

Table of Contents

State/Territory Name: MO

State Plan Amendment (SPA) #: 23-0019

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



Financial Management Group

December 18, 2023

Robert J. Knodell, Director
Missouri Department of Social Services
P.O. Box 1527
Jefferson City, MO 65102-1527

RE: Missouri Medicaid State Plan Amendment TN: 23-0019

Dear Mr. Knodell:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0019. This Medicaid State Plan Amendment (SPA) provides for an increase in the total, maximum allowable reimbursement for each individual that takes and passes the full Certified Nurse Assistant (CNA) training program to \$1,500 per person. The reimbursement for each individual that passes the final exam through a challenge process without taking the full CNA training program is increasing to \$125 per person. This amendment also updates other outdated terms and references.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. CMS has identified concerns that the state's use of revenues derived from its Nursing Facility Reimbursement Allowance (NFRA) tax program as a source of Missouri's non-federal share for this state plan amendment may not comply with certain health care-related tax requirements in section 1903(w)(4) of the Social Security Act and implementing regulations in 42 CFR 433.68(f)(3) based on its similarities between the NFRA tax program and the state's Federal Reimbursement Allowance (FRA) tax program. Approval of this state plan amendment does not constitute an approval of the non-federal share funded by the FRA or NFRA taxes. This is to inform you that Medicaid State plan amendment is approved effective July 1, 2023. We are enclosing the CMS-179 and the amended plan pages.

If you have any additional questions or need further assistance, please contact Fred Sebree at fredrick.sebree@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Rory Howe
Director

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

1. TRANSMITTAL NUMBER
2 3 — 0 0 1 9

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
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447, Subpart C and 42 CFR 483, Subpart D


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 2023 \$ 392,084
b FFY 2024 \$ 1,573,031

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 4-19C
Pages 2 through 8
Att. 4.19-D
Pages 249-255 (New)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Att. 4-19C
Pages 2 through 8 (Delete)

9. SUBJECT OF AMENDMENT
This amendment provides for an increase in the total, maximum allowable reimbursement for each individual that takes and passes the full Certified Nurse Assistant (CNA) training program to \$1,500 per person. The reimbursement for each individual that passes the final exam through a challenge process without taking the full CNA training program is increasing to \$125 per person. This amendment also updates other outdated terms and references.

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT ^{siv}
 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
Director

14. DATE SUBMITTED
9-27-23

15. RETURN TO
MO HealthNet Division
P.O. Box 6500
Jefferson City, MO 65102

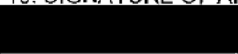
FOR CMS USE ONLY

16. DATE RECEIVED
9/28/2023

17. DATE APPROVED
December 18, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/2023

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, FMG

22. REMARKS
Updated block 15 with "return to" info - 12/11/2023
Updated blocks 7 and 8 to reflect correct pages and sections of the state plan to update and delete 12/14/2023

Department of Social Services
MO HealthNet Division
Reimbursement for Nurse Assistant Training

- (1) Authority. This state plan amendment is established pursuant to the authorization granted to the Department of Social Services, MO HealthNet Division (MHD).
- (2) Purpose. This state plan amendment establishes a methodology for payment of nurse assistant training as required by OBRA 87.
- (3) Definitions.
 - (A) Nurse assistant training agency. An agency which is approved by the Department of Health and Senior Services under Missouri *Code of State Regulations*.
 - (B) Basic course. The basic course shall mean the seventy-five (75) hours of classroom training, the one hundred (100) hours of on-the-job supervised training and the final examination of the approved Nurse Assistant Training course.
 - (C) Challenge the final examination. This shall mean taking the final examination of the basic course without taking the entire basic course.
 - (D) Cost report. The Financial and Statistical Report for Nursing Facilities, required attachments, and all worksheets supplied by the division for this purpose. The cost report shall detail the cost of rendering both covered and noncovered services for the fiscal reporting period in accordance with the procedures prescribed by the division, and on forms provided by and/or approved by the division.
 - (E) Department of Health and Senior Services. The department responsible for the survey, certification and licensure of nursing facilities as prescribed in Chapter 198, RSMo.
 - (F) Desk audit. The MO HealthNet Division or its authorized agent's audit of a provider's cost report without a field audit.

