication Management”</li> <li>• Peer Support, as described under the service description for “Peer and Family Support”</li> <li>• Treatment Planning, as described under the service description for “Treatment Planning”</li> </ul>	
<p>Behavioral Health Assessment</p>	<p>This service is a comprehensive evaluation of an individual’s physical, mental, and emotional health, including issues related to substance use, along with their ability to function within a community in order to determine service needs and formulate recommendations for treatment.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> <li>• Risk assessment to determine emergency, urgent, and/or routine need for services</li> <li>• Documentation of presenting problem, brief history, current medications, current medical conditions, and current symptoms</li> <li>• Formulation of a diagnosis by a licensed mental health professional</li> <li>• Development of initial treatment recommendations</li> </ul>	<p>Qualified Mental Health Professional (QMHP) or Qualified Addictions Professional (QAP)</p>

<p>Community Support</p>	<p>A comprehensive service designed to reduce the disability resulting from mental illness, emotional disorders, and/or substance use disorders; restore functional skills of daily living; and build natural supports and solution-oriented interventions intended to achieve the recovery identified in the goals and/or objectives as set forth in the individualized treatment plan. This service may be provided to the participant’s family and significant others when such services are for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery. Most contact occurs in community locations where the person lives, works, attends school, and/or socializes.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> <li>• Developing recovery goals; identifying needs, strengths, skills, resources and supports and teaching how to use them to support recovery; and identifying barriers to recovery and assisting in the development and implementation of plans to overcome them.</li> <li>• When the natural acquisition of skills is negatively impacted by the individual’s mental illness, emotional disorder, and/or substance use disorder, helping individuals restore skills and resources to address symptoms that interfere with the following:</li> </ul>	<p>Community Support Specialist</p>
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<p>Community Support (continued)</p>	<ul style="list-style-type: none"> <li>▪ Seeking or successfully maintaining a job, including but not limited to, communication, personal hygiene and dress, time management, capacity to follow directions, planning transportation, managing symptoms/cravings, learning appropriate work habits, and identifying behaviors that interfere with work performance.</li> <li>▪ Maintaining success in school including, but not limited to, communication with teachers, personal hygiene and dress, age appropriate time management, capacity to follow directions and carry out school assignments, appropriate study habits, and identifying and addressing behaviors that interfere with school performance.</li> <li>▪ Obtaining and maintaining housing in the least restrictive setting including, but not limited to, issues related to nutrition; meal preparation; and personal responsibility.</li> <li>• Supporting and assisting individuals in crises to access needed treatment services to resolve a crisis.</li> <li>• Discharge planning with individuals receiving CCBH services who are hospitalized for medical or behavioral health reasons.</li> <li>• In conjunction with the individual, family, significant others and referral sources, identifying risk factors related to relapse in mental illness and/or substance use disorders, developing strategies to prevent relapse and otherwise assisting the beneficiary in implementing those strategies.</li> </ul>	
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13.d. Rehabilitative Services  
CCBH Services (cont.)

