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State/Territory Name: MO

State Plan Amendment (SPA) #: 17-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages



Financial Management Group

Dr. Steve Corsi, Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, MO 65102

JUL - 3 2018

RE: Missouri Medicaid State Plan Amendment TN: 17-007

Dear Dr. Corsi:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 17-007. This amendment decreases nursing facility (NF) and HIV NF per diem rates by \$5.37 effective for dates of service beginning August 1, 2017 and running through June 30, 2018. Effective July 1, 2018, the rate of decrease will be reduced from \$5.37 per day to \$4.83 per day, an increase in per diem rates of \$0.54.

The state assures that the rates do not impinge on access to NF and HIV NF services and beneficiaries' access to services are adequate. The State received comments from the nursing home industry regarding the rate reduction and its effect on access to services associated with this rate reduction. The State provided CMS with documentation demonstrating that the effect of the rate reduction on total NF expenditures would be a nominal reduction of 3.35% in State fiscal year 2018 as compared to SFY 2017. The State also provided to CMS a county-by-county analysis of certified NF beds and occupancy rates for both the Medicaid and general populations which demonstrates that access is comparable between the populations. Based on this information, we are inferring that the amendment does not affect consistency with the access to care requirements described in section 1902(a)(30)(A) of the Social Security Act.

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. This is to inform you that Medicaid State plan amendment 17-007 is approved effective August 1, 2017. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,


Kristin Fan
Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>1 7</u> --- <u>0 0 7</u>	2. STATE Missouri
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE August 1, 2017	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY <u>2017</u> \$ <u>(4,967)</u> b. FFY <u>2018</u> \$ <u>(30,463)</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D Pages 52 F and 165 G	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): New Material

10. SUBJECT OF AMENDMENT:

This amendment provides for a per diem decrease to nursing facility and HIV nursing facility per diem reimbursement rates of \$5.37 effective for dates of service beginning August 1, 2017 through June 30, 2018. The per diem decrease shall be reduced to \$4.83 effective for dates of service beginning July 1, 2018.

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16: RETURN TO: MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102
13. TYPE NAME: <u>Steve Corsi, Psy. D.</u>	
14. TITLE: <u>Acting Director</u>	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18: DATE APPROVED: <u>JUL 3 2018</u>
PLAN APPROVED - ONE COPY ATTACHED	

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>AUG 1 2017</u>	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: <u>Kristin Fan</u>	22. TITLE: <u>Director</u>

23. REMARKS:

21. FY-2018 per diem adjustment —

A. Facilities with either an interim rate or a prospective rate in effect on August 1, 2017, shall be subject to a decrease in their per diem rate effective for dates of services August 1, 2017 through June 30, 2018, of five dollars and thirty-seven cents (\$5.37).

B. The per diem adjustment of five dollars and thirty-seven cents (\$5.37) shall be deducted from the facility's current rate as of July 31, 2017, and is effective for dates of service beginning August 1, 2017;

C. Effective for dates of service beginning July 1, 2018, the per diem decrease shall be reduced to four dollars and eighty-three cents (\$4.83). A per diem adjustment of fifty-four cents (\$0.54) shall be added to the facilities current rate as of June 30, 2018, which includes the five dollars and thirty-seven cents (\$5.37) decrease, and is effective for dates of service beginning July 1, 2018.

21. FY-2018 per diem adjustment —

A. Facilities with either an interim rate or a prospective rate in effect on August 1, 2017, shall be subject to a decrease in their per diem rate effective for dates of services August 1, 2017 through June 30, 2018, of five dollars and thirty-seven cents (\$5.37).

B. The per diem adjustment of five dollars and thirty-seven cents (\$5.37) shall be deducted from the facility's current rate as of July 31, 2017, and is effective for dates of service beginning August 1, 2017;

C. Effective for dates of service beginning July 1, 2018, the per diem decrease shall be reduced to four dollars and eighty-three cents (\$4.83). A per diem adjustment of fifty-four cents (\$0.54) shall be added to the facilities current rate as of June 30, 2018, which includes the five dollars and thirty-seven cents (\$5.37) decrease, and is effective for dates of service beginning July 1, 2018.

State Plan TN # MO 17-007
Supersedes TN # NEW

Effective Date: 08/01/17
Approval Date: ~~JUL 9~~ 2018