

**Missouri’s Spend Plan: Increased Federal Medical Assistance Percentage (FMAP) under
Section 9817 of the American Rescue Plan
Q3-23 Quarterly Report – April 1, 2023-June 30, 2023**

Pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2) and guidance set forth in SMD# 21-003, issued on May 13, 2021, Missouri respectfully submits the following Initial HCBS Spending Plan Narrative and Projection. Each initiative is organized by the Activity Functions defined within the CMS guidance. Missouri will explore various federal funding opportunities, state, and local resources to maintain these systems once the ARP funds are exhausted. Larger investments will require replacement with state funds (subject to appropriation). Missouri has considerable traction with investing in home and community based services, with and without large federal commitments, and sees this as an opportunity to ensure participants receive quality services, providers receive needed resources during pandemic events, and allows the state to develop new models of care. The initiatives proposed in Missouri’s Spend Plan focus on direct care workforce development; maintaining access to care by addressing upcoming logistical hurdles for providers; promoting quality assurance and integrity within the HCBS system; enhancing the technology infrastructure and training components of the Home and Community Based and Rehabilitative service programs; and various safety and environmental improvements for dozens of behavioral health clinics across the state all while ensuring fiscal stability for long-term success of these initiatives.

Unless otherwise noted, these initiatives are subject to appropriation by the state’s General Assembly.

I. Projected Funds Attributable to FMAP Increase

The State estimates the enhanced earnings attributed to the 10% increase in FMAP for home and community based services between April 1, 2021 and March 31, 2022 to be \$233.1 million. In projecting the estimated funds available for this program, the State utilized data from State Fiscal Year 2022 appropriation levels.

In addition to the above estimated earnings, the state anticipates an additional \$46.8 million for rehabilitative services, including mental health and substance use disorder services, which have been authorized under this benefit and can be claimed at the increased FMAP under Section 9817 of the ARP. In Missouri, these rehabilitation service programs pertaining to mental health and substance use disorder services are: Community Psychiatric Rehabilitation (CPR) program (State Plan), Comprehensive Substance Treatment and Rehabilitation (CSTAR) program (State Plan), and Certified Community Behavioral Health Organizations (CCBHO demonstration Section 223 of the PAMA 2014).

II. Stakeholder Input

Missouri engaged stakeholders across the spectrum during the development of this spending plan in the limited amount of time available to do so and continues to value and encourage stakeholder engagement in the continuous development and potential implementation of the initiatives to strengthen Missouri’s HCBS system in a stable, long-term manner. Formal notice for public comment

was published on July 15, 2021 on [MO HealthNet Division's website](#) on the web page designated for [alerts and public notices](#). Comments were received from:

- MOCIL (an association for Missouri Centers for Independent Living)
- Missouri Alliance for Home Care (Home care association)
- William Hack (citizen/attorney)

In addition, outreach, information and public comment opportunity was provided. The state developed the spend plan proposal through close communication with stakeholders. Individual meetings were scheduled with providers, association leaders, and other stakeholders interested in assisting with the developed spend plan initiatives. Upon submission of the spend plan, the draft was formally published for review and feedback. Since such time, the state continues to collaborate on the initiatives as they develop and advance through the general assembly process. Continued collaboration has included statewide webinars and conference presentations; along with the ongoing individual meetings.

Consistent with long-term goals of the General Assembly and Administration of Missouri and through years of engagement with critical stakeholders, we have identified seven areas in which to invest the ARP HCBS funding to support sustainable program enhancements and strengthening the HCBS network in Missouri.

- [HCBS Provider Payment Rate and Benefit Enhancements](#)
- [Work Force Recruitment and Support](#)
- [New and/or Additional HCBS](#)
- [Strengthening Assessment and Person-Centered Planning Practices](#)
- [Quality Improvement Activities](#)
- [Expanding Use of Technology and Telehealth and Employing Cross-System Data Integration Efforts](#)
- [Adopting Enhanced Care Coordination](#)
- [Training, Education, and Technical Assistance](#)
- [Environmental Safety Improvements](#)

III. Narrative

A. HCBS Provider Payment Rate and Benefit Enhancements

1. Rate Initiatives - Over the last several years, Missouri requested the state's actuaries perform market based rate studies to understand if the fee schedule rates being paid to providers were reasonable and appropriate given current market conditions and recent CMS guidance. These rate studies were timely in our consideration and had the dual effect of informing rate increase decisions and creating an environment where value-added initiatives can be introduced to enhance the services provided to participants. The comprehensive impact of both ensures the direct care network in Missouri has the workforce and provider capacity necessary to enhance and promote the HCBS programs

The General Assembly included appropriations in the State Fiscal Year 2022 budget for the following rate initiatives:

- Funding to standardize Division of Developmental Disability (DD) residential habilitation rates to the Mercer State Fiscal Year 2020 lower bound rates; and
- 5.29% temporary rate increases for DHSS HCBS providers (and corresponding increases to similar DD services) to increase compensation of direct care support professionals.

The General Assembly included appropriations in the State Fiscal Year 2023 budget for the continuation of the State Fiscal Year 2022 rate initiatives above, as well as additional funding to further increase rates within the market value scale to support an increase in compensation of direct care support professionals.

Any continuation of funding beyond SFY 2023 for these initiatives will require General Assembly approval.

