

Replacement Page 3-2012

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State Missouri

- ◆ School-based Behavioral Support Services not included in the IEP:
 - Flexible rehabilitative services in a school setting to assist with the implementation of a child-specific behavior management plan,

Comprehensive Day Rehabilitation Services:

Comprehensive day rehabilitation services are goal directed services to a population with a primary diagnosis of traumatically acquired brain damage resulting in residual deficits and disability. Persons must meet the medical criteria to be eligible for comprehensive day rehabilitation services. The program provides intensive, comprehensive services designed to prevent and/or minimize chronic disabilities while restoring the individual to an optimal level of physical cognitive and behavioral functions. Emphasis in this program is on functional living skills, adaptive strategies for cognitive, memory or perceptual deficits. The Comprehensive Day Rehabilitation Program provides active rehabilitation and treatment. Services must include:

- an evaluation/assessment to determine whether comprehensive day rehabilitation services are appropriate for the recipient;
- development of an individualized plan of care;
- medical and neurological services (excluding physician services);
- occupational therapy;
- physical therapy;
- psychological and counseling services;
- services that restore independent living skills and basic self care needs; and
- speech and language therapy.

The services listed above must not duplicate services described in another benefit category and otherwise covered under the State plan.

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Comprehensive Day Rehabilitation services *must* be prior authorized by the MO HealthNet Division. Comprehensive day rehabilitation services are limited to a maximum of six months per participant whether or not the services are 1/2 day or full day units. Services may be requested and reimbursed for up to an additional six month period if progress is indicated and approval is given by the MO HealthNet Division. Services are limited to participants who have received a recent traumatic head injury with identified functional disabilities. Substantial documentation *must* accompany a Prior Authorization Request for persons who are more than five years post injury. The services *must* be medically necessary. The service *must* be rendered by or under the direction or recommendation of a physician who participates in or approves the treatment/rehabilitation plan. The service *must* be rendered by an appropriate and qualified head injury professional. Services may be rendered by other professionals with degrees and appropriate licensure as required by state law in social work, speech and language therapy, physical therapy, occupational therapy, recreational therapy, vocational therapy, counseling therapy, education or psychology/neuropsychology when under the supervision of a qualified head injury professional. Prescription drugs are *not* covered through the Comprehensive Day Rehabilitation Program. However, all drug products, regardless of dosage forms (except for DESI drugs and those specifically excluded in the Social Security Act, Section 1927 (d) (1) (B)) produced by manufacturers that have entered into a rebate agreement with the federal government, are reimbursable under the MO HealthNet Pharmacy Program. Services are limited to pregnant women, the blind, those residing in nursing facilities, and children under 21.

The following services are not covered:

- room and board;
- acute hospitalization and acute rehabilitation;
- long term care as provided in a nursing home or institutional setting;
- vocational rehabilitation services as provided by Department of Elementary and Secondary Education, Office of Adult Learning and Rehabilitation Service.

Comprehensive day rehabilitation services must be provided in a free standing rehabilitation center with space dedicated to head injury rehabilitation. A free standing rehabilitation center is a functionally and operationally independent facility established and operated at a single fixed location for the purpose of providing active rehabilitation and treatment. Providers must be approved by the MO HealthNet Division, have the certificate of accreditation (CARF) from the Rehabilitation Accreditation Commission, and employ and retain qualified and licensed head injury professionals qualified to render the services covered through the Comprehensive Day Rehabilitation Program.

Services are provided by an interdisciplinary team composed of licensed specialists appropriate to the needs of the individuals in this program. The licensed specialists include Qualified Head Injury Professionals, defined as:

- A physician licensed under Missouri state law to practice medicine or osteopathy and with training or experience in head injury rehabilitation.
- A psychologist/neuropsychologist licensed under Missouri state law to practice psychology, and with at least one year's experience in head injury rehabilitation.

Services may also be provided under the supervision of a qualified head injury professional with degrees and appropriate licensure as required by state law in social work, speech and language therapy, physical therapy, occupational therapy, recreational therapy, vocational therapy, counseling therapy, education or psychology/neuropsychology.

