

Table of Contents

State/Territory Name: Missouri

State Plan Amendment (SPA) MO: 23-0001

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

April 26, 2023

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

RE: TN 23-0001

Dear Mr. Knodell:

We have reviewed the proposed Missouri State Plan Amendment (SPA) to Attachment 4.19-B, MO-23-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 1, 2023. This SPA adds a value-based supplemental payment for Home and Community Based Personal Care Providers. Based upon the information provided by the State, we have approved the amendment with an effective date of February 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,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**SMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

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

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440; Section 12006 of the 21st Century Cures Act

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B, Page 4a-1

1. TRANSMITTAL NUMBER
2 3 0 0 0 1

2. STATE
MO

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXI

4. PROPOSED EFFECTIVE DATE
January 1, 2023 February 1, 2023

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 2023 \$ 5,695,169
b FFY 2024 \$ 5,166,064

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
new page

9. SUBJECT OF AMENDMENT

This State Plan Amendment adds a value-based supplemental payment to the State Plan for Home and Community Based Providers of personal care services.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

2/1/2023

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED
2/1/2023

17. DATE APPROVED
April 26, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
February 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd Mcmillion

21. TITLE OF APPROVING OFFICIAL

Director, Division or Reimbursement Review

22. REMARKS

Pen and ink change to block 4 authorized via email on 4/13/2023, from January 1, 2023 to February 1, 2023

PERSONAL CARE SUPPLEMENTAL PAYMENT

Value Based Payments to Home and Community Based Services (HCBS) Providers of Personal Care Services.
To recognize the additional costs associated with Electronic Visit Verification (EVV) requirements, the State will the following supplemental payment opportunity available.

Minimal Manual Entries: Payment will be earned and paid once every six months to HCBS EVV mandated personal care services providers with a low percentage of manual visits for services provided. Visits that are manually entered or edited after the original submission through the EVV system will be considered a manual adjustment. Providers must be transmitting visit data in the state aggregation system by the first date of the evaluation period being reviewed to be considered for this incentive. To qualify providers must not exceed the manual adjustment percentages outlined for the evaluation period.

Evaluation Period 1: January 1, 2023 through April 31, 2023. Providers must successfully submit at least 75% of visits with no manual edits or entries.

Evaluation Period 2: July 1, 2023 – October 31, 2023. Providers must successfully submit at least 75% of visits with no manual edits or entries.

Evaluation Period 3: January 1, 2024 – April 30, 2024. Providers must successfully submit at least 80% of visits with no manual edits or entries.

Incentive payments will be based on the count of unique participants for which visits are documented in the aggregator system during the evaluated time. Each incentive payment amount paid to the provider is equivalent to 0.5% of the annual statewide average cost reimbursed per participant of home and community based services authorized by Department of Health and Senior Services in the prior state fiscal year.