

State Missouri

15.a Intermediate Care Facilities Services

No payment for services will be made if the requirement for preadmission screening has not been made prior to admission and a determination made that nursing home placement is appropriate.

Intermediate care facilities services are limited to participants who are medically certified as requiring this level of care by the state agency Medical Consultant. Duration of service coverage is conditional upon periodic, subsequent recertification.

15.b Including Such Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities

Intermediate care facility for individuals with intellectual disabilities services are limited to participants who are medically certified as requiring this level of care by the state agency Medical Consultant. Duration of service covered conditional upon periodic, subsequent recertification.

16.A Inpatient Psychiatric Facility Services for Individuals. Under 22 Years of Age

Inpatient psychiatric facility services are limited to those provided for those participants who are medically certified as requiring this level of care in accordance with 42 CFR 441.152. Services are limited to individuals under the age of twenty-one (21), or if receiving the services immediately before attaining the age of twenty-one (21), not to extend beyond the earlier of:

- (1) the date the services are no longer required; or
- (2) the date the individual reaches the age of twenty-two (22).

Coverage of services will be limited to those provided within:

- (1) a psychiatric hospital that
  - a. undergoes a state survey to determine whether the hospital meets the requirements for participation in Medicare as a psychiatric hospital as specified in 42 CFR 482.60; or
  - b. is accredited by a national organization whose psychiatric hospital accrediting program has been approved by CMS, or
- (2) a general hospital with an inpatient psychiatric program that
  - a. undergoes a state survey to determine whether the hospital meets the requirements for participation in Medicare as a hospital, as specified in 42 CFR 482, or

- b. is accredited by a national accrediting organization whose hospital accrediting program has been approved by CMS, or
- (3) a psychiatric facility operated by the Missouri Department of Mental Health and accredited by The Joint Commission. General medical or surgical care which may be required and provided while the participant is receiving psychiatric services in a state mental hospital is subject to the same benefits and limitations as apply to services received in a participating general hospital. Benefits as may be available to the participant under Title XVIII, Part A, Medicare for inpatient psychiatric facility services are required to be utilized. or
- (4) In a Psychiatric Residential Treatment Facility (PRTF) that is privately owned and operated and is accredited in accordance with the requirements of 42 CFR § 441.151 and is certified as complying with the requirements at 42 CFR 441 Subpart D and the condition of participation at 42 CFR 483 Subpart G by the designated state agency for which such authority has been granted, and enrolled as a Title XIX provider with the Department of Social Services.

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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 2<sup>nd</sup> 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 2<sup>nd</sup> 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 2<sup>nd</sup> 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 will be published on the MO HealthNet website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>.