The rate standardization for State Fiscal Year (SFY) 2022 did not reduce provider rates before the date indicated in the state's corrective action plan. The State's corrective action plan includes reducing rates July 1, 2022 (SFY 2023); however because of the rate increases, no provider rate reductions were necessary.

Authority: State Plan Amendment (SPA) for state plan services (already obtained for item #1 through SPA 21-0026) and 1915(c) Waiver for waiver services (already obtained for item #1 through an Appendix K Addendum and the following 1915(c) waiver amendments: MO.0178.R07.03, MO.4185.R05.10, MO.0404.R04.03, and MO.0841.R02.13)

B. Work Force Recruitment and Support

Missouri proposes to reinvest ARP HCBS enhanced funding to strengthen and grow the direct care workforce throughout Missouri specifically focusing on the workforce that serves the HCBS programs.

1. NCI Staff Stability Survey Incentive Payment - Missouri will provide an annual incentive payment to providers who complete the annual National Core Indicators (NCI) Staff Stability survey which provides data on wages, turnover, and retention within the Direct Support Professional workforce. The critical data points that are collected by the survey is information on wages, benefits, turnover and best practices for individual provider recruitment and retention plans. The survey data provides knowledge on the existing workforce challenges while the State attempts to address the direct care workforce crisis and implement long-term strategies for creating a more stable workforce.

Authority: For providers of services in Missouri's four developmental disabilities waiver programs, 1915(c) Waiver amendments for the value based payments were approved effective 1/1/2023: MO.0178.R07.05, MO.4185.R05.12, MO.0404.R04.05, and MO.0841.R02.15. Missouri does not plan to draw down federal funds associated with this initiative for providers of other HCBS.

2. DSP Training and Training Modules - Additional provider payments will be leveraged to

increase recruitment and retention of in-home workers and direct support professionals (DSP), as well as workforce and performance incentives for attendance and quality. DSP recruitment and retention, enhanced training and reduced turnover of workforce leads to better health outcomes for clients. The General Assembly included appropriations in the SFY 2023 budget to develop three DSP Training levels and corresponding training modules, as well as provide incremental incentive payments when a percentage of the provider workforce attains one of three certification levels. The providers that will be receiving the additional ARP Section 9817 funded payments are delivering services under those listed in Appendix B of the SMDL.

Authority: Medicaid FFP for the system and/or administrative functions to develop the training modules and 1915(c) Waiver amendments for the value based payments approved effective 1/1/2023: MO.0178.R07.05, MO.4185.R05.12, MO.0404.R04.05, and MO.0841.R02.15

3. DSP Apprenticeship Program and Coordinator - In response to the DSP workforce crisis, Missouri will further invest in growth and expansion of registered apprenticeship programs. Registered apprenticeships will expand DSP talent pipelines, leverage workforce programs, expand career pathways and increase staff retention. The investment will occur through: 1) Creating an Apprenticeship Director position to support growth, expansion and fidelity in implementation; 2) Increasing the number of community based organizations participating through incentive payments for participation and 3) Expanding the career pathways available for participants and creating stackable credentials. The General Assembly included appropriations in the SFY 2023 budget, to expand the current capacity of the DSP Apprenticeship Program as well as implement incentive payments for providers who hire a DSP Apprentice talent pipeline. The career paths, education, and training benefits being developed with ARP Section 9817 funds target providers delivering services under those listed in Appendix B of the SMDL.

Authority: Medicaid FFP for the system and/or administrative functions for the Coordinator position hired at the division and 1915(c) Waiver for the value based payments approved effective 1/1/2023: MO.0178.R07.05, MO.4185.R05.12, MO.0404.R04.05, and MO.0841.R02.15.

4. Workforce Environmental Scan - This administrative contract with Missouri's state Medicaid actuaries will emulate an identified best practice for healthcare workforce being conducted at the federal level by the Center for Health Equity. The actuaries will conduct an environmental scan of identified best practices for the HCBS workforce, provide recommendations to help Missouri further operationalize existing efforts to improve the HCBS Direct Support Professional (DSP) workforce stability. The goal is to understand requirements and functions for job roles within each HCBS workforce, determine gaps and barriers to HCBS DSP career paths among those entering the field, and ultimately advise the state on reforms necessary to remove those barriers and create clear cross-sector career path trajectory for those entering the HCBS workforce. Future apprenticeship opportunities, value based payment incentives and other workforce initiatives will be built around the

recommendations with a goal of ensuring a sustainable healthcare workforce for the state. The Workforce Environmental Scan performed by the state's actuaries with ARP Section 9817 funds target providers delivering services under those listed in Appendix B of the SMDL.

Authority: Medicaid FFP for the administrative services.

C. New and/or Additional HCBS

The spirit of ARP Section 9817 funds was to enhance, expand or strengthen HCBS programs. Missouri has identified four key areas in which services could be expanded to help individuals remain safe and healthy in their least restrictive environment. The following expanded populations are proposed:

1. Caseload Growth - Prior to the passage of ARP, Missouri began transforming its Nursing Facility Level of Care (LOC) criteria with a scheduled implementation date of July 30, 2021. After thorough analysis and research, the State expects the change in the criteria will result in a change to the population of those that meet LOC. Missouri's LOC Transformation creates a state system where vulnerable populations in need and at risk will now be able to access care in the least restrictive setting where other participants that do not require hands-on care to maintain independence would no longer meet LOC. In order to demonstrate compliance with Section 9817 of the ARP, Missouri postponed the implementation of LOC Transformation from July 30, 2021 to October 31, 2021. In addition to the transformed LOC criteria, individuals will continue to be assessed with the existing LOC criteria. This means participants will be assessed for LOC eligibility under the transformed "new" LOC criteria and the existing "old" LOC criteria. Utilizing both sets of criteria ("old/standard" and "new") allows the state to stay in compliance with ARP Section 9817 guidance while also moving forward with the transformation that was already in the final stages of implementation prior to ARP. LOC is determined as met if the individual meets the criteria of at least one of the two sets of criteria. This will allow all existing and newly referred participants to continue to be assessed using the old/standard eligible criteria, while also allowing those that would newly become eligible with the new transformed LOC criteria to receive services.

