

Table of Contents

State/Territory Name: MO

State Plan Amendment (SPA) #: 17-0008

This file contains the following documents in the order listed:

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



Financial Management Group

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

JUN 7 2018

RE: Missouri Medicaid State Plan Amendment TN: 17-008

Dear Dr. Corsi:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 17-008. This amendment decreases non-state operated intermediate care facility for individuals with intellectual disabilities (ICF-IID) per diem rates by 2.82 percent. The state assures that the rates do not impinge on access to non-state ICF-IID services and beneficiaries' access to services are adequate. The State did not receive any comments regarding the rate reduction or its effect on access to services throughout the entire legislative and public processes associated with this SPA. Based on this information, we are inferring that the amendment does not affect consistency with the access to care requirements described in section 1902(a)(30)(A) of the Social Security Act.

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 17-008 is approved effective September 1, 2017. We are enclosing the CMS-179 and the amended plan page.

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

Sincerely,

Kristin Fan
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

1 7 - 0 0 8

2. STATE

Missouri

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT
(MEDICAID)

4. PROPOSED EFFECTIVE DATE

September 1, 2017

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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: (in thousands)

a. FFY 2017 \$ (11.2)

b. FFY 2018 \$ (137.3)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D
Page 181 C

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

Attachment 4.19-D
Page 181 C

10. SUBJECT OF AMENDMENT:

This amendment provides for a per diem decrease to nonstate-operated intermediate care facility for individuals with intellectual disabilities per diems of 2.82% effective for dates of service beginning September 1, 2017.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME: Steve Corst, Psy. D.

14. TITLE: Acting Director

15. DATE SUBMITTED:

16. RETURN TO:

MO HealthNet Division

P.O. Box 6500

Jefferson City, MO 65102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

JUN 7 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
SEP 1 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristin Fan

22. TITLE:

23. REMARKS:

- O. FY-2016 trend factor. Effective for dates of service beginning February 1, 2016, all nonstate-operated ICF/IID facilities shall be granted an increase to their per-diem rates of one percent (1%) for the trend factor. This adjustment is equal to one percent (1%) of the per-diem rate paid to nonstate-operated ICF/IID facilities on January 31, 2016.
- P. FY-2017 trend factor. Effective for dates of service beginning September 1, 2016, all nonstate-operated ICF/IID facilities shall be granted an increase to their per-diem rates of two percent (2%) for the trend factor. This adjustment is equal to two percent (2%) of the per-diem rate paid to nonstate-operated ICF/IID facilities on August 31, 2016.
- Q. FY-2018 per diem adjustment. Effective for dates of service beginning September 1, 2017, all nonstate-operated ICF/IID facilities shall be subject to a decrease to their per diem rates of two and eighty-two hundredths percent (2.82%). This adjustment is equal to two and eighty-two hundredths percent (2.82%) of the per diem rate paid to nonstate-operated ICF/IID facilities on August 31, 2017.

State Plan TN # MO 17-008
Supersedes TN # MO 16-13

Effective Date: 09/01/2017
Approval Date: JUN 7 2018

JUN 7 2018