

13.d. Rehabilitative Services

Reimbursement for CCBH Rehabilitative Services Provided through Certified Community Behavioral Health Organizations (CCBHO)

The Medicaid program will provide coverage for a bundle of medically necessary rehabilitation services provided by practitioners employed by, or associated with, provider entities to be known as Certified Community Behavioral Health Organizations (CCBHO). CCBHOs are provider entities certified by the Missouri Department of Mental Health as meeting the state's qualifications for a CCBHO or provisionally certified by the Missouri Department of Mental Health in a manner compliant with Missouri Department of Mental Health regulations. CCBHOs must be a not for profit or a part of a local government behavioral health authority.

The state agency will reimburse CCBHOs a clinic-specific fee schedule rate applicable to providers affiliated with the CCBHO. Payments will be limited to one payment per day per CCBHO regardless of the number of services provided by a given CCBHO within a single day by a clinic user accessing services from CCBHO practitioners. The clinic-specific CCBH Rehabilitative Services fee schedule rate will be published on the Department of Mental Health (DMH) website at: <https://dmh.mo.gov/certified-community-behavioral-health> and is effective for CCBH rehabilitative services provided on or after January 1, 2023.

Effective 10/1/20 through 09/30/25, 1905(a)(29) services are reimbursed per Attachment 4.19-B, page 54.

CCBH Rate Methodology

The payment rate for CCBH rehabilitative services is based on the total annual allowable CCBH costs divided by the total annual number of CCBH visits. Allowable costs include the salaries and benefits of Medicaid providers, the cost of services provided under agreement, and other costs such as insurance or supplies needed to provide CCBH services. Indirect costs include site and administrative costs associated with providing CCBH services. For the purposes of calculating blended rates, visits include all encounters for CCBH services including both Medicaid and non-Medicaid encounters. Allowable costs are identified using requirements in 45 CFR §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.

CCBHOs must provide data on costs and visits to the department annually using the CCBHO cost report. Upon receipt from the CCBHO, the cost reports are reviewed by the state's contracted actuarial firm.

Initial Payment Rates

The payment rate for CCBH services is based on the total annual allowable CCBH costs divided by the total annual number of CCBH visits. Allowable costs include the salaries and benefits of Medicaid providers, the cost of services provided under agreement, and other costs such as insurance or supplies needed to provide CCBH services. Indirect costs include site and administrative costs associated with providing CCBH services. For the purposes of calculating blended rates, visits include all encounters for CCBH services including both Medicaid and non-Medicaid encounters. Allowable costs are identified using requirements in 45 CFR §75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR §413 Principles of Reasonable Cost Reimbursement.

The state will establish a CCBHO-specific fee schedule rate using audited historical cost report data adjusted for the expected cost of delivering CCBH services. Estimates must include the anticipated cost of providing the full scope of CCBH services and the anticipated number of CCBHO visits for the rate period. The initial rates include anticipated costs

State Plan TN# 22-0038
Supersedes TN# 22-0018

Effective Date January 1, 2023
Approval Date _____