<p>Community Support (continued)</p>	<ul style="list-style-type: none"> <li>• Promoting the development of positive support systems by providing information to family members, as appropriate, regarding the beneficiary’s mental illness, emotional disorders and/or substance use disorders, and ways they can be of support to their family members recovery. Such activities must be directed toward the primary well-being and benefit of individual.</li> <li>• Developing and advising the beneficiary on implementing lifestyle changes needed to cope with the side effects of psychotropic medications, and/or to promote recovery from the disabilities, negative symptoms and/or functional deficits associated with mental illness, emotional disorders, and/or substance use disorders.</li> <li>• Advising the beneficiary on maintaining a healthy lifestyle including but not limited to, assistance in recognizing the physical and physiological signs of stress, creating a self-defined daily routine that includes adequate sleep and rest, walking or exercise, appropriate levels of activity and productivity, and involvement in creative or structured activity that counteracts negative stress responses; and learning to assume personal responsibility and care for minor illnesses, and knowing when professional medical attention is needed.</li> </ul>	
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<p>Counseling (Individual, Group, &amp; Family)</p>	<p>A structured, goal-oriented therapeutic process in which an individual, group, or family interacts on a face-to-face basis with a qualified provider in accordance with the individuals' treatment plan to resolve problems related to a mental illness, serious emotional disorder and/or substance use disorder that interferes with the individual's or family's functioning and adjustment. Counseling to the beneficiary's family is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> <li>• Ongoing assessment of current risk and presenting problem</li> <li>• Assistance in implementing social, interpersonal, self-care, and/or independent living skills as outlined in the treatment plan in order to restore stability, support functional gains, and/or adapt to community living.</li> <li>• Assessing progress toward achievement of treatment goals, and adapting emotional and behavioral management interventions commensurate with progress.</li> </ul>	<p>Licensed QMHP and, to resolve problems related to substance use on an individual or groups basis only, a QAP or Associate Addiction Counselor.</p>
<p>Crisis Intervention</p>	<p>Intervention that is designed to interrupt and/or ameliorate a behavioral health crisis experience. The goal of crisis intervention is symptom reduction, stabilization, and restoration to a previous level of functioning.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> <li>• Preliminary assessment of risk, mental status, and medical stability</li> <li>• Stabilization of immediate crisis</li> <li>• Determination of the need for further evaluation and/or behavioral health services</li> <li>• Linkage to needed additional treatment services</li> </ul>	<p>QMHP</p>

<p>Day Treatment (Child and Youth)</p>	<p>Day treatment is an intensive array of services provided in a structured, supervised environment designed to reduce symptoms of a psychiatric disorder and maximize the child’s functioning to a level that they can attend school, and interact in their community and family setting adaptively.</p> <p>Day treatment individualizes services in relation to a child’s particular needs and includes a multidisciplinary team approach to care under the direction of a physician. The integrated treatment milieu combines counseling, and family interventions. These goal oriented therapeutic activities provide for the diagnostic and treatment stabilization of acute or chronic symptoms which have resulted in functional deficits that interfere significantly with daily functioning and requirements.</p> <p>It is vital that the parents/guardians be actively involved in the services if the child is to receive the full benefit of the service. Therefore, services may be provided to the participant’s family and significant others when such services are for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> <li>• Behavioral Health Assessment, as described under the service description for “Behavioral Health Assessment</li> </ul>	<p>A team consisting of at least one (1) QMHP and one (1) additional QMHP, Licensed Behavioral Analyst, Licensed Physical Therapist, Child Development Specialist or Child Development Assistant, except that when serving school aged children, the team shall consist of at least one (1) QMHP and any two (2) of the following: one (1) additional QMHP, Licensed Behavioral Analyst, Licensed Physical Therapist, Child Development Specialist, or Child Development Assistant.</p>
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<p>Day Treatment (Child and Youth) (continued)</p>	<ul style="list-style-type: none"> <li>• Medication Management, as described under the service description for “Medication Management”</li> <li>• Counseling (Individual, Group &amp; Family), as described under the service description for “Counseling (Individual, Group &amp; Family)”</li> <li>• Community Support, as described under the service description for “Community Support”</li> <li>• Family Support, as described under the service description for “Peer and Family Support”</li> <li>• Psychosocial Rehabilitation, as described under the service description for “Psychosocial Rehabilitation”</li> </ul>	
<p>Family Conference</p>	<p>A substance use intervention service that enlists the support of the natural support system through meeting with family members, referral sources, and significant others about the individual’s treatment plan and discharge plan. The service must include the participant, and must be for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> <li>• Communicating about issues at home that are barriers to treatment plan goals.</li> <li>• Identifying relapse triggers and establishing a relapse prevention plan.</li> <li>• Assessing the need for family counseling or other referrals to support the family system.</li> <li>• Participating in a discharge conference.</li> </ul>	<p>QAP, or Associate Addiction Counselor</p>

