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July 15, 2022

James G. Scott
Director, Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare and Medicaid Services
Federal Office Building, Room 355
601 East 12th Street
Kansas City, MO 64106

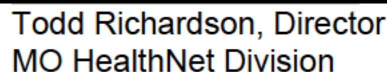
Dear Mr. Scott:

The Missouri Department of Social Services (DSS), MO HealthNet Division (MHD), formally submits for your review and approval an 1115 Substance Use Disorder Demonstration Waiver.

The MHD has worked in partnership with the Department of Mental Health in the development of this waiver application. Through this demonstration waiver, the State of Missouri is seeking authority to reimburse for medically necessary residential substance use disorder services furnished in facilities that qualify as an institution for mental disease.

If you have questions or need additional information, please put them in writing to this office.

Sincerely,



Todd Richardson, Director
MO HealthNet Division

Interpretive services are available by calling the Participant Services Unit at 1-800-392-2161.
Prevodilačke usluge su dostupne pozivom odjela koji učestvuje u ovom servisu na broj 1-800-392-2161.
Servicios Interpretativos están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.
AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES
TDD / TTY: 800-735-2966
RELAY MISSOURI: 711
Missouri Department of Social Services is an Equal Opportunity Employer/Program.

Missouri Section 1115 Substance Use Disorder Demonstration Waiver

Posted June 10, 2022

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I. Executive Summary

Through this demonstration waiver application (Demonstration), the State of Missouri (State) is seeking authority to reimburse for medically necessary residential substance use disorder (SUD) services furnished in facilities that qualify as an institution for mental disease (IMD). This Demonstration is part of the State's broader efforts to ensure access to a comprehensive continuum of SUD treatment services. Like states across the nation, Missouri is facing an opioid public health crisis. The Missouri Department of Mental Health (DMH) in partnership with the Missouri Department of Social Services (DSS), MO HealthNet Division (MHD) have focused on a series of initiatives to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities. This waiver will complement these efforts by expanding the treatment settings in which Medicaid reimbursement is available.

The State requests a five-year waiver term with an effective date of October 1, 2022. The State is seeking this Demonstration to complement the implementation of recent Medicaid expansion in order to ensure it is able to appropriately reimburse residential providers to guarantee access to services for this population, further allowing the State to address the opioid epidemic it has worked tirelessly to address.

II. Program Background and Description

Overview of Missouri's Current System

The Division of Behavioral Health (DBH), formerly the Divisions of Alcohol and Drug Abuse and Comprehensive Psychiatric Services, is responsible for assuring the availability of substance use prevention, treatment, and recovery support services for the State. Most prevention and treatment services are provided by programs in the community that have a contract with the DBH. These programs must meet federal and state requirements in order to provide mental health and substance use treatment services. For individuals not enrolled in Medicaid or otherwise insured, the cost of services is based on the individual's ability to pay. For those enrolled in Medicaid managed care, SUD services are carved out of managed care and reimbursed through the Comprehensive Substance Treatment and Rehabilitation (CSTAR) fee-for-service programs.

DBH substance use treatment programs include:

- CSTAR Program:
    - CSTAR Women and Children
    - CSTAR Adolescent
    - CSTAR General Population
    - CSTAR Opioid
- The Substance Awareness Traffic Offender Program (SATOP)
- Department of Corrections (DOC) programs
- State Opioid Response (SOR) programs

As established in all DBH SUD contracts, priority populations for SUD services include the following:

- Women who are pregnant;
- Persons who have injected drugs in the prior 30 days;
- Civil involuntary commitments;
- High risk offenders referred by DOC institutions and Division of Probation and Parole via referral form and protocol;

- Applicants and recipients of Temporary Assistance for Needy Families (TANF) referred by the Department of Social Services, Family Support Division, via referral form and protocol; and
- Adolescents and families served through the Children's System of Care.

All contracted agencies providing substance use treatment are required to screen individuals requesting services to determine potential eligibility as a priority population and/or a crisis situation. Individuals identified as a priority population who request or are referred to treatment must be assessed and admitted to an appropriate level of care within 48 hours of initial contact or scheduled release date, whichever is later. Otherwise, the provider must initiate interim services. Pregnant women and civil involuntary commitments, however, require immediate admission. Pregnant women are to be referred to a CSTAR Women and Children Program unless there is clinical justification to admit her to a general treatment program.

All individuals, including those who are Medicaid enrolled, in need of behavioral health services from facilities operated by the DBH or contracted service providers, receive an initial assessment. For individuals needing substance use treatment, an individual receives a structured interview completed by a Certified Alcohol & Drug Counselor (CADC). For individuals seeking services from the SATOP program, the self-administered Driver Risk Inventory II (DRI-II), in conjunction with an individualized interview with a SATOP Qualified Professional (SQP), determines the level of program placement. For individuals needing substance use or mental health treatment, the Daily Living Activities (DLA-20) functional assessment tool is used, with different modules for adults and youth ages 6 to 18.

CSTAR
The CSTAR programs are designed to provide an array of comprehensive, but individualized, treatment services with the aim of reducing the negative impacts of SUDs to individuals, family members, and society. CSTAR programs must offer all levels of Outpatient SUD services, and in addition can offer certified Residential Support services. CSTAR Opioid Treatment Programs (OTPs) are exclusively Outpatient SUD services and offer referrals to Residential Support services as clinically indicated. Available services include assessment; treatment planning; individual and group counseling; group rehabilitative support; community support; peer support; residential or housing support, as appropriate; trauma-specific individual counseling and group rehabilitative support; individual co-occurring disorders counseling; family therapy; medications; and physician and nursing services to support medication therapy. CSTAR features three levels of outpatient care that vary in duration and intensity, with specific services received based on individuals' needs. Persons may enter treatment at any level in accordance with program eligibility criteria. A designated Program Specialist, acting as the State Opioid Treatment Authority (SOTA), provides oversight and clinical assistance to the Opioid programs to ensure that treatment is consistent with best practices and federal requirements. As noted above, the CSTAR programs are targeted for specialized populations including: Women and Children; the General Population; the Opioid Program; and Adolescents. DBH's CSTAR programs are the only substance use treatment programs reimbursable by Medicaid in the State. In 2011, the State's Medicaid State Plan was amended to include a CSTAR Modified Medical Detoxification Program.

