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State/Territory Name: MO

State Plan Amendment (SPA) #: 18-0016

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

November 30, 2018

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

RE: Missouri Medicaid State Plan Amendment TN: 18-0016

Dear Dr. Corsi:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 18-0016. This amendment increases nursing facility (NF) and HIV NF per diem rates by \$7.76 effective for dates of service beginning July 1, 2018.

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 18-0016 is approved effective July 1, 2018. 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,

Kristin Fan Director

Enclosures

1. TRANSMITTAL NUMBER: 1 8 0 0 1 6 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SE (MEDICAID)	2. STATE Missouri
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SE	Missouri
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4. PROPOSED EFFECTIVE DATE	[
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	(in thousands)
a. FFY 2018 \$ 11,700 b. FFY 2019 \$ 47,372	
9. PAGE NUMBER OF THE SUPERS	
OR ATTACHMENT (If Applicable):
Attachment 4,19-D	
Pages 52 F and 165 G	
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B: DATE APPROVED: NOV 3.0	2018
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), SIGNATURE OF REGIONAL OFFICIAL:	
2. TITLE: Director, FMG	
	ENDMENT (Separate Transmittal for each ame 7. FEDERAL BUDGET IMPACT: a. FFY_2018 11,700 b. FFY_2019 47,372 9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable) Attachment 4,19-D Pages 52 F and 165 G V nursing facility per diem reimbursement ratio OTHER, AS SPECIFIEN S: RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102

FORM HCFA-179 (07-92)

21. FY-2018 per diem adjustment ---

A. Facilities with either an interim rate or a prospective rate in effect on August 1, 2017, shall be subject to a decrease in their per diem rate effective for dates of services August 1, 2017 through June 30, 2018, of five dollars and thirty-seven cents (\$5.37).

B. The per diem adjustment of five dollars and thirty-seven cents (\$5.37) shall be deducted from the facility's current rate as of July 31, 2017, and is effective for dates of service beginning August 1, 2017;

C. Effective for dates of service beginning July 1, 2018, the per diem decrease shall be reduced to four dollars and eighty-three cents (\$4.83). A per diem adjustment of fifty-four cents (\$0.54) shall be added to the facilities current rate as of June 30, 2018, which includes the five dollars and thirty-seven cents (\$5.37) decrease, and is effective for dates of service beginning July 1, 2018.

22. FY-2019 trend adjustment —

A. Facilities with either an interim rate or a prospective rate in effect on July 1, 2018, shall be granted an increase to their per diem rate effective for dates of services beginning July 1, 2018, of seven dollars and seventy-six cents (\$7.76) to allow for a trend adjustment;

B. The rate to which the FY-2019 trend adjustment of seven dollars and seventy-six cents (\$7.76) shall be added is the facility's rate as of July 1, 2018 set forth in subparagraph (13)(A)21.C. The FY-2019 trend adjustment shall be effective for dates of service beginning July 1, 2018.

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