
EMERGENCY RULE

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES

Division 70 – MO HealthNet Division

Chapter 15 – Hospital Program

EMERGENCY 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 regards 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).

*EMERGENCY STATEMENT: The MO HealthNet Division has determined that an emergency rule is necessary in order to swiftly address process barriers impacting timely access to children's psychiatric services. Missouri is currently facing a children's behavioral health crisis which is evident by the prevalence of children boarding in hospitals and those receiving care out of state due to lack of accessible and appropriate care options in Missouri. This proposed emergency amendment seeks to remove language creating process barriers impacting timely admissions into Psychiatric Residential Treatment Facility (PRTF) settings by broadening who may provide the Certification of Need (CON) required for PRTF admission and creates a provision allowing for an emergent admissions process which will further reduce process delays in critical situations. Since the initial implementation of private PRTF settings in Missouri, September 2021, MO HealthNet has continued to engage collaboratively with stakeholders, providers, hospitals, and other state partners regarding the need to improve access to care settings that have the ability to divert children away from emergency departments and those positioned to provide quality step down services. This proposed emergency amendment not only broadens who may complete the Certification of Need (CON) required for admission into PRTF settings but also relaxes language which has been interpreted as more stringent than what current Federal Rule requires. As a result, the MO HealthNet Division finds a compelling governmental interest, which requires this emergency action. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri and United States Constitutions**. The MO HealthNet Division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed December 16, 2025, will become December 31, 2025, and expires June 28, 2026.*

(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:

(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

(2) Reimbursement for inpatient psychiatric services, as

provided for in this rule, shall be made as follows:

(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-build-model.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

(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.

(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. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Dec. 16, 2025; effective Dec. 31, 2025; expires June 28, 2026. An emergency amendment and a proposed amendment covering the same material will be published in the Feb. 2, 2026*

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issue of the **Missouri Register**.

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

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.