

Your Potential, Our Support.

JEREMIAH W. (JAY) NIXON, GOVERNOR • BRIAN KINKADE, DIRECTOR

MO HEALTHNET DIVISION

April 12, 2016

Ms. Victoria Wachino, Director Centers for Medicaid and CHIP Services Centers for Medicare and Medicaid Services Department of Health and Human Services 7500 Security Boulevard Baltimore, MD 21244

Dear Ms. Wachino:

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 for Young Adults in Behavioral Crisis. This waiver has been formally named the Mental Health Crisis Prevention Project.

The DSS, MHD, has worked in partnership with the Department of Mental Health and other stakeholders in the development of this waiver application. The Mental Health Crisis Prevention Project will provide early intervention, treatment and community support services to Missourians aged 21 to 35 who are identified through a behavioral health crisis.

If you have questions or need additional information, please contact Glenda Kremer, MO HealthNet Division, at 573-751-6922 or submit your request in writing to this office.

Joseph Parks, M.D. Divector

JP/jb

Attachments

cc: James Scott John Obrien Mehreen Hossain Joseph Parks, M.D. Mark Stringer Rick Gowdy

Interpretive services are available by calling the Participant Services Unit at 1-800-392-2161.

Prevodilačke usluge su dostupne pozivom odjela koji učestvuje u ovom servisu na broj 1-800-392-2161.

Servicios Intreprative están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.

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Missouri Section 1115 Waiver – Mental Health Crisis Prevention Project

Executive Summary

Research shows that a majority of individuals with serious mental illness (SMI) experience the first signs of illness during adolescence or early adulthood, with peak onset occurring between 15 and 25 years of age. While low-income children in Missouri who experience the onset of a behavioral health crisis are largely eligible for coverage under Medicaid or Children's Health Insurance Program (CHIP), young adults in this situation are frequently uninsured. As a result, young adults often experience unreliable, delayed, or incomplete access to the services needed to address the immediate issues and support a pathway to recovery. Left unaddressed, psychotic disorders and substance use disorders (SUD) can disrupt a young person's social, academic, and vocational development and initiate a trajectory of accumulating disability.

In addition, young adults with serious mental illness only become Medicaid eligible after being determined disabled, a lengthy process that can be extremely difficult to navigate for people with serious mental illness. By the time many people become Medicaid eligible, their mental health has deteriorated to the point that services are far more costly, and additional services become necessary such as housing, day treatment, and other community support services.

A large and growing body of data and evidence indicates that early intervention may be a cost effective strategy for preventing or delaying onset of disability and the significant cost and quality-of-life impacts associated with disability. The overall goal of this Demonstration is to identify young adults in crises, extend Medicaid eligibility with a targeted benefit package, and engage individuals in services that start them on the path to recovery. More specifically, the goals of the Demonstration are to:

- 1. Improve access to health care for a segment of the uninsured population in Missouri who have significant medical and behavioral health needs;
- 2. Improve the physical and behavioral health outcomes of Demonstration participants, thereby delaying or reversing the progression toward disability; and
- 3. Improve the education and employment outcomes of Demonstration participants by creating a pathway toward independence.

The proposed Demonstration builds upon two successful programs implemented as part of Governor Nixon's Strengthening Missouri's Mental Health System Initiative. These programs – the Community Mental Health Liaison (CMHL) program and the Emergency Room Enhancement

(ERE) program – identify young adults who are experiencing a behavioral health crisis and link them to health care and behavioral health services. Currently, uninsured young adults being identified by the ERE and CMHL programs either receive no services beyond an initial screening/assessment, or receive limited services for a brief duration. Under the proposed Demonstration, individuals identified through these programs will have far greater access to integrated medical and behavioral health services, including evidence-based supported employment services.

The following application has been developed through the collaboration of the Department of Social Services' MO HealthNet Division and the Department of Mental Health, drawing extensively on input from stakeholders including behavioral health providers, advocacy organizations, and representatives from statewide advisory groups on mental health and substance use services. This collaborative effort has resulted in the development of a Demonstration program that will significantly impact the lives of an estimated 1,900 young adults over the course of the Demonstration, providing the opportunity to modify the trajectory of their illness away from disability and toward independence.

Program Description

1. Provide a summary of the proposed Demonstration program, and how it will further the objective of Title XIX and/or Title XXI of the Social Security Act (the Act).

A majority of individuals with serious mental illness (SMI), such as schizophrenia, bipolar disorder, and major depression, experience the first signs of illness during adolescence or early adulthood, but there are often long delays between symptom onset and the receipt of evidence-based interventions. With a peak onset occurring between 15 and 25 years of age, psychotic disorders and substance use disorders (SUD) can disrupt a young person's social, academic, and vocational development and initiate a trajectory of accumulating disability.

Missouri is committed to providing timely and effective treatment for all Missourians in their own communities and has been a national leader in implementing strategies for early intervention and treatment of behavioral health and substance use disorders. Missouri is also a national leader in developing and implementing integrated models of care for individuals with serious mental illness and co-occurring chronic health conditions, becoming the first state to receive federal approval for its health homes program.

The model outlined in this application builds upon several very successful programs implemented as part of Governor Nixon's Strengthening Missouri's Mental Health System Initiative. These programs often identify young adults who are experiencing a behavioral health crisis, link them to health care and behavioral health services, and provide ongoing care coordination:

- Emergency Room Enhancement (ERE) Project. Currently implemented in seven regions across the state (as additional funding becomes available, additional regions may be added), this program seeks to engage individuals into ongoing treatment; coordinate care for the whole person by addressing behavioral and physical health, as well as basic needs; reduce the need for future ER visits or hospitalizations; and reduce hospital stays that are unnecessarily extended due to non-health reasons. Since its inception in 2013, the project has resulted in reduced ER visits and admissions to hospitals by those in behavioral health crises. Other outcomes include reduced arrests, reduced homelessness, and increased employment.
- Community Mental Health Liaison (CMHL) Program. The goal of the CMHL program is to
 form strong community partnerships between Community Mental Health Centers, 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. Thirty one specially trained mental health professionals located in
 community mental health centers across the state work directly with law enforcement and

the judicial system statewide to connect people in behavioral health crises with services in order to avoid unnecessary hospitalization or incarceration. This program began in November 2013. Outcomes data for persons referred to a CMHC for whom the data is known and reported on indicates that:

- Approximately 70% of the individuals referred by a CMHL attended their first behavioral health follow up appointment;
- Within thirty days of referral, approximately 69% of the individuals were treatment compliant; and
- Within thirty days of referral approximately 66% of the individuals were medication compliant.

Currently, uninsured young adults being identified by the ERE and CMHL programs either receive no services beyond an initial screening/assessment, or receive limited services for a brief duration if they happen to present to a behavioral health service provider that has a limited amount of general revenue available. Under this proposed Section 1115 waiver, these programs will serve as the entry point to a targeted and coordinated set of physical and behavioral health benefits designed to address the immediate crisis and start the individual on a path to recovery. The goals of the Demonstration program are to:

- 1. Improve access to health care for a segment of the uninsured population in Missouri who have significant medical and behavioral health needs;
- 2. Improve the physical and behavioral health outcomes of Demonstration participants, thereby delaying or reversing the progression toward disability;
- 3. Improve the education and employment outcomes of Demonstration participants by creating a pathway toward independence.