Justice Involved Treatment
DBH oversees several programs designed specifically for DOC's offenders under community-supervision who need substance use treatment. These include the CSTAR Women and Children Alternative Care, Improving Community Treatment Success (ICTS), and the Vivitrol Pre-Release Project. DBH maintains the Primary Recovery Plus (PR+) program. Similar to the CSTAR General Population Program, PR+ offers

a full continuum of services within multiple levels of care to assist those individuals without Medicaid coverage. In 2019, DOC received additional state funds to expand the Justice Reinvestment Initiative Treatment Pilot (JRITP) to additional counties and the JRI program was renamed ICTS. ICTS provides a 'wrap around' service model that provides accountability and comprehensive services monitored by a multidisciplinary team who meet biweekly to discuss each individual and address their needs.

Substance Awareness Traffic Offender Program (SATOP)
DBH's SATOP program is a statewide system of comprehensive, accessible, community-based education and treatment programs designed for individuals who have pled guilty or were found guilty of an impaired driving offense. SATOP is also required for offenses involving minors, charged with minor in possession and zero tolerance offenses. SATOP is, by law, a required element in driver license reinstatement by the Department of Revenue.

The program serves an average of 16,000 offenders annually. The mission of SATOP is to: inform and educate individuals as to the hazards and consequences of impaired driving; educate youth about the risks and consequences of alcohol and drug use and help them develop skills to make healthy choices; motivate individuals for personal change and growth; and contribute to the public health and safety of Missourians by preventing and reducing the prevalence of alcohol and drug impaired driving.

DBH contracts and certifies agencies to provide SATOP. In order for an individual to complete SATOP requirements, one must complete a drug and alcohol assessment, pay fees, and successfully complete the assigned level of education or clinical treatment services. Many factors are considered for program placement, including: drug and alcohol history; diagnostic criteria for a SUD; Blood Alcohol Content (BAC) at time of arrest; and other "driver risk" factors.

SATOP is structured to provide various levels of education and treatment interventions which include: Level 1 – Offender Education Program (OEP), which is a 10-hour education course designed specifically to address low-risk and low need first-time offenders; Level I – Adolescent Diversion Education Program (ADEP), which is a 10-hour education program for first offenders under the age of 21 who have been charged with or convicted of certain alcohol and drug-related driving offenses; Level II – Weekend Intervention Program (WIP), which is designed for moderate risk offenders and includes 20 hours of education and intervention during a 48-hour weekend of structured activities; Level III – Clinical Intervention Program (CIP), which is a 50-hour outpatient counseling program for third-time DWI offenders or "high risk" offenders; and Level IV - Serious and Repeat Offender Program (SROP), which is a minimum of 75 hours of substance use treatment in no less than 90 days and is designed for serious and/or repeat DWI offenders. The SROP programs have referral agreements with the State's DWI courts/hybrid courts approved by the Drug Court Coordinating Commission. SATOP is largely funded by offender fees.

Youth Services
Substance use treatment for adolescents is provided in the CSTAR Adolescent Program. Designed for youth ages 12 to 17, the CSTAR Adolescent Program offers a full spectrum of treatment services. Treatment focuses on issues relevant to this age group and is provided in settings that are programmatically and physically separate from adult programs. Youth in residential settings are offered academic support services to minimize disruptions in their education. For youth with co-occurring mental health and SUDs, treatment services are provided through coordination of care between youth Community Psychiatric Rehabilitation (CPR) and CSTAR Adolescent Programs. Multiple domains of the youth's life are addressed, including: family, school, employment, and social support. The Assertive Community Treatment for Transitional Age Youth (ACT TAY) model for ages 16-25, utilizes a trans-disciplinary approach to provide a comprehensive array of services to address both mental health and substance use.

Recovery Supports

The DBH's Recovery Services includes housing, employment, peer services, staff training and development, and coordination of the DBH State Advisory Council. The Director of Recovery Services oversees DBH's housing unit who works to connect homeless individuals who are challenged with behavioral health issues with safe, decent, and affordable housing options that best meet their individual and family needs. In addition to providing education and technical assistance, DBH's housing unit manages 27 U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Permanent Support Housing (PSH) grants that provides rental assistance for individuals who: 1) are homeless; 2) have a serious mental illness (SMI), a chronic substance use problem, a severe and chronic developmental disability, or a diagnosis of HIV/AIDS; and 3) meet the "very low" income requirement. Approximately 3,000 persons are served annually through Missouri's Shelter Plus Care program. Missouri has ten federally funded Projects for Assistance in Transition from Homelessness (PATH) grants to support service delivery to adults (ages 18 or older) with SMI, as well as those with co-occurring SUDs, who are homeless or at risk of becoming homeless. Services include community-based outreach; support services such as case management, employment skills training, psychosocial education, and group therapy; and some temporary housing services. Supported community living programs are provided for persons with mental illness who do not have a place to live or who need more structured services while in the community. Persons in these programs receive support through case management and CPR programs provided by administrative agents. Recovery Housing accredited by the National Alliance for Recovery Residence is an option for individuals with SUDs who choose abstinence-based peer support housing.

DBH recognizes the tremendous therapeutic value of employment for working-age individuals with behavioral health disorders and is committed to enhancing employment options for those individuals. Supported Employment is an evidence-based practice (EBP) that provides individualized services and supports to an individual to find competitive employment to promote stable employment. DBH works with the Department of Elementary and Secondary Education, Vocational Rehabilitation (VR), which provides job counseling, job-seeking skills, job placement, and vocational training to provide integrated services in the community behavioral health programs. The DBH provides ongoing benefits planning training for community provider staff and a web-based tool "Disability Benefits 101." DBH has 31 community behavioral health locations designated as VR funded Community Rehabilitation Programs to provide evidence based supported employment services. DBH provides support services for mental health clients not currently eligible or ready for services from VR. MHD and DBH staff developed guidance documents on appropriate community support interventions reimbursable under the CPR and CSTAR treatment programs for consumers pursuing employment. Employment Specialists are on Assertive Community Treatment Teams for transition aged youths and adults. Employment Specialists are also integrated into the teams working with justice-involved individuals in SUD treatment programs.

