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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 13-17

This file contains the following documents in the order listed:

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



Division of Medicaid and Children's Health Operations

December 20, 2013

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

Dear Mr. Kinkade:

On September 25, 2013, the Centers for Medicare & Medicaid Services (CMS) received Missouri's State Plan Amendment (SPA) transmittal #13-17, which provides for a COLA rate increase to the current fee-for-services rates for Comprehensive Substance Treatment and Rehabilitation (CSTAR) providers.

This SPA was approved today, with an effective date of October 1, 2013, as requested by the state. Enclosed is a copy of the CMS 179 form, as well as, the approved pages for incorporation into the Missouri State Plan.

If you have any questions concerning this SPA, please contact me at (816)426-5925 or have your staff contact Kevin Slaven at (816) 426-5925.

Sincerely,

//s//

Megan Buck
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Joe Parks, M.D.

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 3 -- 1 7</u>	2. STATE Missouri
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2013		

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 Part 447 Subpart A, B, and F	7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$ <u>.8 million</u> b. FFY <u>2015</u> \$ <u>.8 million</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 6bb	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 6bb
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10. SUBJECT OF AMENDMENT:
 This state plan provides for a COLA rate increase to the current fee-for-services rates for Comprehensive Substance Treatment and Rehabilitation (CSTAR) providers.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT *SK*
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPE NAME: Brian Kinkade 14. TITLE: Acting Director 15. DATE SUBMITTED:	16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 25, 2013	18. DATE APPROVED: December 20, 2103
PLAN APPROVED - ONE COPY ATTACHED	

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Megan Buck	22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS:

- (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 CSTAR procedure codes and the Medicaid fee schedule rates will be published on the MO HealthNet website at www.dss.mo.gov.mhd beginning October 1, 2013.

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.

State Plan TN# MO 13-17
Supersedes TN # MO 11-03

Effective Date October 1, 2013
Approval Date December 20, 2013