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State/Territory Name: MO

State Plan Amendment (SPA) #: 11-13

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services (CMCS)

APR 16 2012

Brian Kinkade, Acting Director
Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102

RE: Missouri State Plan Amendment TN: 11-13

Dear Mr. Kinkade:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-13. This amendment provides for a per diem increase to private and non-state government-operated intermediate care facility for the mentally-retarded (ICF/MR) reimbursement rates by granting a trend adjustment of one and four tenths percent (1.4%) effective for dates of service beginning October 1, 2011.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 11-13 is approved effective October 1, 2011. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Cindy Mann
Director, CMCS

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 1 - 1 3</u>	2. STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	4. PROPOSED EFFECTIVE DATE October 1, 2011
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 447 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ <u>30,456</u> b. FFY <u>2013</u> \$ <u>30,456</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D Page 181 B	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D Pages 181 B
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10. SUBJECT OF AMENDMENT:
This amendment provides for a per diem increase to nonstate-operated ICF/MR facilities reimbursement rates by granting a trend adjustment of one and four tenths percent (1.4%) increase of the prospective rates

GOVERNOR'S OFFICE REPORTED NO COMMENT 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: Brian Kinkade	
14. TITLE: Interim Director	
15. DATE SUBMITTED: <u>11-04-11</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: APR 16 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT - 1 2011	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: <u>Penny Thompson</u>	22. TITLE: <u>Deputy Director, CMCS</u>

23. REMARKS:

J. FY-2008 trend factor. Effective for dates of service beginning July 1, 2007, all nonstate-operated ICF/MR facilities shall be granted an increase to their per-diem rates of two percent (2%) for the trend factor. This adjustment is equal to two percent (2%) of the per-diem rate paid to nonstate-operated ICF/MR facilities on June 30, 2007.

K. FY-2009 Catch Up Payment. Effective for dates of service beginning July 1, 2008, all nonstate-operated ICF/MR facilities shall be granted an increase to their per diem rates of 13.95%. This increase is intended to provide compensation to providers for the years (2003, 2004, 2005, and 2006) where no trend factor was given. The catch up payment was based on the CMS PPS Skilled Nursing Facility Input Price Index (4 Quarter moving Average).

L. FY-2009 trend factor. Effective for dates of service beginning July 1, 2008, all nonstate-operated ICF/MR facilities shall be granted an increase to their per-diem rate of three percent (3%) for the trend factor. This adjustment is equal to three percent (3%) of the per-diem rate paid to nonstate-operated ICF/MR facilities on June 30, 2008.

M. FY-2012 trend factor. Effective for dates of service beginning October 1, 2011, all nonstate-operated ICF/MR facilities shall be granted an increase to their per diem rate of one and four tenths percent (1.4%) for the trend factor. This adjustment is equal to one and four tenths percent (1.4%) of the per diem rate paid to nonstate-operated ICF/MR facilities on September 30, 2011.

State Plan TN # MO 11-13
Supersedes TN # 08-04

Effective Date: 10/01/11
Approval Date: APR 16 2012