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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 21-0038

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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



March 15, 2022

Robert Knodell
Acting Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102

Re: Missouri State Plan Amendment (SPA) 21-0038

Dear Mr. Knodell:

On December 16, 2021, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan (SPA) No. 21-0038. This State Plan Amendment includes the following revisions to Certified Community Behavioral Health services:

- Removes face-to-face requirement in order to constitute a visit;
- Adds telemedicine and mobile unit as a place of service;
- Clarifies definition of crisis intervention;
- Updates practitioners who can provide services and also name of practitioner with;
- Adds Resident Physician as a qualifying practitioner; and,
- Updates rate methodology pages for effective date, rate methodology for initial payment rates and for rate reconsiderations, and quality incentive payment.

We are pleased to inform you that SPA 21-0038 was approved on March 14, 2022, with an effective date of April 1, 2022 as requested by the state. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Missouri State Plan.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott.

Digitally signed by James G.
Scott -5
Date: 2022.03.15 16:52:58 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Todd Richardson, SMD, MHD
Glenda Kremer MHD
Sophia Hinojosa, Program Branch Manager

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>2 1 ... 0038</u>	2. STATE: Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022 * April 1, 2022	

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 431 Subpart M, 42 CFR 447 Subpart A, B, and F	7. FEDERAL BUDGET IMPACT: a. FFY FFY 22 \$ 3 million b. FFY FFY 23 \$ 4 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Pages 17aaaaa-4, 17aaaaa-9, 17aaaaa-11, 17aaaaa-14, 17aaaaa-15, 17aaaaa-17, 17aaaaa-18, 17aaaaa-19, 17aaaaa-20, 17aaaaa-21 Attachment 4.19-B Pages 6bbb, 6bbb-1 and 6bbbb	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (if Applicable): Attachment 3.1-A Pages 17aaaaa-4, 17aaaaa-9, 17aaaaa-11, 17aaaaa-14, 17aaaaa-15, 17aaaaa-17, 17aaaaa-18, 17aaaaa-19, 17aaaaa-20, 17aaaaa-21 Attachment 4.19-B Pages 6bbb and 6bbbb

10. SUBJECT OF AMENDMENT:

This State Plan Amendment includes the following revisions to Certified Community Behavioral Health Organization services:

- Removes face-to-face requirement in order to constitute a visit;
- Adds telemedicine and mobile unit as a place of service;
- Clarifies definition of crisis intervention;
- Updates practitioners who can provide services and also name of practitioner;
- Adds Resident Physician as a qualifying practitioner;
- Updated rate methodology pages for effective date, rate methodology for initial payment rates and for rate reconsiderations, and quality incentive payment; and
- Other clarifying changes.



11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPE NAME: <u>Robert J. Knodel II</u>	
14. TITLE: <u>Acting Director</u>	
15. DATE SUBMITTED: <u>11-29-2021</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>12/16/2021</u>	18. DATE APPROVED: <u>March 14, 2022</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>4/1/2022</u>	20. SIGNATURE OF REGIONAL OFFICIAL: Digitally signed by James G. Scott -5 Date: 2022.03.15 16:53:30 -05'00'
21. TYPED NAME: <u>James G. Scott</u>	22. TITLE: <u>Director, Division of Program Operations</u>

23. REMARKS: * pen and ink change to new effective date per e-mail from the state dated 3/9/2022

13.d Rehabilitative Services

Certified Community Behavioral Health (CCBH) Services

Covered Services

The provision of the following CCBH services may constitute a visit when provided to an individual:

1. Assertive Community Treatment
2. Behavioral Assessment
3. Community Support
4. Counseling (Individual, Group & Family)
5. Crisis Intervention
6. CSTAR Day Treatment
7. Day Treatment
8. Family Conference
9. Group Behavioral Health Counseling
10. Intensive Community Psychiatric Rehabilitation
11. Medication Administration
12. Medication Management
13. Modified Medical Withdrawal Management
14. Peer and Family Support
15. Psychological Testing
16. Psychosocial Rehabilitation
17. Treatment Planning

The following matrix provides a description of each service as well as the practitioners qualified to provide each service.

