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**State/Territory Name: MO** 

State Plan Amendment (SPA) #: 15-0005

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



## **Financial Management Group**

APR 06 2016

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

RE: Missouri State Plan Amendment TN: 15-05

Dear Mr. Kinkade:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 15-05. This amendment provides for a per diem increase of two dollars and nine cents (\$2.09) for nursing facility and HIV nursing facility services. This per diem increase will be in effect for dates of service from January 1, 2016 through June 30, 2016.

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 15-05 is approved effective January 1, 2016. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Kristin Fan Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES REALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1 5 - 0 5	Missouri	
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DA	TE '	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2016		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDER	RED AS NEW PLAN 🔯 AMENDMEN'	Γ	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN	AMENDMENT (Separate Transmittal for each	amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPA	7. FEDERAL BUDGET IMPACT: (in thousands)	
42 CFR 447 Subpart C	a. FFY 2016 \$ 6,200 b. FFY 2017 \$ 0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION		
6, FAGE NOWIDER OF THE FEAR SECTION OR AT INCLUDENT.	OR ATTACHMENT (If Applicable):		
Attachment 4.19-D	Attachment 4.19-D		
Pages 52 E and 165 F	Page 165 F	· · · · · · · · · · · · · · · · · · ·	
	(52 E is a new State Plan	page)	
10. SUBJECT OF AMENDMENT:			
This amendment provides for a per diem increase to nursing facility a			
nine cents (\$2.09) increase to the current per diem rate effective for a that future trend adjustments will be determined from the amount through the MO HealthNet Division web site.	dates of service beginning January 1, 2016. This approved by the General Assembly and the service of the servic	nis amendment also indicates the Governor and published	
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	FIFD:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		i ibb.	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16: RETURN TO:		
	MO HealthNet Division		
	P.O. Box 6500		
13. TYPE NAME; Brian Kinkade	Jefferson City, MO 65102		
14. TITLE: Director 15. DATE SUBMITTED:	-		
	OFFICE USE ONLY		
	18: DATE APPROVED:	one of the state o	
17. DATE RECEIVED: PLAN APPROVED		'R <b>0 6</b> 2016	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 0 1 2016	20. SIGNATURE OF REGIONAL OFFICE	AL:	
21. TYPED NAME: KAUSTIN FAN	Director, Full		
23, REMARKS:			

FORM HCFA-179 (07-92)

19. January 1, 2016 – June 30, 2016 trend adjustment –

A. Facilities with either an interim rate or a prospective rate in effect on January 1, 2016, shall be granted an increase to their per diem rate effective for dates of service beginning January 1, 2016, of two dollars and nine cents (\$2.09) to allow for a trend adjustment to ensure quality nursing facility services.

B. The trend adjustment will not be added to the facility's rate after June 30, 2016.

## 14. FY-2015 trend adjustment –

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2014, shall be granted an increase to their per diem rate effective for dates of service beginning July 1, 2014, of one dollar and twenty-five cents (\$1.25) to allow for a trend adjustment to ensure quality nursing facility services.

B. The trend adjustment shall be added to the facility's current rate as of June 30, 2014, and is effective for dates of service beginning July 1, 2014.

15. January 1, 2016 – June 30, 2016 trend adjustment –

A. Facilities with either an interim rate or a prospective rate in effect on January 1, 2016, shall be granted an increase to their per diem rate effective for dates of service beginning January 1, 2016, of two dollars and nine cents (\$2.09) to allow for a trend adjustment to ensure quality nursing facility services.

B. The trend adjustment will not be added to the facility's rate after June 30, 2016.

State Plan TN # MO 15-05 Supersedes TN # MO 14-16 Effective Date: 01/01/16
Approval Date: APR 0 6 2016