2. Include the rationale for the 1115 Demonstration.

While low-income children in Missouri who experience symptom onset are largely eligible for coverage under Medicaid or Children's Health Insurance Program (CHIP), young adults in this situation are frequently uninsured. These individuals often experience unreliable, delayed, or incomplete access to the kinds of services needed to address the immediate issues and support a pathway to recovery. The overall goal of this waiver will be to identify young adults in crises through the programs above, extend Medicaid eligibility with a targeted benefit package, and engage individuals in services that start them on the path to recovery.

Only a small percentage of Missourians who seek help for substance use disorders qualify for Medicaid.¹ In addition, young adults with serious mental illness only become Medicaid eligible

¹ Missouri Department of Mental Health. *The Implications of ACA Medicaid Expansion for Missouri's Public Behavioral Health Services.*

after being determined disabled, a lengthy process that can be extremely difficult to navigate for people with serious mental illness. By the time many people become Medicaid eligible, their mental health has deteriorated to the point that services are far more costly, and additional services become necessary such as housing, day treatment, and other community support services. Similarly, individuals with behavioral health issues are more likely to have one or more physical health problems as well;² untreated behavioral health issues can often exacerbate physical health problems.

A large and growing body of data and evidence indicates that early intervention may be a cost effective strategy for preventing or delaying onset of disability and the significant cost and quality-of-life impacts associated with disability.³ For example:

- In 2012, Missouri emergency departments treated 86,000 individuals with a primary diagnosis of mental illness and an additional 286,000 individuals with a secondary diagnosis of mental illness. More than 35,000 individuals presented in Missouri emergency departments with a primary diagnosis of alcohol or substance use. Many individuals who visit the ER for mental health issues are repeat visitors who do not follow up with aftercare recommendations, indicating a need for interventions that link individuals to behavioral health, primary care and supportive services.
- Psychotic disorders such as schizophrenia have a peak onset between the ages of 15 and 25⁷ and can place adolescents and young adults on a trajectory toward full disability.
 Overall, approximately half of all individuals with first episodes of psychosis present for treatment with a current co-occurring substance use disorder.⁸ However, multiple meta-analytic and narrative reviews of randomized and quasi-experimental treatment studies have found that early intervention with evidence-based treatments for psychosis can

⁶ Bruffaerts R., Sabbe M., & Demyffenaere K. (2005). Predicting community tenure in patients with recurrent utilization of apsychiatric emergency service. *General Hospital Psychiatry*, 27, 269-274.

² Mertens JR, Lu YW, Parthasarathy S, Moore C, Weisner CM. Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO. 2003, Arch Int Med 163:2511-2517.

³ See, for example, *Impact of early intervention programs for persons with potentially disabling conditions: Evidence from the national DMIE evaluation*. CONFERENCE PAPER in JOURNAL OF VOCATIONAL REHABILITATION · NOVEMBER 2010

⁴ Missouri Department of Health and Senior Services. Emergency Room Visits for Mental Illness and Substance Use Disorders, Missouri 2012

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⁷ See Heinssen, R.K., et al. "Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care." National Institute of Mental Health. April 14, 2014. See also, McGorry, P.D., "Early Intervention in Psychosis." *The Journal of Nervous and Mental Disease*. May, 2015.

⁸ Wisdom, J.P. et al. "Substance Use Disorder Among People with First-Episode Psychosis: A Systematic Review of Course and Treatment." *Psychiatric Services*. September, 2011.

significantly improve symptoms and restore adaptive functioning.9

In Missouri, an estimated 20 percent of inmates in jails and prisons have serious mental illness, ¹⁰ replacing hospitals as the primary facility for individuals with mental illness. ¹¹ An estimated 67 percent of inmates in Missouri's state prisons need substance abuse treatment. ¹² These figures mirror national data showing that 53 percent of state and 45 percent of federal prisoners meet criteria for drug dependence or abuse. ¹³ Many of these individuals end up in the criminal justice system as a result of a failure to intervene early enough in their illness to change the trajectory and outcomes for the individual. Under the proposed Demonstration, Community Mental Health Liaisons will work directly with law enforcement and the judicial system statewide to connect people in behavioral health crises with services in order to avoid unnecessary hospitalization or incarceration and establish a pathway toward self-sufficiency.

Similarly, an overarching feature of this waiver will be an emphasis on moving people into education or employment in order to create stable foundations for ongoing recovery, a pathway toward independence, and a path *away* from future disability. Evidence strongly suggests that providing supported employment services can help individuals continue their education or find and maintain employment. ¹⁴ Unfortunately, evidence-based supported employment services are often only available to individuals who are already disabled as a result of their mental illness, leaving a significant gap in the research. ¹⁵ Under the proposed Demonstration, Missouri seeks to increase the likelihood that Demonstration enrollees will secure or maintain stable employment and decrease the likelihood that they will decompensate to full disability.

Missouri data demonstrates that Medicaid costs are reduced when individuals are employed. Missouri currently operates evidence based Individualized Placement and Support (IPS)

⁹ See, for example, Bird, V., Premkumar, P., Kendall, T., Whittington, C., Mitchell, J. & Kuipers, E. (2010). Early intervention services, cognitive-behavior therapy and family intervention in early psychosis: systematic review. *British Journal of Psychiatry*, *197*, 350-356. See also, Penn D., Waldheter E., Perkins D., Mueser K., & Lieberman J. (2005). Psychosocial treatment for first-episode psychosis: A research update. *American Journal of Psychiatry*, *162*, 2220–2232.

¹⁰ See, for example, Torrey EF, Zdanowicz MT, Kennard AD et al. The treatment of persons with mental illness in prisons and jails: A state survey. Arlington, VA, Treatment Advocacy Center, April 8, 2014. See also, Steadman, HJ, Osher, FC, Robbins, PC et al., Prevalence of serious mental illness among jail inmates. *Psychiatric Services*. 2009; 60: 761-765.

¹¹ Torrey EF, Kennard AD, Eslinger D et al. *More Mentally III Persons Are in Jails and Prisons than Hospitals: A Survey of the States* (Arlington, Va.: Treatment Advocacy Center, 2010).

¹² Missouri Department of Corrections, 2015.

¹³ U.S. Department of Justice, 2007.

¹⁴U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-term Care Policy. *Improving Employment Outcomes for People with Psychiatric Disorders and Other Disabilities*. April 2014.

¹⁵ Ibid

supported employment to fidelity in a partnership with Missouri Vocational Rehabilitation. Additionally, the Assertive Community Treatment (ACT) teams operating in the state provide Employment Specialists. The ACT Transition Aged Youth teams have received specialized training on Supported Employment and Education using the RAISE model from the National Institute of Mental Health. Research supports that integrating Employment Specialists into a clinical treatment team increases the outcome of competitive integrated employment. Missouri's IPS programs average 36% working versus the 11.4% for the individuals with serious mental illness served without this program. The range in participating agencies is 15% – 80% of clients working in any quarter.