<p>Assertive Community Treatment (ACT)</p>	<p>This service is provided by transdisciplinary teams recognized by the Department of Mental Health as demonstrating fidelity to the evidence-based principles and components of ACT based on the internationally recognized Tool for Measurement of Assertive Community Treatment (TMACT). Team members have a shared caseload, and provide a flexible array of community behavioral health services, based on assertive outreach and designed to promote recovery from serious mental illness and/or co-occurring substance use disorders for individuals with the most challenging and persistent problems.</p>	<p>Each ACT team, at a minimum, includes the following practitioners:</p> <ul style="list-style-type: none"> • A licensed Qualified Mental Health Professional (QMHP) team leader • Physician • Nurse • Peer Specialist • Community Support Specialists
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13.d Rehabilitative Services
CCBH Services (cont.)

<p>CSTAR Day Treatment</p>	<p>Day treatment combines group rehabilitative support with medically necessary activities that are both structured and therapeutic and focus on providing opportunities for individuals to apply and practice healthy skills, decision-making and appropriate expression of thoughts and feelings. This service is designed to assist the individual with compensating for, or eliminating functional deficits, and interpersonal and/or environmental barriers associated with substance use disorders. The intent is to restore, to the fullest extent possible, the individual to an active and productive member of his or her family, community, and/or culture. This service is provided in a group setting.</p> <p>This service is provided in a setting, of 16 beds or less and do not meet the requirements of an IMD, certified by the Department of Mental Health; also, this service does not include the provision of room and board.</p> <p>Components:</p> <ul style="list-style-type: none"> • When an individual’s skills are negatively impacted by a substance use disorder, providing group rehabilitative support, based on individualized needs and treatment plans, designed to promote an understanding of the relevance of the nature, course and treatment of substance use disorders, to assist individuals in understanding their individual recovery needs and how they can restore functionality. • Assistance in the development and implementation of lifestyle changes needed to cope with the side effects of addiction or psychotropic medications, and/or to promote recovery from the disabilities, negative symptoms and/or functional deficits associated with the substance use disorder. • Assistance with the restoration of skills and use of resources to address symptoms that interfere with activities of daily living and community integration. 	<p>A team that consists of Group Rehabilitation Support Provider and Treatment Technicians</p>
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13.d Rehabilitative Services
CCBH Services (cont.)

Day Treatment (Child and Youth) (continued)	<ul style="list-style-type: none"> • Medication Management, as described under the service description for "Medication Management" • Counseling (Individual, Group & Family), as described under the service description for "Counseling (Individual, Group & Family)" • Community Support, as described under the service description for "Community Support" • Family Support, as described under the service description for "Peer and Family Support" • Psychosocial Rehabilitation, as described under the service description for "Psychosocial Rehabilitation" 	
Family Conference	<p>A substance use intervention service that enlists the support of the natural support system through meeting with family members, referral sources, and significant others about the individual's treatment plan and discharge plan. The service must include the individual, and must be for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's treatment plan, and for assisting in the individual's recovery.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Communicating about issues at home that are barriers to treatment plan goals. • Identifying relapse triggers and establishing a relapse prevention plan. • Assessing the need for family counseling or other referrals to support the family system. • Participating in a discharge conference. 	QAP, or Associate Substance Use Counselor

13.d Rehabilitative Services
CCBH Services (cont.)

