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July 28, 2022

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Dear Mr. Becerra:

The Missouri Department of Social Services (DSS), MO HealthNet Division (MHD) formally submits for your review and approval the attached application for an 1115 Waiver to reimburse for acute inpatient stays in institutions for mental disease (IMD) for Medicaid enrollee's ages 21 – 64 diagnosed with a serious mental illness (SMI). Additionally, the State seeks authority to reimburse Qualified Residential Treatment Programs (QRTPs) that are determined to meet the definition of an IMD. Reimbursement will not be extended to IMDs that are not QRTPs for residential stays. State operated psychiatric hospitals and facilities will not be classified as IMDs eligible for reimbursement under this waiver.

The DSS, MHD, has worked in partnership with the Department of Mental Health and other stakeholders in the development of this waiver application.

If you have additional questions, please submit them in writing to this office.

Sincerely,

[redacted]

Todd Richardson
Director
MO HealthNet Division

Section 1115 Institutions for Mental Disease Waiver for Serious Mental Illness

Posted June 22, 2022

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I. Executive Summary

Through this waiver application, the State of Missouri is seeking authority to reimburse for acute inpatient stays in institutions for mental disease (IMDs) for Medicaid eligible individuals ages 21-64 with a serious mental illness (SMI). Reimbursement will not be extended to IMDs for residential stays for adults with SMI. Additionally, state operated psychiatric hospitals and facilities will not be classified as IMDs eligible for reimbursement under this waiver. This request is pursuant to legislation passed during the State's 2020 legislative session and the opportunity announced by the Centers for Medicare and Medicaid Services (CMS) via State Medicaid Director Letter #18-011. Additionally, the State seeks authority to reimburse Qualified Residential Treatment Programs (QRTPs) that are determined to meet the definition of an IMD.

This demonstration is part of the State's broader efforts to ensure access to a comprehensive continuum of behavioral health services. With Medicaid expansion implementation, this waiver will expand access to critical inpatient psychiatric services necessary to serve the influx of new Medicaid enrollees. Additionally, this waiver will ensure comparable access to IMDs for Medicaid enrollees regardless of delivery system. Currently, Missouri Medicaid enrollees receiving services via managed care may receive treatment in IMDs through the "in lieu of" authority. However, individuals served via fee-for-service (FFS) do not have such access. This waiver will eliminate the inconsistency between managed care and FFS coverage and ensure comparability among delivery systems. Further, through this demonstration, the State seeks to regain and sustain the benefits achieved under the State's previous participation in the Medicaid Emergency Psychiatric Services Demonstration (MEPD).

The State requests a five-year waiver term with an effective date no later than October 1, 2022. However, we are prepared to implement immediately upon CMS approval.

II. Program Background and Description

Overview of Missouri's Behavioral Health Delivery System

The Missouri Department of Mental Health's (DMH) Division of Behavioral Health (DBH) is responsible for ensuring prevention, evaluation, treatment, and rehabilitation services are available for individuals and families that need public mental health services throughout the State of Missouri. Services for the DBH Community Psychiatric Rehabilitation (CPR) Program, targeted case management, and supported community living are provided in a community-based and consumer-centered manner. Services provided in DBH's CPR Program for adults and youth are reimbursed under Medicaid. The types of services provided in the CPR program include evaluation, crisis intervention, community support, medication management, and psychosocial rehabilitation (PSR). Outpatient community-based services provide the least-restrictive environment for treatment. Day treatment offers the least-restrictive care to individuals diagnosed as having a psychiatric disorder and requiring a level of care greater than that provided in outpatient services but not at a level requiring full-time inpatient services. Day treatment may include vocational education, rehabilitation services, and education services. Moderate-term placement in residential care provides services with non-acute conditions who cannot be served in their own homes. Intensive CPR programs include, but are not limited to, Enhanced PSR, Assertive Community Treatment (ACT), Assertive Community Treatment for Transition Age Youth (ACT-TAY), and Integrated Treatment for Co-Occurring Disorders (ITCD). Individuals whose psychiatric needs cannot be met in the community and who require 24-hour observation and treatment are placed in inpatient treatment. These services are considered appropriate for persons who may be a danger to themselves or others because of their mental disorder. DBH also oversees Community Mental Health Treatment (CMHT) and Offenders with Serious Mental Illness (OSMI) for Department of Corrections' (DOC) offenders under community supervision and who have mental illness. Target populations for mental health treatment include:

- Forensic clients pursuant to Chapter 552 RSMo;
- Adults, children, and youth with SMI being discharged from DBH operated inpatient facilities, being transitioned from DBH-operated or contracted residential settings, being transitioned from DBH alternatives to inpatient hospitalization;
- Adults, children, and youth at risk of homelessness;
- Children and youth referred through the Custody Diversion Protocol;
- Individuals with a clinical or personality disorder, other than a principal diagnosis of substance use or intellectual or developmental disability , who also qualify as an adult with severe disabling SMI or children and youth with serious emotional disturbance (SED), as defined by the Department.

DBH supports ACT, a service-delivery model that provides comprehensive, community-based treatment to people with serious and persistent mental illnesses who: 1) are high users of inpatient beds, 2) often have co-occurring alcohol and drug diagnoses, 3) have involvement with the criminal justice system, and/or 4) are homeless. ACT provides highly individualized, intensive services directly to consumers in their homes and communities as opposed to a psychiatric unit. ACT team members are trained in the areas of psychiatry, social work, nursing, substance use, and vocational rehabilitation. DBH contracts with nine agencies to provide ACT including seven contracts for adult ACT and seven contracts for ACT for Transitional Age Youth (ACT-TAY).