DBH contracts for Recovery Support Services providing care coordination, peer recovery coaching, spiritual counseling, group support, recovery housing and transportation before, during, after and in coordination with other SUD service providers. These services are offered by 51 certified Recovery Support Service providers in a multitude of settings including community, faith-based and peer recovery organizations. Recovery Support programs are person-centered and self-directed. Recovery Housing certification requires the provider to also obtain accreditation through the Missouri Coalition of Recovery Support Providers (MCRSP)/NARR. Currently, 130 Recovery Houses with over 1,200 beds are accredited. DMH receives a Substance Abuse and Mental Health Services Administration (SAMHSA) SOR grant for the purpose of expanding access to integrated prevention, treatment, and recovery support services for individuals with opioid use disorder (OUD) throughout the State, including development of local Recovery

Community Centers (RCC). Four RCCs provide a peer-based supportive community that builds hope and supports healthy behaviors for individuals with OUD searching for or maintaining recovery.

Peer support services are available to individuals in behavioral health treatment to aid in the navigation of Medicaid programs and establish linkages to other community resources. Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with a mental health condition, SUD, or both. Through shared understanding, respect, and mutual empowerment, peer support specialists help people become and stay engaged in the recovery process and reduce the likelihood of a return to mental health symptoms or substance use. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of individuals seeking a successful, sustained recovery process. Missouri has over 950 active Certified Peer Specialists who work at Community Mental Health Centers (CMHC), Substance Use Treatment Programs, state-operated hospitals, community recovery programs, and in emergency room settings.

Estimated SUD Prevalence Rates and Impact of Medicaid Expansion

Due to the State's recent expansion of Medicaid, it is anticipated a large number of individuals reflected in the prevalence rates below may seek SUD services under the new Medicaid benefit. This waiver will ensure access to inpatient and residential SUD treatment for all enrollees.

Estimated prevalence of adolescent SUD

Region	2019 Population Age 12-17	Estimated Prevalence (4.04%)	FY 2020 Served	Estimated Served Outside of State System + Unmet Need	Percent of Need Not Served by State System
Western	167,268	6,758	639	6,119	90.54%
Eastern	172,908	6,986	662	6,324	90.52%
Southwest	74,558	3,013	503	2,510	83.31%
Southeast	54,138	2,188	263	1,925	87.98%
State Total	468,872	18,945	2,067	16,878	89.09%

Estimated prevalence of adult SUD

Region	2019 Population Age 18+	Estimated Prevalence (7.17%)	FY2020 Served	Estimated Served Outside of State System + Unmet Need	Percent of Need Not Served by State System
Western	1,680,906	120,521	14,572	105,949	87.91%
Eastern	1,774,434	127,227	14,907	112,320	88.28%
Southwest	748,331	53,656	8,364	45,292	84.41%
Southeast	542,363	38,888	6,120	32,768	84.26%
State Total	4,766,843	340,292	43,963	296,329	87.08%

Estimated prevalence of Opioid Misuse for 12+

Region	2019 Population Age 12+	Estimated Prevalence (4.4%)	FY 2020 Served	Estimated Served Outside of State System + Unmet Need	Percent of Need Not Served by State System
Western	1,848,174	81,320	3,922	77,398	95.18%
Eastern	1,968,151	86,599	7,853	78,746	90.93%
Southwest	822,889	36,208	2,312	33,896	93.61%
Southeast	596,501	26,247	2,440	23,807	90.70%
State Total	5,235,715	230,374	16,527	213,847	92.83%

Missouri Strategies for Addressing Waiver Milestones

Milestone 1: Access to Critical Levels of Care for OUD and Other SUDs
As described above, the State currently operates multiple programs offering a wide array of services for individuals with OUD and other SUDs. DBH's CSTAR programs are the only substance use treatment programs reimbursable by Medicaid in the State. Through this demonstration, the Missouri Medicaid agency (MO HealthNet), in partnership with DBH, will make changes to the CSTAR program to add Medicaid reimbursement for residential SUD services for individuals enrolled in Medicaid and who meet medical necessity criteria, including residential SUD services in facilities that qualify as an IMD. This will include transition to American Society of Addiction Medicine (ASAM) levels of care criteria and reimbursement for ASAM level residential services. With the addition of residential services, MO HealthNet will expand access to a full continuum of services across ASAM levels of care statewide for OUD and other SUDs, including those who will be newly eligible for Medicaid.

Milestone 2: Use of Evidence-based, SUD-specific Patient Placement Criteria
Currently, all individuals in need of services from facilities operated by the DBH or contracted service providers receive an initial assessment. These include the following:

- For individuals needing substance use treatment, an individual receives a structured interview completed by a Qualified Addiction Professional (QAP).
- For individuals seeking services from SATOP, assessment includes the self-administered DRI-II, in conjunction with an individualized interview with a SQP to determine the level of program placement.
- For individuals needing substance use or mental health treatment, the DLA-20 functional assessment tool is used with different modules for adults and for youth ages 6 to 18.

Missouri administrative regulations outline essential principles and outcomes for licensed SUD treatment providers, including a requirement that individuals be served in the most appropriate setting available based on their personal goals for recovery/resiliency and readiness to change, while assuring emotional and physical safety and protection from harm. Additionally, State regulations at 9 CSR 30-3.621 provide that a central intake program is the primary point of entry for substance use treatment and rehabilitation services. Among other requirements, the program must ensure the point of entry is readily identifiable, accessible, and convenient to persons seeking treatment and rehabilitation services; provide an assessment process that is consistent, objective, and of high quality; maintain current and accurate provider and service availability information; promote individualized and effective treatment by identifying individual needs and matching

those needs to appropriate resources; and assist in continuous efforts to improve the service delivery system for substance use treatment and rehabilitation.

The State does not prescribe an assessment tool to be utilized by providers in the assessment process and does not plan to do so; however, tools must be reviewed and approved by the State and must demonstrate that the assessment is compliant with components and standards set forth by the State in order for a provider to become certified. The State deems providers who are fully accredited with Commission on Accreditation of Rehabilitation Facilities (CARF) International, the Council on Accreditation (COA), or Joint Commission approved, but does review the respective assessment, while the State conducts a full review of the assessment tool for those not CARF, COA, or Joint Commission accredited.

As part of the State's program reform, the CSTAR program and placement criteria will be modified to align with ASAM levels of care. More specifically, when an individual seeks care, they will be assessed and referred to levels of care and subsequent services that align with ASAM definitions, as opposed to the State's existing CSTAR level definitions. This will require an update to existing provider certification regulations to ensure programs align with ASAM criteria.

