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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 20-0003

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/ Division of Reimbursement Review

April 15, 2020

Jennifer Tidball
Acting Director
MO Healthnet Division
P.O Box 6500
Jefferson City, MO 65102

RE: TN 20-0003

Dear Ms. Tidball:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B, MO-20-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 13, 2020. This plan amendment updates the Missouri targeted case management payment methodology to a fee schedule for developmentally disabled individuals with an effective date of July 1, 2020.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

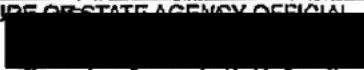

If you have any additional questions or need further assistance, please contact Betsy Pinho at (518) 396-3816 or betsy.pinho@cms.hhs.gov.

Sincerely,



Todd McMillion
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>0</u> — <u>0</u> <u>0</u> 03*	2. STATE Missouri*
		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, 2020	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 441.18		7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0 b. FFY 2021 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 4aaa and 4aaa-1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 4aaa	
10. SUBJECT OF AMENDMENT This State Plan Amendment revises the rate methodology for Targeted Case Management (TCM) for Developmentally Disabled Individuals.			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <i>SU</i> <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102	
13. TYPED NAME <i>Jennifer Tidball</i>			
14. TITLE <i>Acting Director</i>			
15. DATE SUBMITTED <i>02-12-2020</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <i>2/13/2020</i>		18. DATE APPROVED <i>04/15/2020</i>	
PLAN APPROVED - ONE COPY A			
19. EFFECTIVE DATE OF APPROVED MATERIAL <i>7/1/2020</i>		20. SIG  AL	
21. TYPED NAME <i>Todd McMillon</i>		22. TITLE <i>Acting Director Division of Reimbursement Review</i>	
23. REMARKS			

* Pen and Ink changes authorized by Missouri responses on 3/8/2020.

State Missouri

Method establishing payment rates for case management services for developmentally disabled individuals.

The state agency will reimburse Targeted Case Management providers at a fee-for-service rate. A single, statewide fee schedule rate is established for the 5-minute unit. Except as otherwise noted in the state plan, the state-developed fee schedule rate is the same for both governmental and private providers of rehabilitative services offered by TCM providers (as detailed in Section 3.1-A of the state plan).

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

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service.

To develop the fee schedule rate, the following key cost components were considered:

- A. Staff wages
- B. Employee benefits and other employee-related expenses
- C. Productivity
- D. Other service-related expenses
- E. Administrative expenses.

To model the cost components, various market data sources were reviewed including Bureau of Labor Statistics, Missouri-specific staff wages and benefits, and Missouri TCM provider experience. The market assumptions for each cost component were factored together to develop an overall hourly rate, which was then converted to a 5-minute unit.

The State re-examines the rate at least once every five years. At any time during the five-year period, reevaluation of the rate is considered as warranted based upon provider inquiries, service access and budgetary considerations. The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm> and are effective for services provided on or after July 1, 2020. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search", and select "Other Medical".

Method for establishing payment rates for case management services for Severely Emotionally Disturbed (SED) children

The state agency will reimburse Targeted Case Management providers at fee-for-service rates. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service.

A single rate is established for each unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services offered by TCM providers (as detailed in Section 3.1-A of the state plan). The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after July 1, 2019.

State Missouri

Method for establishing payment rates for case management services for chronically mentally ill adults.

The state agency will reimburse Targeted Case Management providers at fee-for-service rates. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service.

A single rate is established for each unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services offered by TCM providers (as detailed in Section 3.1-A of the state plan). The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after July 1, 2019.

State Plan TN# 20-0003

Supersedes TN# New

Effective Date 07/01/2020

Approval Date 04/15/2020