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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 23-0004

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 22, 2023

Mr. Todd Richardson
Director
MO HealthNet Division
Missouri Department of Social Services
P.O. Box 6500
Jefferson City, MO 65102-6500

Re: Missouri State Plan Amendment (SPA) 23-0004

Dear Mr. Richardson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0004. This amendment proposes to add completion of the Health Risk Screening Tool as a case management activity and establish a Value Based Payment for Targeted Case Management providers.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 441.18. This letter is to inform you that Missouri Medicaid SPA 23-0004 was approved on June 21, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Glenda Kremer
Marissa Crump
Angela Brenner
Donna Siebeneck
Jennifer Bax

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

1. TRANSMITTAL NUMBER
2 3 — 0 0 0 4

2. STATE
MO

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

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

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

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 441.18

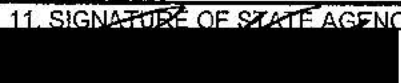
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 109,000
b. FFY 2023 \$ 434,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Attachment 3.1-A, Page 2d
Attachment 4.19-B, Page 4aaa and 4aaa-1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement 1 to Attachment 3.1-A, Page 2d
Attachment 4.19-B, Page 4aaa and 4aaa-1

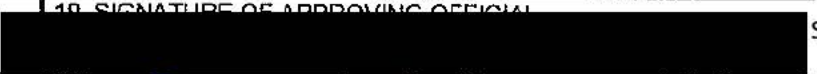
9. SUBJECT OF AMENDMENT
This SPA amendment adds completion of the Health Risk Screening Tool (HRST) as a case management activity and allows for a Value Based Payment (VBP) for the Division of Developmental Disabilities (DD) Targeted Case Management (TCM) providers effective January 1, 2023.

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT SLV
 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
Robert J. Knodell
13. TITLE
Acting Director
14. DATE SUBMITTED
3-21-23

15. RETURN TO

FOR CMS USE ONLY
16. DATE RECEIVED March 27, 2023
17. DATE APPROVED June 21, 2023

PLAN APPROVED - ONE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2023
19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Box 4: State authorized pen and ink change on 05/09/2023

D. Definition of Services: Case management for developmentally disabled individuals.

Purpose Case management is a system intended to assist eligible individuals in gaining access to needed medical, social, educational, and other services. In order to assist the individual comprehensively, the responsibility for locating, coordinating, and monitoring those services which are needed by each individual is placed with a designated person or organization.

Case management activities include:

1. Assessment of the individual's need for medical, social, educational, and otherservices.
 - a. Initially determining and documenting an applicant's need for individualized, specialized services for a developmental disability, including case management. Also, informing and otherwise assisting the applicant or others responsible for the applicant during the assessment process.
 - b. Completion of the Health Risk Screening Tool (HRST). The HRST process will be initiated with full implementation of waiver individuals and may be initiated for non-waiver individuals. The HRST process must be conducted as a component of the annual Individual Support Plan (ISP) process for waiver individuals and may be completed for non-waiver individuals, and may be updated throughout the ISP plan year when changes in the individual's status are identified. The HRST will assist with the identification of additional supports and services and the development of any applicable Health Risk Support Plans as a component of the ISP.
 - c. Obtaining necessary releases, collecting records, preparing ecological and behavioral assessments, arranging other assessments as needed, and coordinating the overall assessment process to identify the comprehensive array of services and supports needed.
 - d. Facilitating individual service plan (ISP) development and on-going review as a member of the interdisciplinary team. Interpreting the comprehensive assessment and ISP outcomes to the individual and/or responsible others.
 - e. Re-assessments are completed annually at a minimum or more frequently if the individual's needs change.
2. Planning for services.
 - a. From the ISP, developing and writing an individualized service plan which will enable the prioritized outcomes of the ISP to be attained.
 - b. At a minimum, annually reviewing the individualized service plan to ensure it continues to be appropriate to the needs of the individual and effective in achieving the prioritized outcomes of the ISP.
 - c. When needed, as indicated by the client's response to the prioritized outcomes, redesigning the service plan to further promote individualized training and growth or to incorporate new outcomes.

State Missouri

Method establishing payment rates for case management services for developmentally disabled individuals.

The state agency will reimburse Targeted Case Management providers at a fee-for-service rate. A single, statewide fee schedule rate is established for the 5-minute unit. Except as otherwise noted in the state plan, the state-developed fee schedule rate is the same for both governmental and private providers of rehabilitative services offered by TCM providers (as detailed in Section 3.1-A of the state plan).

The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service.

To develop the fee schedule rate, the following key cost components were considered:

- A. Staff wages
- B. Employee benefits and other employee-related expenses
- C. Productivity
- D. Other service-related expenses
- E. Administrative expenses.

To model the cost components, various market data sources were reviewed including Bureau of Labor Statistics, Missouri-specific staff wages and benefits, and Missouri TCM provider experience. The market assumptions for each cost component were factored together to develop an overall hourly rate, which was then converted to a 5-minute unit.

The State re-examines the rate at least once every five years. At any time during the five-year period, reevaluation of the rate is considered as warranted based upon provider inquiries, service access and budgetary considerations. The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm> and are effective for services provided on or after July 1, 2020. To navigate the site, users must agree to the licensure terms and conditions, select "Download" or "Full Search", and select Other Medical".

Value Based Payment

DD TCM providers are eligible for a value based payment (VBP) when DD TCM staff serving in the role of the Health Risk Screening Tool (HRST) rater are engaged in completing the initial HRST for waiver participants. The performance period shall be a state fiscal year (7/1 – 6/30) starting state fiscal year 2023. The VBP is a standardized one-time payment rate of \$72.20 per waiver participant for completion of the initial HRST for waiver participants in the electronic system prior to end of state fiscal year 2023. The VBP payment will be disbursed within 6 months following the end of SFY 2023.

State Missouri

Method for establishing payment rates for case management services for Severely Emotionally Disturbed (SED) children

The state agency will reimburse Targeted Case Management providers at fee-for-service rates. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service.

A single rate is established for each unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services offered by TCM providers (as detailed in Section 3.1-A of the state plan). The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after July 1, 2022.

Method for establishing payment rates for case management services for chronically mentally ill adults.

The state agency will reimburse Targeted Case Management providers at fee-for-service rates. The state payment for each service will be the lower of:

- (1) The provider's actual charge for the service; or
- (2) The Medicaid maximum allowable amount per unit of service.

A single rate is established for each unit of service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitative services offered by TCM providers (as detailed in Section 3.1-A of the state plan). The TCM procedure codes and the Medicaid fee schedule are published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm> and are effective for services provided on or after July 1, 2022.

State Plan TN# 23-0004
Supersedes TN# 22-0027

Effective Date 04/01/2023
Approval Date 06/21/2023