The State currently conducts, and will continue to conduct, Billing and Service Reviews (BSR), Safety and Basic Assurance Reviews (SBARS), and Certification surveys to assess compliance with program requirements and standards. Through these surveys, agencies receive feedback regarding deficiencies and/or recommendations. DBH uses the survey outcomes to target technical assistance. In addition to annual reviews, a provider may be subject to expanded or focused reviews when a complaint suggests the need for a broader review or to address a specific concern. Focused reviews may also be conducted after implementation of a new service/program, as informed by the Missouri Medicaid Audit & Compliance Unit (MMAC), or for oversight of services and programs. The MMAC is responsible for administering and managing Medicaid audit and compliance initiatives under the Medicaid program.

Milestone 3: Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

The DMH is mandated by State law to develop certain provider standards, including certification standards and requirements for providers to be eligible for reimbursement for Medicaid CSTAR services. The primary function of the certification process is to assess an organization's compliance with standards of care. The review process ensures that providers maintain compliance with State standards and provide quality services that remain consistent with the State's mission and values. A key goal of certification is to enhance the quality of care and services with a focus on the needs and outcomes of persons served. Surveyors review multiple sources of information to arrive at a global view of the provider agency, while making recommendations for change to ensure delivery of quality services.

While the Missouri DMH currently maintains certification requirements for residential providers through the program reform, these providers will be required to enroll as Medicaid providers in order to receive reimbursement for the newly added Medicaid residential services. The DMH is also reviewing and revising current provider certification regulations to ensure staffing and programming align with ASAM criteria for delivery of residential services. The State will require residential providers ensure access to medication assisted treatment (MAT) for individuals receiving residential services.

Milestone 4: Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD

In 2021 Missouri surveyed it's SUD provider system that is certified and/or contracted with DMH. Missouri has not yet implemented the ASAM Criteria, so agencies were asked to report Outpatient programs (Level 1), Intensive Outpatient/Partial Hospitalization (Level 2), OTPs, waivered physicians, and we asked them

to use their best judgement to apply the ASAM Criteria to their current residential programs to assign ASAM levels 3.1, 3.3, 3.5, and 3.7. Data was collected by county (114 counties, plus the city of St. Louis = 115 total) and is reported as the number of sites where that ASAM level is offered. Missouri has 171 Level 1 sites that accept Medicaid. 103/115 counties (90%) have Level 1 treatment sites. 103 sites that accept Medicaid provide Level 2 services in 63/115 counties (55%). There are 33 OTP sites accepting Medicaid in 32/115 counties (28%). For residential level that accept Medicaid, there are 26 Level 3.1 sites in 16/115 counties (14%), 12 Level 3.3 sites in 10/115 counties (12%), 32 Level 3.5 sites in 22/115 counties (19%), and 18 Level 3.7 sites in 14/115 counties (12%). The surveyed DMH certified and/or contracted providers reported 160 waivered physicians with access available in 101/115 counties (89%). A comprehensive review by county and ASAM level of care is attached to this application.

ASAM Level of Care	Number of Providers accepting Medicaid	Number of Counties	% of Sites in Counties with Provider
Outpatient programs	171	103/115	90%
OTP	33	32/115	28%
Intensive Outpatient/Partial Hospitalization	103	63/115	55%
3.1 Residential	26	16/115	14%
3.3 Residential	12	10/115	12%
3.5 Residential	32	22/115	19%
3.7 Residential	18	14/115	12%
Waivered MDs	160	101/115	89%

Only 20% of Missouri counties have residential treatment sites. With a maximum of 16 beds per site, those 88 residential sites amount to roughly 1,408 SUD treatment beds for Missouri's 6.1 million residents. This does not include private, for-profit SUD agencies that do not bill Medicaid and therefore do not contract with DMH. It is expected that the number of Medicaid residential treatment beds will increase upon approval of the waiver.

Missouri is addressing gaps by piloting integration initiatives with partnering Federally Qualified Health Centers (FQHCs) and CSTAR programs. In addition, thirteen new behavioral health crisis centers will open in 2022, providing urgent care and 23-hour withdrawal management. Telehealth services have expanded greatly during the federal public health emergency. Agencies have access to more telehealth and mobile equipment; however, access to broadband in rural regions of the state is still lacking, making audio-visual telehealth unavailable to some of the state's population. Our governor is invested in improving broadband access in rural areas during the remainder of his term.

In addition to implementing ASAM state-wide, additional EBPs will be required of DMH's contracted SUD providers. DMH already requires agencies to employ and use peer support specialists and employ or contract with prescribers for MAT. New EBP requirements include employment of a Tobacco Treatment Specialist, implementation of Zero-Suicide, and implementation of trauma-informed care (along with employing clinical staff who specialize in the treatment of trauma). In addition, all agencies will be required to have attained national accreditation from CARF, The Joint Commission, or the COA.

Milestone 5: Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

The Missouri State Targeted Response (STR) and Missouri SOR and SOR 2.0 projects have expanded access to integrated prevention, treatment, recovery support, and harm reduction services for individuals with OUD and, most recently, stimulant use disorder (StimUD) throughout the State. Although the STR grant ended in 2019, SOR and now SOR 2.0 have built upon the foundation laid with STR while also adding new, innovative programming. These projects are led by DMH, with administration, implementation, and evaluation activities provided by the University of Missouri, St. Louis - Missouri Institute of Mental Health (UMSL-MIMH).

The primary goals of the STR/SOR projects include: increasing provider and student focused opioid use and overdose prevention initiatives and programs; increasing access to evidence-based medication for OUD (MOUD) for uninsured individuals with OUD through provider training, direct service delivery, healthcare integration, and improved transitions of care; increasing the number of individuals with an OUD who receive recovery support services; and enhancing sustainability through policy and practice changes as well as demonstrated clinical and cost effectiveness of grant-supported protocols.

Prevention activities have centered on increased awareness and decreased availability of prescription opioids, as well as comprehensive strengths-based programming for teens facing hardship and lacking environmental support. There has also been significant focus on harm reduction under the umbrella of prevention, particularly Overdose Education and Naloxone Distribution (OEND), as well as clinical mentorship and consultation services for primary care providers treating chronic pain. Within the treatment realm, the focus has largely been on increasing access to and engagement with MOUD through a Medication First treatment approach, designed to provide rapid and long-term access to evidence-based medications like buprenorphine and methadone. Regarding recovery supports, recent efforts have centered the importance of training and employing Peer Recovery Coaches across care settings, expanding medication-friendly recovery housing, and launching RCCs in high-need areas of the state to promote prosocial activities, connections to resources, and community.