Medication Administration	<p>Services designed to assure the appropriate administration and continuing effectiveness of psychiatric and substance use disorder treatment medications.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> • Any therapeutic injection of medication(subcutaneous or intramuscular) • Providing consumers information regarding medications • Recording of vital signs • Monitoring health status and risk factors that may affect the use of and/or impact of medications • Administration of the AIMS 	Physician, advanced practice registered nurse, registered nurse, licensed practical nurse,physician assistant
Medication Management	Goal-oriented interactions to assess the appropriateness of medications in an individual's treatment; periodically evaluating and re-evaluating the efficacy of the prescribed medications; and providing ongoing managementof a medication regimen within the context of an individual's treatment plan.	Licensed Physician, Licensed Psychiatrist, Licensed Child Psychiatrist, [Psychiatric Resident], Licensed Physician Assistant, Licensed Assistant Physician, Resident Physician or Advanced Practice Registered Nurse who is in a collaborating practice arrangement with a licensed physician
Medically Monitored Withdrawal Management	Withdrawal management is the process of withdrawing an individual from a specific psychoactive substance (alcohol, illegal drugs, and/or prescription medications) in a safe and effective manner to restore the individual to the functionality of someone not under the influence of drugs or alcohol. This service consists of the provision of care to individuals whose intoxication or withdrawal signs and symptoms are sufficiently severe to require 24-hour supervised medical care and monitoring; however, the full resources of a hospital setting are not necessary. This service is provided in a residential setting, of 16 beds or less, certified by the Department of Mental Health; however, this service does not include the provision of room and board.	<p>A team including:</p> <ul style="list-style-type: none"> • A physician, Assistant Physician, Physician Assistant, Resident Physician, or advanced practice nurse (APN) who is on call 24 hours per day, seven days per week to provide medical evaluation and ongoing withdrawal management • Licensed nursing staff who must be present 24 hour per day • A registered nurse (RN) with relevant education, experience, and competency must be one site or available byphone for 24 hour supervision

13.d Rehabilitative Services
CCBH Services (cont.)

<p>Medically Monitored Withdrawal Management (continued)</p>	<p><u>Components</u></p> <ul style="list-style-type: none"> • Medically supervised monitoring of vital signs, health status, and withdrawal symptoms • Medication management. • Referral to ongoing treatment following successful detoxification 	<ul style="list-style-type: none"> • A minimum of two Substance Use Aides with specific training related to detoxification that provide continuous supervision and safety of individuals receiving care • Only a physician, assistant physician, physician assistant, resident physician, or advanced practice registered nurse may provide medication management • Only a physician, , assistant physician, physician assistant, resident physician, advanced practice registered nurse, registered nurse, or licensed practical nurse may provide medically supervised monitoring of vital signs, and referral for ongoing treatment • All practitioners on the team may provide medically supervised monitoring of health status and withdrawal symptoms
<p>Peer and Family Support</p>	<p>Peer and family support services are coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. Peer and family support services are person-centered and promote individual ownership of the plan of care.</p> <p>These services may be provided to the individual's family and significant others when such services are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the individual's treatment plan, and for assisting in the individual's recovery.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> • Person-centered planning to promote the development of self-advocacy 	<p>Certified Peer Specialist or Family Support Provider</p>

13.d Rehabilitative Services
CCBH Services (cont.)

<p>Psychosocial Rehabilitation (continued)</p>	<p>psychosocial rehabilitation is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture. This service is provided in a group setting.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • When an individual's skills are negatively impacted by mental illness, an emotional disorder, and/or substance use disorder, helping individuals restore skills and resources to address symptoms that interfere with activities of daily living and community integration. • Assisting in the development and implementation of lifestyle changes needed to cope with the side effects of psychotropic medications, and/or to promote recovery from the disabilities, negative symptoms and/or functional deficits associated with mental illness, emotional disorders, and/or substance use disorders. 	<p>For substance use treatment programming: a team including Rehabilitation Assistants under the direction and supervision of a QMHP or QAP with (2) years of relevant work experience</p>
<p>Treatment Planning</p>	<p>The development, review, and/or revision with an individual of the treatment plan.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Developing measurable goals and specific treatment objectives • Identifying of specific interventions needed to achieve goals and objectives • Revising goals, objectives, and interventions based on progress 	<p>QMHP or QAP</p>

Practitioner Qualifications

Substance Use Recovery Aide: an individual with specific training related to withdrawal that provides continuous supervision and ensures safety of individuals receiving care. Substance Use Recovery Aides are supervised by nursing staff on duty in the Medically Monitored Withdrawal Management setting.

Advanced Practice Registered Nurse: a licensed registered nurse certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified nurse anesthetist, or certified clinical nurse specialist under state law. When providing Medication Management, an Advanced Practice Nurse must be in a collaborating practice arrangement with a licensed physician.

