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State/Territory Name: MO

State Plan Amendment (SPA) #: 23-0024

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 7, 2023

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

RE: Missouri Medicaid State Plan Amendment TN: 23-0024

Dear Mr. Knodell:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 23-0024. The purpose of this SPA is to update the fee schedule for private psychiatric residential treatment facilities.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment is approved effective July 15, 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 2 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
July 15, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447 and 1902(a)(4), 1902(a)(2), and 1903 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 1,892
b. FFY 2024 \$ 8,887

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
4.19-A Page 32

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
4.19-A Page 32; TN#22-0004

9. SUBJECT OF AMENDMENT
This State Plan Amendment (SPA) proposes to update the fee schedule for private PRTF services due to an increase appropriated by the State Legislature.

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
[Redacted Signature]

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

12. TYPED NAME
Robert J. Knodell

13. TITLE
Director

14. DATE SUBMITTED 9-27-23

FOR CMS USE ONLY

16. DATE RECEIVED 9/28/2023

17. DATE APPROVED
December 7, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/15/2023

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, FMG

22. REMARKS

Block 4 updated with effective date 11/28/2023

State Operated Psychiatric Residential Treatment Facilities (PRTF) Services for Individuals Under the Age of 21:

The MO HealthNet Division shall reimburse state operated PRTFs for services based on the individual participant's days of care multiplied by the facility's Title XIX per diem rate less any payments made by participants.

The per diem for the state operated PRTF is calculated as follows:

1. Determine the total costs from the 2nd prior year hospital cost report (i.e. FY 2021 per diem rate is based off the hospital's 2019 cost report) for PRTF services
2. Trend the total cost of the state operated PRTF by the Hospital Market Basket index as published in Healthcare Cost Review by Institute of Health Systems (IHS), or equivalent publication, regardless of any changes in the name of the publication or publisher.
3. Determine the total PRTF patient days from the DMH CIMOR system for the 2nd prior year to correspond with the hospital cost report.
4. Divide the trended cost as determined in 2 by the total patient days as determined in 3 to arrive at the State Operated PRTF per diem.

The per diem is updated each state fiscal year using the 2nd prior year cost report.

Private Psychiatric Residential Treatment Facilities (PRTF) Services for Individuals Under the Age of 21:

MHD shall reimburse private PRTFs a per diem rate that allows access to care and services comparable to the general public. The per diem rate, which is consistent with efficiency, economy, and quality of care, was derived from projected cost study data provided to MHD by privately owned facilities. The private PRTF fee schedule rate is published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm> and is effective for services provided on or after July 1, 2023.