

Table of Contents

State/Territory Name: Missouri

State Plan Amendment (SPA) MO: 22-0018

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

Robert Knodell
Acting Director
Missouri Department of Social Services
Broadway State Office Building
PO Box 1527
Jefferson City, MO 65102

RE: TN 22-0018

Dear Mr. Knodell:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B, MO-22-0018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May, 20th, 2022. This SPA intends to change the terminology of quality incentive payments to value based payments and increases the value-based threshold. Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410) 786-5914 or robert.bromwell@cms.hhs.gov.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 8</u>	2. STATE <u>MO</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 431 Subpart M, 42 CFR 447 Subpart A, B and F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 22 \$ 55,438
b. FFY 23 \$ 221,750


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B Pages 6bbb and 6bbbb

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B Pages 6bbb and 6bbbb

9. SUBJECT OF AMENDMENT
This State Plan Amendment includes the following revisions:
• Updates the effective date for a trend increase and for the addition of new CCBHO providers; and
• Updates the Quality Incentive Payment language to a Value Based Payment and changes the amount of the payment from 1% to 3% of total payments made to the CCBHO for CCBH rehabilitative services in the performance period.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT ^{SLV} OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Robert J. Knadell

13. TITLE
Acting Director

14. DATE SUBMITTED
5-20-22

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED
May 20th 2022

17. DATE APPROVED
August 16, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
Todd McMillion

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

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 July 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 ServicesCCBH Rehabilitative Services Provided through Certified Community Behavioral Health Organizations (CCBHO)**Value Based Payment**

All CCBHOs are eligible for a Value Based Payment (VBP) 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 VBP is judged independently; and in order for a CCBHO to receive a VBP, it must achieve the benchmarks with regard to each of the state mandated performance measures. A CCBHO can achieve a threshold on a particular performance measure by meeting or exceeding the statewide target for a measure, or by improving upon its own performance by at least 2% 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 target for a measure. Targets for all VBP related measures will be set prior to the beginning of each fiscal year. 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 VBP performance measures. In addition to posting the applicable measures, benchmarks, 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 target benchmarks, 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 VBP. 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 VBP to a CCBHO will equal 3% of the total payments made to the CCBHO for CCBH rehabilitative services in the performance period. If the thresholds are met, VBP 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 VBP is received. A CCBHO must be certified and enrolled as a CCBHO for the entire measurement year to be eligible for the VBP.

The state mandated VBP 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>

State Plan TN# 22-0018
Supersedes TN # 21-0038

Effective Date July 1, 2022

Approval Date _____