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Comprehensive Substance Treatment and Rehabilitation Services:

Day treatment, individual counseling, family therapy, group counseling, codependency counseling, group educational counseling, ADA community support services, intake/screening, comprehensive assessment and detoxification services are covered for recipients under the Missouri Medicaid Comprehensive Substance Abuse Treatment Program. Comprehensive substance abuse and addiction treatment is offered to recipients to provide a continuum of care within community based settings. CSTAR services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual.

Services are restricted to recipients who have been assessed to need a particular level of CSTAR treatment. Each recipient will have an individual treatment plan comprised of those services designed to meet the individual's circumstances and needs. The individual treatment plan will be reviewed and signed either by a licensed psychologist, licensed psychiatrist, licensed professional counselor, licensed clinical social worker or licensed physician. Services are further contingent upon the review and approval of the Department of Mental Health.

Limitations on amount, duration and scope of the CSTAR can be found in the CSTAR Provider Manual as published on the Missouri Department of Social Services website.

Description of services is as follows:

- Intake Assessment – Comprehensive evaluation of a consumer's current substance abuse and other related issues in order to initiate an individualized treatment plan and ensure an appropriate level of care. Includes Adolescent Physician Certification; Outcome Measurement; and Assessment and Diagnostic Update.

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State MissouriComprehensive Day Rehabilitation Services

- (1) Reimbursement for Comprehensive Day Rehabilitation Services is by the fee schedule, at the lesser of the billed charge or the MO HealthNet maximum allowable fee per unit. The daily reimbursement rate is one unit of Comprehensive Day Rehabilitation Services which is defined as either one-half day (three to four hours) or one day (five or more hours).
- (2) Reimbursement is a half-day or daily rate based on the participant's level of care. A participant's level of care is based on the assessment to determine eligibility for the program. The MMIS will assure a half-day and a daily rate are not paid on the same date of service, and will also assure only one unit of either half-day or full-day is paid per date of service per participant.
- (3) Comprehensive day rehabilitation services must be prior authorized and cover a combination of goal oriented rehabilitation services provided by multiple providers according to a multiple hour schedule over a week's time. Services are designed to maintain and improve the recipient's ability to function as independently as possible in the community. Services are provided at a free-standing rehabilitation center. Services must include:
- an evaluation/assessment to determine whether comprehensive day rehabilitation services are appropriate for the recipient;
 - development of an individualized plan of care;
 - services that address independent living skills and basic self care needs;
 - a service package that requires services from at least three of the following professionals:
 - psychologist/neuropsychologist
 - speech/language therapist
 - physical therapist
 - occupational therapist
 - vocational rehabilitation specialist
 - education specialist
 - recreational therapist
 - counselor
 - case manager

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The following services are not covered:

- Room and board
- Acute hospitalization and acute rehabilitation
- Long term care as provided in a nursing home or institutional setting
- Vocational rehabilitation services as provided by the Missouri Division of Vocational Rehabilitation

(4) The following supporting documentation must be maintained by Comprehensive Day Rehabilitation providers and the state will review the data in order to develop and revise as necessary, and economic and efficient rate:

- The date and actual time the services were rendered;
- The name and MO HealthNet identification number;
- The location of the services;
- The name of the person(s) who rendered the services;
- The amount of time it took to deliver the services;
- The relationship of the services to the treatment regimen described in the participant's treatment plan;
- Updates regarding the participant's progress;
- Weekly notes addressing the daily attendance record and the extent to which required services were provided for each unit of service;
- The specific services rendered;
- Data will be maintained by providers documenting the cost of practitioner and type of service actually delivered

Providers must retain for 5 years, from the date of service, fiscal and medical records that coincide with and fully document services billed to the Medicaid Agency, and must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal and retain adequate documentation for services billed to the Medicaid Program may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in the Medicaid Program.

