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State/Territory Name: MO

State Plan Amendment (SPA) #: 12-01

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



JUL 19 2013

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: 12-01

Dear Mr. Kinkade:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 12-01. This amendment provides for quarterly supplemental payments to public and private nursing facilities for dates of service beginning October 1, 2012.

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 12-01 is approved effective October 1, 2012. We are enclosing the CMS-179 and the amended plan pages.

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

Sincerely,

Cindy Mann
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 2 - 0 1</u>	2. STATE Missouri
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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	4. PROPOSED EFFECTIVE DATE April 1, 2012 <u>October 1, 2012</u>
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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: <u>42 CFR 447 Subpart C</u>	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY <u>2012</u> \$ <u>312</u> b. FFY <u>2013</u> \$ <u>18,400</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 4.19-D, Page 60 G, 60 H, 60 I, 60 J, 60 K, 60 L and 60 M.</u>	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): New Material
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10. SUBJECT OF AMENDMENT:
This amendment provides for supplemental payments for private nursing facilities that enter into low income and needy care collaboration agreements with public nursing facilities for nursing facility services provided beginning on and after April 1, 2012.

11. GOVERNOR'S REVIEW (Check One)

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: <u>Brian Kinkade</u>	16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPE NAME: <u>Brian Kinkade</u>	
14. TITLE: <u>Interim Director</u>	
15. DATE SUBMITTED: <u>March 7, 2012</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>March 8, 2012</u>	18. DATE APPROVED: <u>JUL 19 2013</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>OCT 01 2012</u>	20. SIGNATURE OF REGIONAL OFFICIAL: <u>Penny Thompson</u>
21. TYPED NAME: <u>Penny Thompson</u>	22. TITLE: <u>Deputy Director, Policy & Financial Mgt, PHES</u>
23. REMARKS:	

- (E) **Public/Private Long Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities (Partnership Supplemental Payment).** Maximum aggregate payments to all qualifying public and private nursing facilities shall not exceed the upper payment limit defined in 42 CFR 447.272 in each state fiscal year.
1. **Qualifying Criteria.** The nursing facilities named in (13)(E)7. are eligible for the Partnership Supplemental Payment and shall be referred to as qualifying nursing facilities. In addition, to qualify for the supplemental payments, each nursing facility must be enrolled in the Medicaid program at the time the supplemental payments are calculated and made.
 2. **Reimbursement Methodology.** Qualifying public and private nursing facilities enrolled in the Medicaid program are eligible to receive Partnership Supplemental Payments for nursing facility services. Partnership Supplemental Payments will be made within forty-five (45) days of the end of each calendar quarter after September 30, 2012.
 - A. **Calculating qualifying nursing facilities quarterly Partnership Supplemental Per Diems -** The quarterly per diem amount for each qualifying nursing facility shall be calculated as follows:
 - I. Dividing the funding in (13)(E)6. by the number of quarters in the fiscal period to obtain the quarterly funding amount.
 - II. Allotment between qualifying publicly owned and qualifying privately owned nursing facilities will be calculated as follows:
 - a. The allotment for qualifying publicly owned nursing facilities will be the funding in (13)(E)2.A.I. multiplied by 80%.
 - b. The allotment for qualifying privately owned nursing facilities will be the funding calculated in (13)(E)2.A.I. multiplied by 20%
 - III. Public nursing facility per diem is calculated by dividing the amount calculated in (13)(E)2.A.II.a. by the number of Medicaid paid days from the previous full state fiscal year divided by the four quarters in the year for all qualifying public nursing facilities enrolled in the Medicaid program at the time the supplemental payments are made.

- IV. Private nursing facility per diem is calculated by dividing the amount calculated in (13)(E)2.A.II.b. by the number of Medicaid paid days from the previous full state fiscal year divided by the four quarters in the year for all qualifying private nursing facilities enrolled in the Medicaid program at the time the supplemental payments are made.

- B. Calculating qualifying nursing facilities' quarterly Partnership Supplemental Payments - The quarterly payment amount for each qualifying nursing facility enrolled in the Medicaid program shall be calculated as follows:
 - I. Each Medicaid enrolled qualifying nursing facility's Medicaid paid days from the previous full state fiscal year divided by the four quarters in the year shall be multiplied by the Partnership Supplemental Payment per diem calculated in (13)(E)2.A.III. for qualifying public nursing facilities and (13)(E)2.A.IV. for qualifying private nursing facilities to obtain each qualifying nursing facility's quarterly amount.
 - II. The time period used in calculating (13)(E)2. will be the most recent state fiscal year for which data is available for the full fiscal year.

- 3. Payment Limitations
 - A. Public Nursing Facilities - Annual payment distributions for all qualifying individual public nursing facilities enrolled in the Medicaid program shall be limited to the qualifying individual public nursing facility's annual amount of unreimbursed Medicaid costs.

 - B. Private Nursing Facilities - Annual payment distributions for all qualifying private nursing facilities enrolled in the Medicaid program shall be limited to the difference between the qualifying nursing facility's Medicare equivalent payments as determined in the Medicare upper payment limit calculation and Medicaid payments the qualifying nursing facility receives for covered services provided to Medicaid recipients.