13.d Rehabilitative Services
CCBH Services (cont.)

Practitioner Qualifications (continued)

Assistant Physician: A person licensed as an assistant physician under Missouri state law.

Associate Substance Use Counselor: A trainee that must meet the requirements set forth by the Missouri Credentialing Board or the appropriate board of professional registration with the Department of Insurance, Financial Institutions & Professional Registration.

A Qualified Addiction Professional who has completed the Missouri Credentialing Board (MCB) Clinical Supervision Training must supervise an Associate Substance Use Counselor. Clinical supervision must focus on improving the quality of treatment delivered through improving counseling skills, competencies and effectiveness of persons supervised. All counselor functions performed by an associate substance use counselor shall be performed pursuant to the supervisor's control, oversight, guidance, and full professional responsibility.

Behavioral Analyst: an individual licensed as a behavioral analyst under state law to furnish services within the scope of their practice act.

Certified Peer Specialist: An individual in recovery from mental illness and/or a substance use disorder with at least a high school diploma or equivalent that meets the applicable training and credentialing required by the Missouri Credentialing Board, Inc.

A Certified Peer Specialist must be supervised by a Qualified Mental Health Professional (QMHP) or Qualified Addiction Professional (QAP).

Child Development Specialist: An individual with a bachelor's degree in child development, psychology, social work, or education. A Child Development Specialist must be supervised by a Qualified Mental Health Professional (QMHP).

Child Development Assistant: An individual with an associate degree, or two (2) years of college, and two (2) years of experience in related child mental health, or child related field. A Child Development Assistant must be supervised by a Qualified Mental Health Professional (QMHP).

Community Support Specialist: An individual meeting one of the following qualifications:

- A qualified mental health professional;
- A qualified addiction professional;
- An individual with a bachelor's degree in human services field, which includes social work, psychology, nursing, education, criminal justice, recreational therapy, human development and family studies, counseling, child development, gerontology, sociology, human services, behavioral science, and rehabilitation counseling;
- An individual with any four-year degree and two years of qualifying experience;
- An individual with any four-year combination of higher education and qualifying experience
- An individual with four years of qualifying experience; or
- An individual with an Associate of Applied Science in Behavioral Health Support degree from an approved institution.

Qualifying experience must include delivery of service to individuals with mental illness, substance use disorders, or developmental disabilities. Experience must include some combination of the following:

13.d Rehabilitative Services
CCBH Services (cont.)

Practitioner Qualifications (continued)

Community Support Specialist (continued):

Providing one-on-one or group services with rehabilitation/habilitation and recovery/resiliency focus;

- Teaching and modeling for individuals how to cope and manage psychiatric, developmental or substance use issues while encouraging the use of natural resources;
- Supporting efforts to find and maintain employment for individuals and/or function appropriately in families, school and communities;
- Assisting individuals to achieve goals and objectives on their individualized treatment or person-centered plans.

Community Support Specialists must complete the necessary orientation and training requirements specified by the Division of Behavioral Health, and must be supervised by a QMHP, QAP, or Senior Community Support Specialist.

Family Support Provider: A family member of a child/youth (17 and younger), who had or currently has a behavioral/emotional disorder or a substance use disorder, has a high school diploma or equivalent, has completed training as required by department policy, and is supervised by a qualified mental health professional (QMHP) or a qualified addiction professional (QAP), or an individual possessing a master's degree in a behavioral health or related field who has completed a practicum or has one (1) year of experience in a behavioral health setting.

Group Rehabilitation Support Provider: An individual who:

- Is suited by education, background or experience to present the information being discussed;
- Demonstrates competency and skill in facilitating group discussion and
- Has knowledge of the topic(s) being taught.

Group Rehabilitation Support Providers must be supervised by a QAP or QMHP.

Marital and Family Therapist: A person licensed as a marital and family therapist under state law to furnish services within their scope of practice act.

Licensed Practical Nurse: A person licensed as a practical nurse under state law to furnish services within their scope of practice act.