(5) Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Comprehensive Day Rehabilitation Services. The agency's fee schedule rate was set as of April 6, 2011 and is effective for services provided on or after that date. All rates are published on our website at: <http://www.dss.mo.gov/mhd/index.htm>.

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Comprehensive Substance Treatment and Rehabilitation Services

Comprehensive substance abuse and addiction treatment services are offered to participants to provide a continuum of care within community based settings. Services include: day treatment, individual counseling, family therapy, group counseling, codependency counseling, group educational counseling, ADA community support services, intake/screening, comprehensive assessment and detoxification services. CSTAR services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible individual.

Specific services, with unit designations, are as follows:

- Intake Assessment – Each
- Community Support – ¼ hour
- Individual Counseling – ¼ hour
- Group Counseling – ¼ hour
- Day Treatment – 1 hour
- Family Therapy – ¼ hour
- Codependency Counseling – ¼ hour
- Detoxification Services – 1 day
- Medication Services – ¼ hour
- Extended Day Treatment – ¼ hour
- Adolescent Treatment Support – 1 day

Services are restricted to participants who have been assessed to need a particular level of CSTAR treatment. Each participant will have an individual treatment plan comprised of those services designed to meet the individual's circumstances and needs. The individual treatment plan will be reviewed and signed either by a licensed psychologist, licensed psychiatrist, licensed professional counselor, licensed clinical social worker or licensed physician. Services are further contingent upon the review and approval of the Department of Mental Health.

The state agency will reimburse Comprehensive Substance Treatment and Rehabilitation (CSTAR) providers at fee for service rates established for services provided to single beneficiaries by qualified, individual providers that coordinate care within a multidisciplinary treatment model. These activities and interventions are billed as distinct units of service. Such rates are those as defined and determined by the MO HealthNet Division and in accordance with the provisions of 42 CFR 447 Subpart D. The state payment for each service will be the lower of:

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- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service

To the extent that any of these services are covered under Title XVIII, Medicare, the state agency will reimburse for deductibles and coinsurance as may be imposed for those Medicaid eligible recipients who are also Medicare Part B eligible.

Data to support services delivered in accordance with the CSTAR state plan shall be maintained by service providers through the retention of medical records that clearly identify the following:

- the date of service;
- name of recipient;
- Medicaid identification number;
- name of provider agency;
- person providing the service;
- specific services rendered;
- relationship of the service(s) to the treatment plan;
- participant's progress toward goals stated in treatment plan;
- actual begin and end time taken to deliver service; and
- place of service.

This information shall be available for review by the state agency and may be used by the state agency to develop or revise, as necessary, economic and efficient service rates. Service providers shall maintain data that documents the cost by practitioner and type of service actually delivered. Settings in which services are approved for delivery include office, home, school, and other.

A single rate is established for each service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of CSTAR services (as detailed in Section 3.1-A of the state plan). The state agency's fee schedule rates are published on the MO HealthNet Division's website at http://dssapp2.dss.mo.gov/pricelistx/main_disclaimcr.shtml. The effective date for the CSTAR fee schedule is September 1, 2011.

Providers must retain for six (6) years, from the date of service, fiscal and medical records that coincide with and fully document services billed to the Medicaid Agency, and must furnish or make the records available for inspection or audit by the Department of Social Services or its representative and the Department of Mental Health upon request. Failure to furnish, reveal and retain adequate documentation for services billed to the Medicaid Program may result in recovery of the payments for those services not adequately documented and may result in sanctions to the provider's participation in the Medicaid Program. Providers shall retain all records beyond the six (6) years if audit questions have arisen within the six (6) year limitation and have not been resolved. All records shall be retained until all audit questions have been resolved.

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EPSDT Lead Environmental Assessment Provider

The state agency will establish fee schedules based on the reasonable charge for the services as defined and determined by the MO HealthNet Division. The determination and reimbursement of reasonable charge will be in conformance with the standards and methods expressed in 42 CFR 447 Subpart D. Agency payment will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The allowable fee based on reasonable charge as above determined

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