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State/Territory Name: Missouri

State Plan Amendment (SPA) MO: 22-0038

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

March 17, 2023

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

RE: TN 22-0038

Dear Mr. Knodell:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B, MO-22-0038, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 22, 2022. This SPA updates the effective date for the addition of a new CCBHO provider.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. 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
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 3 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 January 1, 2023	
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 <u>2023</u> \$ <u>38,000</u> b. FFY <u>2024</u> \$ <u>51,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Page 6bbb	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B, Page 6bbb	

9. SUBJECT OF AMENDMENT
This State Plan Amendment updates the effective date for the addition of a new CCBHO provider.

10. GOVERNOR'S REVIEW (Check One)

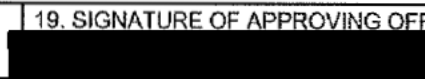
GOVERNOR'S OFFICE REPORTED NO COMMENT SLV OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO
12. TYPED NAME Robert Knodell	
13. TITLE Acting Director	
14. DATE SUBMITTED <u>12-20-2022</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>12/22/2022</u>	17. DATE APPROVED March 17, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2023</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>

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 January 1, 2023.

Effective 10/1/20 through 09/30/25, 1905(a)(29) services are reimbursed per Attachment 4.19-B, page 54.

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