Practitioner Qualifications (continued)

Licensed Mental Health Professional (for diagnosis):

- An individual licensed or provisionally licensed as a physician under state law to furnish services within their scope of practice;
- An individual licensed or provisionally licensed as a psychologist under state law to furnish services within their scope of practice;
- A resident physician including resident psychiatrist;
- A professional counselor licensed or provisionally licensed under Missouri law to practice counseling;
- A clinical social worker licensed or provisionally licensed under Missouri law to practice social work;
- A master social worker under registered supervision with the Missouri Division of Professional Registration for licensure as a Clinical Social Worker;
- A marital and family therapist licensed or provisionally licensed under Missouri law to provide marriage and family services;
- Advanced practice registered nurse: A registered nurse who is currently recognized by the board of nursing as an advanced practice registered nurse;
- A licensed assistant physician under Missouri state law;
- A licensed physician assistant under Missouri state law.

Qualified Mental Health Professional (QMHP):

- An individual licensed or provisionally licensed as a physician under state law to furnish services within their scope of practice;
- An individual licensed or provisionally licensed as a psychologist under state law to furnish services within their scope of practice;
- A resident physician including resident psychiatrist;
- A professional counselor licensed or provisionally licensed under Missouri law to practice counseling;
- A clinical social worker with a master's degree in social work from an accredited program and with specialized training in mental health services;
- A psychiatric nurse, i.e. a registered nurse with at least two (2) years of experience in a psychiatric setting or a master's degree in psychiatric nursing;
- An individual possessing a master's degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, social work, pastoral counseling or family therapy or related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a mental health professional; or
- An occupational therapist certified by the American Occupational Therapy Certification board, registered in Missouri, has a bachelor's degree and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting.
- A licensed assistant physician under Missouri state law;
- A licensed physician assistant under Missouri state law; **or**
- Advanced practice registered nurse, a registered nurse who is currently recognized by the board of nursing as an advanced practice registered nurse.
- A psychiatric pharmacist who is a registered pharmacist in good standing with the Missouri Board of Pharmacy who is a board certified psychiatric pharmacist (BCPP) through the Board of Pharmaceutical Specialties, or a registered pharmacist currently in a psychopharmacology residency where the service has been supervised by a board- certified psychiatric pharmacist

13.d Rehabilitative Services
CCBH Services (cont.)

Practitioner Qualifications (continued)

Qualified Addiction Professional (QAP):

- A physician or qualified mental health professional licensed or provisionally licensed under Missouri state law;
- A resident physician including resident psychiatrist;
- An individual who meets the applicable training and credentialing required by the Missouri Credentialing Board, Inc. for any of the following positions:
 - Certified Alcohol and Drug Counselor (CADC)
 - Certified Reciprocal Alcohol and Drug Counselor (CRADC)
 - Certified Reciprocal Advanced Alcohol and Drug Counselor (CRAADC)
 - Certified Criminal Justice Addictions Professional (CCJP)
 - Registered Alcohol Drug Counselor-Provisional (RADC-P)
 - Registered Alcohol Drug Counselor (RADC)
 - Co-occurring Disorder Professional (CDP)
 - Co-occurring Disorders Professional Diplomat (CDPD)

Physical Therapist: an individual who meets the requirements under 42 CFR 440.110, and who is licensed under state law to furnish services within the scope of their practice act.

Physician: An individual licensed as a physician under state law to furnish services within their scope of practice act.

Physician Assistant: a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician under Missouri state law.

Psychiatrist: A licensed physician who is a psychiatrist and delivers services within their scope of practice.

Psychologist: An individual licensed or provisionally licensed as a psychologist under state law to furnish services within their scope of practice.

Registered Nurse: An individual licensed as a registered nurse under state law to furnish services within their scope of practice.

Rehabilitation Assistant: An individual with a high school diploma or equivalent certificate, under the direction and supervision of a QMHP.

Senior Community Support Specialist: An individual meeting the qualifications of a community support specialist with at least three years of population specific experience providing community support services in accordance with the key service functions.

Resident Physician: A medical school graduate and doctor in training who is taking part in a graduate medical education (GME) program.

13.d Rehabilitative Services
CCBH Services (cont.)