Community-based Mental Health Services

For mental health treatment, the state is divided into 25 mental health service areas each with an administrative agent. These administrative agents are responsible for the assessment and provision of services either directly or through affiliate Community Mental Health Centers (CMHC) for individuals residing in the assigned service areas. The Administrative Agents are also required to have cooperative agreements with the state-operated inpatient hospitals and are responsible for the provision of follow-up services for persons released from the state hospitals. Of the 28 CMHCs, 26 are also contracted for Health Homes which was implemented in January 2012. Of the 26 Health Homes, 15 are Certified Community Behavioral Health Organizations (CCBHO) who participated in the CCBHC Prospective Payment System Demonstration Project. For substance use treatment, individuals access services directly from the contracted service provider and may seek services anywhere in the state regardless of their county of residence. DBH funds ten regional Access Crisis Intervention (ACI) Hotlines that are staffed by mental health professionals 24 hours per day, 7 days per week to provide intervention and referral for persons experiencing a behavioral health crisis. DBH has arrangements with local taxing authority boards who have a Mental Health Mil tax or Children's Services tax to fund mental health services for adults (four counties plus the city of St. Louis) and youth (six counties) and substance use treatment for adults (four counties) and youth (two counties plus the city of St. Louis). Five regional offices provide consultation and technical assistance to community-based service providers and conduct regular reviews of provider systems.

Care Management and Care Coordination

DBH has implemented several programs to improve coordination of consumers' primary and behavioral healthcare. Disease Management 3700 started as a two-year collaborative demonstration project between DBH and the state Medicaid authority, MO HealthNet. Medicaid eligible individuals with serious and persistent mental illness, who are not current consumers of DMH, and who have had a minimum of $20,000 annual Medicaid claims are identified for the program. Persons successfully outreached and engaged through the project are enrolled in a CMHC or SUD treatment provider and assigned a Community Support Specialist (CSS). The Disease Management program served as a model for Missouri's Health Home initiative and the Substance Use Disorder Disease Management (SUD DM). The SUD DM program began

in February 2014 and targets Medicaid-enrolled adults with substance use disorders (SUD) and high medical costs who are not currently engaged in treatment.

Missouri has two types of healthcare homes: 1) the CMHC's and 2) primary care including the Federally Qualified Health Centers (FQHC), Rural Health Clinics, and Hospital-Operated Primary Care Clinics. Enrollment in the CMHC Health Homes began in January 2012. Eligible individuals must be covered by MO HealthNet and have 1) a serious and persistent mental illness, 2) a mental health condition and a SUD, or 3) a mental health condition or a SUD and a chronic health condition. Of those enrolled, approximately 84 percent are adults and 16 percent are children or youth. As a Health Home, the CMHC's provide comprehensive case management, care coordination and health promotion, patient and family support, comprehensive transitional care, and referrals to community and support services.

DMH also funds initiatives through the Missouri's Strengthening Mental Health Initiative aimed at reducing the unnecessary use of emergency departments (ED) for behavioral health issues and to assist law enforcement and courts to more efficiently connect people with behavioral, physical and basic needs services. Emergency Room Enhancement (ERE) initiative provides funding to fourteen areas of Missouri to reduce repeated use of EDs and hospitals for behavioral health concerns that would be better addressed in community settings. The fourteen areas include Kansas City, Springfield, Columbia, Hannibal, St. Joseph, St. Louis, Rolla, Poplar Bluff, Joplin, Cape Girardeau, Jefferson City, Monett and Trenton. The ERE Project, in an effort to increase behavioral health care access to Missouri residents, has most recently expanded its service area to include ten new counties in the western part of the state. West Central, makes up the 14th Service Region for this project. Each of these areas have partnered with local hospitals, CMHCs, law enforcement agencies, substance use treatment providers, and social service providers to coordinate care for the whole person by addressing behavioral, physical and basic needs. The Community Mental Health Liaison (CMHL) initiative consists of 31 CMHLs employed by CMHCs across the state to assist law enforcement and courts to link individuals with behavioral health needs to appropriate treatment. The goal of this position is to form better community partnerships between CMHCs, law enforcement, and courts to save valuable resources that might otherwise be expended on unnecessary jail, prison, and hospital stays and to improve outcomes for individuals with behavioral health issues. Liaisons also follow-up with Missourians referred to them in order to track progress and ensure a successful transition of care.

Psychiatric Facility Operations

Facility Operations includes management oversight of the six state-operated psychiatric facilities – one for children and five adult hospitals; all adult facilities are forensic. State operated facilities provide inpatient hospital treatment for individuals with complex, treatment resistant mental illness and whose illness, treatment and recovery are complicated with legal issues and constraints. Adult facilities are located in St. Louis (2 campuses), St. Joseph, Fulton, Kansas City, and Farmington. The youth facility is located in St. Louis. At the end of FY 2021, the number of beds included 897 adult psychiatric inpatient, 24 child and youth psychiatric inpatient, 16 youth psychiatric residential, and 278 sexual offender inpatient beds.

Forensic services provide evaluation, treatment and community monitoring under the order of the circuit courts for individuals with mental illness and developmental disabilities involved in the criminal justice system. DBH provides three levels of security (high, minimum, and campus), with the desired goal of progressive movement through the security continuum based on clinical condition and risk assessment. Within this continuum, forensic clients are provided treatment in a setting consistent with both the clinical needs of the client and safety of the public. Forensic programs are located at Southeast Missouri Mental Health Center, St. Louis Forensic Treatment Center (both North and South campus), Center for Behavioral Medicine, Northwest Missouri Psychiatric Rehabilitation Center, and Fulton State Hospital. Forensic Case Monitors provide community monitoring, to forensic clients (those acquitted as not guilty by reason of

mental disease or defect and those civilly committed as Sexually Violent Predators) who are given conditional releases by the Courts. There are approximately 420 forensic clients on conditional release statewide.