<p>Group Rehabilitative Support</p>	<p>This consists of facilitated group discussions, based on individualized needs and treatment plans, designed to promote an understanding of the relevance of the nature, course, and treatment of substance use disorders, to assist individuals in understanding their individual recovery needs and how they can restore functionality.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> <li>• Present information relevant to assist patients [individuals] in developing an understanding of the nature, course, and treatment of substance use disorders. Required topics include, but are not limited to: <ul style="list-style-type: none"> <li>▪ Progressive nature of addiction and the disease model;</li> <li>▪ Principles and availability of self-help groups;</li> <li>▪ Health and nutrition;</li> <li>▪ Personal recovery process, including the recognition of addictive thinking, feelings, and behavior;</li> <li>▪ Promoting self-awareness and self-esteem, encouraging personal responsibility and constructively using leisure time;</li> <li>▪ Regaining skills (communication skills, stress management, conflict resolution, decision-making, employment applications/interviews, parenting);</li> <li>▪ Promotion of positive family relationships and family recovery;</li> <li>▪ Relapse prevention;</li> <li>▪ Effects of substance use during pregnancy and child development.</li> </ul> </li> <li>• Understanding and prevention of the transmission of AIDS, STDs, other communicable diseases.</li> </ul>	<p>Group Rehabilitation Support Specialist</p>
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<p>Intensive Community Psychiatric Rehabilitation</p>	<p>Medically necessary on-site services to maintain a child or adolescent with a serious emotional disorder in their home, or to maintain an individual with a serious mental illness or serious emotional disorder in a community setting who has a history of failure in multiple community settings and/or the presence of ongoing risk of harm to self or others which would otherwise require long-term psychiatric hospitalization. This service is provided on a daily basis by a multi-disciplinary team. This service does not include the provision of room and board.</p> <p>When a child/adolescent is receiving this service, it is vital that the parents/guardians be actively involved in the program if the child/adolescent is to receive the full benefit of the program. Therefore, services may be provided to the participant’s family and significant others when such services are for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> <li>• Behavioral Health Assessment, as described under the service description for “Behavioral Health Assessment”</li> <li>• Medication Management, as described under the service description for “Medication Management”</li> <li>• Counseling (Individual, Group &amp; Family), as described under the service description for “Counseling (Individual, Group &amp; Family)”</li> <li>• Community Support, as described under the service description for “Community Support”</li> <li>• Peer and Family support, as described under the service description for “Peer and Family Support”</li> <li>• Psychosocial Rehabilitation, as described under the service description for “Psychosocial Rehabilitation”</li> <li>• Monitoring and assuring individual safety.</li> </ul>	<p>Intensive Community Psychiatric Rehabilitation Teams may include:</p> <ul style="list-style-type: none"> <li>• Physician, Psychiatrist, Child Psychiatrist, Psychiatric Resident, or Advanced Practice Nurse</li> <li>• QMHPs</li> <li>• Registered Nurse</li> <li>• Licensed Professional Nurse</li> <li>• Community Support Specialists</li> <li>• Rehabilitation Assistants</li> </ul>
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<p>Medication Administration</p>	<p>Services designed to assure the appropriate administration and continuing effectiveness of psychiatric and substance use disorder treatment medications.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> <li>• Any therapeutic injection of medication (subcutaneous or intramuscular)</li> <li>• Providing consumers information regarding medications</li> <li>• Recording of vital signs</li> <li>• Monitoring health status and risk factors that may affect the use of and/or impact of medications</li> <li>• Administration of the AIMS</li> </ul>	<p>Physician, advanced practice registered nurse, registered nurse, licensed practical nurse, physician assistant</p>
<p>Medication Management</p>	<p>Goal-oriented interactions to assess the appropriateness of medications in an individual's treatment; periodically evaluating and re-evaluating the efficacy of the prescribed medications; and providing ongoing management of a medication regimen within the context of an individual's treatment plan.</p>	<p>Licensed Physician, Licensed Psychiatrist, Licensed Child Psychiatrist, [Psychiatric Resident], Licensed Physician Assistant, Licensed Assistant Physician or Advanced Practice Registered Nurse who is in a collaborating practice arrangement with a licensed physician</p>
<p>Medically Monitored Detoxification</p>	<p>Detoxification is the process of withdrawing a participant from a specific psychoactive substance (alcohol, illegal drugs, and/or prescription medications) in a safe and effective manner to restore the individual to the functionality of someone not under the influence of drugs or alcohol. This service consists of the provision of care to individuals whose intoxication or withdrawal signs and symptoms are sufficiently severe to require 24-hour supervised medical care and monitoring; however, the full resources of a hospital setting are <i>not</i> necessary. This service is provided in a residential setting certified by the Department of Mental Health; however, this service does not include the provision of room and board.</p>	<p>A team including:</p> <ul style="list-style-type: none"> <li>• A physician or advanced practice nurse (APN) who is on call 24 hours per day, seven days per week to provide medical evaluation and ongoing withdrawal management</li> <li>• Licensed nursing staff who must be present 24 hour per day</li> <li>• A registered nurse (RN) with relevant education, experience, and competency must be one site or available by phone for 24 hour supervision</li> </ul>