Based on the broad goals and strategies described above, the Missouri STR and SOR teams have developed and deployed specific initiatives to save and improve the lives of people who use drugs. Some highlights in the prevention, treatment, and recovery support domains include:

- Medication First Approach: Agencies that provide OUD treatment services through SOR are required to deliver treatment in accordance with the four principles of the Medication First Approach:
  1. People with OUD receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatment planning sessions;
  2. Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;
  3. Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy; and
  4. Pharmacotherapy is discontinued only if it is worsening the person’s condition.

  This approach has been adopted by health care providers throughout the State and has gained national attention for succinct framing of evidence-based OUD treatment practices.

- Recovery Housing: DMH, in partnership with (MCRSP/NARR), has certified MAT friendly recovery houses across the State.

- Recovery Community Centers: SOR has funded four RCCs to provide OUD recovery support services. These RCCs are independent non-profit organizations that mobilize resources to increase the prevalence and quality of long-term recovery. There currently are two RCCs in St. Louis, one in Springfield, and one in Kansas City.
- Harm reduction street outreach: multiple individual and organizational partners go to areas with high overdose rates to distribute naloxone and share information about treatment and recovery resources.
- Mobile app for people in treatment: the uMAT-R mobile application is for people engaged in treatment who benefit from additional education, text-coaching, and motivational messaging
- Peer Workforce: The State has expanded its Certified Peer Specialist workforce by providing trainings every month across the State. Treatment agencies, RCCs, and recovery housing providers have increased the utilization of peer support specialists to engage individuals in meaningful recovery.
- Jail-based MOUD program: the St. Louis County jail has utilized STR/SOR grant funds to launch a pilot program to provide buprenorphine and methadone to incarcerated individuals
- Family Support Services: this recovery-oriented program offers open support groups for families of people with SUD, family education workshops, and connections to treatment.

Missouri leaders remain committed to sustaining and further developing the infrastructure, programs, and services developed in response to the overdose crisis and will continue to leverage data from our partners at UMSL-MIMH to monitor progress and identify additional focus areas to meet this Milestone.

Milestone 6: Improved Care Coordination and Transitions between Levels of Care

The State has implemented multiple policies and currently operates effective programs to ensure facilities link beneficiaries, especially those with OUD, with community-based services and supports following stays in these facilities. As part of the State's program reform, the State will continue to expand access to a comprehensive provider network of Certified Community Behavioral Health Organizations (CCBHOs) with the addition of seven more CCBHOs across the State in 2022, expanding access to care coordination, including transition supports that are required of these providers. Additionally, Missouri intends to continue, and expand upon, the following mechanisms addressing this Milestone:

- Engaging Patients in Care Coordination (EPICC): EPICC began as a nine-month pilot project in December 2016, serving St. Louis City, St. Louis and surrounding counties to connect patients from hospitals to evidence-based substance use treatment and grass root recovery supports. EPICC utilizes certified peer specialists to encourage clients' engagement with community treatment providers through intensive outreach services. The program has since expanded and is currently offered in the central, eastern, southwest and western regions of the State. Expansion of EPICC is underway in the southeastern and southcentral parts of the State.
- Recovery Support Services: DBH contracts for Recovery Support Services providing care coordination, peer recovery coaching, spiritual counseling, group support, recovery housing and transportation before, during, after and in coordination with other SUD service providers. These services are offered by 51 certified Recovery Support Service providers. Recovery Housing certification requires the provider to also obtain accreditation through the MCRSP/NARR. Currently, 130 Recovery Houses with over 1,200 beds are accredited. Additionally, SOR has funded four RCCs, independent non-profit organizations, to provide OUD recovery support services.

- Peer Services: Peer support services are available to individuals with mental health and SUDs. Certified Peer Specialists are trained staff with lived experience of recovery from a mental illness and/or SUD. Peer support services provided in treatment programs are coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. Peer support services are person-centered and promote participant ownership of the plan of care. Certified Peer Specialists in treatment programs are supervised by a qualified mental health professional (QMHP) or a QAP.

  Components of Peer Support Services include, but are not limited to:

  - Assisting individuals in identifying strengths and personal resources to aid recovery/promoting resilience, and to recognize their capacity for recovery/resilience
  - Helping individuals set and achieve recovery/resilience goals
  - Sharing lived experiences of recovery/resilience, modeling recovery behaviors, and sharing and supporting the use of recovery tools
  - Assisting individuals to take a pro-active role in their treatment
  - Serving as an advocate, mentor, or facilitator for the resolution of issues
  - Introducing methods for problem solving and developing strategies to address issues related to recovery.

- Disease Management Projects: DM 3700 and SUD DM: Disease Management (DM) Projects identify Medicaid-eligible individuals with high medical costs who have a diagnosis of SMI or SUD and are not currently receiving DMH services. DM 3700 identifies Medicaid-eligible individuals with high medical costs who have a diagnosed SMI and SUD DM identifies Medicaid-eligible individuals with high medical costs who have a diagnosed SUD. Once the individual is identified, they are placed on a DM Cohort to be outreached for services by DMH contracted providers, with the goal of locating and enrolling these individuals in behavioral health services to improve health outcomes and reduce related medical costs. Those identified on the DM 3700 cohort are presumptively eligible for the CPR program. Those identified on the SUD DM cohort are presumptively eligible for the CSTAR Program. Those identified on either cohort are presumptively eligible for enrollment in a Healthcare Home (HCH).
  - The CMHC HCH initiative: CMHCs which meet DMH criteria may be designated as a behavioral health HCH. HCH functions include but are not limited to: ensuring access to primary and specialty care, promoting healthy lifestyles, supporting individuals in managing chronic health conditions, diverting inappropriate ER visits, coordinating post hospitalization care, and using health information technology to monitor for care management gaps. The individuals served include adults and youth with a SMI or severe emotional disturbance; or a mental health condition and SUD; or a mental health condition or SUD, and a chronic health condition or risk factor (diabetes, asthma/COPD, cardiovascular disease, developmental disability, overweight {BMI ≥25}, or use tobacco).
  - The SUD DM Project: This project targets Medicaid-eligible individuals with high medical costs who have a diagnosed SUD and are not receiving DMH behavioral health services. Providers participating in the program have access to the Customer Information Management, Outcomes, and Reporting (CIMOR) system, a web-based information system that includes a wide range of data on individuals served including: demographics,

screening and assessment results, benefit and Medicaid eligibility status, service encounters, and billing. The system allows State staff and providers to measure and track program performance and manage quality improvement on a statewide basis. In addition to CIMOR, CyberAccess is a portal that allows users to view the medical and drug claim history for MO HealthNet fee-for-service participants. CyberAccess provides valuable health information on prescriptions, procedures, diagnoses, and services an individual has received from MO HealthNet providers in the State. With this tool, users are able to identify clinical issues affecting an individual's care, and the application will display alert messages when an individual may be noncompliant with medication refills and/or treatment plans.