State Plan TN # 23-0019

Effective Date 7-1-2023

Supersedes TN # New

Approval Date December 18, 2023

- (G) Division. Unless otherwise specified, division refers to the MO HealthNet Division, the division of the Department of Social Services charged with administration of Missouri's Medical Assistance (Medicaid) program.
- (H) Facility fiscal year. A facility's twelve (12)-month fiscal reporting period covering the same twelve (12)-month period as its federal tax year.
- (I) Field audit. An on-site audit of the nursing facility's records performed by the Department or its authorized agent.
- (J) Nursing Facility (NF). Effective October 1, 1990, Skilled Nursing Facilities, Skilled Nursing Facilities/Intermediate Care Facilities and Intermediate Care Facilities as defined in Chapter 198 RSMo participating in the Medicaid Program will all be subject to the minimum federal requirements found in Section 1919 of the Social Security Act.
- (K) Occupancy rate. A facility's total actual patient days divided by the total bed days for the same period as determined from the desk audited and/or field audited cost report.
- (L) Patient day. The period of service rendered to a patient between the census-taking hour on two (2) consecutive days. Census shall be taken in all facilities at midnight each day and a census log maintained in each facility for documentation purposes. Patient day includes the allowable temporary leave-of-absence days and hospital leave days as defined by the division. The day of discharge is not a patient day for reimbursement purposes unless it is also the day of admission.
- (M) Provider or facility. A nursing facility with a valid Medicaid participation agreement with the Department of Social Services for the purpose of providing nursing facility services to Title XIX-eligible participants.

State Plan TN # 23-0019Effective Date 7-1-2023Supersedes TN # NewApproval Date December 18, 2023

- (4) General Principles.
- (A) Provisions of this reimbursement plan shall apply only to nursing facilities with valid provider agreements certified for participation in the MO HealthNet (Medicaid) program.
- (B) The reimbursement determined by this plan shall apply only to costs incurred for nurse assistant training and competency evaluations for nurse assistants beginning the training after February 26, 1993.
- (C) Program Approval - The Department of Health and Senior Services will approve or disapprove nurse assistant training programs in the State of Missouri. If the Department of Health and Senior Services withdraws approval of a formerly approved nurse assistant training program, the facility may continue to teach (and bill the division for) those nurse assistants who had already begun the training program. However, that facility may not begin training (or bill the division for) any additional nurse assistants until it again receives approval from the Department of Health and Senior Services. Nursing facilities receiving a "level A" violation or extended or partially extended survey will be ineligible for reimbursement for a period of two (2) years after the date of exit interview by the Department of Health and Senior Services.
- (D) Training Agencies - Any nurse assistant training agency must be approved by the Department of Health and Senior Services. This training agency must provide seventy-five (75) classroom hours of instruction and one hundred (100) hours on-the-job training. The seventy-five (75) classroom hours of instruction may include lecture, discussion, video/film usage, demonstration, and return demonstration by an approved RN instructor who remains with and is always available to students to answer questions and to conduct the class. The one hundred (100) hours on-the-job training shall be done by an approved RN or LPN who meets clinical supervisor qualifications and who directly observes their skills when checking their competencies. The one hundred (100) hours on-the-job training shall be devoted to the student; and the clinical supervisor or instructor must not have other job duties at the same time, such as but not limited to, charge nurse duties, medication pass duties, and/ or treatment duties. The facility will not be reimbursed in the per-diem rate for the salary/fringes of the RN and/or LPN for time spent teaching the nurse assistant training program.

State Plan TN # 23-0019Effective Date 7-1-2023Supersedes TN # NewApproval Date December 18, 2023

- (E) Medicaid Cost Reports - Costs for nurse assistant training and competency evaluations are to be reported in the unallowable column on the Medicaid cost report and are not to be covered in the per-diem rate. These costs include: any charge for training by an outside training agency, the cost of the competency evaluation, teacher salaries and fringes, necessary textbooks, and other required course materials. However, costs for salaries of nurse assistants in training or replacement nurse assistants for those in training or testing are to be reported in the allowable column on the Medicaid cost report and are to be covered in the per-diem rate.
- (F) Billing - Nursing facilities with valid provider agreements may bill the MO HealthNet Division for costs incurred for nurse assistant training and competency evaluations for nurse assistants beginning the training after February 26, 1993. Facilities may only bill for nurse assistants trained by an approved training agency and tested by an approved state examiner. This state examiner must be approved and must have a signed agreement with the Department of Health and Senior Services. Facilities may bill once a month on an approved nurse assistant training billing form.
- (G) Medicaid Utilization - Reimbursement will be allocated based on the ratio of Medicaid days to total patient days as reported on the latest Medicaid cost report filed by the facility with a year ending in the most recent year that all nursing facility Medicaid cost reports have been desk audited. If the facility did not have a Medicaid cost report ending in the most recent year that all nursing facility Medicaid cost reports have been desk audited, then the average ratio of Medicaid days to total patient days for all cost reports with ending dates in the most recent year that all nursing facility Medicaid cost reports have been desk audited will be used in calculating reimbursement.
- (H) Prohibition of Charges - No nurse assistant who is employed by, or who has an offer of employment from, a nursing facility on the date on which the assistant begins a training and testing program may be charged for any portion of the program.