Missouri will maintain this dual system through state spending of Section 9817 ARP funding when the existing "old" LOC criteria will effectively sunset and the state will only consider eligibility under the "new" criteria. Missouri proposes to utilize enhanced HCBS FMAP earnings for the individuals who would gain eligibility to services because of the expanded population served under the "new" LOC.

Authority: No new authority needed.

2. Environmental Accessibility Adaptation Limitation Increase - Missouri increased the environmental accessibility and adaptation service spending limits in all applicable intellectual/developmental disability (IDD) waivers with ARP Section 9817 funds. Providers have requested an increase to this limit and indicate the current limit is a barrier. This would serve as a trial opportunity to see if increased limits provide further access for modifications.

Authority: 1915(c) waiver amendments for the value based payments approved effective 1/1/2023: MO.0178.R07.05, MO.4185.R05.12, MO.0404.R04.05, and MO.0841.R02.15.

3. Medical Day Care - Missouri is exploring a medical day care model for medically fragile children to attend school or daycare. Facilities would have a medical wing or room staffed with the necessary nursing and therapy personnel. This would allow children the opportunity to learn and socialize but have needed medical care available. Providers would be delivering services listed in Appendix B. The facility type has not yet been determined. All applicable settings requirements would be met.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

D. Strengthening Assessment and Person-Centered Planning Practices

Through continued engagement with providers and participants, consistent and timely responses to HCBS assessment referrals and care plan changes are a priority to ensure the right services are going to the right people in a manner that allows them to remain safely in the least restrictive environment possible. As the HCBS program continues to grow with our aging and disabled population, Missouri proposes to utilize key partners, technological advances and enhanced training opportunities to help strengthen the focus on person-centered planning.

1. Quality Reassessment Initiative - Missouri would expand our reassessment partnerships by providing targeted enhanced administrative rates for reassessments performed. Partners currently receive \$75 per reassessment, an administrative rate last modified in 2014. This proposal would increase certain administrative rates with an optional quality bonus payment for assessors that consistently meet specified quality standards. The state has already implemented a quality review and assurance unit to oversee administrative oversight of this proposal.

Authority: Medicaid FFP for the system and/or administrative functions.

2. Reassessment Learning Module System - Missouri would develop and make readily available to reassessment partners statewide a reassessment learning module system. Consistent and accurate assessments and care plans lead to better health outcomes for participants, more complete directions for direct care professionals, and requires less staff time in the long-run when care plans are built that adequately meet the participant's needs.

Authority: Medicaid FFP for the system and/or administrative functions.

3. InterRAI Functions - Missouri is interested in partnering with a national association for additional technical support that will soon be available for the InterRAI HC functions, Missouri's current assessment tool.

Authority: Medicaid FFP for the system and/or administrative functions.

4. Screening/Assessment Data Exchange - The State of Missouri and Missouri Health Information Exchange (HIE) will implement real-time sharing of the Individual Support Plan through the eLTSS dataset via a FHIR API standard transaction. The State will serve as the source of truth for this dataset, supporting queries and exchange with the Missouri Health Information Networks. The General Assembly included appropriations in the SFY 2023 budget to provide one-time costs supporting the exchange of eLTSS screening and assessment data with ARP Section 9817 funds.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

5. HRST Implementation Training - Missouri is implementing the MO Health Risk Screen Tool (HRST) in conjunction with the IDD waivers. ARP Section 9817 Funding would support the upfront one-time training costs of development for raters and other team members as it pertains to MO HRST process implementation. Training development to include e-learn modules on person centered thinking. Once all waiver participants have an initial HRST screen, the plan is to develop a specific Health & Welfare waiver performance measure to meet the associated waiver assurance regarding participant health and welfare. The MO HRST statewide implementation process is to be initiated May 1st 2023. Training costs will occur after April 1, 2021.

Authority: Medicaid FFP for the system and/or administrative functions.

6. Health Risk Screening Incentive Payment –This activity provides an incentive payment to providers for each client screened for potential areas of health risk and destabilization using the health risk screening tool during State Fiscal Year 2023.

Authority: 1915(c) waiver amendments for the value based payments approved effective 1/1/2023: MO.0178.R07.05, MO.4185.R05.12, MO.0404.R04.05, and MO.0841.R02.15.

7. Risk Mitigation – This activity is for development of training and implementation design for individuals, families, division staff and contracted service providers and TCMs (customized to the target audience) on the following : (1) Risk Mitigation and Effective Plan Implementation and (2) Individual Rights, Dignity of Risk and Effective Plan Implementation

Authority: Medicaid FFP for the system and/or administrative functions

E. Quality Improvement Activities

Increased expectations of states in the realm of quality oversight, coupled with the increase in the growth among providers and clients, creates the need to minimize gaps in quality services and ensure best practice oversight and identification of gaps and efficiencies. Missouri will facilitate a transition of the current quality service activities into a holistic best in class system, and potentially realize a savings while continuing to assure compliance with CMS standards.

