

## **Table of Contents**

**State/Territory Name: MO**

**State Plan Amendment (SPA) #: 13-0018**

This file contains the following documents in the order listed:

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



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**Financial Management Group**

**OCT 06 2015**

Mr. Brian Kinkade, Director  
Missouri Department of Social Services  
Broadway State Office Building  
PO Box 1527  
Jefferson City, MO 65102

RE: Missouri State Plan Amendment TN: 13-18

Dear Mr. Kinkade:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-018. This amendment provides for annual supplemental payments to non-state government owned or operated nursing facilities. There are three facilities that qualify for payments: Pemiscot Memorial Hospital; Caruthersville Nursing Center; and Truman Medical Center Lakewood.

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 13-18 is approved effective June 29, 2014. 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,



Timothy Hill  
Director

A handwritten signature in black ink, appearing to be 'f' followed by a flourish.

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 3 -- 1 8</u>	2. STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>July 1, 2013</u> <u>June 29, 2014</u>	

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 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> <del>\$ 1.0 million</del> <u>2014</u> \$ 3,009 b. FFY <u>2014</u> <del>\$ 5.4 million</del> <u>2015</u> \$ 3,409
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-D <del>Pages 60 L, 60 I and 60 M</del> <u>Pages 60 G and 60 N</u>	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D <del>Pages 60 L, 60 I and 60 M</del> <u>Page 60 G</u>


10. SUBJECT OF AMENDMENT:

This amendment updates the payment amount and the qualifying public and private nursing facilities for State fiscal year 2014.


11. GOVERNOR'S REVIEW (Check One)

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: <u>OCT 06 2015</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>6/29/14</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <u>Kristen FAN</u>	22. TITLE: <u>Deputy Director, FMG</u>
23. REMARKS: <u>* Pen &amp; Ink changes to boxes 4, 7, 8 and 9. Tue</u>	

- (E) Effective for SFY 2013, from July 1, 2012 through June 30, 2013, Public/Private Long Term Care Services and Supports Partnership Supplemental Payments to Nursing Facilities (Partnership Supplemental Payment) shall be made as set forth below in 1. – 7. 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 facility 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)2.A.I. by the number of quarters in the fiscal period to obtain the quarterly funding amount.
      - II. Allotment between the qualifying publicly owned nursing facilities and qualifying privately owned nursing facilities will be calculated as follows:
        - a. The allotment for qualifying public owned nursing facilities will be the funding calculated in (13)(E)2.A.I. multiplied by 80%.
        - b. The allotment for qualifying private owned nursing facilities will be the funding calculated in (13)(E)2.A.I. multiplied by 20%.
      - II. 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.

(E-1) Beginning with SFY 2014 UPL Payments made on or after June 29, 2014, Nursing Facility UPL Payments shall be made as set forth below in 1. – 3. Maximum aggregate payments to all qualifying nursing facilities shall not exceed the upper payment limit defined in 42 CFR 447.272 in each state fiscal year.

1. An annual UPL Payment shall be made at, or after, the end of each state fiscal year (SFY) to qualifying nursing facilities.
2. Qualifying Criteria. Public nursing facilities named in (E-1)2.a. that have executed an agreement with the department are eligible for a UPL Payment and shall be referred to as qualifying nursing facilities. In addition, to qualify for the UPL Payment, each nursing facility must be enrolled in the Medicaid program at the time the UPL payments are calculated and made.

a. Qualifying Nursing Facilities.

- I. Beginning with SFY 2014 UPL Payments made on or after June 29, 2014, the following are qualifying nursing facilities.

- a) Pemiscot Memorial Hospital
- b) Caruthersville Nursing Center
- c) Truman Medical Center Lakewood

3. Reimbursement Methodology. The annual UPL Payment made to qualifying nursing facilities shall be equal to each facility's unreimbursed costs determined from the facility's second prior year Medicaid cost report, subject to the Medicare Upper Payment Limit. The facility's unreimbursed cost is determined by subtracting the facility's total net revenues (Revenue Line 45, Column 1) from the facility's total cost (Expense Line 160, Column 1). If the total unreimbursed cost for all qualifying facilities exceeds the Medicare UPL, the payment shall be limited to the UPL gap and shall be proportionately distributed to the qualifying facilities based on each facility's unreimbursed cost to the total unreimbursed costs.

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State Plan TN # MO 13-18  
Supersedes New Page

Effective Date: 6/29/14  
Approval Date: OCT 06 2015