Children's Services

Mental health services for youth are coordinated under the DMH Children's Director. In recent years, the Missouri DMH and its contracted providers have taken a comprehensive approach to expand and sustain services for children, youth, young adults and their families. The DMH is committed to providing a seamless system of care to ensure Missouri youth and families receive youth-guided and family-driven support throughout the course of their lives. This shared focus between the DMH and its contractors allows providers to construct, enhance, and expand a continuum of services for children, youth, and young adults within the Missouri System of Care.

CPR provides a range of essential mental health services to children and youth with SED. Approximately 90 percent of the youth receiving mental health treatment through the DMH's providers are in the CPR program, with services provided at 22 of the 29 CMHCs throughout the state. These community-based services are designed to maximize independent functioning and promote recovery and self-determination. The Daily Living Activities Functional Assessment (DLA20) Youth Version is utilized as the standardized functional tool for children and youth entering CPR services. The DLA20 is a twenty-item functional assessment measure designed to assess what daily living areas are impacted by SED or disability. The assessment tool quickly identifies where outcomes are needed so clinicians/CSS's can address those areas on the individualized treatment plan with the goal of improved functioning and symptom reduction. An assigned CSS monitors medical, dental, and support service needs and coordinates services and resources among community agencies.

The CPR program includes an intensive level of care for acute psychiatric episodes as clinically appropriate. Community support services available to children and youth include day treatment, PSR services, intensive/non-intensive targeted case management, community support, respite, family support, and family assistance. Day treatment provides goal-oriented therapeutic services focusing on the stabilization and management of acute or chronic symptoms which have resulted in functional deficits. Day treatment may include physician services, psychiatric evaluations, medication management, age appropriate education services, skill building groups, individual and group psychotherapy, occupational/physical therapies, community support, and family support. PSR services are a combination of goal-oriented and rehabilitative services provided in a group setting. Family support helps establish a support system for parents of children with SED. Activities may include, but are not limited to, problem solving skills, emotional support, dissemination of information, linkage to services, and parent-to-parent guidance. With family assistance, a Family Assistant Worker may work with the individual and family on home living and community skills, communication and socialization, and conflict resolution.

In 2013, DMH offered an introductory training to providers across the state on a specialized ACT service targeted for the transitional age youth (ages 16-25) population. The first Missouri ACT TAY program was developed in the Central Region and began providing services to this population in January 2014. The ACT TAY program uses a team approach designed to provide comprehensive and flexible treatment, support, and rehabilitation services to transition age youth in their natural living settings rather than in hospital or clinic settings. The multi-disciplinary team members include a physician, nurse, vocational specialist, substance use specialist, peer specialist and CSS. Missouri has eleven ACT TAY teams.

For children and youth, the first signs of mental illness or emotional distress can emerge in the school environment. DMH has expanded the availability and accessibility of treatment services by authorizing the

delivery of designated CPR services in school settings. These designated CPR services are provided to children with an Individualized Education Plan (IEP), as well as those without an IEP. The DMH-school partnership enables specialists to quickly identify student issues and immediately triage care based on the severity of circumstances. Besides the students getting immediate assistance, the school personnel benefit from having CPR services provided in the school setting. The relationship also provides a strong foundation to continue to develop and enhance early surveillance and detection. This sharpened focus supports youth who are only just beginning to demonstrate signs and symptoms of severe mental illness or early onset psychosis and who might have otherwise gone undetected. Thus, by keeping the youth in school, less stress is felt by the family members.

Recovery Supports

The DBH's Recovery Services includes housing, employment, peer services, 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 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 (age 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 (NARR) 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 (DESE), Vocational Rehabilitation (VR) who 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. MO HealthNet and DBH staff developed guidance documents on appropriate community support interventions reimbursable under the CPR and CSTAR treatment programs for consumers pursuing employment (DMH, 2012).

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, 120 Recovery Houses with over 1,200 beds are accredited. DMH receives a SAMHSA State Opioid Response (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 whom work at CMHCs, Substance Use Treatment Programs, state-operated hospitals, and community recovery programs. DBH funds, through competitive bid, four consumer-operated drop-in centers and four RCCs for individuals with substance use problems. Family Support Provider is a peer to peer service that provides support to parents/caregivers who have children with SED. Activities may include, but are not limited to, problem solving skills, emotional support, dissemination of information, linkage to services, and parent-to-parent guidance.

Missouri Strategies for Addressing Waiver Milestones

With CMS approval, this demonstration will support access to a full continuum of mental health treatment services by allowing Medicaid coverage and reimbursement for inpatient psychiatric services provided to eligible adults with SMI, ages 21-64, within an IMD. Through this waiver the state seeks to achieve network adequacy for Medicaid members who meet medical necessity for acute inpatient psychiatric services. Further, in August 2020, a ballot initiative to expand Medicaid was passed by Missouri voters. Under this initiative, the State began Medicaid coverage for the low-income adult Medicaid expansion group beginning in 2021. The State is seeking this demonstration to complement the implementation of Medicaid expansion in order to ensure it is able to appropriately reimburse inpatient behavioral health providers to guarantee access to services for this population.

In addition, the State hopes to regain some of the benefits attained through participation in the CMS MEPD. Missouri was one of 11 states who participated in the MEPD. During the demonstration the Missouri Hospital Association conducted a survey of emergency rooms regarding the extent to which they were retaining patients who needed psychiatric admission due to not having a treatment bed in an inpatient unit (psychiatric boarding). Results of the Psychiatric Boarding Survey (2012 to 2014) showed promising progress in addressing ED boarding during the MEPD demonstration.

- Between 2012 and 2014, hospitals reported fewer patients overall were boarded within EDs
- According to hospital survey data, during all three years, the majority of patients boarded were between the ages of 21 and 65, however the percentage of this population declined over the course of the demonstration.