Missouri will use training dollars from other sources to train Community Support Specialists to become Employment Specialists. Many of the support services around employment activities can already be billed by Community Support Specialists. However, job development and job coaching are not currently allowable activities under Medicaid. By adding the new Supported Employment benefit under the waiver, these services would be available to the target population.

Both the ERE and CMHL programs have demonstrated strong positive results since their inception. For example, in its first 22 months, the ERE program demonstrated the following statistically significant outcomes:¹⁶

- 61% reduction in prior 90 day ED use
- 62% reduction in prior 90 day hospitalizations
- 69% reduction in prior 90 day homelessness status
- 58% decrease in prior 30 days arrests
- 31% increase in employment

Within the first 22 months of operation, CMHLs made 22,860 contacts with law enforcement and court personnel and almost 13,000 referrals for follow up services.¹⁷

The implementation of this waiver will build off of this success and will have a significant positive impact on the lives of thousands of Missourians, providing them with the services and supports they need to maintain independence. While Missouri's proposal is similar to Virginia's recently approved GAP Program, there are several important differences including the following:

• Eligibility age range – Missouri is proposing to target young adults (age 21 through 35) who are experiencing a behavioral health crisis and meet other eligibility criteria. State data clearly show that young adults have the highest overall rate of behavioral health

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¹⁶ Missouri Department of Mental Health, internal data.

¹⁷ Ibid.

problems.¹⁸ The Demonstration specifically seeks to identify and treat individuals in young adulthood when evidence-based interventions can significantly alter and improve the course of their conditions.

- Targeted benefits package As discussed in the sections below, Missouri is proposing a
 targeted package of behavioral and physical health services targeted to young adults
 with serious mental illness (SMI) and/or substance use disorders (SUD). The proposed
 benefits package was also designed with input from key stakeholders and
 knowledgeable experts and includes services that best support effective treatment and
 early intervention for the target population.
- Entry doors The proposed Demonstration has two entry doors, the Emergency Room Enhancement (ERE) Project and the Community Mental Health Liaison (CMHL) Program. The decision to limit entry to these two doors was driven by the success of these programs in identifying young adults who are in crisis. The proposed Demonstration will build upon these critical components of the system of care that has been developed in Missouri to connect individuals experiencing a behavioral health crisis to evidence-based, integrated care.
- Emphasis on self-sufficiency A key tenant of the proposed Demonstration is that early and effective intervention in young adulthood can significantly alter the trajectory of mental illness and/or substance use disorders and place the individual on a path to independence. Attaining and maintaining stable employment, and avoiding contact with the criminal justice system, are key goals of the Demonstration.
- 3. Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them.

Table 1: Demonstration Hypotheses

Hypothesis	Anticipated	Anticipated Data	Anticipated Evaluation
	Measures	Sources	Approach
Early intervention	ED visit rate	Medicaid claims	Comparison of waiver
with young adults		data	clients pre and post
experiencing a			enrollment ED rates
behavioral health		State data on	
crisis, including		uninsured ED	Comparison of waiver

¹⁸ Missouri Department of Mental Health. 2014 Status Report on Missouri's Substance Abuse and Mental Health Problems

Hypothesis	Anticipated	Anticipated Data	Anticipated Evaluation
-	Measures	Sources	Approach
enrollment for a		utilization for	clients post enrollment ED
minimum of one		individuals with	rates with ED rates of
year in an		SMI/SUD	comparable non-waiver
evidence-based			21-35 year olds
program of health			
coverage that			
coordinates			
primary and			
behavioral health			
care, will result in			
fewer Emergency			
Department (ED)			
visits for			
participants.			
Early intervention	Social Security	Social Security	Comparison of waiver
with young adults	Disability	Disability	clients Social Security
experiencing a	determination	determination data	Disability determination
behavioral health	rate	in CIMOR	rates to comparable non-
crisis, including			waiver 21-35 year olds
enrollment for a			,
minimum of one			
year in an			
evidence-based			
program of health			
coverage that			
coordinates			
primary and			
behavioral health			
care, will result in			
fewer Social			
Security disability			
determinations,			
which often lead to			
full Medicaid			
eligibility.			
Early intervention	Employment	CPS Status Report in	Comparison of change in
with young adults	rate	CIMOR	employment status of
experiencing a			waiver clients to
behavioral health		TEDS data in CIMOR	comparable non-waiver
crisis, including			21-35 year olds not in
enrollment for a			specialized employment
minimum of one			programs

	Anticipated Measures	Anticipated Data Sources	Anticipated Evaluation Approach
year in an	ivicasuics	Jources	Αρρισασί
evidence-based			Comparison of
program of health			employment rate of
coverage that			waiver clients pre and
coordinates			post enrollment
primary and			post sim similari
behavioral health			
care, will increase			
the likelihood of			
maintaining or			
gaining			
competitive			
integrative			
employment.			
Early intervention	Arrest rate	CPS Status Report in	Comparison of pre and
with young adults	7 II Cot Face	CIMOR	post enrollment arrest
experiencing a		CHIVION	rates for waiver clients
behavioral health		TEDS data in CIMOR	rates for waiver elients
crisis, including		1255 data iii ciivicii	Comparison of waiver
enrollment for a			clients post enrollment
minimum of one			arrest rates to arrest rates
year in an			of comparable non-waiver
evidence-based			21-35 year olds
program of health			21 33 year olds
coverage that			
coordinates			
primary and			
behavioral health			
care, will reduce			
arrests by law			
enforcement.			
Early intervention	Private	CPS Status Report in	Comparison of private
with young adults	residence living	CIMOR	residence rates for
experiencing a	rate		waiver clients pre and
behavioral health		TEDS data in CIMOR	post enrollment
crisis, including	Homeless rate		poor om omneric
enrollment for a			Comparison of homeless
minimum of one			rates for waiver clients
year in an			pre and post enrollment
evidenced-based			p. c and post emonineme
program of health			Comparison of waiver
coverage that			clients homeless rates to

Hypothesis	Anticipated	Anticipated Data	Anticipated Evaluation
	Measures	Sources	Approach
coordinates			homeless rates of
primary and			comparable non-waiver
behavioral health			21-35 year olds
care, will increase			
the likelihood of			
stable housing.			
Early intervention	Rate of	CPS Status Report in	Comparison of academic
with young adults	involvement in	CIMOR	involvement rates for
experiencing a	academic		waiver clients pre and
behavioral health	programs	TEDS data in CIMOR	post enrollment
crisis, including			
enrollment for a			Comparison of waiver
minimum of one			clients academic
year in an			involvement rates to rates
evidenced-based			of comparable non-waiver
program of health			21-35 year olds
coverage that			
coordinates			
primary and			
behavioral health			
care, will increase			
the likelihood of			
remaining in			
school or finding			
and participating in			
an academic			
program of choice.			

4. Describe where the 1115 Demonstration will operate, i.e., statewide, or in specific regions within the State. If the 1115 Demonstration will not operate statewide, please indicate the geographic areas/regions of the State where the 1115 Demonstration will operate.

The Demonstration will operate statewide (see Figure 1 below).