<p>Medically Monitored Detoxification (continued)</p>	<p><u>Components</u></p> <ul style="list-style-type: none"> <li>• Medically supervised monitoring of vital signs, health status, and withdrawal symptoms</li> <li>• Medication management.</li> <li>• Referral to ongoing treatment following successful detoxification</li> </ul>	<ul style="list-style-type: none"> <li>• A minimum of two Addiction Recovery Aids with specific training related to detoxification that provide continuous supervision and safety of participants receiving care</li> <li>• Only a physician or advanced practice registered nurse may provide medication management</li> <li>• Only a physician, advanced practice registered nurse, registered nurse, or licensed practical nurse may provide medically supervised monitoring of vital signs, and referral for ongoing treatment</li> <li>• All practitioners on the team may provide medically supervised monitoring of health status and withdrawal symptoms</li> </ul>
<p>Peer and Family Support</p>	<p>Peer and family support services are coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. Peer and family support services are person-centered and promote participant ownership of the plan of care.</p> <p>These services may be provided to the participant’s family and significant others when such services are for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> <li>• Person-centered planning to promote the development of self-advocacy.</li> </ul>	<p>Certified Peer Specialist or Family Support Provider</p>

Peer and Family Support (continued)	<ul style="list-style-type: none"> <li>• Empowering the individual to take a proactive role in the development, updating and implementation of their person-centered plan.</li> <li>• Crisis support.</li> <li>• Assisting the participant and families in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies identified in the person-centered plan so that the individual remains in the least restrictive settings; achieves recovery and resiliency goals; self-advocates for quality physical and behavioral health services and medical services in the community.</li> <li>• Assisting individuals/families in identifying strengths and personal/family resources to aid recovery/promoting resilience, and to recognize their capacity for recovery/resilience. Serving as an advocate, mentor, or facilitator for resolution of issues and skills necessary to enhance and improve the health of a child/youth with substance use or co-occurring disorders.</li> <li>• Providing information and support to parents/caregivers of children with emotional disorders so they have a better understanding of the individual's needs, the importance of their voice in the development and implementation of the individualized treatment plan, the roles of the various providers, and the importance of the "team" approach; and assisting in the exploration of options to be considered as part of treatment.</li> </ul>	
Psychological Testing	The administration of psychological tests.	A Licensed Psychologist or Provisionally Licensed Psychologist
Psychosocial Rehabilitation	Services designed to assist the individual with compensating for, or eliminating functional deficits, and interpersonal and/or environmental barriers associated with mental illness and/or substance use disorders. The intent of	For mental health programming: A team including Rehabilitation Assistants under the direction and supervision of a QMHP with two (2) years of relevant work experience

<p>Psychosocial Rehabilitation (continued)</p>	<p>psychosocial rehabilitation is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture. This service is provided in a group setting.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> <li>• When a beneficiary’s skills are negatively impacted by mental illness, an emotional disorder, and/or substance use disorder, helping individuals restore skills and resources to address symptoms that interfere with activities of daily living and community integration.</li> <li>• Assisting in the development and implementation of lifestyle changes needed to cope with the side effects of psychotropic medications, and/or to promote recovery from the disabilities, negative symptoms and/or functional deficits associated with mental illness, emotional disorders, and/or substance use disorders.</li> </ul>	<p>For addiction treatment programming: a team including Rehabilitation Assistants under the direction and supervision of a QMHP or QAP with (2) years of relevant work experience</p>
<p>Treatment Planning</p>	<p>The development, review, and/or revision with an individual of the individual’s treatment plan.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> <li>• Developing measureable goals and specific treatment objectives</li> <li>• Identifying of specific interventions needed to achieve goals and objectives</li> <li>• Revising goals, objectives, and interventions based on progress</li> </ul>	<p>QMHP or QAP</p>