III. Demonstration Goals and Objectives

The State's goals are aligned with those of CMS for this waiver opportunity. Specifically, the goals of the Demonstration include:

1. Increased rates of identification, initiation, and engagement in treatment;
2. Increased adherence to and retention in treatment;
3. Reductions in overdose deaths, particularly those due to opioids;
4. Reduced utilization of emergency departments (ED) and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;
5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and
6. Improved access to care for physical health conditions among beneficiaries.

IV. Hypotheses and Evaluation Plan

Missouri proposes the following evaluation plan, which has been developed in alignment with CMS evaluation design guidance for SUD 1115 demonstrations. The State will contract with an independent evaluator to conduct this review.

<table>
<tr><th>Objective/Goal</th><th>Hypothesis</th><th>Evaluation Parameters/Methodology</th></tr>
<tr><td colspan="3">Evaluation Question:
• Does the Demonstration increase access to and utilization of SUD treatment services?</td></tr>
<tr><td>GOAL
Increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs</td><td>Hypothesis 1. The Demonstration will increase the percentage of beneficiaries who are referred and engage in treatment for OUD and other SUDs.</td><td>Data Sources:
• Claims Data
• Provider Surveys
• Beneficiary Surveys

Analytic Approaches:
• Descriptive Statistics
• Chi Square Tests</td></tr>
<tr><td colspan="3">Evaluation Question:
• Does the Demonstration increase access to and utilization of SUD treatment services?</td></tr>
</table>

Objective/Goal	Hypothesis	Evaluation Parameters/Methodology
GOAL Increased adherence to and retention in treatment for OUD and other SUDs	**Hypothesis 2.** The Demonstration will increase the percentage of beneficiaries who adhere to treatment of OUD and other SUDs.	**Data Sources:** • Claims Data • Beneficiary Surveys **Analytic Approaches:** • Descriptive Statistics • Chi Square Tests • T-Test
Evaluation Question: • *Does the Demonstration increase access to and utilization of SUD treatment services?*		
GOAL Reduced utilization of the ED and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services	**Hypothesis 3.** The Demonstration will decrease the rate of ED and inpatient visits within the beneficiary population for SUD.	**Data Source:** • Claims Data **Analytic Approaches:** • Descriptive Statistics • Chi Square Tests
Evaluation Question: • *Do enrollees receiving SUD services experience improved health outcomes?*		
GOAL Improved access to care for physical health conditions among beneficiaries	**Hypothesis 4.** The Demonstration will increase the percentage of beneficiaries with SUD who experience care for comorbid conditions.	**Data Sources:** • Claims Data • Administrative Date • Provider Survey **Analytic Approaches:** • Descriptive Statistics • Chi Square Tests
Evaluation Question: • *Do enrollees receiving SUD services experience improved health outcomes?*		

Objective/Goal	Hypothesis	Evaluation Parameters/Methodology
GOAL Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate	**Hypothesis 5.** Among beneficiaries receiving care for SUD, the Demonstration will reduce readmissions to SUD treatment.	**Data Sources:** • Claims Data • Beneficiary Survey **Analytic Approaches:** • Descriptive Statistics • Chi Square Tests
Evaluation Question: • *Are rates of opioid-related overdose deaths impacted by the Demonstration?*		
GOAL Reduction in overdose deaths, particularly those due to opioids	**Hypothesis 6.** The Demonstration will decrease the rate of overdose deaths due to opioids.	**Data Sources:** • Claims Data • Administrative Data **Analytic Approaches:** • Descriptive Statistics • Chi Square Tests

V. Impact on Enrollment, Benefits, Cost Sharing and Delivery System

Demonstration Eligibility

All Medicaid enrollees, ages 12-64, eligible for full Medicaid benefits, and requiring a residential level of care for SUD treatment services, would be eligible for short terms stays in an IMD under this waiver. Only the eligibility groups outlined in the table below will not be eligible for stays in an IMD as they receive limited Medicaid benefits only. Currently SUD residential is available to adolescents in facilities with fewer than 16 beds. This waiver would allow providers with greater than 16 beds serving adolescents to also receive reimbursement.

Eligibility Group Name	Social Security Act & CFR Citations
Limited Services Available to Certain Aliens	42 CFR §435.139
Qualified Medicare Beneficiaries (QMB)	1902(a)(10)(E)(i) 1905(p)
Specified Low Income Medicare Beneficiaries (SLMB)	1902(a)(10)(E)(iii)
Qualified Individual (QI) Program	1902(a)(19)(E)(iv)
Qualified Disabled Working Individual (QDWI) Program	1902(a)(10)(E)(ii) 1905(s)

Eligibility Group Name	Social Security Act & CFR Citations
Missouri Targeted Benefits for Post-Partum Women §1115 Waiver Eligibility Group	1115(a)
Presumptively Eligible Pregnant Women	1920 42 CFR §435.1103

Enrollment
The Demonstration is not anticipated to impact Medicaid enrollment over the course of the five-year demonstration period, as there are no waiver-specific eligibility criteria included.

Benefits
This Demonstration seeks to enhance the State's continuum of care by adding residential SUD services furnished at a facility that qualifies as an IMD to the Medicaid service system for participants ages 12-64.

Cost Sharing
All cost-sharing for services provided through this Demonstration will be consistent with the Medicaid State Plan applicable to an enrollee's specific eligibility category. No modifications are proposed through this application.

Delivery System
The State seeks a waiver of the IMD exclusion for all Medicaid beneficiaries ages 12-64, regardless of delivery system. No modifications to the current Missouri Medicaid delivery system is proposed through this application. All enrollees will continue to receive services through their current delivery system.

Payment Rates for Services
Payment methodologies will be consistent with those approved in the Medicaid State Plan. The State is currently in the process of revising its State Plan methodologies for reimbursement of SUD treatment services in alignment with ASAM levels of care.

VI. Waiver Implementation

This Demonstration waiver will be implemented statewide on October 1, 2022. The State requests a five-year approval.

VII. Requested Waivers and Expenditure Authority

The State seeks expenditure authority under Section 1115(a)(2) of the Social Security Act for otherwise covered residential SUD services furnished in a facility that qualifies as an IMD.