Practitioner Qualifications (continued)

Treatment Technician: individuals with a high school diploma or equivalent who are under the direction and supervision of a QMHP or QAP and have the following minimum requirements:

- Have received training on the topic/s being presented; and
- Must demonstrate competency and skill in educational techniques.

13.d. Rehabilitative Services

Reimbursement for CCBH Rehabilitative Services Provided through Certified Community Behavioral Health Organizations (CCBHO)

The Medicaid program will provide coverage for a bundle of medically necessary rehabilitation services provided by practitioners employed by, or associated with, provider entities to be known as Certified Community Behavioral Health Organizations (CCBHO). CCBHOs are provider entities certified by the Missouri Department of Mental Health as meeting the state's qualifications for a CCBHO or provisionally certified by the Missouri Department of Mental Health in a manner compliant with Missouri Department of Mental Health regulations. CCBHOs must be a not for profit or a part of a local government behavioral health authority.

The state agency will reimburse CCBHOs a clinic-specific fee schedule rate applicable to providers affiliated with the CCBHO. Payments will be limited to one payment per day per CCBHO regardless of the number of services provided by a given CCBHO within a single day by a clinic user accessing services from CCBHO practitioners. The clinic-specific CCBH Rehabilitative Services fee schedule rate will be published on the Department of Mental Health (DMH) website at: <https://dmh.mo.gov/certified-community-behavioral-health> and is effective for CCBH rehabilitative services provided on or after April 1, 2022.

CCBH Rate Methodology

The payment rate for CCBH rehabilitative services is based on the total annual allowable CCBH costs divided by the total annual number of CCBH visits. Allowable costs include the salaries and benefits of Medicaid providers, the cost of services provided under agreement, and other costs such as insurance or supplies needed to provide CCBH services. Indirect costs include site and administrative costs associated with providing CCBH services. For the purposes of calculating blended rates, visits include all encounters for CCBH services including both Medicaid and non-Medicaid encounters. Allowable costs are identified using requirements in 45 CFR §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.

CCBHOs must provide data on costs and visits to the department annually using the CCBHO cost report. Upon receipt from the CCBHO, the cost reports are reviewed by the state's contracted actuarial firm.

Initial Payment Rates

The payment rate for CCBH services is based on the total annual allowable CCBH costs divided by the total annual number of CCBH visits. Allowable costs include the salaries and benefits of Medicaid providers, the cost of services provided under agreement, and other costs such as insurance or supplies needed to provide CCBH services. Indirect costs include site and administrative costs associated with providing CCBH services. For the purposes of calculating blended rates, visits include all encounters for CCBH services including both Medicaid and non-Medicaid encounters. Allowable costs are identified using requirements in 45 CFR §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.

The state will establish a CCBHO-specific fee schedule rate using audited historical cost report data adjusted for the expected cost of delivering CCBH services. Estimates must include the anticipated cost of providing the full scope of CCBH services and the anticipated number of CCBHO visits for the rate period. The initial rates include anticipated costs

13.d. Rehabilitative Services

Reimbursement for CCBH Rehabilitative Services Provided through Certified Community Behavioral Health Organizations (CCBHO)

and visits that are subject to review by the state's contracted actuarial firm and the state. The clinic-specific fee schedule rate is calculated by dividing the total annual allowable expected costs of CCBH services by the total annual number of expected CCBH Medicaid and non-Medicaid visits.

The initial payment rates are rebased using actual costs once the CCBHO is a CCBHO for two full state fiscal years (7/1 to 6/30).

Initial CCBHO specific payment rates for CCBH services transitioning from the Section 223 Demonstration to the state plan will be the approved demonstration rates.

Rate Reconsiderations

CCBHO providers may request a rate reconsideration for changes in allowable costs that occur subsequent to a rate rebase. Requests for rate reconsiderations may include the anticipated cost of providing the new or modified services, and any projected increase or decrease in the number of visits resulting from the change in scope of services. A CCBHO may not request more than one rate reconsideration adjustment in a state fiscal year (7/1 – 6/30). The effective date for any increase granted under the rate reconsideration shall be no earlier than 60 days from the first day of the month following the state's final determination on rate reconsideration. The state and/or its contracted actuarial firm shall review the documents submitted.