**Practitioner Qualifications**

**Addiction Recovery Aid:** an individual with specific training related to detoxification that provides continuous supervision and ensures safety of individuals receiving care. Addiction Recovery Aids are supervised by nursing staff on duty in the Medically Monitored Detox setting.

**Advanced Practice Registered Nurse:** a licensed registered nurse certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified nurse anesthetist, or certified clinical nurse specialist under state law. When providing Medication Management, an Advanced Practice Nurse must be in a collaborating practice arrangement with a licensed physician.

CCBH Services (cont.)

**Practitioner Qualifications (continued)**

**Assistant Physician:** A person licensed as an assistant physician under Missouri state law.

**Associate Addictions Counselor:** A trainee that must meet the requirements set forth by the Missouri Credentialing Board or the appropriate board of professional registration with the Department of Insurance, Financial Institutions & Professional Registration.

A Qualified Addiction Professional who has completed the Missouri Credentialing Board (MCB) Clinical Supervision Training must supervise an Associate Addictions Counselor. Clinical supervision must focus on improving the quality of treatment delivered through improving counseling skills, competencies and effectiveness of persons supervised. All counselor functions performed by an associate counselor shall be performed pursuant to the supervisor's control, oversight, guidance, and full professional responsibility.

**Behavioral Analyst:** an individual licensed as a behavioral analyst under state law to furnish services within the scope of their practice act.

**Certified Peer Specialist:** An individual in recovery from mental illness and/or a substance use disorder with at least a high school diploma or equivalent that meets the applicable training and credentialing required by the Missouri Credentialing Board, Inc.

A Certified Peer Specialist must be supervised by a Qualified Mental Health Professional (QMHP) or Qualified Addiction Professional (QAP).

**Child Development Specialist:** An individual with a bachelor's degree in child development, psychology, social work, or education. A Child Development Specialist must be supervised by a Qualified Mental Health Professional (QMHP).

**Child Development Assistant:** An individual with an associate degree, or two (2) years of college, and two (2) years of experience in related child mental health, or child related field. A Child Development Assistant must be supervised by a Qualified Mental Health Professional (QMHP).

**Community Support Specialist:** An individual meeting one of the following qualifications:

- A qualified mental health professional;
- An individual with a bachelor's degree in human services field, which includes social work, psychology, nursing, education, criminal justice, recreational therapy, human development and family studies, counseling, child development, gerontology, sociology, human services, behavioral science, and rehabilitation counseling;
- An individual with any four-year degree and two years of qualifying experience;
- An individual with any four-year combination of higher education and qualifying experience
- An individual with four years of qualifying experience; or
- An individual with an Associate of Applied Science in Behavioral Health Support degree from an approved institution.

Qualifying experience must include delivery of service to individuals with mental illness, substance use disorders, or developmental disabilities. Experience must include some combination of the following:

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13.d. Rehabilitative Services

3.1-A

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CCBH Services (cont.)

**Practitioner Qualifications (continued)**

**Community Support Specialist (continued):**

- Providing one-on-one or group services with rehabilitation/habilitation and recovery/resiliency focus;
- Teaching and modeling for individuals how to cope and manage psychiatric, developmental or substance use issues while encouraging the use of natural resources;
- Supporting efforts to find and maintain employment for individuals and/or function appropriately in families, school and communities;
- Assisting individuals to achieve goals and objectives on their individualized treatment or person centered plans.

Community Support Specialists must complete the necessary orientation and training requirements specified by the Division of Behavioral Health, and must be supervised by a QMHP, QAP, or Senior Community Support Specialist.