VIII. Financing and Budget Neutrality

Please refer to the attached documentation prepared by the State's actuary for a detailed analysis of the budget neutrality impact.

IX. Public Notice

The State is conducting public notice in accordance with 42 CFR §431.408. A summary of comments received and any applicable Demonstration application updates in response to comments will be completed pending completion of the public notice period.

PUBLIC COMMENT: The State conducted public comment as follows:

- June 10, 2022 through July 11, 2022 - MO HealthNet Division posted public notice on the Alerts and Public Notices web page. Documents posted with the notice included the 1115 waiver application, budget neutrality analysis and county ASAM level of care review.
- June 10, 2022 – Public notices, including web site address to access the application, were published in the five largest circulation newspapers statewide: St. Louis Post Dispatch, Kansas City Star, Columbia Tribune, Independence Examiner, and Springfield News-Leader.
- June 10, 2022 – Email notification sent to SUD providers by the Missouri Behavioral Health Council notifying them of the public notice that was posted on the MHD website.
- June 15, 2022 – A public hearing was held from 10:30 a.m. – 12:00 p.m. by conference call.
- June 21, 2022 – A public hearing was held by conference call from 3:00 p.m. to 4:30 p.m.

One comment was received during the public comment period.

Comment: This (SUD IMD 1115 Waiver application) is not for outpatient services?

Response: That is correct.

No changes were made to the waiver application due to the above comment.

TRIBAL CONSULTATION: On May 19, 2022, tribal consultation notice was sent to Missouri Urban Indian Organization, Kansas City Indian Center. A copy of the waiver application and additional documents were provided with the notice. A link to the MO HealthNet's web page for reference to the future public notice documents was included. A 30 day comment period was provided.

No comments were received through the tribal consultation.

Appendix 1: Public Notice

In accordance with 42 CFR §431.408, the Missouri Department of Social Services (DSS), MO HealthNet Division (MHD) is providing public notice of its intent to submit to the Centers for Medicare and Medicaid Services (CMS), an 1115 Demonstration application. The complete waiver application and applicable attachments are available on the MHD website under Alerts and Public Notices at http://dss.mo.gov/mhd/.

Waiver Description & Goals

Through this demonstration waiver application, Missouri is seeking federal authority to reimburse for medically necessary residential substance use disorder (SUD) services furnished in facilities that qualify as an institution for mental disease (IMD). This demonstration is part of the State's broader efforts to ensure access to a comprehensive continuum of SUD treatment services. Like states across the nation, Missouri is facing an opioid public health crisis. The Missouri Department of Mental Health (DMH) in partnership with MHD have focused on a series of initiatives to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities. This waiver will complement these efforts by expanding the treatment settings in which Medicaid reimbursement is available. The proposed effective date is October 1, 2022, pending CMS approval.

MHD seeks to achieve the following goals through implementation of this waiver:

1. Increased rates of identification, initiation, and engagement in treatment.
2. Increased adherence to and retention in treatment.
3. Reductions in overdose deaths, particularly those due to opioids.
4. Reduced utilization of EDs and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.
5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.
6. Improved access to care for physical health conditions among beneficiaries.

Eligibility

All Medicaid enrollees, ages 12-64, eligible for full Medicaid benefits, and requiring a residential level of care for SUD treatment services, would be eligible for short terms stays in an IMD under this waiver.

Enrollment & Fiscal Projections

The waiver amendment will have no impact on annual Medicaid enrollment. Further, it is expected to be budget neutral as outlined in the tables below.

IMD Without Waiver

PB Trend Rate(s) Used:	
SUD Medicaid FFS Beneficiaries	4.80%
SUD Medicaid Managed Care Beneficiaries	4.80%
SUD Managed Care Adult Expansion Group	4.80%
Non-IMD Services CNOM Limit MEG	

ELIGIBILITY GROUP	PB TREND RATE	MONTHS OF AGING	LAST HISTORIC YEAR	DEMONSTRATION YEARS (DY) Start DY FFY 2023	FFY 2024	FFY 2025	FFY 2026	FFY 2027	TOTAL WOW
SUD Medicaid FFS Beneficiaries									
Eligible Member Months	n.a.	n.a.	3640	4,738	4,833	4,929	5,028	5,129	
PMPM Cost	4.8%	45	$ 7,125	$ 8,495	$ 8,902	$ 9,330	$ 9,778	$ 10,247	
Total Expenditure				$ 40,247,841	$ 43,023,356	$ 45,990,261	$ 49,161,757	$ 52,551,929	$ 230,975,144
SUD Medicaid Managed Care Beneficiaries									
Eligible Member Months	n.a.	n.a.	2788	3,629	3,702	3,776	3,851	3,928	
PMPM Cost	4.8%	45	$ 4,682	$ 5,582	$ 5,850	$ 6,131	$ 6,425	$ 6,733	
Total Expenditure				$ 20,257,332	$ 21,654,280	$ 23,147,557	$ 24,743,817	$ 26,450,134	$ 116,253,121
SUD Managed Care Adult Expansion Group									
Eligible Member Months	n.a.	n.a.	6950	9,046	9,227	9,411	9,600	9,792	
PMPM Cost	4.8%	45	$ 6,125	$ 7,302	$ 7,653	$ 8,020	$ 8,405	$ 8,808	
Total Expenditure				$ 66,054,887	$ 70,610,020	$ 75,479,332	$ 80,684,414	$ 86,248,458	$ 379,077,111
Continue MEGs from Above, As Needed									
Non-IMD Services CNOM Limit MEG									
Eligible Member Months	n.a.	n.a.	n.a.	0	0	0	0	0	
PMPM Cost	0.0%	0	$ -	$ -	$ -	$ -	$ -	$ -	
Total Expenditure				$ -	$ -	$ -	$ -	$ -	$ -