1. DD Provider Quality Enhancement Review Contracts- Missouri contracted with vendors to support the Department of Mental Health with the development of IDD provider of service

compliance reviews; targeted case management reviews, annual provider performance reports; development of a provider scorecard; clinical mortality review; due process coordination; and other validation reviews, reports and technical assistance. The General Assembly included appropriations in the SFY 2023 ARP Section 9817 funds to cover the services provided through this contract. The additional provider review services to enhance quality will target providers delivering services under those listed in Appendix B of the SMDL.

Authority: Medicaid FFP for administrative functions.

2. Medication Administration Certification - Funding will be used to enhance DD Medication Administration Certification in an effort to reduce medication errors which can lead to avoidable ER visits and hospitalization. The enhancements include components such as the development of a new med aide registry, biannual training and advanced skill set trainings for Certified Medication Administration Personnel. The new training enhancements will address themes pertaining to Med Error data. The General Assembly included appropriations in the SFY 2023 budget for Missouri to develop the new med aide registry and advanced skill sets with ARP Section 9817 funds.

Authority: Medicaid FFP for the system and/or administrative functions.

3. Tiered Behavior Support Incentive Payments – The state implemented MO Tiered Supports to support providers in developing and maintaining universal systems of support which result in higher quality of life, fewer risk outcomes, and reduced staff turnover. There is initial data supporting that higher implementers of Tiered Supports, the better quality and reduced cost. Missouri established quality incentive payments for Agency Individualized Supported Living providers who submit Tiered Support data elements identified in the provider contract through web-based data collection system, as well as incentive payments for successfully implementing Tiered Support universal systems. Agencies submitting 100% of data elements identified in the provider contract will receive a monthly incentive payment for data reported. Agencies meeting tiered performance of implementation systems using criteria defined in the provider contract will receive a quarterly incentive payment based on their tiered level of implementation.

Authority: 1915(c) waiver amendments for the value based payments approved effective 1/1/2023: MO.0178.R07.05, MO.4185.R05.12, MO.0404.R04.05, and MO.0841.R02.15.

4. Individual Employment Report Incentive Payment- Missouri established monthly Quality Incentive Payments for contracted employment service providers who submit data elements identified to measure outcome and performance in the delivery of Career Planning, Prevocational, Job Development, Supported Employment and Benefits Planning services. Payment earned and paid for each monthly report of identified performance metrics. The data collected will be utilized for benchmarking performance to inform future development of value based payments.

Authority: 1915(c) waiver amendments for the value based payments approved effective 1/1/2023: MO.0178.R07.05, MO.4185.R05.12, MO.0404.R04.05, and MO.0841.R02.15.

5. Value Based Purchasing Research, Planning, and Tools - The state is moving forward with value-based purchasing (VBP) including interoperability with health information exchanges. ARP Section 9817 funds will be used to contract for the training coordination for the new online case management system, as well as project management and technical support for the implementation of the eLTSS FHIR IG implementation. In addition, the state will continue to research and plan for additional health IT tools and capabilities to support population health management, data analysis, quality measures, and financial reconciliation across the various populations served for the VBP model. The research and planning for a VBP model will target providers delivering services under those listed in Appendix B of the SMDL.

Authority: Medicaid FFP for the system and/or administrative functions.

6. Remote Supports Incentive Payment – This activity establishes Quality Incentive Payments for Agency Respite and Agency Individualized Supported Living where Waiver Providers have assisted waiver participants to attain increased level of independence and self-sufficiency through the implementation of Remote Supports. Payments earned and paid are based on cost savings realized through the implementation of Remote Supports and the correlating decrease in Agency Respite Services and Agency Individualized Supported Living. The payment is 15% of the State’s share of savings realized due to the decrease of in-person paid supports.

Authority: 1915(c) waiver amendments for the value based payments approved effective 1/1/2023: MO.0178.R07.05, MO.4185.R05.12, MO.0404.R04.05, and MO.0841.R02.15.

F. Expanding Use of Technology and Telehealth and Employing Cross-System Data Integration Efforts

Access to information across Missouri state systems for the various populations served by HCBS has long been a struggle for stakeholders and state agencies alike. Across the board compatibility between systems for both adults and children will assist in creating a more person-centered (whole person) approach. Expanding the technology utilized by both the providers and the State will allow for more enhanced monitoring of services being provided, analysis of outcomes from those services and ensure improved claims processing.

The General Assembly included appropriations in the SFY 2023 budget to invest in the following technology initiatives with ARP Section 9817 funds:

1. Electronic Visit Verification - The 21st Century CURES Act of 2016 requires HCBS providers to utilize technology to capture point of service information related to the delivery of in-home services, including electronic timekeeping and tasks provided during each visit. Providers will be eligible to receive a one-time incentive for successfully connecting and transmitting data to the Missouri Electronic Aggregator Solution and additional payments which incentivize minimal manual entries to the system. Utilizing EVV in a consistent and meaningful way represents added value to the HCBS program through increased data leading to better

coordination of care, increased provider and caregiver responsibility, and verification that the participants' needs are being met.

