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State/Territory Name: MO

State Plan Amendment (SPA) #: 21-0025

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

Financial Management Group

January 11, 2022

Robert Knodell, Acting Director
Missouri Department of Social Services
P.O. Box 1527
Jefferson City, MO 65102-1527

RE: Missouri Medicaid State Plan Amendment TN: 21-0025

Dear Ms. Knodell:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0025. This Medicaid State Plan Amendment (SPA) will allow inpatient psychiatric services for individuals under the age of 22 to be provided in private psychiatric residential treatment facilities (PRTF) and includes a reimbursement methodology for this new setting.

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 is approved effective October 1, 2021. We are enclosing the CMS-179 and the amended plan pages.

If you have any additional questions or need further assistance, please contact Fred Sebree at fredrick.sebree@cms.hhs.gov.

Sincerely,



Rory Howe
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> <u>0</u> <u>0</u> <u>25</u>	2. STATE MO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2021	

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 441, Subpart D	7. FEDERAL BUDGET IMPACT a. FFY 2022 \$ 14,550,849 b. FFY 2023 \$ 14,550,849
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 18 Attachment 4.19-A, Page 25	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 18, TN#02-11 Attachment 4.19-A, Page 25 is new

10. SUBJECT OF AMENDMENT
This State Plan Amendment (SPA) proposes to allow inpatient psychiatric services for individuals under age 22 to be provided in private psychiatric residential treatment facilities (PRTF) and includes a reimbursement methodology for private PRTF.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT **SLU** 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. TYPED NAME Jennifer R Tidball	
14. TITLE Acting Department Director	
15. DATE SUBMITTED 10-14-21	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 10/18/2021	18. DATE APPROVED 01/11/2022
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/2021	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Rory Howe	22. TITLE Director

23. REMARKS

15.a Intermediate Care Facilities Services

No payment for services will be made if the requirement for preadmission screening has not been made prior to admission and a determination made that nursing home placement is appropriate.

Intermediate care facilities services are limited to participants who are medically certified as requiring this level of care by the state agency Medical Consultant. Duration of service coverage is conditional upon periodic, subsequent recertification.

15.b Including Such Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities

Intermediate care facility for individuals with intellectual disabilities services are limited to participants who are medically certified as requiring this level of care by the state agency Medical Consultant. Duration of service covered conditional upon periodic, subsequent recertification.

16.a Inpatient Psychiatric Facility Services for Individuals Under 21 Years of Age

Inpatient psychiatric facility services are limited to those provided for those participants who are medically certified as requiring this level of care in accordance with 42 CFR 441.152. Services are limited to individuals under the age of twenty-one (21), or if receiving the services immediately before attaining the age of twenty-one (21), not to extend beyond the earlier of:

- (1) the date the services are no longer required; or
- (2) the date the individual reaches the age of twenty-two (22).

Coverage of services will be limited to those provided within:

- (1) a psychiatric hospital that
 - a. undergoes a state survey to determine whether the hospital meets the requirements for participation in Medicare as a psychiatric hospital as specified in 42 CFR 482.60; or
 - b. is accredited by a national organization whose psychiatric hospital accrediting program has been approved by CMS, or
- (2) a general hospital with an inpatient psychiatric program that
 - a. undergoes a state survey to determine whether the hospital meets the requirements for participation in Medicare as a hospital, as specified in 42 CFR 482, or
 - b. is accredited by a national accrediting organization whose hospital accrediting program has been approved by CMS, or
- (3) a psychiatric facility operated by the Missouri Department of Mental Health and accredited by The Joint Commission. General medical or surgical care which may be required and provided while the participant is receiving psychiatric services in a state mental hospital is subject to the same benefits and limitations as apply to services received in a participating general hospital. Benefits as may be available to the participant under Title XVIII, Part A, Medicare for inpatient psychiatric facility services are required to be utilized, or
- (4) in a Psychiatric Residential Treatment Facility (PRTF) that is accredited in accordance with the requirements of 42 CFR § 441.151 and is certified as complying with the requirements at 42 CFR 441 Subpart D and the condition of participation at 42 CFR 483 Subpart G by the designated state agency for which such authority has been granted, and enrolled as a Title XIX provider with the Department of Social Services.

State Operated Psychiatric Residential Treatment Facilities (PRTF) Services for Individuals Under the Age of 21:

The MO HealthNet Division shall reimburse state operated PRTFs for services based on the individual participant's days of care multiplied by the facility's Title XIX per diem rate less any payments made by participants.

The per diem for the state operated PRTF is calculated as follows:

1. Determine the total costs from the 2nd prior year hospital cost report (i.e. FY 2021 per diem rate is based off the hospital's 2019 cost report) for PRTF services
2. Trend the total cost of the state operated PRTF by the Hospital Market Basket index as published in Healthcare Cost Review by Institute of Health Systems (IHS), or equivalent publication, regardless of any changes in the name of the publication or publisher.
3. Determine the total PRTF patient days from the DMH CIMOR system for the 2nd prior year to correspond with the hospital cost report.
4. Divide the trended cost as determined in 2 by the total patient days as determined in 3 to arrive at the State Operated PRTF per diem.

The per diem is updated each state fiscal year using the 2nd prior year cost report.

Private Psychiatric Residential Treatment Facilities (PRTF) Services for Individuals Under the Age of 21:

MHD shall reimburse private PRTFs a per diem rate that allows access to care and services comparable to the general public. The per diem rate, which is consistent with efficiency, economy, and quality of care, was derived from projected cost study data provided to MHD by privately owned facilities. The private PRTF fee schedule rate will be published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.