Hospitals reported the most common reasons for boarding were a lack of accepting facilities or lack of in-house psychiatric beds and this remained the primary reported cause across 2012-2014. In addition, the

IMD demonstration was associated with a reduction in the rate of psychiatric emergency rooms visits and psychiatric admissions.[1]

Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals
Missouri's Hospital Licensing Law currently requires all hospitals in the state to maintain licensure issued by the Department of Health and Senior Services (DHSS). In addition, The DHSS conducts annual onsite reviews for compliance with standards for hospitals who do not have deemed status through accreditation with an approved accrediting organization. Compliance reviews may be unannounced. In addition, Missouri will continue its current processes that support members access to medically necessary services, including inpatient stabilization. For individuals enrolled in managed care, managed care organizations (MCOs) support appropriate utilization of acute inpatient services and are contractually required to utilize LOCUS/CALOCUS for psychiatric inpatient hospital admissions, continued stay reviews and retrospective reviews. MO HealthNet conducts ongoing oversight of the MCO's utilization management decisions, including review of contractually required reports of inpatient certifications/prior authorizations and discharges. For beneficiaries enrolled in the FFS delivery system, all inpatient hospital admissions require admission certification. MO HealthNet contracts with Conduent for utilization management functions. Conduent utilizes the Milliman Care Guidelines® screening criteria to establish a benchmark length of stay for all inpatient hospitalizations including those for adult and child psychiatric care. The Provider Manual will be updated within the first 90 days of the waiver to ensure alignment with new provider requirements.

Additionally, in accordance with 13 CSR 35-71.150, all QRTPs must be a residential treatment agency licensed by the Department of Social Services (DSS) Children's Division pursuant to 13 CSR 35-71 and accredited by: (i) The Commission on Accreditation of Rehabilitation Facilities (CARF); (ii) the Joint Commission (JCO); or (iii) The Council on Accreditation (COA). Agencies must apply to the DSS for designation as a QRTP and demonstrate compliance with all qualifications. Once designated and contracted as a QRTP, DSS implements a comprehensive oversight and monitoring process to ensure compliance with contractual requirements.

Milestone 2: Improving Care Coordination and Transitioning to Community-Based Care
Missouri has invested in several initiatives intended to improve care coordination, including to increase Medicaid beneficiaries' identification and access to services, as well as support transitions in care. The goals for this demonstration are aligned with the goals of these initiatives. Under this demonstration MO HealthNet will complete implementation of the Inpatient MCO Protocol for individuals with behavioral health admissions in which an MCO/Hospital discharge collaboration begins within 48 hours of admission. MCO's are required to identify behavioral health case management staff to outreach to the inpatient unit and initiate support and connect with the member/family during the inpatient stay and provide behavioral health care management. The inpatient care manager, MCO care manager and the assigned CSS remain in contact throughout the hospitalization and collaborate to establish the discharge plan. Discharge plans must include family communication, seven-day follow-up appointments, therapy services, a psychiatric visit and a CSS discharge transition visit within 48 hours of the discharge date. The MCO care manager and/or CSS remains engaged with the member to ensure completion of clinical goals, coordination of care and transition to community treatment and/or social determinant of health services. In addition, Missouri will continue to require community-based providers such as CCBHOs and Community Mental Health Center Healthcare Homes (CMHC HCH) to provide care coordination, participate in transition planning for their clients, and ensure follow-up within 72 hours after discharge.

[1] Missouri Hospital Association survey data.

In support of proactive care management interventions, the state is launching the Missouri Care Coordination Insight Project, which builds on the Provider Health Information Exchange (HIE) Onboarding Program. The Missouri Care Coordination Insight Project was included in a HITECH Implementation Advanced Planning Document Update (IAPD) Appendix D that was submitted April 9, 2020 and approved on June 3, 2020. This IAPD Appendix D aligns with Missouri's strategy for advancing Health Information Technology (HIT) and HIE in Missouri by supporting the design and implementation of an HIE Onboarding Program for Medicaid Eligible Professionals and Eligible Hospitals aligned with Missouri's Medicaid Promoting Interoperability Program authorized by the American Recovery and Reinvestment Act of 2009 (ARRA). The Missouri DSS,, MHD believes the Missouri Care Coordination Insights Project supports state HIE needs, promotes interoperability and supports Medicaid eligible providers in achieving meaningful use. Additionally, the Missouri Care Coordination Insights Project supports hospitals meeting the newest CMS requirements for Conditions of Participations requiring hospitals to send electronic patient event of Admission, Discharge, and/or Transfer to another healthcare facility or to another community provider or practitioner.

Missouri also recognizes the importance of social determinants of health in achieving positive outcomes for its beneficiaries. 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. Projects for Assistance in Transition from Homelessness (PATH) grants support service delivery to adults (age 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.

Specific to education and employment, as previously described, DBH works with the DESE, VR who 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 supportive employment services. DBH provides support services for mental health clients not currently eligible or ready for services from VR. MO HealthNet and DBH staff developed guidance documents on appropriate community support interventions reimbursable under the CPR and CSTAR treatment programs for consumers pursuing employment.

Additionally, QRTPs are required to provide discharge planning and family-based after care support services for at least six months post-discharge. These are intensive support services designed to facilitate and support a successful transition of the child. Prior to the start of the Qualified Residential Program Aftercare, the QRTP, in collaboration with the Family Support Team, must create a detailed plan 30 days prior to discharge.