Rate reconsiderations must be submitted in writing to the state and must specifically and clearly identify the reason for the request and the total dollar amount involved. The total dollar amount must be supported by GAAP. The CCBHO shall demonstrate the adjustment is necessary, proper, and consistent with efficient and economical delivery of covered services. The CCBHO will be notified in writing of the state's decision within sixty (60) days of receipt of the CCBHO's written request or within sixty (60) days of receipt of any additional documentation or clarification which may be required, whichever is later. Failure to submit requested information within the sixty (60) day period shall be grounds for denial of the request. The request shall include:

- A proposal from the CCBHO that explains the reason for the rate reconsideration and specific details related to the rate reconsideration.
- The dollar amount of the rate reconsideration along with expected visits associated with the request.
- An adjusted cost report that includes the adjustments made for the rate reconsiderations.

Rates adjusted for a change in scope are rebased once the CCBHO submits the first cost report with a full year of cost and visit data including the change in scope. Rates are rebased using actual data on incurred costs and visits and does not include anticipated costs. Rebased rates take effect the following state fiscal year, and the state does not reconcile previous payments to cost.

13.d Rehabilitative ServicesCCBH Rehabilitative Services Provided through Certified Community Behavioral Health Organizations (CCBHO)**Quality Incentive Payments**

All CCBHOs are eligible for a Quality Incentive Payment (QIP) based on achieving specific numerical thresholds with regard to state mandated performance measures. The performance period shall be a state fiscal year (7/1 – 6/30). The eligibility of each CCBHO to receive a QIP is judged independently; and in order for a CCBHO to receive a QIP, it must achieve the thresholds with regard to all of the state mandated performance measures. A CCBHO can achieve a threshold on a particular performance measure by meeting or exceeding the statewide mean for that measure, or by improving upon its own performance with regard to that measure compared to the previous performance period. A CCBHO with no prior performance level on a particular measure is required to meet or exceed the posted statewide mean on that measure. Performance measures shall be calculated exclusively on the basis of data for Medicaid beneficiaries, excluding beneficiaries dually eligible for the Medicaid and Medicare programs, individuals on spend down, and other individuals with intermittent gaps in Medicaid eligibility.

Each CCBHO is required to provide the state with a contact for the purpose of communicating information regarding the QIP performance measures. In addition to posting the applicable measures, thresholds, and statewide mean for each measure on the DMH website's CCBHO pages by May annually, the state will provide each CCBHO's designated contact with the applicable measures and thresholds, and will also provide each designated contact with the CCBHO level of performance, if any, on each measure for the prior reporting period. CCBHOs shall be required to submit data to the state for the calculation of some performance measures. CCBHOs shall submit the required performance measure data within 8 months following the end of the performance year. A description of the data to be submitted by CCBHOs to the Division of Behavioral Health (DBH) by December 31 of each year will be located at:

<https://dmh.mo.gov/certified-community-behavioral-health>

CCBHOs that fail to submit required data within 8 months following the end of the performance year will not be eligible for a quality incentive payment. The state may periodically provide each designated contact with interim draft estimates of the CCBHO performance on certain measures during the course of the performance period as indicators of the CCBHO performance to date. Final results of the performance of each CCBHO on the required measures will be posted by April 1 of each year on the DMH website's CCBHO pages and shared directly with the designated contact of each CCBHO.

DBH shall establish the minimum patient volume in each performance measure denominator that is necessary for the performance measure to be valid. The amount of a quality incentive payment to a CCBHO will equal 1% of the total payments made to the CCBHO for CCBH rehabilitative services in the performance period. If the thresholds are met, quality incentive payments will be made in a lump sum payment, within 9 months following the end of the performance year, after all final data needed to calculate the quality incentive payment is received. A CCBHO must be certified and enrolled as a CCBHO for the entire measurement year to be eligible for the QIP.

The state mandated QIP performance measures, technical specifications, patient volume minimums, and thresholds, including the statewide mean for each measure are effective July 1, 2022 and are located at:

<https://dmh.mo.gov/certified-community-behavioral-health>