**Family Support Provider:** A family member of a child/youth (17 and younger), who had or currently has a behavioral/emotional disorder or a substance use disorder, has a high school diploma or equivalent, has completed training as required by department policy, and is supervised by a qualified mental health professional (QMHP) or a qualified addiction professional (QAP), or an individual possessing a master’s degree in a behavioral health or related field who has completed a practicum or has one (1) year of experience in a behavioral health setting.

**Group Rehabilitation Support Provider:** An individual who:

- Is suited by education, background or experience to present the information being discussed;
- Demonstrates competency and skill in facilitating group discussion and
- Has knowledge of the topic(s) being taught.

Group Rehabilitation Support Providers must be supervised by a QAP.

**Marital and Family Therapist:** A person licensed as a marital and family therapist under state law to furnish services within their scope of practice act.

**Licensed Practical Nurse:** A person licensed as a practical nurse under state law to furnish services within their scope of practice act.

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**Practitioner Qualifications (continued)**

**Licensed Mental Health Professional (for diagnosis):**

- An individual licensed as a physician under state law to furnish services within their scope of practice;
- An individual licensed or provisionally licensed as a psychologist under state law to furnish services within their scope of practice;
- A professional counselor licensed or provisionally licensed under Missouri law to practice counseling;
- A clinical social worker licensed under Missouri law to practice social work;
- A master social worker under registered supervision with the Missouri Division of Professional Registration for licensure as a Clinical Social Worker;
- A marital and family therapist licensed or provisionally licensed under Missouri law to provide marriage and family services;
- Advanced practice registered nurse: A registered nurse who is currently recognized by the board of nursing as an advanced practice registered nurse;
- A licensed assistant physician under Missouri state law;
- A licensed physician assistant under Missouri state law.

**Qualified Mental Health Professional (QMHP):**

- An individual licensed as a physician under state law to furnish services within their scope of practice;
- An individual licensed or provisionally licensed as a psychologist under state law to furnish services within their scope of practice;
- A professional counselor licensed or provisionally licensed under Missouri law to practice counseling;
- A clinical social worker with a master's degree in social work from an accredited program and with specialized training in mental health services;
- A psychiatric nurse, i.e. a registered nurse with at least two (2) years of experience in a psychiatric setting or a master's degree in psychiatric nursing;
- An individual possessing a master's degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy or related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a mental health professional; or
- An occupational therapist certified by the American Occupational Therapy Certification board, registered in Missouri, has a bachelor's degree and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting.

**Qualified Addiction Professional (QAP):**

- A physician or qualified mental health professional licensed or provisionally licensed under Missouri state law;
- An individual who meets the applicable training and credentialing required by the Missouri Credentialing Board, Inc. for any of the following positions:
  - Certified Alcohol and Drug Counselor (CADC)
  - Certified Reciprocal Alcohol and Drug Counselor (CRADC)
  - Certified Reciprocal Advanced Alcohol and Drug Counselor (CRAADC)

13.d. Rehabilitative Services

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CCBH Services (cont.)

**Practitioner Qualifications (continued)**

**Qualified Addiction Professional (QAP) (continued):**

- Certified Criminal Justice Addictions Professional (CCJP)
- Registered Alcohol Drug Counselor-Provisional (RADC-P)
- Registered Alcohol Drug Counselor (RADC)
- Co-occurring Disorder Professional (CDP)
- Co-occurring Disorders Professional Diplomat(CDPD)

**Physical Therapist:** an individual who meets the requirements under 42 CFR 440.110, and who is licensed under state law to furnish services within the scope of their practice act.

**Physician:** An individual licensed as a physician under state law to furnish services within their scope of practice act.

**Physician Assistant:** a person who has graduated from a physician assistant program accredited by the American Medical Association’s Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician under Missouri state law.

**Psychiatrist:** A licensed physician who is a psychiatrist and delivers services within their scope of practice.

**Psychologist:** An individual licensed or provisionally licensed as a psychologist under state law to furnish services within their scope of practice.

**Registered Nurse:** An individual licensed as a registered nurse under state law to furnish services within their scope of practice.

**Rehabilitation Assistant:** An individual with a high school diploma or equivalent certificate, under the direction and supervision of a QMHP.