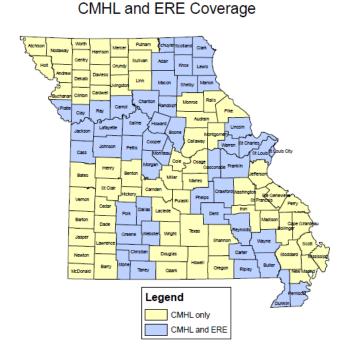


Figure 1: ERE and CMHL Entry Points by County (As of January 2016)

5. Include the proposed timeframe for the 1115 Demonstration.

Upon approval, the Demonstration will operate for five years. Missouri proposes to implement July 1, 2016, and operate the waiver through June 30, 2021, or until Missouri implements a broader expansion of Medicaid that would otherwise make this population of adults eligible for coverage under the State Plan.

6. Describe whether the 1115 Demonstration will affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

The Demonstration will not affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility or benefits for the target expansion population.

1115 Demonstration Eligibility

1. Include a chart identifying any populations whose eligibility will be affected by the 1115 Demonstration.

Table 2: Demonstration Eligibility Groups

Eligibility Group	Social Security Act and CFR Citations	Income Level
Young adults ages 21-35	N/A	0-150% of the FPL
not otherwise eligible		
under the State Plan who		
meet eligibility criteria		
related to SMI and/or		
SUD as defined by the		
Department of Mental		
Health (Referred to		
hereafter as "Mental		
Health Crisis Prevention		
Project")		

2. Describe the standards and methodologies the State will use to determine eligibility for any populations whose eligibility is changed under the 1115 Demonstration, to the extent those standards or methodologies differ from the State plan.

This Demonstration will target individuals who meet the following eligibility parameters. Individuals must meet ALL of the requirements outlined below to be eligible for the Demonstration:

- Referred through the Community Mental Health Liaison (CMHL) or the Emergency Room Enhancement Program (ERE) with a serious behavioral health crisis;
- Determined to have and need treatment for a serious mental illness and/or substance
 use disorder as defined by the Department of Mental Health. Serious mental illness
 includes bipolar, schizophrenia spectrum and other psychotic disorders, major
 depression, and posttraumatic stress disorder (PTSD). Substance use disorder includes
 alcohol, opioid, sedative, hypnotic or anxiolytic, cocaine, cannabis, amphetamine,
 hallucinogen, inhalant, phencyclidine, polysubstance, and other substance use
 disorders;

- At the time of application, need for treatment requires a total Daily Living Activities (DLA) GAF/mGAF score of 50 or below for serious mental illness or a score of 50 or below for substance use disorder;
- Adult ages 21 to 35 years old;
- U.S. Citizen or eligible qualified legal immigrant;
- Not eligible for any state or federal full benefits program including: Medicaid, Children's Health Insurance Program (CHIP), or Medicare;
- Resident of Missouri;
- Gross income of the individual that is at or below 150% of the Federal Poverty Level (FPL);
- Uninsured; and
- Not residing in a long term care facility, mental health facility, long-stay hospital, intermediate care facility for persons with developmental disabilities, or penal institution.

Assessment Process

- 1. Once individual presents through the CMHL or ERE program, CMHL or ERE refers individual to behavioral health (BH) treatment;
- 2. Behavioral health (BH) treatment provider compiles medical information based on Level of Care criteria defined above for 1115 waiver eligibility;
- 3. BH treatment provider sends 1115 waiver information to DMH state staff for approval of medical eligibility for waiver by usage of a checklist to make sure all criteria are met and individual is eligible for 1115 waiver enrollment;
- 4. BH treatment provider initiates Medicaid application to be sent to Family Support Division (FSD) for Medicaid determination;
- 5. DMH determines if funding is available and notifies FSD;
- 6. FSD processes application (includes approval, denial, and appeals process);
- 7. FSD assigns 1115 Waiver ME Code to approved individuals;
- 8. DMH enrolls individuals. Once a wait list is established, individuals will be assigned based on their priority of need. Priority of need is defined as scoring a 2 or below on one or more the following DLA domains: alcohol/drug use; safety; healthcare practices; and behavioral norms;
- 9. Services begin based on the individual's treatment plan as designed by the individual's treatment team;
- 10. Individuals are reassessed annually by FSD as part of the annual Medicaid eligibility redetermination; at each annual redetermination, earned income from new

- employment or an increase in earnings is excluded for the first 12 consecutive months it causes total income to exceed 150% of FPL;
- 11. Individuals will be reassessed annually by the BH treatment provider and DMH to determine the clinical need for continued treatment.

If the individual no longer meets the annual clinical need for treatment or no longer meets FSD eligibility, the discharge process is initiated by notification letter (FSD or DMH), including appeals process. Persons dis-enrolled from the waiver may reapply and be readmitted without any wait period, if they meet all eligibility requirements and funding is available.

Table 3 below summarizes the roles of each entity with respect to eligibility and enrollment under the proposed Demonstration.

Table 3: Eligibility and Enrollment Responsibilities

Mental Health Crisis Prevention Project		
Entity Roles		
Entity:	Roles and Responsibilities:	
Community Mental Health	1. Individual presents through either the CMHL or ERE.	
Liaisons (CMHL) and	2. CMHL or ERE refers individual to the BH treatment	
Emergency Room	provider for assessment.	
Enhancement (ERE) Programs		
Behavioral Health (BH) treatment provider	 BH treatment provider compiles medical information based on Level of Care criteria. 	
	BH treatment provider sends 1115 waiver information for the individual to DMH state staff for approval of medical eligibility for waiver.	
	 BH treatment provider initiates Medicaid eligibility application to be sent to the Family Support Division (FSD) for Medicaid determination. 	
Department of Mental Health (DMH)	 DMH state staff approves medical eligibility for the individual based on a checklist of criteria to be met for enrollment in the 1115 waiver. 	
	DMH determines if funding is available and notifies FSD.	
Family Support Division (FSD)	 FSD Eligibility Specialists enter the 1115 Mental Health Crisis Prevention Project and any other appropriate Medicaid applications into the eligibility system. FSD Eligibility Specialists conduct the eligibility 	
	determination for the 1115 Mental Health Crisis Prevention Project.	

Mental Health Crisis Prevention Project Entity Roles	
Entity:	Roles and Responsibilities:
	 FSD Eligibility Specialists process changes that impact eligibility when reported by the individual. FSD reassesses individuals annually as part of the annual redetermination.
Family Assistance Management Information System (FAMIS)	 FAMIS (current FSD eligibility system) executes the eligibility determination process and assigns appropriate Medicaid Eligibility (ME) code for 1115 Mental Health Crisis Prevention Project. For eligible consumers, FAMIS creates records on a nightly file that is picked up for processing by the Medicaid Management Information System (MMIS). FAMIS includes DCN of eligible consumers on eligibility file that is picked up for processing by the Medicaid Management Information System (MMIS). FAMIS notifies consumer of eligibility or ineligibility via letter delivered through postal service.
Medicaid Management Information System (MMIS) and Fiscal Agent (WIPRO)	 Process and store eligibility records. Adjudicate claims based on eligibility history. ME code determines which service claims are covered. Generate and transmit claims payment files to the DSS Payment System maintained by the Office of Administration, Information Technology Services Division.
DSS Payment System	 Process claims payment file provided by MMIS and generate payment to providers for services covered by the 1115 waiver.