Milestone 3: Increasing Access to Continuum of Care, Including Crisis Stabilization Services

A robust crisis system is an essential component of the behavioral health system of care. Missouri understands that access to crisis intervention provides linkages to needed services and can often prevent avoidable ED and inpatient utilization. In addition to the ERE and Community Service Liaisons, DBH funds eleven regional ACI Hotlines that are staffed by mental health professionals 24 hours per day and seven days per week to provide intervention, including mobile response teams, and referral for persons experiencing a behavioral health crisis. Individuals contacting the hotline in their area will receive a screening and risk assessment. The crisis worker will attempt to resolve the crisis with the individual on the phone and make any needed referrals to services or social supports. If the crisis cannot be resolved over the

phone, the individual will be connected with a mobile crisis mental health professional who can meet with the individual in the community for additional assessment. ACI teams work closely with Crisis Intervention Team (CIT) law enforcement officers in their service area(s).

MCOs are required to ensure access to crisis intervention/access services, including but not limited to (1) intake, evaluation, and referral services, including services that are alternatives to out of the home placements, and (2) mobile crisis teams for on-site interventions. MCOs must also operate a 24/7 behavioral health crisis line that is staffed by Qualified Behavioral Healthcare Professionals (QBHP).

In addition, CCBHOs must ensure individuals have access to crisis response services 24 hours per day, seven days per week. If CCBHO staff determine that a face-to-face intervention is required based on the presentation of an individual, then that face-to-face intervention must occur within three hours. CCBHO staff must monitor and have the capacity to report the length of time from each individual's initial crisis contact to the face-to-face intervention and take steps to improve performance, as necessary.

Missouri initiated the Justice Reinvestment Initiative (JRI) Crisis Response Work Group in January 2021. This work group will continue under the demonstration and focus on supporting diversion from traditional criminal justice case processing for nonviolent offenders with behavioral health conditions (mental health disorders, SUDs, or both) that are significant factors in bringing them into contact with the justice system. The goal is to increase opportunities for diversion from the criminal justice system for these individuals as well as support expanded access to community-based behavioral health services.

When it has been determined that a member requires acute psychiatric stabilization, the state currently supports CCBHC and crisis providers in identifying available beds within the state. The Missouri Hospital Association, through a subcontract with the DHSS, maintains a statewide license for reporting platform EMResource. EMResource was initially adopted in Missouri as a tool to monitor and coordinate hospital diversion status between health care organizations, emergency medical services and dispatch centers. With the implementation of the federal Hospital Preparedness Program in 2002, EMResource was adopted statewide as the platform to collect and disseminate data and information, to include bed availability. As Missouri's health care preparedness program has developed, the application has expanded in functionality and continues to evolve as statewide health care coordination needs are identified.

Milestone 4: Earlier Identification and Engagement in Treatment, Including Through Increased Integration
Peers are a valuable partner for engaging participants in services. Currently in Missouri, peer services are available to individuals in mental health treatment to aid in the navigation of Medicaid programs and establish linkages to other community resources. Missouri has trained thousands of Certified Peer Specialists and has over 1,000 actively Certified Peer Specialists whom work at CMHCs, Substance Use Treatment Programs, state-operated hospitals, and recovery services providers. DBH funds through competitive bid four consumer-operated drop-in centers.

DBH also funds other selective prevention services and early intervention activities for designated children, youth, and families. These services involve structured programming and/or a variety of activities including informational sessions and training. Target groups include youth experiencing academic failure and low-income youth and families. Programs are located in Kansas City, St. Louis, Greene County, Branson, Rolla, and the seven-county area in southeastern Missouri known as the "Bootheel." DBH contracts with the Missouri Alliance of Boys and Girls Club sites throughout the state for implementation of SMART Moves (Skills Mastery and Resistance Training) and MethSMART. In Fiscal Year 2020, 2,960 high risk youth were served in prevention programs funded through DBH.

Specific to integration, Missouri has been a leader in the implementation of health homes for individuals with SMI. Missouri's CMHC HCH are designed to integrate care for chronic health conditions into the CMHC setting. The CMHC HCHs assist individuals in accessing needed health services and supports, in learning to manage their health conditions, and in improving individuals' general health by monitoring health conditions, healthcare needs and intervening when health conditions are not properly controlled or managed. HCHs promote and encourage wellness, healthy lifestyles and preventative care, educate and teach persons how to better manage their chronic health conditions, educate agency staff about chronic health conditions and how to manage them, and encourage a population health approach to help improve chronic health conditions for persons served by CMHCs.

Individuals covered by MO HealthNet are eligible to be served by a CMHC HCH if they have:

- A SMI (including children and adults receiving psychiatric rehabilitation services under the Medicaid Rehabilitation Option); or
- A mental health condition and a SUD; or
- A mental health condition or a SUD, and one of the following chronic conditions or risk factors
    - Diabetes
    - Asthma/COPD
    - Cardiovascular Disease
    - Developmental Disability
    - Overweight (BM >25)
    - Use Tobacco

There are several CCBHCs who are also FQHCs. They include Arthur Center, Compass Health Network, COMTREA, Places for People, Preferred Family Healthcare, Swope Mental Health.

QRTP Average Length of Stay (ALOS) Milestone: Missouri requests an exemption from the limitations on length of stays for foster children residing in QRTPs that are IMDs. Missouri understands that approval of this exemption requires the state to provide a plan, including key milestones and timeframes, for transitioning children out of QRTPs that are IMDs. The state's transition plan takes into account the up-to-two-year period during which children residing in QRTPs are exempt from the typical length of stay parameters. The state further understands that those parameters will apply to children residing in QRTPs at the expiration of this up-to-two-year period. A primary goal of the Missouri DSS is to keep children safely at home with their family when possible. In situations where this is not possible, aligned with the Family First Prevention Services Act (FFSPA), DSS aims to keep children in a family-like setting. If a child requires a higher level of support and would benefit from a non-family like setting, DSS is committed to making sure the placement is:

- Temporary
- Focusing on the youth's specific needs
- Providing plans for after discharge to help the youth successfully return to their family and community