Authority: Medicaid FFP for the administrative services. Pending State Plan Amendment (SPA):23-0001.

2. Electronic Visit Verification Incentive Payment - Missouri established Quality Incentive Payments for Agency Personal Assistant Services (Not Self-Directed) where Personal Assistant Waiver Providers are engaged in Electronic Verification Visit (EVV) with the Missouri Aggregator. Agencies personal assistance providers may earn incentive payments twice a year to interface with an EVV vendor, complete state system aggregator registration with onboarding training, and successfully transmit at least 80% of their personal assistant EVV records to the state aggregator system.

Authority: 1915(c) waiver amendments for the value based payments approved effective 1/1/2023: MO.0178.R07.05, MO.4185.R05.12, MO.0404.R04.05, and MO.0841.R02.15.

3. Activity Retired. Missouri will review pursuing this activity at a future date, but will not use this funding source.

EVV Claims Adjudication DSS - Ensure all HCBS providers have successfully connected to the state EVV aggregator and are submitting the required data. The end goal is for claims to use electronic visit and verification (EVV) data and check for program eligibility prior to payment. This activity enhances the EVV requirements in place as of April 1, 2021 by incentivizing providers to submit their EVV data to the state's aggregator system for front-end edit processing and rejecting invalid claims prior to submission to the MMIS, essentially eliminating pay and chase. These checks would be done on the front end by processing and rejecting invalid claims before they get to the MMIS, eliminating pay and chase.

4. HCBS Case Management System - Multiple systems spanning across executive agencies has been a long-standing barrier to effective care management and value-based payment for the aging and disability HCBS population. Missouri has begun the process to procure an updated case management system which would allow additional interoperability with other agencies.

Authority: Submitted request for Enhanced Federal Financial Participation (FFP) under Medicaid Management Information Systems (MMIS) funding from the Centers for Medicare & Medicaid Services (CMS) through an Implementation Advanced Planning Document (IAPD).

5. DD Case Management Enhancement - Enhance DD Case Management System by adding all non-waiver programs/services being administered. This enhancement would support an automated processing system for all DD supported individuals and increase care coordination. These 3 contract amendments have been approved by CMS through the DD Case Management APD. After further IT research, the state is shifting the efforts outlined in HCBS Provider IT System Support (III.F.10), some of the efforts outlined in HCBS Provider Interfaces with HINs (III.F.9), and eLTSS Data Sharing LEAP Use Case Implementation (III.F.8) sections below to this section since these three components enhance the DD Case Management system across the spectrum rather than as stand-alone items. These

enhancements include: the HRST/ConneXion interface to include bi-directional individual matching, clarifications and changes related to dynamic dropdown values in forms and other sections, automated workflow and notifications, requiring the contractor to provide a daily backup copy of the system's production database to the state (DMH) data warehouse, and requiring the contractor to provide resources to assist in managing and performing training for system end users.

Authority: Enhanced Federal Financial Participation (FFP) under Medicaid Management Information Systems (MMIS) funding from the Centers for Medicare & Medicaid Services (CMS) through and Implementation Advanced Planning Document (IAPD).

6. Service Planning and Authorization Interoperability – The state is shifting money from HRST & DD Case Management Interoperability (III.F.7) to make one-time system enhancements to our DMH Data warehouse, including technical support to incorporate interoperability in service planning and authorizations. Ongoing and maintenance is including for the Case Management system after the first year of implementation.

Authority: Enhanced Federal Financial Participation (FFP) under Medicaid Management Information Systems (MMIS) funding from the Centers for Medicare & Medicaid Services (CMS) through and Implementation Advanced Planning Document (IAPD).

7. HRST & DD Case Management Interoperability – Development of Health Risk Screening (HRS) Interoperability with the IDD Case Management Systems to support Interoperability would allow the information entered into the MO HRST system to be accessible electronically by all identified team members and clinical care providers, providing a more efficient and effective system for interdisciplinary team member communication and direct accessibility to identified health risk, planning, and service information. This access will also provide a more efficient and effective process for ongoing monitoring to support ensuring individual waiver participant health and welfare. HRST is a waiver application requirement by CMS.

Authority: Enhanced Federal Financial Participation (FFP) under Medicaid Management Information Systems (MMIS) funding from the Centers for Medicare & Medicaid Services (CMS) through an Implementation Advanced Planning Document (IAPD).

8. eLTSS Data Sharing LEAP Use Case Implementation – Through the ONC LEAP Award, Missouri is testing the sharing of ISP/eLTSS data with Supported employment providers. The purpose of this funding is to support the State's online case management system in putting this into production. **The State is shifting and incorporating this effort into III.F.5 above since the implementation occurs within the DD Case Management system.**
9. HCBS Provider Interfaces with HINS – The purpose of this activity is to support development of HCBS Provider Interfaces with health information networks (HINs) to support ADT alerts and query-based CCD/CCDA exchange. The State has launched its HCBS Provider – HIN Onboarding program to onboard 15 HCBS Providers to the MO HIE for data exchange. The project includes the configuration and implementation of interfaces between HIN and HCBS

providers' electronic HER/CM systems. **The State is shifting a portion of this effort into III.F.5 above since the implementation impacts the DD Case Management system.**

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

10. HCBS Provider IT System Support – The purpose of this activity is to award funding to HCBS providers to support provider IT system adoption. **The State is shifting and incorporating this effort into III.F.5 above since the implementation impacts the DD Case Management system.**

11. Special Health Care IT Needs - Technological enhancements to move the Bureau of Special Health Care Needs (medically complex children) into the electronic records and claims submission arena to aide in case management functions as well as improve capabilities to complete historical records searches.