3. Specify any enrollment limits that apply for expansion populations under the 1115 Demonstration.

Based on currently available state appropriations, the state projects that approximately 1,000 individuals can be served at any point in time during the course of the Demonstration. Projections of the duration individuals will remain in the waiver indicate that approximately 1,900 individuals can be served over the 5 year course of the Demonstration. To the extent additional state funding becomes available, the state may be able to expand enrollment.

4. Provide the projected number of individuals who would be eligible for the 1115 Demonstration, and indicate if the projections are based on current state programs (i.e.,

Medicaid State plan, or covered using other waiver authority, such as 1915(c)). If applicable, please specify the size of the populations currently served in those programs.

The crisis program entry points into the waiver, CMHL and ERE, are currently identifying approximately 1,000 individuals annually who appear to be eligible for the Demonstration. There has been a small amount of duplicated individuals from the first year to the second year in both the CMHL and ERE programs. Therefore the state projects approximately 4,600 individuals will be eligible for enrollment over the 5 year course of the Demonstration. Currently, uninsured young adults being identified by the ERE and CMHL programs either receive no services beyond an initial screening/assessment, or receive limited services for a brief duration if they happen to present to a behavioral health service provider that has a limited amount of general revenue available. Therefore, the benefit package provided by this Demonstration, aside from the screening/assessment, represents new services not currently funded by the state.

5. To the extent that long term services and supports are furnished (either in institutions or the community), describe how the 1115 Demonstration will address post-eligibility treatment of income, if applicable. In addition, indicate whether the 1115 Demonstration will utilize spousal impoverishment rules under section 1924, or will utilization regular post-eligibility rules under 42 CFR 435.726 (SSI State and section 1634) or under 42 CFR 435.735 (209b State).

Not applicable.

- 6. Describe any changes in eligibility procedures the State will use for populations under the 1115 Demonstration, including any eligibility simplifications that require 1115 authority (such as continuous eligibility or express lane eligibility for adults or express lane eligibility for children after 2013).
 - The state is requesting 1115 authority to provide 1 year of continuous eligibility from the date of initial enrollment and each annual eligibility reinvestigation. The only exception to the continuous eligibility period is turning age 36.
- 7. If applicable, describe any eligibility changes that the State is seeking to undertake for the purposes of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014 (such as financial methodologies for determining eligibility based on modified adjusted gross income), or in light of other changes in 2014.
 - Not applicable; as these changes have already been implemented.

1115 Demonstration Benefits and Cost Sharing Requirements

1.	Indicate whether the benefits provided under the 1115 Demonstration differ from those provided under the Medicaid and/or CHIP State plan:
	XYesNo
2.	Indicate whether the cost sharing requirements under the 1115 Demonstration differ from those provided under the Medicaid and/or CHIP State plan:
	Yes _XNo

3. If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the 1115 Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the 1115 Demonstration:

The Demonstration will utilize one benefit package for all beneficiaries eligible under the Mental Health Crisis Prevention Project Demonstration group. This benefit package (see Table 4) includes selected outpatient, non-emergency department-based physical and dental¹⁹ health care benefits and a comprehensive set of outpatient, non-residential behavioral health care benefits. This benefit package is designed to support effective interventions that will delay or prevent disability for individuals covered under the Demonstration and support improved health and wellness, as well as community engagement through employment and education, within the target population.

Table 4: Demonstration Benefits

Eligibility Group Name	Benefit Package
Mental Health Crisis Prevention Project	Physical Health Services
	 Physician/Certified Nurse
	Practitioner/Clinic/FQHC/RHC
	 Outpatient hospital (except Emergency
	Department)
	Pharmacy
	• Lab/X-ray
	Family planning
	• Dental*
	Behavioral Health Services
	 Psychologist
	 Social Worker/Professional Counselor
	Assertive community treatment

 $^{^{\}rm 19}$ Pending approval of SPA #16-01, submitted January 6, 2016, anticipated effective date January 1, 2016.

- Behavioral health assessment
- Collateral dependent counseling
- Community support
- Crisis intervention
- Family conference
- Family support
- Family therapy
- Group counseling
- Group psychoeducation
- HIV counseling
- Individual counseling
- Intensive evidence based practices
- Medically monitored inpatient detoxification
- Medication management
- Metabolic syndrome screening
- Methadone dosing
- Nursing services
- Peer support
- Professional consultation
- Psychiatric diagnostic evaluation
- Psychosocial rehabilitation-IMR
- Supported employment
- Treatment planning

4. If electing benchmark-equivalent coverage for a population, please indicate which standard is being used:

The Demonstration will not be offering a benchmark-equivalent benefit design.

5. In addition to the Benefit Specification and Qualifications form, please complete the following chart if the 1115 Demonstration will provide benefits that differ from the Medicaid or CHIP State plan.

Missouri Medicaid has traditionally defined separate benefit packages for mental health (Community Psychiatric Rehabilitation) and substance use disorders (Comprehensive Substance Treatment and Rehabilitation). In 2011, Missouri began merging the Division of Alcohol and Drug Abuse and the Division of Comprehensive Psychiatric Services into a single Division of Behavioral Health, which has facilitated an ongoing reassessment of integrated services and philosophy. Under this Demonstration, eligible individuals from age 21 through 35 will receive behavioral health services under a combined benefit design. With some exceptions, noted in

^{*} Pending approval of SPA #16-01, submitted January 6, 2016, anticipated effective date January 1, 2016.

Table 5 and Table 7, the Demonstration benefit package is providing access to the same sets of mental health and substance use treatment services available under the traditional Missouri State Plan. Of note, Missouri proposes to enhance employment support services for the Demonstration population, to further support the Demonstration goal of increased employment among the target population. Please see Appendix I for the Benefit Specification and Qualifications forms.

Table 5: Benefits Differing from State Plan

Proposed Benefits Dif	fering from State Plan
Outpatient hospital	Excludes Emergency Department services
Combined BH Benefit	Except where specifically noted below, the services included in the waiver combined BH benefit are already provided under the MO state plan (CPR or CSTAR). Unlike under the state plan, MI and SUD services for the waiver eligible population are being offered as part of a combined benefit; in addition, they are in some cases renamed or refined/reorganized in order to encourage more consistency within the combined benefit and across individuals served. Benefits Specification and Qualifications forms have been completed for each of the services listed below.
Assertive community treatment	Services listed below.
Behavioral health assessment	
Collateral dependent counseling	
Community support	
Crisis intervention	
Family conference	
Family support	Will be available to a broader age group of waiver eligible than under the state plan (up to age 26, compared to state plan coverage up to age 21)
Family therapy	
Group counseling	
Group psychoeducation	
HIV counseling	
 Individual counseling 	
Intensive evidence based practices	Will be available to a broader age group of

Proposed Benefits Di	ffering from State Plan
	waiver eligible than under the state plan (up
	to age 26, compared to state plan coverage
	up to age 21)
 Medically monitored inpatient 	
detoxification	
 Medication management 	
 Metabolic syndrome screening 	
Methadone dosing	
 Nursing services 	
Peer support	
 Professional consultation 	
 Psychiatric diagnostic evaluation 	
Psychosocial rehabilitation-IMR	Limited to illness, management, and
	recovery
 Supported employment 	New service; job development and job
	coaching included, which are not otherwise
	available under CPR or CSTAR
 Treatment planning 	

	Treatment planning	
6.	Indicate whether Long Term Services and Services	upports will be provided.
	YesXNo	
7.	Indicate whether premium assistance for enthrough the 1115 Demonstration.	mployer-sponsored coverage will be available
	YesXNo	
8.	If different from the State plan, provide the income level.	premium amounts by eligibility group and
	Not applicable.	
9.	Include a table if the Demonstration will red deductibles that differ from the Medicaid S	

The Demonstration will utilize the same copayments, coinsurance and/or deductibles as the

Medicaid State Plan.