The need for community-based services and supports, including foster family recruitment, is a priority to help support our children and families in their communities. Missouri's plan for reducing the ALOS for QRTPs is centered on supporting a robust continuum of services for youth that allow individuals access to community-based alternatives to institutional settings. In cases where a secure setting is necessary, QRTPs will serve as a short-term placement, supporting youth who are transitioning from more acute settings such as inpatient and psychiatric residential treatment facilities (PRTF) and stepping down to community-based

care within their family or foster care homes. The state's multi-pronged approach to meeting the QRTP ALOS of 30 days includes the following milestones:

Ensuring Youth are served at the appropriate level of care along the continuum with supported transitions, including QRTPs serving as a short-term transitional placement and step up/down from institutional care	
Establish an acute service continuum that includes Inpatient, PRTFs, and QRTPs as distinct and separate levels of care.	*Current Status:* Missouri is implementing a continuum of residential services to allow youth to transition to less restrictive settings to serve their treatment needs. This includes inpatient, and new designations for PRTFs and QRTP which provide distinct roles in the continuum of acute services. DSS has contracted with Public Consultant Group (PCG) to conduct a QRTP and IMD assessment of providers.
	Future Status: Youth receive independent assessments to determine level of care, with QRTP serving as a step-down from PRTF and inpatient settings as a supportive transition to community-based settings. $2.3 M in general revenue in proposed budget to support six months of services following placement in a QRTP.
	Summary of Actions Needed: Provider training on continuum and role of distinct services. Adapting CANS to inform LOC aligned with new service array.

Expanding outpatient evidenced-based services to support quicker transition from institutional settings, including QRTP	
Budget request for 2022 session that includes funding for EBPs that support resiliency and maintain stabilization achieved at higher levels of care.	*Current Status:* Missouri currently provides reimbursement for a limited set of EBPs.
	Future Status: Expansion of community-based services to allow for reduced length of stay in higher levels of care. Planned services include Brief Strategic Family Therapy ($2.1M), Parent-Child Interaction Therapy ($2M), and new programs approved under Family First ($2.5M). In addition, Missouri plans to increase rates for Therapeutic Foster Care to expand access as well as $5M in grant funding to support current residential providers to develop community-based services.
	Summary of Actions Needed: Development of RFPs; provider training and technical assistance.

III. Demonstration Goals and Objectives

The State's goals are aligned with those of CMS for this waiver opportunity including:

- Reduced utilization and lengths of stay in emergency departments among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment in specialized settings.
- Reduced preventable readmissions to acute care hospitals and residential settings.
- Improved availability of crisis stabilization services utilizing multiple service models to meet the unique needs across the state.
- Improved access to community-based services to address the chronic mental health care needs of beneficiaries with SMI or SED including through increased integration of primary and behavioral health care.
- Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.

IV. Hypotheses and Evaluation Plan

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

Table 1: Evaluation Parameters

Objective/Goal	**Hypothesis**	**Evaluation Parameters/Methodology**
Evaluation Questions: • Does the demonstration result in reductions in utilization and lengths of stay in emergency departments among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment in specialized settings? • How do the demonstration effects on reducing utilization and lengths of stay in emergency departments among Medicaid beneficiaries with SMI/SED vary by geographic area or beneficiary characteristics? • How do demonstration activities contribute to reductions in utilization and lengths of stays in emergency departments among Medicaid beneficiaries with SMI/SED while awaiting mental health treatment in specialized settings?		
GOAL 1. Reduced utilization and lengths of stay in EDs among Medicaid beneficiaries with SMI while awaiting mental health treatment in specialized settings.	**Hypothesis 1.** The demonstration will result in reductions in utilization of stays in ED among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment.	**Data Sources:** • Claims data • Medical records or administrative records • Interviews or focus groups **Analytic Approach:** • Difference-in-differences model • Subgroup analyses • Descriptive quantitative analysis • Qualitative analysis

Objective/Goal	Hypothesis	Evaluation Parameters/Methodology
Evaluation Questions: • Does the demonstration result in reductions in preventable readmissions to acute care hospitals and residential settings? • How do the demonstration effects on reducing preventable readmissions to acute care hospitals and residential settings vary by geographic area or beneficiary characteristics? • How do demonstration activities contribute to reductions in preventable readmissions to acute care hospitals and residential settings? • Does the demonstration result in increased screening and intervention for comorbid SUD and physical health conditions during acute care psychiatric inpatient and residential stays and increased treatment for such conditions after discharge?		
GOAL 2. Reduced preventable readmissions to acute care hospitals and residential settings.	**Hypothesis 2.** The demonstration will result in reductions in preventable readmissions to acute care hospitals and residential settings.	**Data Sources:** • Claims data • Medical records • Beneficiary survey **Analytic Approach:** • Difference-in-difference models • Qualitative analysis • Descriptive quantitative analysis
Evaluation Questions: • To what extent does the demonstration result in improved availability of crisis outreach and response services throughout the state? • To what extent does the demonstration result in improved availability of intensive outpatient services and partial hospitalization? • To what extent does the demonstration improve the availability of crisis stabilization services provided during acute short-term stays in each of the following: public and private psychiatric hospitals, residential treatment facilities, general hospital psychiatric units, and community-based settings?		
GOAL 3. Improved availability of crisis stabilization services, including services made available through call centers and mobile crisis units; intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs; psychiatric hospitals; and residential treatment settings throughout the state	**Hypothesis 3.** The demonstration will result in improved availability of crisis stabilization services throughout the state.	**Data Sources:** • Annual assessments of availability of mental health services • AHRF data • NMHSS survey • Administrative data • Provider survey **Analytic Approach:** • Descriptive quantitative analysis

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To what extent does the demonstration result in improved access of SMI/SED beneficiaries to specific types of community-based services?
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Does the integration of primary and behavioral health care to address the chronic mental health care needs of beneficiaries with SMI/SED improve under the demonstration?</td></tr>
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Objective/Goal	Hypothesis	Evaluation Parameters/Methodology
GOAL 5. Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.	**Hypothesis 5.** The demonstration will result in improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.	**Data Sources:** • Claims data • Medical records • Interviews or focus groups • Facility records **Analytic Approach:** • Difference-in-differences model • Descriptive quantitative analysis • Qualitative analysis

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

Demonstration Eligibility

All Missouri Medicaid enrollees eligible for a mandatory or optional eligibility group approved for full Medicaid coverage, and between the ages of 21-64, will be eligible for acute inpatient stays in an IMD under the waiver. Additionally, Medicaid enrollees under the age of 21 may qualify for services under the waiver when receiving QRTP services. 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.

