

TITLE 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 15—Hospital Program

PROPOSED AMENDMENT

13 CSR 70-15.070 Inpatient Psychiatric Services for Individuals Under Age Twenty-One The division is amending sections (1), (2), and (4).

PURPOSE: The amendment removes language that is more stringent than the federal regulation with regard to the Certification of Need requirement. Accreditation language was also added to section (1)(C) to create consistency with the agencies able to provide accreditation listed in section (1)(D).

(1) Pursuant to provisions of section 208.161, RSMo, MO HealthNet coverage will be afforded to eligible individuals under age twenty-one (21) for inpatient psychiatric services provided under the following conditions:

- (A) Under the direction of a physician; and
- (B) In a psychiatric hospital facility or an inpatient psychiatric program in a hospital, either of which is accredited by a national organization whose psychiatric hospital accrediting program has been approved by Centers for Medicare & Medicaid Services (CMS) or is licensed by the hospital licensing authority of Missouri; or
- (C) In a psychiatric residential treatment facility (PRTF) that is operated as a public institution by the Missouri Department of Mental Health (DMH) and is exempt from the hospital licensing law, that is accredited by the Joint Commission, **the Council on Accreditation, The Commission on Accreditation of Rehabilitation Facilities, Det Norske Veritas (DNV) or equivalent organization**, 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 authorized; or
- (D) In a privately operated PRTF that is accredited by the Joint Commission, the Council on Accreditation, the Commission on Accreditation of Rehabilitation Facilities, Det Norske Veritas (DNV), or equivalent organization, 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 authorized; and
- (E) For claimants 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 the date—
 - 1. Services are no longer required; or
 - 2. Individual reaches the age of twenty-two (22).

(2) Reimbursement for inpatient psychiatric services, as provided for in this rule, shall be made as follows:

(A) For psychiatric hospitals and inpatient psychiatric programs within general hospitals, reimbursement will be calculated in accordance with the provisions for inpatient hospital care reimbursement at 13 CSR 70-15.010;

(B) For state-operated PRTF services for individuals under the age of twenty-one (21), reimbursement will be calculated as follows:

1. 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;

2. The per diem for a state-operated PRTF is calculated as follows:

A. Determine the total costs from the second prior year hospital cost report (i.e., FY 2021 per diem rate is based off the hospital's 2019 cost report) for PRTF services;

B. 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;

C. Determine the total PRTF patient days from the DMH Customer Information Management, Outcomes and Reporting (CIMOR) system for the second prior year to correspond with the hospital cost report; and

D. Divide the trended cost as determined in subparagraphs (2)(B)2.A. and (2)(B)2.B. of this rule by the total patient days as determined in subparagraph (2)(B)2.C. of this rule to arrive at the state-operated PRTF per diem; and

3. The per diem is updated each state fiscal year using the second prior year cost report;

(C) For private PRTF services for individuals under the age of twenty-one (21), reimbursement will be calculated as follows:

1. Effective for dates of service on or after September 29, 2021, the division will reimburse private PRTFs on a prospective per diem rate. The prospective Missouri private PRTF per diem rate was created using a wage rate model which utilized data derived from cost surveys prepared and submitted by potential PRTF providers. These cost surveys were collected February 2021 or prior. The model specifically examines potential facility, occupancy, staff to patient ratios, necessary nursing hours per patient day, direct care and behavioral health professional wage and overhead expense, and risk factors. For a detailed breakdown of these calculations, see: <https://dss.mo.gov/mhd/cs/psych/pdf/mo-prtf-wage-rate-build-model.pdf>. The Missouri Prospective PRTF Rate Methodology document is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, on its website at <https://dss.mo.gov/mhd/cs/psych/pdf/mo-prtf-wage-rate-buildmodel.pdf>, October 1, 2021. This rule does not incorporate any subsequent amendments or additions. The per diem rate is included in the MO HealthNet Division (MHD) fee schedule, which is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, on its website at <https://dss.mo.gov/mhd/providers/pages/cptagree.htm>, August 13, 2021. This rule does not incorporate any subsequent amendments or additions; and

(D) For state-operated and private PRTFs, medical leave days and therapeutic leave days will be paid to the PRTF at fifty percent (50%) of the per diem rate. Medical leave days include inpatient hospital medical/surgical stays and inpatient hospital psychiatric stays. Five (5) days of leave are allowed for medical/surgical stays per treatment episode, and five (5) days of leave are

allowed for inpatient psychiatric stays per treatment episode. Therapeutic leave is for purposes of transition from the PRTF to the designated placement and must be included in the participant's plan of care. Ten (10) days of leave are allowed for therapeutic leave per treatment episode.

(4) The certifications of need for care shall be made by different teams depending on the status of the individual patients as follows:

(A) For an individual who is receiving Medicaid at the time of admission, the certification of need shall be made by an independent team of health professionals *[at the time of admission. A team -member cannot be employed by the admitting hospital or PRTF or be receiving payment as a consultant on a regular and frequent basis. The team must include a licensed physician who has competence in diagnosis and treatment of behavioral health disorders, preferably in child psychiatry, and has knowledge of the patient's situation and one (1) other behavioral health professional who is licensed;]* that:

- 1. includes a physician;**
- 2. has competence in diagnosis and treatment of mental illness, preferably in child psychiatry;**
- 3. has knowledge of the individual's situation.**

(B) For an individual who applies for Medicaid while in the facility, the certification of need shall be made by the treatment facility interdisciplinary team responsible for the individual's plan of care as specified in section (5). The certification of need is to be made before submitting a Medicaid claim for payment and must cover any period for which Medicaid claims are made; or

(C) For an individual who undergoes an emergency admission, the certification of need shall be made by the treatment facility interdisciplinary team responsible for the individual's plan of care as specified in section (5) within fourteen (14) days after admission.

[1. All admissions to PRTFs shall be considered non-emergent. The certification of need shall be performed by an independent review team.]

AUTHORITY: sections 208.201 and 660.017, RSMo 2016. This rule was previously filed as 13 CSR 40-81.053. Emergency rule filed Sept. 24, 1981, effective Oct. 4, 1981, expired Jan. 13, 1982. Original rule filed Sept. 24, 1981, effective Jan. 14, 1982. Emergency amendment filed Sept. 13, 1991, effective Oct. 2, 1991, expired Jan. 29, 1992. Amended: Filed June 18, 1991, effective Dec. 9, 1991. Emergency amendment filed Aug. 13, 2021, effective Sept. 29, 2021, expired March 27, 2022. Amended: Filed Aug. 13, 2021, effective March 30, 2022. Amended: Filed May 17, 2023, effective Dec. 30, 2023. Emergency amendment filed December 16, 2025; December 31, 2025; June 28, 2026. Amended: Filed December 16, 2025.*

**Original authority: 208.201, RSMo 1987, amended 2007, and 660.017, RSMo 1993, amended 1995.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.