Authority: Regular Medicaid FFP for the system and/or administrative functions and information technology IAPDs.

12. Enhance tele/digital healthcare options – This initiative is intended to keep pace with the private sector (workforce competitors), as well as improve consumer ease of access to safety net behavioral health providers.

Providers need to streamline EMR/Website connections to better allow Medicaid recipients the ability to do more scheduling and services online without coming into the clinic setting. Access to transportation can be an impediment to quality behavioral healthcare. Pre-COVID websites were fairly basic, with information about services and office hours. COVID accelerated investment into the telehealth market, and providers with large caseloads of Medicaid consumers need to make it easy for a Medicaid recipient to access care as those with private pay or commercial insurance. This funding will accelerate the DMH contracted community providers to connect their website and social media interfaces into scheduling systems to accelerate access to care.

The target population(s) being served are Medicaid recipients with a behavioral health diagnosis.

All recipients of this funding are providing Appendix B Rehab Services.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

13. Purchase ten (10) additional Transcranial Magnetic Stimulation (TMS) equipment – This initiative will allow providers to purchase additional TMS equipment which is recommended as a second line of treatment for adult patients who have not benefited from antidepressants (this will serve current consumers).

Transcranial magnetic stimulation (TMS) is a noninvasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression. TMS is typically used

when other depression treatments haven't been effective and as a second line of treatment for adult patients who have not benefited from antidepressants. Funding will be used for the purchase of ten (10) additional TMS equipment, training, and data collection. Some Missouri outcome data:

✚ 65% of patients experience >50% reduction in symptoms.

✚ 55% of the 65% achieved complete remission from their depression as evidenced by PHQ-9 assessments.

The target population(s) being served are Medicaid recipients with a behavioral health diagnosis.

All recipients of this funding are providing Appendix B Rehab Services.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

14. Add new modules and enhance functionality of CareManager (CM) – This initiative is intended to support enhancements to the existing CareManager system so it can support new and future programs and initiatives. CareManager is a statewide platform in use by most of the behavioral health providers. It houses individual and aggregate outcomes information, but also brings together Medicaid claims, DMH consumer information, hospital prior authorizations, emergency room notifications, and clinical data from provider's electronic health records. With CareManager's data convergence capabilities, providers can gain more timely access to vital information to provide better care to individuals, as well as better care coordination with other members on the treatment team. CareManager also supports population health management which enables healthcare systems to use data to better understand overall treatment for behavioral health clients. This can lead to cost reductions and/or advance the use of value-based payments. CareManager enhancements are one time and there are no ongoing costs specific to functionality improvements.

The Missouri behavioral health system has implemented a statewide platform that brings together Medicaid claims, Department of Mental Health consumer information, hospital prior authorizations, emergency room notifications, and clinical data from provider electronic health records. This convergence of data has broken down data silos and have allowed providers access to necessary client information to provide better care based on the comprehensive data they now have available on a daily basis, as well as better care coordination with other members on the treatment team and population health approaches to extend their care. The platform is called CareManager, which is a web-based, health technology tool that combines the various data sets and displays the information in a meaningful way to assist everyone on the treatment team to provide well-informed, quality care. The system provides daily alerts on a dashboard (e.g. ER and hospital notifications, metabolic syndrome screenings due), analyzes the data to assess clients at high to low risk of health concerns, monitors outcomes through a dashboard with certified health measures, and identifies gaps in care and the needed interventions to improve health outcomes (e.g. high blood pressure, A1c test, medication adherence). These resources will be dedicated to building additional Missouri customizations to add measures for CCBHCs that will be used for population health strategies, quality improvement, and monitoring; adding data collection

and reporting capacity for the statewide emergency room enhancement and disease management outreach programs; and other enhancements that will meet state and federal reporting requirements as well as enable safety net providers to deliver higher quality and value based care to patients. This funding will add new modules and enhance functionality of CareManager (CM).

The target population(s) being served are Medicaid recipients with a behavioral health diagnosis.

All agencies utilizing CareManager are providing Appendix B Rehab Services.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

15. Support provider onboarding expenses for data systems – This initiative will support provider expenses incurred as they connect their EHRs to the Missouri Behavioral Health Council’s data warehouse that combines multiple data sources/feeds into one system. Since the Department will have access to the data warehouse, it enables the department to have more complete and holistic data from which to inform policy development and decisions.

The statewide treatment provider data warehouse incorporates provider EMR data, Medicaid claim data, direct data entry, and DMH data to create a statewide platform that is utilized for:

- Population Health (Disease Management; Healthcare Home; CCBHO)
- Outcome Measures & Benchmarks
- Community Behavioral Health Liaison (CBHL) Reporting on Law Enforcement Referrals
- Behavioral Health Crisis Center Reporting
- MO Connect Behavioral Health Resource and Referral System
- Children’s Division Families First/Independent Assessment
- Other Initiatives

These funds will ensure that all DMH-contracted treatment providers will be afforded the opportunity to connect to the statewide treatment provider Data Warehouse and new functionality/measures can be added to the system. Those include, but are not limited to, Housing Liaison reporting, Youth Behavioral Health Liaison reporting, and 988/mobile crisis reporting. Funding would reimburse administrative costs, provide connection costs, data storage costs, license costs, and other eligible expenditures one-time in nature that are not included in a provider cost report or reimbursed in any other manner.