Missouri Section 1115 Waiver – Mental Health Crisis Prevention Project

. Indicate if there are any exemptions from the proposed cost sharing.
Not applicable.
livery System and Payment Rates for Services
Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan:
YesxNo
Describe the delivery system reforms that will occur as a result of the Demonstration, and if applicable, how they will support the broader goals for improving quality and value in the health care system. Specifically, include information on the proposed Demonstration's expected impact on quality, access, cost of care, and potential to improve the health status of the populations covered by the Demonstration. Also include information on which populations and geographic areas will be affected by the reforms.
The Demonstration will utilize the state's existing fee for service delivery system and the system of care that has been developed for individuals with SMI and/or SUD. The Demonstration will leverage the two existing service entry points – the ERE and CMHL programs – which have been highly successful in identifying individuals experiencing a crisis and linking individuals to available services through highly trained community support specialists. However, once identified through these entry points, access to services for many of these young adults is limited, sporadic and costly due to lack of insurance coverage. This Demonstration is expected to positively impact access to care and outcomes for young adults statewide who are experiencing a behavioral health crisis by utilizing the existing delivery system and system of care to enable individuals to access the services they need to achieve and maintain stability.
Indicate the delivery system that will be used in the Demonstration by checking one or more of the following boxes: Managed care Managed Care Organization Prepaid Inpatient Health Plans Prepaid Ambulatory Health Plans _x_Fee for service Primary Care Case Management Health homes Other

4. If multiple delivery systems will be used, please include a table that depicts the delivery system that will be utilized in the Demonstration for each eligibility group that participates in the Demonstration (an example is provided). Please also include the appropriate authority if the Demonstration will use a delivery system that is currently authorized under the State plan, section 1915(a) option, section 1915(b) or section 1932 option.

Not applicable. The Demonstration will utilize a fee-for-service delivery system for all eligibles.

Table 6: Delivery Systems and Authorities

Eligibility Group Name	Delivery System	Authority
Mental Health Crisis	Fee-for service (medical)	State Plan, 1115 waiver
Prevention Project	Fee-for-service (behavioral)	State Plan, 1115 waiver

- 5. If the Demonstration will utilize a managed care delivery system:
 - a. Indicate whether enrollment will be voluntary or mandatory. If mandatory, is the state proposing to exempt and/or exclude populations?
 - b. Indicate whether managed care will be statewide, or will operate in specific areas of the state;
 - c. Indicate whether there will be a phased-in rollout of managed care (if managed care is not currently in operation or in specific geographic areas of the state);
 - d. Describe how will the state assure choice of MCOs, access to care and provider network adequacy; and
 - e. Describe how the managed care providers will be selected/procured.

Not applicable.

6. Indicate whether any services will not be included under the proposed delivery system and the rationale for the exclusion.

As described above, the benefit design for the Demonstration population provides a tailored set of services to provide the most critical behavioral health and physical health services to a population that otherwise has no coverage in Missouri. In order to maximize people served within the resources available for this Demonstration, the State selected the most essential primary care and outpatient/community based services and avoided those that were most cost prohibitive (e.g., inpatient hospital services, emergency department services, residential treatment services, day services). The goal of the benefit design was to support effective physical and behavioral health interventions that could best minimize or avoid the need for higher cost services, promote recovery in the community, and prevent or delay the onset of a more serious disability. The benefits proposed provide a strong

foundation for increased success of the ERE Project and the CMHL Program, enhancing the ability of the cross-system community partnerships with Community Mental Health Centers, hospitals, law enforcement and other providers to connect young adults in behavioral health crises with the services that can avoid unnecessary hospitalization, incarceration, homelessness, unemployment and escalating health problems.

Demonstration beneficiaries will access non-covered services in the same manner they do now. Behavioral health services are available through limited state general revenue funding, and CMHCs provide referral services for uninsured persons and connect them to physical health services such as inpatient and emergency rooms, and to other sources of local and safety net funding where it is available. Inpatient services for uninsured persons will continue to be covered under the disproportionate share payments. The State will be providing primary care and other outpatient services that, combined with the behavioral health service package and coordination provided by community support specialists, is expected to reduce the need for non-covered services.

Table 7: Non-Covered Services

Non-Covered Physical Health Services	Rationale for Excluding
 Ambulance Ambulatory Surgical Care Birthing Center Targeted Case Management – Foster Care Targeted Case Management – HCY & Lead Targeted Case Management – MRDD Targeted Case Management – Prenatal Targeted Case Management – MI, SED Comprehensive Day rehabilitation services for head-injured Dentures Diabetes self-management training Durable medical equipment Environmental lead assessments Hearing aid (audiology) Health home Home health Hospice ICF/MR Inpatient hospital Non-emergency medical transportation Nurse midwife 	The Physical Health Services which are not being offered as part of the benefit for waiver eligible individuals were not considered critical for the behavioral health early intervention intention of the Demonstration and were eliminated in reflection of limited funding availability.

Non-Covered Physical Health Services	Rationale for Excluding
Nursing facility	
Optical	
Orthodontics	
Outpatient hospital emergency	
department	
Personal care	
Podiatry	
Private duty nursing	
Rehabilitation Center	
Section 1915(c) waiver services	
Therapy-Occupational, Physical and	
Speech (Independent Practice)	
Transplants	
·	
Non-Covered Behavioral Health Services	Rationale for Excluding
Selected CPR serv	
Psychosocial rehabilitation	Current services beyond illness
	management and recovery not
	considered appropriate/critical to
	the population
Psychosocial rehabilitation – youth	Not age appropriate
Day treatment – youth	Not age appropriate
Family assistance	Not age appropriate
Intake evaluation	Service elements available as
	behavioral health assessment in
	the waiver
Annual evaluation	Service elements available as
	behavioral health assessment in
	the waiver
Co-occurring assessment supplement	Service elements available as
	behavioral health assessment in
	the waiver
Intensive community psychiatric rehabilitation	Services not age appropriate or
	too costly for Demonstration
Interesing CDD residential	budget
Intensive CPR residential	Residential services and supports
	too costly for Demonstration
Selected CSTAR ser	budget
Comprehensive assessment	Service elements available as
Tomp. Shorter assessment	behavioral health assessment in
	the waiver

Non-Covered Physical Health Services	Rationale for Excluding
Comprehensive assessment update	Service elements available as
	behavioral health assessment in
	the waiver
Assessment (CSTAR with ASI-MV)	Not age appropriate
Assessment –adolescent	Not age appropriate
Day treatment	Not age appropriate
Physician certification	Not age appropriate
Outpatient measurement	Not age appropriate
Adolescent treatment support	Not age appropriate
Extended day treatment	Service elements available as
	Nursing Services and Metabolic
	Syndrome Screening in the waiver

7.	If the Demonstration will provide personal care and/or long term services and supports,
	please indicate whether self-direction opportunities are available under the Demonstration.
	If yes, please describe the opportunities that will be available, and also provide additional
	information with respect to the person-centered services in the Demonstration and any
	financial management services that will be provided under the Demonstration.

