

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 235
Kansas City, Missouri 64106



Division of Medicaid and Children's Health

September 9, 2010

Ronald J. Levy, Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102-1527

Dear Mr. Levy:

On June 17, 2010, the Center for Medicare & Medicaid Services (CMS) received Missouri's state plan amendment (SPA) transmittal #10-07, which proposes to amend the State Plan to add concurrent care for children (ages 0-20) in the Hospice Program in the Attachment 3.1-A, pages 10gh and 18a of the State Plan as required by the Patient Protection Affordable Care Act. This SPA replaces the information on Attachment 3.1-A, pages 10gh and 18a and Attachment 4.19-B, page 4b

This SPA was approved on September 8, 2010 with an effective April 1, 2010 as requested by the State.

Enclosed is a copy of the CMS 179 form as well as the approved page for incorporation into the Missouri State plan.

I appreciate the work that your staff dedicated to getting this SPA approved. If you have any questions concerning this SPA, please contact me at (816)426-5925 or have your staff contact Rhonda Wells or Debbie Read at (816) 426-5925 or Rhonda.Wells@cms.hhs.gov

Sincerely,

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

cc: Ian McCaslin

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: <u>1 0 - 0 7</u>	2. STATE MO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2010	

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: 13 CSR 70-50.010 Hospice Program	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 81,500 b. FFY 2011 \$ 163,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 10gh Attachment 3.1-A Page 18a Attachment 4.19-B, Page 4b	9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 10gh Attachment 3.1-A Page 18a Attachment 4.19-B, Page 4b

10. SUBJECT OF AMENDMENT:

Amendment to the State Plan to add concurrent care for children (ages 0-20) in the Hospice Program in the attachment 3.1-A, pages 10gh and 18a of the State Plan as required by the Patient Protection Affordable Care Act

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPE NAME: Ronald J. Levy	Department of Social Services MO HealthNet Division 615 Howerton Court P.O. Box 6500 Jefferson City, MO 65109
14. TITLE: Director	
15. DATE SUBMITTED: June 17, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>June 17, 2010</u>	18. DATE APPROVED: <u>September 8, 2010</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>April 1, 2010</u>	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: <u>James G. Scott</u>	22. TITLE: <u>Associate Regional Administrator For Medicaid and Children's Health Operations</u>

23. REMARKS:
Pen and ink changes per State Hr dtd 8/23/10

State: Missouri

b. Early and Periodic Screening, Diagnosis, and Treatment Services (cont)

Prosthetic Devices

A medical necessity form and prior authorization is required for the majority of prosthetic and orthotic devices, non-sterile ostomy supplies, and wheelchairs. For custom wheelchairs the form is not required.

Hospice

Hospice services are provided for the complete comprehensive care and management of the terminal illness of the individual who has been certified by a physician as having a prognosis of a life expectancy of six months or less if the illness runs its normal course, and who elects hospice services. Hospice services are non-curative in nature and focus on pain management and support services for the terminally ill and their family. All care provided to the patient must be consistent with the plan of care established by the hospice interdisciplinary team.

Upon the election of hospice services the patient signs an agreement to waive those Medicaid services for care, treatment, or services related to their terminal illness that would be covered under the Medicaid program, other than the services provided by the elected hospice and their attending physician. However, hospice services for a child (ages 0-20) may be concurrent with the care related to the curative treatment of the child's condition for which a diagnosis of a terminal illness has been made.

An Individual may elect to receive hospice care during one or more of the following election periods: (1) An initial 90-day period, (2) A subsequent 90-day period, (3) Unlimited subsequent 60-day periods. During each election period the recipient may change hospice one (1) time. Revocation of the election of hospice does not prohibit the recipient from returning to hospice in the future. A recipient is eligible to receive hospice services from date of election until death, as long as other hospice eligibility requirements are met.

Provision of hospice services will be limited to those providers who have been Medicare and state certified as hospice providers, and shall be otherwise subject to the limitations of amounts, duration and scope as defined in state rule 13 CSR 70-50.010.