The target population(s) being served are DMH contracted providers that serve Medicaid recipients with a behavioral health diagnosis.

All agencies/providers utilizing CareManager and the Data Warehouse are providing Appendix B Rehab Services.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

16. Equipment and supplies related to training and education. This initiative will include the purchase of TV monitors, microphones, projectors and other one-time expenses for virtual and in-person training spaces. The ability to provide on-going training, either in person or virtually, will allow for provider staff to receive continued education, as well as stay up-to-date on any new evidence based practices. Virtual training saves time, money, and increases efficiency. However, some trainings and strategic meetings are better conducted in person.

COVID shifted the way business is conducted in this country and the world forever as indicated in [How COVID-19 will reshape learning and work | World Economic Forum \(weforum.org\)](https://www.weforum.org/articles/2020/05/how-covid-19-will-reshape-learning-and-work/). The following statement found in the link stands out. “Long after the lockdowns are over, one effect of the COVID-19 pandemic will be permanent changes to traditional modes of learning, communicating and working in the modern world. Just what will that experience of training, engaging and working look like in this new “low-touch” economy?”

While the behavioral and primary healthcare spaces are transitioning back to more in-person care and training, telehealth and virtual training will continue to be a significant modality in Missouri and the nation. Missouri behavioral health providers have learned that numerous trainings can either be conducted completely or partly in a virtual methodology. This virtual training cannot work optimally without proper equipment.

The target population(s) being served are DMH contracted providers that serve Medicaid recipients with a behavioral health diagnosis.

All agencies/providers receiving training provide Appendix B Rehab Services.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

G. Adopting Enhanced Care Coordination

1. DD Health Home - While the Aged, Blind and Disabled populations represent the highest percentage of Medicaid spending, large portions of the population do not receive care coordination across the entire Medicaid eco-system. Missouri seeks to enhance current care coordination by leveraging partnerships and technology between home and community based and medical teams. Missouri would seek to build upon existing health care home models to identify HCBS participants with the highest Medicaid costs and provide care coordination in an effort to reduce unnecessary medical costs. Many stakeholders already provide this service to private health systems, and the service could be tailored to ensure collaboration with the HCBS provider. Specifically, current DD Clients meeting certain criteria may participate in the current CMHC or Primary Care Health Home, but few do. The DD Health Home would be more specific to chronic conditions more prevalent with the ID/DD population. Missouri would use ARP Section 9817 funds for the initial DD Health Home. DSDS and DMH would coordinate with MO HealthNet to provide an analysis of the results to inform future investments.

Authority: State Plan Amendment would be obtained.

2. DD Health Home Module Development in the IntellectAbility System - As Health Risk Screening is an integral part of the DD Health Home design and built within the MO DD IntellectAbility system, this activity would develop the required additional training modules in the system to support continuity of care and the health & welfare of participants enrolled in the MO DD Health Home model.

Authority: Medicaid FFP for the system and/or administrative functions

3. Activity Retired: Missouri continues to review options for this special needs population, but does not plan to use this funding source.
Enhance Case Management & Care Coordination for Children - Missouri is also interested in enhancing case management and care coordination for children with special health care needs (Medicaid Healthy Children and Youth Program). The state would contract with a team of medical professionals providing regular outreach to families and direct referrals for additional services to avoid unnecessary hospitalizations.

H. Technical Assistance and Resources

1. Recognizing that the projects listed above are significant efforts, Missouri will be contracting for technical assistance and staff administration associated with the project. The state is building in ample opportunity for health information technology, data interoperability and value based payments. Specific contracts for project management, administrative services and technical assistance are needed for continued value based payment strategic planning, organizational development, and business process services. The State has contracted with EMI Advisors for project management, eLTSS Use Case Implementation Support, HIN onboarding and facilitation of stakeholder engagement for all interoperability projects that the State is executing.

Authority: Medicaid FFP for administrative functions

I. Training, Education, and Technical Assistance

1. Dialectical Behavior Therapy (DBT) Learning Collaborative - This initiative will allow for additional training on DBT. This evidence-based model of treatment has proven effective for individuals with complex conditions (co-occurring Mental Health/Substance Use Disorder; co-occurring Behavioral Health/Intellectual and/or Developmental Disabilities). DBT is an evidence-based practice proven to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others. In Appendix B, the Medicaid Authority along with the benefit description is Rehabilitative Services which is an optional Medicaid state plan benefit defined as “medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level.”

The individuals receiving the DBT service could be Medicaid beneficiaries. The individuals receiving the proposed trainings are staff who provide the service to those in need of DBT. The HCBS service listed in Appendix B that the Medicaid individual would be receiving is Rehabilitative Services. DBT benefits the individual in that it teaches individuals on how to self-regulate intense and widely varying emotions. Individuals who cannot effectively manage their emotions may also not be able to control their behaviors. DBT helps teach the individuals how to cope with emotions and better respond to stressors. Individuals who are not able to regulate their emotions and, consequently, their behaviors are at high risk for damaging supportive relationships, losing employment and making their living situations unstable, among other negative impacts.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

2. Critical Intervention Mapping (CIM) for Youth – This initiative is designed to help youth with behavioral health and trauma related conditions. It will be similar to the concept for Sequential Intercept Model (SIM) Mapping (focused on adults), a project which helps communities develop and implement plans for change by increasing cross-systems collaboration, improving identification practices, creating pathways to effective services opportunities, and developing a continuum of community-based services and support. CIM for youth help the youth with behavioral health and trauma related conditions. In Appendix B, the Medicaid Authority along with the benefit description is Rehabilitative Services which is an optional Medicaid state plan benefit defined as “medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level.”