**Senior Community Support Specialist:** An individual meeting the qualifications of a community support specialist with at least three years of population specific experience providing community support services in accordance with the key service functions.

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13.d. Rehabilitative ServicesReimbursement for CCBH Rehabilitative Services Provided through Certified Community Behavioral Health Organizations (CCBHO)

The Medicaid program will provide coverage for a bundle of medically necessary rehabilitation services provided by practitioners employed by, or associated with, provider entities to be known as Certified Community Behavioral Health Organizations (CCBHO). CCBHOs are provider entities certified by the Missouri Department of Mental Health as meeting the state's qualifications for a CCBHO.

The state agency will reimburse CCBHOs a clinic-specific fee schedule rate applicable to providers affiliated with the CCBHO. Payments will be limited to one payment per day per CCBHO regardless of the number of services provided by a given CCBHO within a single day by a clinic user accessing services from CCBHO practitioners. The clinic-specific CCBH Rehabilitative Services fee schedule rate will be published on the Department of Mental Health (DMH) website at: <https://dmh.mo.gov/CertifiedCommunityBehavioralHealthClinics.htm> and is effective for CCBH rehabilitative services provided on or after July 1, 2019.

**Quality Incentive Payments**

All CCBHOs are eligible for a Quality Incentive Payment (QIP) based on achieving specific numerical thresholds with regard to state mandated performance measures. The performance period shall be a state fiscal year (7/1 – 6/30). The eligibility of each CCBHO to receive a QIP is judged independently; and in order for a CCBHO to receive a QIP, it must achieve the thresholds with regard to all of the state mandated performance measures. A CCBHO can achieve a threshold on a particular performance measure by meeting or exceeding the statewide mean for that measure, or by improving upon its own performance with regard to that measure compared to the previous performance period. A CCBHO with no prior performance level on a particular measure is required to meet or exceed the posted statewide mean on that measure. Performance measures shall be calculated exclusively on the basis of data for Medicaid beneficiaries, excluding beneficiaries dually eligible for the Medicaid and Medicare programs, individuals on spend down, and other individuals with intermittent gaps in Medicaid eligibility.

13.d. Rehabilitative ServicesCCBH Rehabilitative Services Provided through Certified Community Behavioral Health Organizations (CCBHO)**Quality Incentive Payments (continued)**

Each CCBHO is required to provide the state with a contact for the purpose of communicating information regarding the QIP performance measures. In addition to posting the applicable measures, thresholds, and statewide mean for each measure on the DMH website's CCBHO pages by May annually, the state will provide each CCBHO's designated contact with the applicable measures and thresholds, and will also provide each designated contact with the CCBHO level of performance, if any, on each measure for the prior reporting period. CCBHOs shall be required to submit data to the state for the calculation of some performance measures. CCBHOs shall submit the required performance measure data within 6 months following the end of the performance year. A description of the data to be submitted by CCBHOs to the Division of Behavioral health (DBH) by December 31 of each year will be located at:

<https://dmh.mo.gov/CertifiedCommunityBehavioralHealthClinics.htm>

CCBHOs that fail to submit required data within six months following the end of the performance year will not be eligible for a quality incentive payment. The state may periodically provide each designated contact with interim draft estimates of the CCBHO performance on certain measures during the course of the performance period as indicators of the CCBHO performance to date. Final results of the performance of each CCBHO on the required measures will be posted by April 1 of each year on the DMH website's CCBHO pages and shared directly with the designated contact of each CCBHO.

DBH shall establish the minimum patient volume in each performance measure denominator that is necessary for the performance measure to be valid. The amount of a quality incentive payment to a CCBHO will equal 1% of the total payments made to the CCBHO for CCBH rehabilitative services in the performance period. If the thresholds are met, quality incentive payments will be made in a lump sum payment, within 9 months following the end of the performance year, after all final data needed to calculate the quality incentive payment is received.

The state mandated QIP performance measures, technical specifications, patient volume minimums, and thresholds, including the statewide mean for each measure are effective July 1, 2019 and are located at:

<https://dmh.mo.gov/CertifiedCommunityBehavioralHealthClinics.htm>

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