State Plan TN No. 10-07
Supersedes TN No. 05-09

Effective Date: April 1, 2010
Approval Date: SEP 03 2010

State Missouri

17. Nurse-Midwife Services

Nurse-midwife services are provided for the complete care, management and monitoring of a woman in the absence of medical complications and her unborn/newborn infant throughout the course of the normal cycle of gestation including pregnancy, labor and delivery and the initial post delivery/postpartum period not to exceed six (6) weeks; and for the routine post delivery care of the neonate, including physician examination of baby and conference with parents.

Provision of nurse-midwife services will be limited to those providers meeting the conditions of provider participation as specified in 13 CSR 70-55.010.

18. Hospice Services

Hospice services are provided for the complete comprehensive care and management of the terminal illness of the individual who has been certified by a physician as having a prognosis of a life expectancy of six months or less if the illness runs its normal course, and who elects hospice services. Hospice services are non-curative in nature and focus on pain management and support services for the terminally ill and their family. All care provided to the patient must be consistent with the plan of care established by the hospice interdisciplinary team.

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An individual may elect to receive hospice care during one or more of the following election periods: (1) An initial 90-day period, (2) A subsequent 90-day period, (3) Unlimited subsequent 60-day periods. During each election period the recipient may change hospice one (1) time. Revocation of the election of hospice does not prohibit the recipient from returning to hospice in the future. A recipient is eligible to receive hospice services from date of election until death, as long as other hospice eligibility requirements are met.

Provision of hospice services will be limited to those providers who have been medicare and state certified as hospice providers, and shall be otherwise subject to the limitations of amounts, duration and scope as defined in state rule 13 CSR 70-50.010.

State Plan TN# 10-07
Supersedes TN# 01-11

Effective Date April 1, 2010
Approval Date SEP 08 2010

State Missouri

Hospice Services

The reimbursement rate for hospice services for participants age 21 and over includes all covered services related to the treatment of the terminal illness, including the administrative and general supervisory activities performed by physicians who are employees of or working under arrangements made with the hospice. The reimbursement for hospice services for participants under age 21 is the same with the exclusion of reimbursement of curative covered services.

- (1) A per-diem rate for each day on which hospice services are provided will be based on the current rate established by the Centers for Medicare and Medicaid Services for the specific hospice based on the level of care provided—
- (2) Nursing Home Room and Board. Medicaid eligible individuals residing in Medicaid certified nursing facilities, who meet the hospice eligibility criteria, may elect Medicaid hospice care services. In addition to the routine home care or continuous home care per-diem rates, an amount may be paid to the hospice to cover the nursing home room and board costs which will be determined in accordance with rates established under 1902(a)(13) of the Social Security Act.
- (3) Physician services will be reimbursed in accordance with Medicaid reimbursement policy for physician services based on the lower of the actual charge or the Medicaid maximum allowable amount for the specific service, and as described in 42 CFR Part 418.302.
- (4) Cost Sharing. Hospice services shall be exempt from these Medicaid cost-sharing requirements as may be otherwise applicable to a comparable service when provided other than as a hospice service.

The state agency will reimburse for deductibles and coinsurance as may be imposed under Title XVIII for those Medicaid eligible recipients who also have Medicare eligibility.

Global Prenatal

The state agency will reimburse public providers of a nominal charge status, with a provider specialty code reflecting same, a global prenatal rate as defined and determined by the Division of Medical Services and established in accordance with the provisions of 42 CFR 413.13. The state payment will be the lower of the providers actual charge for the service or the established rate as determined by the state agency.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers. The agency's rates were set between July 1, 2007 and July 1, 2008 due to provider rate increases. The agency's fee schedules quarterly update was August 12, 2010. The fee schedule is subject to annual/periodic adjustment. All rates, including current and prior rates, are published and maintained on the agency's website. Specifically, the fee schedule and any annual/periodic adjustments to the fee schedule are published at <http://www.dss.mo.gov/mhd/providers/index.htm>.

State Plan TN# 10-07
Supersedes TN# 93-34

Effective Date APR 01 2010
Approval Date SEP 08 2010