IMD With Waiver

ELIGIBILITY GROUP	LAST HISTORIC YEAR	PB TREND RATE	DEMONSTRATION YEARS (DY) FFY 2023	FFY 2024	FFY 2025	FFY 2026	FFY 2027	TOTAL WW
SUD Medicaid FFS Beneficiaries								
Eligible Member Months			4,738	4,833	4,929	5,028	5,129	
PMPM Cost	$ 7,125	4.8%	$ 8,495	$ 8,902	$ 9,330	$ 9,778	$ 10,247	
Total Expenditure			$ 40,247,841	$ 43,023,356	$ 45,990,261	$ 49,161,757	$ 52,551,929	$ 230,975,144
SUD Medicaid Managed Care Beneficiaries								
Eligible Member Months			3,629	3,702	3,776	3,851	3,928	
PMPM Cost	$ 4,682	4.8%	$ 5,582	$ 5,850	$ 6,131	$ 6,425	$ 6,733	
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Continue MEGs from Above, As Needed								
Non-IMD Services CNOM Limit MEG								
Eligible Member Months	n.a.		0	0	0	0	0	
PMPM Cost	$ -	0.0%	$ -	$ -	$ -	$ -	$ -	
Total Expenditure			$ -	$ -	$ -	$ -	$ -	$ -

Main Budget Neutrality Test (i.e. NOT Hypothetical)

Non-Hypothetical Services CNOM MEG

ELIGIBILITY GROUP	PB TREND RATE	MONTHS OF AGING	LAST HISTORIC YEAR	DEMONSTRATION YEARS (DY) DY 01	DY 02	DY 03	DY 04	DY 05	TOTAL WOW
Eligible Member Months	n.a.	n.a.	n.a.	0	0	0	0	0	
PMPM Cost	0.0%		$ -	$ -	$ -	$ -	$ -	$ -	
Total Expenditure				$ -	$ -	$ -	$ -	$ -	$ -

Benefits, Cost Sharing & Delivery System

No modifications to the current Missouri Medicaid fee-for-service or managed care arrangements are proposed through this waiver application. All enrollees will continue to receive services through their current delivery system. Additionally, this amendment does not propose any changes in the cost sharing requirements for any enrollees.

Hypotheses & Evaluation

MHD proposes the following evaluation plan, which has been developed in alignment with CMS evaluation design guidance for SUD 1115 demonstrations. The State will contract with an independent evaluator to conduct this review.

Objective/Goal	Hypothesis	Evaluation Parameters/Methodology
Evaluation Question: • *Does the Demonstration increase access to and utilization of SUD treatment services?*		
GOAL Increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs	**Hypothesis 1.** The Demonstration will increase the percentage of beneficiaries who are referred and engage in treatment for OUD and other SUDs.	**Data Sources:** • Claims Data • Provider Surveys • Beneficiary Surveys **Analytic Approaches:** • Descriptive Statistics • Chi Square Tests
Evaluation Question: • *Does the Demonstration increase access to and utilization of SUD treatment services?*		
GOAL Increased adherence to and retention in treatment for OUD and other SUDs	**Hypothesis 2.** The Demonstration will increase the percentage of beneficiaries who adhere to treatment of OUD and other SUDs.	**Data Sources:** • Claims Data • Beneficiary Surveys **Analytic Approaches:** • Descriptive Statistics • Chi Square Tests • T-Test
Evaluation Question: • *Does the Demonstration increase access to and utilization of SUD treatment services?*		
GOAL Reduced utilization of the ED and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services	**Hypothesis 3.** The Demonstration will decrease the rate of ED and inpatient visits within the beneficiary population for SUD.	**Data Source:** • Claims Data **Analytic Approaches:** • Descriptive Statistics • Chi Square Tests
Evaluation Question: • *Do enrollees receiving SUD services experience improved health outcomes?*		

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• Claims Data
• Administrative Date
• Provider Survey

Analytic Approaches:
• Descriptive Statistics
• Chi Square Tests</td></tr>
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<tr><td>GOAL Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate</td><td>Hypothesis 5. Among beneficiaries receiving care for SUD, the Demonstration will reduce readmissions to SUD treatment.</td><td>Data Sources:
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• Claims Data
• Administrative Data

Analytic Approaches:
• Descriptive Statistics
• Chi Square Tests</td></tr>
</table>

Waiver and Expenditure Authority

MHD is requesting expenditure authority under Section 1115(a)(2) of the Social Security Act for otherwise covered residential SUD services furnished in a facility that qualifies as an IMD.

Public Hearings

MHD will host two hearings at which the public may provide comments.

The first public hearing will be held **June 15, 2022** from 10:30 a.m. to 12:00 p.m. CST. The WebEx number is **1-650-479-3207**; Access Code: **2469 998 1498**; Meeting Password: **B5SmXTJPd87**

The second public hearing will be held **June 21, 2022**, from 3:00 p.m. to 4:30 p.m. CST. The WebEx number is **1-650-479-3207**; Access Code: **2459 253 0145**; Meeting Password: **5jrCbmNPC84**

Written Public Comments

MHD will also accept written public comments until 5:00 p.m. on July 11, 2022. Written comments may be mailed to:

MO HealthNet Division
PO Box 6500
Jefferson City, MO 65102-6500
Attn: MO HealthNet Director

Additionally, written comments may be sent via email to: Ask.MHD@dss.mo.gov. Please add "SUD IMD Waiver" in the subject line.

Appendix 2: Abbreviated Public Notice

Pursuant to 42 CFR §431.408, the State of Missouri, Department of Social Services (DSS), MO HealthNet Division (MHD) hereby notifies the public of its intent to submit an 1115 Demonstration application to the Centers for Medicare and Medicaid Services (CMS). The complete waiver application, full public notice and applicable attachments are available on the MHD website under Alerts and Public Notices at http://dss.mo.gov/mhd/.

Through this waiver application, Missouri is seeking federal authority to reimburse for medically necessary residential substance use disorder (SUD) services furnished in facilities that qualify as an institution for mental disease (IMD). This demonstration is part of the State's broader efforts to ensure access to a comprehensive continuum of SUD treatment services. The Missouri Department of Mental Health (DMH) in partnership with MHD have focused on a series of initiatives to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities. This waiver will complement these efforts by expanding the treatment settings in which Medicaid reimbursement is available. The proposed effective date is October 1, 2022, pending CMS approval.

Public Comment and Hearings

Comments will be accepted for 30 days from the publication of this notice. The comment period ends at 5:00 p.m. on July 11, 2022. Written comments may be sent to:

MO HealthNet Division
PO Box 6500
Jefferson City, MO 65102-6500
Attn: MO HealthNet Director
Ask.MHD@dss.mo.gov

Hearings on the proposal will be held follows:

The first public hearing will be held **June 15, 2022** from 10:30 a.m. to 12:00 p.m. CST. The WebEx number is **1-650-479-3207**; Access Code: **2469 998 1498**; Meeting Password: **B5SmXTJPd87**

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