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State/Territory Name: Missouri

State Plan Amendment (SPA) MO: 23-0027

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

August 2, 2024

Todd Richardson
Director, MO HealthNet
Missouri Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, MO 65102

RE: TN MO-23-0027

Dear Director Richardson:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B MO-23-0027, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 16th, 2023. This state plan amendment incentivizes DD TCM staff to complete the Person-Centered Thinking (PCT) and the Fatal Five for Case Managers training to improve the quality of care and quality of life for individuals with developmental disabilities.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

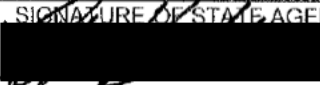
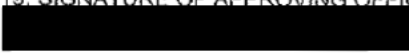
If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or Robert.Bromwell@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER <u>2 3 — 0 0 2 7</u></p>	<p>2. STATE <u>MO</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 441.18</p>		<p>4. PROPOSED EFFECTIVE DATE October 1, 2023 July 1, 2024</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 4aaa-1 and 4aaa-2</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> 2024 \$ <u>282,325</u> b. FFY <u>2024</u> 2025 \$ <u>1,134,000</u></p>	
<p>9. SUBJECT OF AMENDMENT This SPA amendment adds two new Value Based Payments (VBP) for the Division of Developmental Disabilities (DD) Targeted Case Management (TCM) providers effective October 1, 2023. July 1, 2024.</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 4aaa-1 and 4aaa-2</p>	
<p>10. GOVERNOR'S REVIEW (Check One) SLV</p> <p><input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> OTHER, AS SPECIFIED:</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102</p>		
<p>12. TYPED NAME Robert J. Knodell</p>	<p>16. DATE RECEIVED October 16th, 2023</p>		
<p>13. TITLE Director</p>			
<p>14. DATE SUBMITTED <u>9-29-23</u></p>	<p>FOR CMS USE ONLY</p>		
<p>17. DATE APPROVED August 2, 2024</p>		<p>PLAN APPROVED - ONE COPY ATTACHED</p>	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024</p>		<p>19. SIGNATURE OF APPROVING OFFICIAL </p>	
<p>20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion</p>		<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review</p>	
<p>22. REMARKS</p> <p>Pen and ink change requested on July 16, 2024 to boxes 4 and 9 from October 1, 2023 to July 1, 2024.</p> <p>Pen and ink change requested on July 25th to box 6.a from 2023 to 2024 and 6.b from 2024 to 2025.</p>			

State Missouri

Pay for Reporting

The purpose of the MO Person Center Thinking training is to impact health outcome for individuals. DD TCM providers are eligible for a reporting payment for submitting data elements when DD TCM staff serving in the role of the Health Risk Screening Tool (HRST) rater have completed all three components of the MO Person Centered Thinking (PCT) training. The performance period shall be a state fiscal year (7/1 – 6/30) starting 7/1 of state fiscal year 2025 and ending 6/30 of state fiscal year 2025. The data element reporting period is quarterly for a standardized one-time payment rate of \$1,196.00 to the TCM agency for each staff serving in the role of the MO HRST Rater that complete the designated MO PCT training and submit the data elements to the state. The reporting payment will be disbursed within 6 months following the end of state fiscal year 2025. Additional payment and reporting details are located on the Division's webpage Value Based Payments (VBP) | <https://dmh.mo.gov/dev-disabilities/value-based-payments>.

The purpose of the Fatal Five training is to impact health outcome for individuals. DD TCM providers are eligible for a reporting payment for submitting data elements when DD TCM staff serving in the role of the HRST rater have completed the Fatal Five for Case Managers training in the electronic system. The performance period shall be a state fiscal year (7/1 – 6/30) starting 7/1 of state fiscal year 2025 and ending 6/30 of state fiscal year 2025. The data element reporting period is quarterly for a standardized one-time payment rate of \$520.00 to the TCM agency for each assigned staff serving in the role MO HRST Rater that completes the designated Fatal Five for Case Managers training and submit the data elements to the state. The reporting payment will be disbursed within 6 months following the end of state fiscal year 2025. Additional payment and reporting details are located on the Division's webpage Value Based Payments (VBP) | <https://dmh.mo.gov/dev-disabilities/value-based-payments>.

Method for establishing payment rates for case management services for Severely Emotionally Disturbed (SED) children

The state agency will reimburse Targeted Case Management providers at fee-for-service rates. The state payment for each service will be the lower of:

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

A single rate is established for each unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services offered by TCM providers (as detailed in Section 3.1-A of the state plan). The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after July 1, 2022.

State Plan TN# 23-0027
Supersedes TN# 23-0004

Effective Date 07/01/2024
Approval Date August 2, 2024

State Missouri

Method for establishing payment rates for case management services for chronically mentally ill adults.

The state agency will reimburse Targeted Case Management providers at fee-for-service rates. The state payment for each service will be the lower of:

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

A single rate is established for each unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services offered by TCM providers (as detailed in Section 3.1-A of the state plan). The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after July 1, 2022.

State Plan TN# 23-0027
Supersedes TN# new page

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