Yes	Χ	No
		_

Not applicable.

- 8. If fee-for-service payment will be made for any services, specify any deviation from State Plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology.
 - With the exception of the new Supported Employment service, Missouri will use existing fee-for-service rates for covered services. The new Supported Employment service will utilize the existing fee-for-service rate established for Community Support. Community Support Specialists will be providing the new Supported Employment service.
- 9. If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviations from the payment and contracting requirements under 42 CFR Part 438.

Not applicable.

Implementation of Demonstration

- 1. Describe the implementation schedule. If implementation is a phase-in approach, please specify the phases, including starting and completion dates by major component/milestone.
 - In anticipation of the submission and approval of the Demonstration application, the State is working to modify systems including financial, contracting, policy, regulations, and all other necessary components to operate the Demonstration, with an anticipated start date of enrollment of July 1, 2016. These components will have varying completion dates between January and June 2016. In addition the State will be providing training to CMHCs participating in the Demonstration between January and June 2016, and ongoing, focusing on all aspects of the operation of the Demonstration.
- 2. Describe how potential Demonstration participants will be notified/enrolled into the Demonstration.
 - All persons who come into services through the ERE and CMHL entry points will be assessed for waiver eligibility and, if eligible, will be educated on enrollment procedures and benefits. Outreach and education will be focused on the key persons involved in operating those programs and making referrals to them. The State's outreach plan will include informing and educating the CMHCs who operate ERE and CMHL programs, and educating the key community partners who make referrals to those programs: law enforcement personnel (CMHL) and hospitals (ERE). The State will develop an outreach and education plan with all necessary informational materials to guide these interactions, including but not limited to eligibility guidelines, enrollment procedures and covered benefits. In addition, CMHC staff will assist eligible persons with all aspects of enrollment in the Demonstration including completing the application for Medicaid eligibility. Once a person is enrolled in the Demonstration they will be formally notified in writing of their enrollment and all rights, responsibilities, and benefits available under the Demonstration. Persons referred to the ERE and CMHL programs in the 30 days prior to the waiver start date, who meet eligibility requirements, will be eligible for admission into the waiver. These persons' Medicaid eligibility and waiver start date cannot be prior to the waiver start date.
- 3. If applicable, describe how the State will contract with managed care organizations to provide Demonstration benefits, including whether the State needs to conduct a procurement action.

Not applicable.

Demonstration Financing and Budget Neutrality:

The budget neutrality model utilized in this waiver is a disability diversion model. In this model, the with-waiver budget limit will consist of the projected costs of the waiver intervention services for enrolled waiver populations. By improving access to these services for this segment of the uninsured population in Missouri, the State hopes to improve physical and behavioral health outcomes and delay or divert spending on Medicaid State Plan services the individuals may otherwise be eligible for if they progress toward disability and Medicaid State Plan eligibility. Therefore, the without waiver budget projection is determined by approximating the cost if some portion of the waiver enrollees were to become disabled without receiving these targeted waiver intervention services and instead be eligible and enrolled in State Plan Medicaid with full Medicaid State Plan benefits. This approach is similar to a nursing home diversion model which creates a budget limit for waiver services that cannot exceed the cost of nursing facilities were the waiver enrolled individual to become Medicaid eligible. To ensure budget neutrality, Medicaid cost savings will come from:

- Effective management of previously uninsured young adults who experience SMI and SUD;
- Slowing and, in many instances, diverting the trajectory toward disability and enrollment into Medicaid with high cost service utilization, thus avoiding more costly Medicaid State Plan services; and
- Stabilizing behavioral health disorders and their co-morbid medical conditions to avoid long term Medicaid eligibility for some individuals. For others, the outcome of the early intervention will result in conditions that are easier to manage, less disabling and less costly than disability-related Medicaid.

Though not part of the budget neutrality model, the State also expects the Demonstration to have a significant positive impact on the ability of enrolled individuals to become and remain employed (or continue their education) and avoid the corrections system, thereby reducing reliance on other publicly supported programs as well.

Required financing and budget neutrality documentation can be found in Appendix II.

List of Proposed Waivers and Expenditure Authorities

1. Provide a list of proposed waivers and expenditure authorities. Describe why the State is requesting the waiver or expenditure authority and how it will be used.

Missouri requests, under the authority of Section 1115(a)(2) of the Social Security Act, that expenditures made by Missouri for the items identified below, which are not otherwise included as expenditures under Section 1903 of the Act, shall, for the period of this Demonstration, be regarded as expenditures under the state's title XIX plan.

Expenditures for a targeted benefit package for the population eligible for services under the Demonstration. Expenditures for coverage of health care services for individuals aged 21 through 35, with income up to and including 150 percent of the FPL, who have been identified through the state's Emergency Room Enhancement project or Community Mental Health Liaison Program, who have a serious mental illness and/or substance use disorder as determined by the Department of Mental Health, who have met level of care criteria as determined by the Department of Mental Health, but who are otherwise ineligible for Medicaid based on income.

To the extent necessary to implement the proposal, the Demonstration application requests that CMS, under the authority of section 1115(a)(1) of the Social Security Act (42 USC 1315), waive the following requirements of Title XIX of the Social Security Act (42 USA 1396) to enable the State of Missouri to implement the Mental Health Crisis Prevention Project.

- 1. Amount, Duration, and Scope of Services Section 1902(a)(10)(B) -- To the extent necessary to enable the state to offer a reduced/modified benefit to populations eligible under the Demonstration.
- **2.** Reasonable Promptness Section 1902(a)(8) -- To enable the state to modify eligibility thresholds in order to maintain enrollment up to the limit established in budget neutrality.
- 3. Methods of Administration Transportation Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53 To allow the state, to the extent necessary, to not provide non-emergency transportation to and from providers for participants.

4. Comparability Section 1902(a)(17) -- To the extent necessary to enable the state to vary income requirements and impose clinical eligibility criteria for individuals to which they otherwise would not be subject under the state plan.

Public Comment and Stakeholder Input

1. Start and end dates of the state's public comment period.

On February 24, 2016, the Missouri Department of Social Services, MO HealthNet Division posted the waiver proposal. The public comment period ended on March 25, 2016. See Appendix IV and Appendix V for public notices.