Table 2: Eligibility Groups Excluded from the Demonstration

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)
Missouri Targeted Benefits for Post-Partum Women §1115 Waiver Eligibility Group	1115(a)
Presumptively Eligible Pregnant Women	1920 42 CFR §435.1103

Enrollment

This 1115 waiver is not anticipated to impact Missouri Medicaid enrollment over the course of the five-year demonstration, as there are no waiver-specific eligibility criteria included.

Benefits

As described above, Missouri offers a wide range of Medicaid covered behavioral health benefits. Through this waiver application, the State will expand the settings which are eligible for reimbursement for clinically

appropriate short term stays for acute psychiatric care and QRTP services. All services will be subject to medical necessity as further described in the attached Implementation Plan. In accordance with CMS requirements, the State will not reimburse for stays of more than 60 consecutive days, with the exception of QRTP stays during the first two years of the waiver.

Cost Sharing

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

Delivery System

The State seeks a waiver of the IMD exclusion for all Medicaid beneficiaries ages 21-64 (or under 21 for QRTP), regardless of delivery system. No modifications to the current Missouri Medicaid FFS or managed care arrangements are proposed through this waiver 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.

VI. Waiver Implementation

This waiver will be implemented statewide, with a requested effective date no later than October 1, 2022. However, we are prepared to implement immediately upon CMS approval. The State requests a five-year waiver approval for this demonstration.

VII. Requested Waivers and Expenditure Authority

The State requests expenditure authority under Section 1115 for otherwise covered services furnished to otherwise eligible individuals for short term stays for acute care in a psychiatric hospital that qualifies as an IMD. Additionally, Missouri seeks expenditure authority for services provided to otherwise eligible individuals under age 21 in QRTPs that meet the definition of 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.

Maintenance of Effort

In accordance with the November 13, 2018, CMS State Medicaid Director Letter, the State understands this waiver request is subject to a maintenance of effort (MOE) requirement to ensure the authority for more flexible inpatient treatment does not reduce the availability of outpatient treatment for these conditions.

The following table details the SFY 2021 outpatient community-based behavioral health expenditures.

Table 3: Expenditures on Outpatient Community-Based Behavioral Health Services (in Millions)

Medicaid Program	Total	Federal	State - General Revenue	State - Other Funds
Outpatient Community-Based Mental Health	$ 624,994,479	$ 409,981,844	$ 205,287,805	$ 9,724,831

Missouri is dedicated to maintaining access to community-based services and intends for services authorized within this waiver to complement but not replace these outpatient services. However, we offer the following caveats as considerations for measuring maintenance of effort based strictly on total expenditures:

- Unpredictable state budgets, particularly in consideration of the COVID-19 emergency, may impact the amount of state funding available for services.
- The State may pursue programmatic changes to the Medicaid program which may affect expenditures.
- If the state transitions to more value-based reimbursement, costs may decline slightly without any loss of access or quality.
- County and local funding does not necessarily fall under the purview of the state.

IX. Public Notice

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

PUBLIC COMMENT: The State conducted public comment as follows:

- June 22, 2022 through July 22, 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 implementation plan.

- June 22, 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 28, 2022 – A public hearing was held from 1:00 p.m. – 2:30 p.m. by conference call.

- July 7, 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 July 7, 2022 public hearing.

- Comment 1: Does this waiver pertain to managed care or fee for service?
- Response: The waiver is a combination based on eligibility of the individual..

Three comments in the form of emails and/or letters were received in support of the waiver.

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

TRIBAL CONSULTATION: On May 25, 2022, tribal consultation 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 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 MO HealthNet website under Alerts and Public Notices at http://dss.mo.gov/mhd/.

Waiver Description & Goals

This request is pursuant to legislation passed during the State's 2020 legislative session. Through this waiver application, MO HealthNet is seeking federal authority to reimburse for acute inpatient stays in institutions for mental disease (IMD) for Medicaid enrollees ages 21-64 diagnosed with a serious mental illness (SMI). Reimbursement will not be extended to IMDs for residential stays. Additionally, state operated psychiatric hospitals and facilities will not be classified as IMDs eligible for reimbursement under this waiver. Further, the State seeks authority to reimburse Qualified Residential Treatment Programs (QRTPs) that are determined to meet the definition of an IMD. This proposal is part of the State's broader efforts to ensure access to a comprehensive continuum of behavioral health services. The waiver will expand access to critical inpatient psychiatric services necessary to serve the Medicaid expansion population The State is requesting a five-year waiver term with an effective date no later than October 1, 2022.

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

- Reduced utilization and lengths of stay in EDs among Medicaid beneficiaries with SMI or serious emotional disturbance (SED) while awaiting mental health treatment in specialized settings.
- Reduced preventable readmissions to acute care hospitals and residential settings.
- Improved availability of crisis stabilization services utilizing multiple service models to meet the unique needs across the state.
- Improved access to community-based services to address the chronic mental health care needs of beneficiaries with SMI or SED including through increased integration of primary and behavioral health care.
- Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.

