

**REVISED Public Notice Regarding the Prospective Amendment Primary Care Health Home  
Medicaid State Plan Amendment**

**ORIGINAL PUBLICATION** July 26, 2018

**REVISED** August 13, 2019

Pursuant to Sections 1902(a)13(A) of the Social Security Act and 42 Code of Federal Regulations (CFR) 447.205, which mandate that proposed changes in statewide methods and standards for setting Medicaid payment rates be published and made available for review and comment, this is to advise that:

1. The Missouri Department of Social Services provides notice of the following:

To ensure efficiency, economy, quality of care, and access, effective September 1, 2019, the MO HealthNet Division (MHD) will amend its Primary Care Health Home (PCHH) Medicaid State Plan Amendment (SPA) to include chronic pain as a new eligibility condition, and the provider requirements when enrolling participants with chronic pain into the PCHH. This amended SPA expands eligible conditions and risk factors for enrollment into PCHH. The MHD estimates a total savings of \$57,000 in expenditures as a result of this change.

- A. Chronic pain is being added to the SPA as both a chronic condition and a risk factor for developing other chronic conditions.
  - a. Chronic Pain is pain that lasts past the time of normal tissue healing. Risk stratification for severity of pain, as well as for worsening condition and/or opioid dependency will be incorporated into eligibility. Qualified participant eligibility shall be limited to chronic non-cancer neck and back pain, chronic pain post trauma, (i.e., motor vehicle collision), and others as determined medically necessary through a prior approval process.
  - b. The criteria for the risk of developing another chronic condition includes chronic pain that can lead to other problems in individuals, such as substance use disorder, overweight/obesity, depression, anxiety, or low self-esteem.
- B. Organizations that want to enroll people with chronic pain diagnoses must have, at a minimum, a contractual relationship with a pain management specialist who will provide guidance and assist in the management of people with a chronic pain diagnosis. A pain management specialist is defined as a licensed physician, Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO), who is board certified in anesthesiology or pain management.

Interpretive services are available by calling the Participant Services Unit at 1-800-392-2161.

Prevodilačke usluge su dostupne pozivom odjela koji učestvuje u ovom servisu na broj 1-800-392-2161.

Servicios Interpretativos están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES

TDD / TTY: 800-735-2966

RELAY MISSOURI: 711

2. Comments may be sent by regular mail, express or overnight mail, in person or by courier within thirty days after publication of this notice and must be sent or delivered to the following address:

MO HealthNet Division  
615 Howerton Ct., 2nd Floor  
Jefferson City, MO 65109  
Attention: Kathy Brown

Comments may also be emailed to [Ask.MHD@dss.mo.gov](mailto:Ask.MHD@dss.mo.gov). Please use "Public Comment for Prospective Amendment for Primary Care Health Home Medicaid State Plan Amendment" in the subject line. Comments must be received by **August 30, 2019**.

3. A copy of the Prospective Amendment for Primary Care Health Home Medicaid State Plan Amendment is available for public review by contacting the Department of Social Services, MHD at [Ask.MHD@dss.mo.gov](mailto:Ask.MHD@dss.mo.gov). These documents may also be viewed online at <http://dss.mo.gov/mhd/cs/health-homes/resources.htm>. More information about the PCHH program can be found at <http://dss.mo.gov/mhd/cs/health-homes/>.
4. A public hearing will not be held.

**NOTE: This SPA was amended to remove foster care as a qualifying condition for Primary Care Health Home enrollment because of potential duplication of services with other programs within MO HealthNet that offer case/care management services for individuals in foster care. The total number of individuals in foster care potentially eligible for enrollment in a Primary Care Health Home who were not eligible due to other conditions was estimated to be 30.**

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