- C. Any amount over the payment limitation for a qualifying individual nursing facility will be distributed to qualifying nursing facilities enrolled in the Medicaid program that have not reached their payment limitations as follows:
 - I. If any qualifying public nursing facility reaches its limitation described in (13)(E)3.A. above:
 - a. The amount exceeding the limitation will be divided by the Medicaid days for the qualifying public nursing facilities enrolled in the Medicaid program within the pool that have not exceeded their limitations to obtain an additional Partnership Supplemental Payment Per Diem
 - b. This additional per diem will be paid to each qualifying public nursing facility enrolled in the Medicaid program that has not exceeded its limitation by multiplying the facility's Medicaid days by the per diem calculated in (13)(E)3.C.I.a..
 - c. The calculation in (13)(E)3.C.I.a. & b. will be repeated until the entire amount allocated to qualifying public nursing facilities enrolled in the Medicaid program has been expended or all of the qualifying public facilities enrolled in the Medicaid program have reached their limits as specified in (13)(E)3.A.
 - d. If any funding amount from the public allocation remains, it will be used to make Partnership Supplemental Payments to qualifying private nursing facilities enrolled in the Medicaid program.
 - II. If any qualifying private nursing facility reaches its limitation described in (13)(E)3.B. above:
 - a. The amount exceeding the limitation will be divided by the Medicaid days for the qualifying private nursing facilities enrolled in the Medicaid program within the pool that have not exceeded their limitations to obtain an additional Partnership Supplemental Payment Per Diem
 - b. This additional per diem will be paid to each qualifying private nursing facility enrolled in the Medicaid program that has not exceeded its limitation by multiplying the facility's Medicaid days by the per diem calculated in (13)(E)3.C.II.a.

- c. The calculation in (13)(E)3.C.II.a. & b. will be repeated until the entire amount allocated to qualifying private nursing facilities has been expended or all of the qualifying private facilities have reached their limits as specified in (13)(E)3.B.
 - d. Any remaining funding from the private allocation will be used to make Partnership Supplemental Payments to public nursing facilities.
 - I. Any remaining quarterly funding from either pool that cannot be paid due to payment limitations will be used in the reconciliation process described in (13)(E)4.
 - D. The time period used in calculating (13)(E)3. will be the most recent state fiscal year for which data is available for the full fiscal year.
- 4. Partnership Supplemental Payment Reconciliation - Prior to making payments each quarter, the Department will calculate a reconciliation factor by:
 - A. Determining an amended aggregate payment amount by adjusting the available funding amount in (13)(E)6. by any residual amount from (13)(E)3.C.III.
 - B. Dividing the amount established in (13)(E)4.A. by the available funding amount from (13)(E)6. to establish the reconciliation factor.
- 5. The reconciliation factor from (13)(E)4. will be applied to the payments identified in (13)(E)2. that are made during that fiscal year unless the Department is unable to make the adjustment during the fiscal year due to the timing of the payments. In that case, the payments for the subsequent fiscal year will be adjusted by the difference between the amounts from (13)(E)4.A. and (13)(E)6.
- 6. Payment Amount:
 - A. State Fiscal Year 2013 - \$1.58 million

- 7. Qualifying Nursing Facilities – the following nursing facilities are qualified to participate in the Public/Private Long Term Care Services and Supports Partnership Supplemental Payment to Nursing Facilities.**

Qualifying Private Nursing Facilities

System and Nursing Facility Name	Effective Date
<u>Benchmark Healthcare:</u>	
Benchmark Healthcare of Festus	10/1/12
Benchmark Healthcare of Greenville	10/1/12
Benchmark Healthcare of Harrisonville	10/1/12
Benchmark Healthcare of Lee's Summit	10/1/12
Benchmark Healthcare of Lexington	10/1/12
Benchmark Healthcare of Loma Linda	10/1/12
Benchmark Healthcare of Matthews	10/1/12
Benchmark Healthcare of Monett	10/1/12
Benchmark Healthcare of Portageville	10/1/12
Benchmark Healthcare of Raytown	10/1/12
Benchmark Healthcare of Rolla	10/1/12
Benchmark Healthcare of St. Charles	10/1/12
Benchmark Healthcare of Wildwood	10/1/12
Benchmark Healthcare of Willowbrooke	10/1/12
Harrisonville Healthcare	10/1/12
Heritage Gardens of Senath	10/1/12
Heritage Gardens of Senath South	10/1/12
Heritage Gardens of Sikeston	10/1/12
<u>Platinum Health Care:</u>	
Big Spring Care Center	10/1/12
Buffalo Prairie Care Center	10/1/12
Cassville Health Care and Rehab	10/1/12
Country Aire Retirement Estates	10/1/12
Edgewood Manor Nursing Home	10/1/12
Festus Manor	10/1/12
Georgian Gardens	10/1/12
Golden Years	10/1/12
Gregory Ridge Living Center	10/1/12
La Verna Village Nursing Home	10/1/12
Marshfield Care Center	10/1/12
Parkway Health and Rehab	10/1/12

Qualifying Public Nursing Facilities

System and Nursing Facility Name	Effective Date
<u>Pemiscot Memorial Health Systems:</u>	
Pemiscot Memorial Nursing Home	10/1/12
Caruthersville Nursing Center	10/1/12