Eligibility

All Medicaid enrollees ages 21-64, eligible for full Medicaid benefits, and with a diagnosed SMI requiring an acute, inpatient level of care would be eligible for short term stays in an IMD under this waiver. Additionally, Medicaid enrollees under the age of 21 may qualify for services under the waiver when receiving QRTP services.

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:

SMI Adults, Ages 21 to 64, FFS	4.80%
SMI Adults, Ages 21 to 64, Managed Care (excluding Adult Expansion Group)	4.80%
SMI Adults, Ages 21 to 64, Managed Care Adult Expansion Group	4.80%
QRTP Children, Ages 0 to 20, Managed Care	4.90%
QRTP Children, Ages 0 to 20, FFS	4.90%
Non-IMD Services CNOM Limit MEG	

Start DY

ELIGIBILITY GROUP	PB TREND RATE	MONTHS OF AGING	LAST HISTORIC YEAR	DEMONSTRATION YEARS (DY) FFY 2023	FFY 2024	FFY 2025	FFY 2026	FFY 2027	TOTAL WOW
SMI Adults, Ages 21 to 64, FFS									
Eligible Member Months	n.a.	n.a.	380	517	558	603	651	703	
PMPM Cost	4.8%	45	$ 17,172	$ 20,473	$ 21,456	$ 22,486	$ 23,565	$ 24,696	
Total Expenditure				$ 10,584,525	$ 11,979,988	$ 13,559,428	$ 15,347,106	$ 17,370,466	$ 68,841,514
SMI Adults, Ages 21 to 64, Managed Care (excluding Adult Expansion Group)									
Eligible Member Months	n.a.	n.a.	78	120	130	140	151	163	
PMPM Cost	4.8%	45	$ 931	$ 1,110	$ 1,163	$ 1,219	$ 1,277	$ 1,339	
Total Expenditure				$ 133,186	$ 150,744	$ 170,618	$ 193,112	$ 218,572	$ 866,233
SMI Adults, Ages 21 to 64, Managed Care Adult Expansion Group									
Eligible Member Months	n.a.	n.a.	913	1,199	1,295	1,399	1,510	1,631	
PMPM Cost	4.8%	45	$ 4,723	$ 5,631	$ 5,901	$ 6,184	$ 6,481	$ 6,792	
Total Expenditure				$ 6,751,401	$ 7,641,504	$ 8,648,954	$ 9,789,230	$ 11,079,843	$ 43,910,933
QRTP Children, Ages 0 to 20, Managed Care									
Eligible Member Months	n.a.	n.a.	6,415	5,571	5,460	5,350	5,243	5,139	
PMPM Cost	4.9%	33	$ 2,698	$ 3,078	$ 3,229	$ 3,387	$ 3,553	$ 3,727	
Total Expenditure				$ 17,147,060	$ 17,627,539	$ 18,121,480	$ 18,629,249	$ 19,151,235	$ 90,676,563
QRTP Children, Ages 0 to 20, FFS									
Eligible Member Months	n.a.	n.a.	437	380	372	364	357	350	
PMPM Cost	4.9%	33	$ 10,120	$ 11,543	$ 12,109	$ 12,702	$ 13,324	$ 13,977	
Total Expenditure				$ 4,380,703	$ 4,503,450	$ 4,629,637	$ 4,759,360	$ 4,892,718	$ 23,165,868
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
SMI Adults, Ages 21 to 64, FFS								
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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 FFS 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

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

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Waiver and Expenditure Authority

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qualifies as an IMD. Additionally, Missouri seeks expenditure authority for services provided to otherwise eligible individuals under age 21 in QRTPs that meet the definition of an IMD.

Public Hearings

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

The first public hearing will be held **June 28, 2022 from 1:00 p.m. to 2:30 p.m. CST**. The WebEx number is **1-650-479-3207**; Access Code: **2454 611 0006**; Meeting Password: **2V5UumS5kmP**

The second public hearing will be held **July 7, 2022 from 3:00 p.m. to 4:30 p.m.** CST. The WebEx number is **1-650-479-3207**; Access Code: **2451 630 9506**; Meeting Password: **X9fpTQtMs45**

The state will take verbal comments at the public hearings.

Written Public Comments

MO HealthNet will also accept written public comments until 5:00 p.m. on July 22, 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 "SMI 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), 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 MO HealthNet website under Alerts and Public Notices at http://dss.mo.gov/mhd/.

This request is pursuant to legislation passed during the State's 2020 legislative session. Through this waiver application, MO HealthNet is seeking federal authority to reimburse for acute inpatient stays in institutions for mental disease (IMD) for Medicaid enrollees ages 21-64 diagnosed with a serious mental illness (SMI). Additionally, the State seeks authority to reimburse Qualified Residential Treatment Programs (QRTPs) that are determined to meet the definition of an IMD. This proposal is part of the State's broader efforts to ensure access to a comprehensive continuum of behavioral health services. The waiver will expand access to critical inpatient psychiatric services necessary to serve the Medicaid expansion population. The State is requesting a five-year waiver term with an effective date no later than October 1, 2022.

Public Comment and Hearings

Comments will be accepted 30 days from the publication of this notice. The comment period ends at 5:00 p.m. on July 22, 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 28, 2022 from 1:00 p.m. to 2:30 p.m. CST**. The WebEx number is **1-650-479-3207**; Access Code: **2454 611 0006**; Meeting Password: **2V5UumS5kmP**

The second public hearing will be held **July 7, 2022 from 3:00 p.m. to 4:30 p.m.** CST. The WebEx number is **1-650-479-3207**; Access Code: **2451 630 9506**; Meeting Password: **X9fpTQtMs45**

The state will take verbal comments at the public hearings.