CIM is a planning tool to assess available resources, determine service gaps and plan for an improved system of care. CIM is not training nor an actual service for Medicaid beneficiaries. The process lays the ground work for systemic improvement that greatly enhances Medicaid beneficiaries’ experience of care and assures a more robust service system. Beneficiary-specific interventions are only successful if they are supported and resources connected. Individuals identified through CIM will receive the Rehabilitative Service as listed in Appendix B.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

3. Miscellaneous Trainings – This initiative allows for various trainings throughout the behavioral health provider network, see some examples below:
 - Motivational Interviewing;
 - Wellness Recovery Action Planning Trainings through the Copeland Center;
 - Child and Adolescent Needs and Strengths (CANS);
 - Individual Resiliency Training (IRT/Illness Management Recovery)/MO First Episode Psychosis Assertive Community Treatment Transition Aged Youth;
 - Trauma Focused Cognitive Behavioral Therapy (TF-CBT);

- Parent Child- Interaction Therapy (PCIT);
- Acceptance Commitment Therapy Training;
- Tobacco Specialist Training;
- Structured Psychotherapy Adolescents Responding Chronic Stress Training with SPARCS manuals

In Appendix B, the Medicaid Authority along with the benefit description is Rehabilitative Services which is an optional Medicaid state plan benefit defined as “medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level.” These various trainings assist the provider in honing their skills which will allow for enhanced services to the consumer.

The various trainings are to prepare staff to deliver quality, evidence-based Rehabilitative services to individuals who could be Medicaid beneficiaries. Therapeutic progress is contingent upon fidelity to the intervention model that has demonstrated success with a population. No single approach benefits all – rather, clinicians must have numerous tools in their tool belt to individualize the care delivered and to optimize outcomes. The HCBS service listed in Appendix B that the Medicaid individual would be receiving is Rehabilitative Services.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

J. Environmental Safety Improvements

1. Various safety and environmental improvements across all DBH contracted providers – This initiative will allow for environmental enhancements for dozens of clinics across the state that are needed for staff and client safety. This also will allow for modifications that are consistent with current trauma informed best practices in environmental design. Elements like appropriate paint color; meditation/calming rooms; spaces to make private phone calls; clinically-appropriate furniture; and, a welcoming entrance and waiting area, are all critical trauma-informed design. Many of the more than 300 DMH provider safety net clinics and residential facilities continue to be in serious need of improvement to adequately address safety and implement trauma-informed environmental standards. Additionally, transportation is a critical factor in providing quality behavioral healthcare to individuals where and when they need care. Mobile Crisis Teams, Behavioral Health Crisis Centers, Community Support Staff, Psychosocial Rehabilitation Programs, all need dependable transportation to ensure clients can access care. One-time funds will allow providers to replace dozens of vehicles long overdue for replacement.

In Appendix B, the Medicaid Authority along with the benefit description is Rehabilitative Services which is an optional Medicaid state plan benefit defined as “medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level.” These various environmental improvements will enhance the safety of the consumers being served.

To confirm, ARP funding will not be used in IMD facilities. The residential facilities in DBH provider community are 16 beds and under.

The purchase of vehicles to replace vehicles long overdue for replacement enhances a consumer's service delivery, it allows the DBH provider to transport the consumer to various appointments for services and/or job interviews. Employment is a big factor in an individual's recovery.

The goal is to address the critical needs recognized by community leaders and patients. These transformative asks create a more modernized, efficient, and client/staff safety-oriented healthcare environment across Missouri – medical, dental, substance use disorder treatment, and mental health services. This item will address specific community needs, both urban and rural, by consolidating operations, providing integrated care, and meeting clients where they are, ultimately providing patient care in a safer and more efficient manner over the next several decades.

While Missouri did invest in behavioral health community health capital improvements using ARPA funding, the HCBS funds will only be utilized by those Rehab Providers to remodel existing space to enhance and improve the client treatment experience. Examples would be to remodel old space into a more trauma-informed environment. Safety improvements for both staff and patients would be another example. Missouri has expanded access to Behavioral Health Crisis Centers, and often remodeling is needed to repurpose office or meeting space into areas where families, law enforcement, or self-referrals can access care 24/7 in an appropriate care environment versus hospital emergency rooms or jails.

The individuals receiving services in the settings and environments discussed above could be Medicaid beneficiaries. The HCBS service listed in Appendix B that the Medicaid individual would be receiving is Rehabilitative Services. Receipt of the Appendix B Evidence-based services are more effective when delivered in safe and therapeutic environments. Ensuring such an environment exists early in the treatment process helps individuals feel safe, welcomed, and valued and is the platform upon which interventions are delivered.

Authority: Missouri does not plan to draw down federal funds associated with this initiative.

Appendix A. Detailed Spending Plan Tables

Appendix A is an excel spreadsheet that contains detailed spending plans for each initiative outlined in this plan.