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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 21-0026

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

20 August, 2021

Jennifer Tidball
Acting Director
Missouri Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, MO 65102

RE: TN 21-0026

Dear Ms. Tidball:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B, MO-21-0026, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 19, 2021. This State Plan Amendment provides for an increase of the maximum allowable reimbursement rate for Personal Care, Private Duty Nursing and HCY Home Health Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 26

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

July 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 447

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 6,854,828

b. FFY 2022 \$ 27,419,312

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B Pages: 2b, 4a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19B Pages: 2b, 4a

10. SUBJECT OF AMENDMENT

This State Plan Amendment (SPA) proposes to update the fee schedule for certain MO HealthNet State Plan services due to an increase appropriated by the State Legislature.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT *SLV*

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

13. TYPED NAME

Jennifer R. Tidball

14. TITLE

Acting

15. DATE SUBMITTED

7/15/21

16. RETURN TO

MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

July 15, 2021

18. DATE APPROVED

August 20, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

State: Missouri

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of lab services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at: <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

FAMILY PLANNING

The state agency will pay for medical services which are identified as qualified Family Planning services. The payment will be in accordance with the standards and methods herein described as apply to the provider type represented.

The state payment for each service will be made on the lower of: .

- (1) The provider's actual charge for the service, or;
- (2) The maximum allowable fee or rate as determined by the state agency.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Family Planning services. The agency's fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (E.P.S.D.T.)

Reimbursement for EPSDT services provided in accordance with the provisions of section 6403 of PL. 101-239 and federal regulations as promulgated thereunder shall be made on the basis of reasonable allowance fee schedules or per-diem rates, if applicable, as determined by the, state agency, and in accordance with the standards and methods herein described as applicable to the service and provider type represented. The state payment for each service will be made on the lower of:

- (1) The provider's actual charge for the service, or;
- (2) The maximum allowable fee or rate as determined by the state agency.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT services. The agency's fee schedule rate was set as of July 1, 2021 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

Reimbursement Methodology for Licensed Behavior Analysts and Licensed Psychologists:

- (A) MO HealthNet shall provide reimbursement to enrolled Licensed Behavior Analysts (LBAs) and Licensed Psychologists (LPs), who are currently licensed and in good standing with the state, for services provided within their scope of practice. Payment for services rendered by Licensed Assistant Behavior Analysts (LABAs) shall be made to the LBA supervising and employing these personnel. Payment for services rendered by technicians shall be made to the LBA or LP supervising and employing these personnel. If the LBA or LP operates through an agency or corporate entity, payment may be made to that agency or entity. Reimbursement for services shall not be made to or for services rendered by a parent, a legal guardian, or other legally responsible person.
- (B) Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable amount per unit of service. Reimbursement shall only be made for services authorized by MO HealthNet or its designee.
- (C) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of ABA services. The agency's fee schedule was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

State: Missouri

Personal Care Services

a. Personal Care Services (Agency Model):

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. RN supervisory visits provided in Residential Care Facilities are billed by the provider at a separate rate per visit and do not duplicate services already provided by the facility. The state payment for each service shall be the lower of:

- (1) The provider's actual charge for the services; or
- (2) The established rate per service unit or visit as determined by the state agency.

The total monthly payment made on behalf of an individual cannot exceed sixty percent (60%) of the average statewide monthly cost for care in a nursing institution (excluding state mental intermediate care facilities).

The total monthly payment for personal care for individuals eligible for advanced personal care services may not exceed 100% of the average statewide monthly cost for care in a nursing institution (excluding state mental intermediate care facilities).

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of personal care services. The agency's fee schedule rate was set as of July 1, 2021, and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

The fee schedule, as described, applies to all levels of personal care (basic, advanced, and RN supervisory visits). There is a variation in the rates paid according to the setting where services are delivered.

The amount of time associated with one unit of basic and advanced Personal Care is 15 minutes. The RN supervisory visit is a per visit unit. Any rate paid for furnishing personal care services to Medicaid beneficiaries does not include a cost consideration for room and board.

b. Personal Care Assistance (Consumer-Directed Model)

Reimbursement for services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. The total monthly payment for personal care assistance for individuals shall not exceed 60% of the average statewide monthly cost for care in a nursing institution (excluding state mental intermediate care facilities). The State payment for services shall be the lower of:

- (1) The vendor's actual charge for the services; or
- (2) The established rate per service unit as determined by the state agency.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of personal care services. The agency's fee schedule rate was set as of July 1, 2019, and is effective for services provided on or after that date. All rates are published at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.

The amount of time associated with one unit of Personal Care Assistance is 15 minutes. The RN supervisory visit is a per visit unit. Any rate paid for furnishing personal care services to Medicaid beneficiaries does not include a cost consideration for room and board.