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State/Territory Name: MO

State Plan Amendment (SPA) #: 21-0023

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



Financial Management Group

December 15, 2021

Jennifer Tidball, Acting Director
Missouri Department of Social Services
P.O. Box 1527
Jefferson City, MO 65102-1527

RE: Missouri Medicaid State Plan Amendment TN: 21-0023

Dear Ms. Tidball:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0023. This Medicaid State Plan Amendment (SPA) revises the criteria used to determine safety net hospitals.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), and 1903(a), and 1923 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 is approved effective July 1, 2021. We are enclosing the CMS-179 and the amended plan pages.

If you have any additional questions or need further assistance, please contact Fred Sebree at fredrick.sebree@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Rory Howe
Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 3

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, 2021

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 2021 \$0 million

b. FFY 2022 \$0 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19 A
Page 11

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19 A
Page 11

10. SUBJECT OF AMENDMENT

This State Plan Amendment revises the criteria used to determine safety net hospitals.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT *SS*

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

13. TYPED NAME

Jennifer R. Tidball

14. TITLE

Acting Director

15. DATE SUBMITTED

09-23-21

16. RETURN TO

MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

9/27/2021

18. DATE APPROVED

December 15, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/2021

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

Rory Howe

22. TITLE

Director

23. REMARKS

4. As determined from the fourth prior year audited cost report,
- (a) The acute care hospital has an unsponsored care ratio of at least sixty-five percent (65%) and is licensed for less than fifty inpatient beds; or
 - (b) The acute care hospital has an unsponsored care ratio of at least sixty-five percent (65%) and is licensed for fifty inpatient beds or more and has an occupancy rate of more than forty percent (40%); or
 - (c) A public non-state governmental acute care hospital with a low income utilization rate (LIUR) of at least fifty percent (50%) and a Medicaid inpatient utilization rate (MIUR) greater than one standard deviation from the mean, and is licensed for fifty inpatient beds or more and has an occupancy rate of at least forty percent (40%); or
 - (d) The hospital is owned or operated by the Board of Curators as defined in Chapter 172, RSMo; or.
 - (e) The Hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders.
5. As determined from the fourth prior year audited cost report, hospitals which annually provide more than five thousand (5,000) Title XIX days of care and whose Title XIX nursery days represent more than fifty percent (50%) of the hospital's total nursery days.

- B. Those hospitals which meet the criteria established in paragraphs VI.A.1., 2., and 4. shall be deemed Safety Net Hospitals. Those hospitals which meet the criteria established in V.A.1. and 3. shall be deemed First Tier DSH. Those hospitals which meet only the criteria established in paragraphs VI.A.1., 2., or 5. shall be deemed Second Tier DSH.
- C. A hospital not meeting the requirements in subsection VI.A., but has a Medicaid inpatient utilization percentage of a least one percent (1 %) for Medicaid eligible recipients may at the option of the state be deemed a Disproportionate Share Hospital (DSH). These facilities may receive only the DSH payments identified in section XVII.