State Plan TN # 23-0019Effective Date 7-1-2023Supersedes TN # NewApproval Date December 18, 2023

(5) Reimbursement for Nurse Assistants Employed at the Time of Training. If a nurse assistant is employed at a nursing facility and then passes an approved nurse assistant training and competency evaluation program, the division will reimburse a facility if all the following criteria are met:

- (A) The nurse assistant is on the Department of Health and Senior Services nurse assistant register.
- (B) The individual is employed by the billing nursing facility at the time of passing the competency evaluation (final exam).
- (C) The following reimbursement amounts will be prorated based on Medicaid utilization:

1. One thousand five hundred dollars (\$1,500) for a nurse assistant completing the entire basic course (all lesson plans, 75 hours classroom training, and 100 hours on-the-job training) and passing the final exam, as follows:

Classroom Training	\$600
On-the-Job Training	\$575
Textbook and Supplies	\$200
Written Test	\$30
Skills Test	\$95
Total Allowable to be Prorated on Medicaid Utilization	\$1,500

2. A percentage of the one thousand five hundred dollars (\$1,500) for nurse assistants who only complete a portion of the lesson plans and pass the final exam will be paid. The percentage will be based on how many lesson plans were completed. For example:

If no on-the-job training was provided and if only lesson plans 1, 2, 4, 5, 6, 8, 9, 10, 11, 12, 41, 42, and 43 were completed, the percentage of the \$1,500 allowable would be:

Classroom Training (\$600 x 18.75 hours/75 hours)	\$150
On-the-Job Training	\$0
Textbook and Supplies	\$200
Written Test	\$30
Skills Test	\$95
Total Allowable to be Prorated on Medicaid Utilization	\$475

State Plan TN # 23-0019

Effective Date 7-1-2023

Supersedes TN # New

Approval Date December 18, 2023

3. One hundred twenty-five dollars (\$125) for nurse assistants who do not complete any lesson plans through a challenge and pass the final exam.
 - (D) The facility that employs the nurse assistant must submit the bill for reimbursement to the division on the approved billing form.
 - (E) The facility must bill for nurse assistant training and/or competency exam within one year after the nurse assistant passed the final exam. Nurse assistant training that was completed prior to one year before the effective date of this plan and began after February 26, 1993, will be allowed.
- (6) Reimbursement for Nurse Assistants Not Yet Employed at the Time of Training. If a nurse assistant is not employed at a nursing facility and that individual pays for the nurse assistant training and competency evaluation program, the division will reimburse a facility if all the following criteria are met:
 - (A) The nurse assistant is on the Department of Health and Senior Services nurse assistant register.
 - (B) The individual is employed by the billing nursing facility not later than twelve (12) months after passing the final exam.
 - (C) The individual incurred costs for the training and testing, and the billing nursing facility submits to the division documentary evidence of those costs. The division will not reimburse costs if the nurse assistant received funding for the training through a grant or other funding source that is not required to be repaid by the nurse assistant.
 - (D) The billing nursing facility must submit documentation that it has paid the nurse assistant for the cost it is submitting to the division.
 - (E) The facility that employs the nurse assistant must submit the bill for reimbursement to the division on the approved billing form.

State Plan TN # 23-0019Effective Date 7-1-2023Supersedes TN # NewApproval Date December 18, 2023

- (F) The division will prorate costs based on Medicaid utilization as follows:
1. One thousand five hundred dollars (\$1,500) for a nurse assistant completing the entire basic course (all lesson plans, 75 hours classroom training, and 100 hours on-the-job training) and passing the final exam.
 2. A percentage of the one thousand five hundred dollars (\$1,500) for nurse assistants who only complete a portion of the less plans and pass the final exam. The percentage will be based on how many lesson plans were completed. See subsection (5)(C)2. of this state plan.
 3. One hundred twenty-five dollars (\$125) for nurse assistants who do not complete any lesson plans through a challenge process and pass the final exam.
- (G) The MO HealthNet Division will subtract one-twelfth (1/12) of allowable reimbursement for each month that the nurse assistant is not employed after passing the final exam.

State Plan TN # 23-0019

Effective Date 7-1-2023

Supersedes TN # New

Approval Date December 18, 2023