In addition to the formal public comment period, the MO HealthNet Division, the Missouri Department of Mental Health and the Missouri Coalition for Community Behavioral Healthcare established a broad stakeholder engagement process to inform waiver development from the earliest stages of the process. Stakeholders included representatives from behavioral health providers across the state, advocacy organizations, and representatives from statewide advisory groups on mental health and substance use services. The table below summarizes the dates and key topic areas for each stakeholder meeting. Questions and written responses from the stakeholder meetings may be found in Appendix III.

Table 8: Stakeholder Meeting Dates and Topics

Stakeholder Meeting Date	Key Topics
August 27, 2015	Stakeholder Membership, Process and Tasks
	Waiver Development Process and Timelines
	Public Comment Period and Public Hearings
	Why Develop an 1115 Waiver for Young Adults
	CMS Concept Paper
	Proposed Eligibility and Benefits Discussion
September 23, 2015	Final CMS Concept Paper Update and Next Steps
	Budget Neutrality Update
	Public Hearing Update
	Review Comments and Questions from 8/27 meeting
	Continue Eligibility and Benefits Discussion
December 3, 2015	Timeline Update
	Benefits and Eligibility Update
	Update on Informal CMS Discussions
	Review of Waiver Application

January 27, 2016	Changes to waiver application
	Public Hearing Schedule
	Review Services Catalog
	CIMOR System Changes

2. Certification that the state provided public notice of the application, along with a link to the state's web site and notice in the state's Administrative Record or newspaper of widest circulation 30 days prior to submitting the application to CMS.

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*.

(see Appendix VI for documentation).

3. Certification that the state convened at least 2 public hearings, of which one hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted.

The state convened six public hearings across the state to allow the public ample opportunity to comment on the waiver. Each hearing included both a live and teleconference option for participants. At each hearing, representatives from the Department of Social Services' MO HealthNet Division and the Department of Mental Health provided a brief overview of each section of the waiver and then provided an opportunity for the public to comment on individual sections or to provide general comments. Approximately 200 persons attended the public hearings in person or by teleconference. The times and locations of the hearings are listed below:

March 10, 2016, 3:00-5:00 p.m. Mark Twain Behavioral Health 917 Broadway Hannibal, MO 63401

March 11, 2016, 9:00-11:00 a.m. Community Counseling Center 402 S. Silver Springs Road Cape Girardeau, MO 63703

March 11, 2016, 2:00-4:00 p.m. BJC Behavioral Health BJC Learning Institute, LL Conference Room C 8300 Eager Road St. Louis MO 63144

March 17, 2016, 2:00-4:00 p.m. Missouri Coalition for Community Behavioral Healthcare 221 Metro Drive Jefferson City, MO 65109

March 18, 2016, 9:00-11:00 a.m. Burrell Behavioral Health 1300 E. Bradford Parkway Springfield, MO 65804

March 18, 2016, 3:00-5:00 p.m. ReDiscover 901 NE Independence Ave. Lee's Summit, MO 64086

4. Certification that the state used an electronic mailing list or similar mechanism to notify the public (If not an electronic mailing list, please describe the mechanism that was used).

The state notified the public about the waiver and the opportunity for public comment through several mechanisms, including prominent postings on state websites and electronic mailing lists. The electronic notifications included information on where to access copies of the waiver, the times and locations of the public hearings, the deadline for public comments, and a brief overview of the waiver.

Table 9: Stakeholder Communications

1	Department of Social Services/MoHealthNet website (http://dss.mo.gov/mhd/)
2	Department of Mental Health websites (http://dmh.mo.gov/mentalillness/ and
	http://dmh.mo.gov/ada/
3	Email notification to DMH distribution list (includes over 200 persons including
	DMH leadership team, mental health and substance use providers across the state,
	stakeholders group, state advisory councils, and other advocacy organizations)
4	Email notification to DSS distribution list (includes over 6,700 individuals who
	subscribe to MO HealthNet News).
5	Additional email notification sent from DMH to waiver stakeholders group on
	2/24/16 notifying them about the comment period, documents posted and
	times/locations of public hearings.
6	Missouri Coalition for Community Behavioral Healthcare e-mail to its 32 member
	organizations on 3/2/16 reminding them of public hearing times and locations.

5. Comments received by the state during the 30-day public period.

Please see Appendix VII for a summary of comments received by the state during the 30-day public comment period.

6. Summary of the state's responses to submitted comments, and whether or how the state incorporated them into the final application.

Please see Appendix VII for a summary of the state's responses to submitted comments and discussion of whether/how the state incorporated them into the final application.

7. Certification that the state conducted tribal consultation in accordance with the consultation process outlined in the state's approved Medicaid State Plan, or at least 60 days prior to submitting this Demonstration application if the Demonstration has or would have a direct effect on Indians, tribes, or Indian health programs, or on urban Indian health organizations, including dates and method of consultation.

Missouri has no federally recognized tribes.

Demonstration Administration

1. Please provide the contact information for the state's point of contact for the Demonstration application.

Dr. Joe Parks MO HealthNet Division P.O. Box 6500 Jefferson City, MO 65102-6500

MENTAL HEALTH CRISIS PREVENTION PROJECT APPENDIX I BENEFIT AND QUALIFICATIONS FORMS

Benefit Specifications and Provider Qualifications

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Assertive Community Treatment (ACT)

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Community based services and interventions provided by a multidisciplinary team. Team members must include physicians, nurses, vocational specialists, substance use disorder specialists, peer specialists, and community support specialists. When this service is provided to young adults on a transition age youth ACT team serving persons up to age 26, the team must include a family support specialist. Interventions include but are not limited to: specialized assessments and treatment planning; case management; crisis intervention; assistance in locating and maintaining safe, affordable housing; assistance with finding and maintaining employment and education; skills training to support daily living skills, self-care skills, and financial management; illness and symptoms management; substance use disorder treatment and supports; and supporting and facilitating access to necessary medical and social services.

Qualified provider: ACT teams approved by the Division of Behavioral Health (DBH). Limitations: Limited to one (1) unit per day. The daily rate may be billed when the non-medical team members have a direct contact with the individual or direct contact with a collateral contact. If there are multiple direct contacts in a day from non-medical team members, the procedure code is only billed once. Psychiatric Diagnostic Evaluation, Medication Management, and Professional Consultation are billed outside of the daily ACT team rate. This service may only be provided by an organization with a mental health contract with the Division of Behavioral Health.

Authorization Requirements: Describe any prior, concurrent or post-authorization requirements,

er Specifications and Qualifi	cations	
er Category(s):		
lividual (list types)	☑ Agency (list typ	pes of agencies)
vice may be provided by a	:	
gally Responsible Person	☐ Relative/Legal C	Guardian
ption of allowable providers	s: ACT teams must be a	approved by the Division of Behavi
the types of providers of the	nis benefit or service an	nd their required qualifications:
Provider Type: ACT tear License Required:	n approved by Division ☐ Yes	of Behavioral Health ☑No
Certificate Required: Describe:	□Yes	⊠No
Other Qualifications requi	red for this Provider Ty	ype (please describe):
Provider Type: License Required:	□Yes	\Box No
Certificate Required: Describe:	□Yes	□No
Other Qualifications requi	red for this Provider Ty	ype (please describe):
Provider Type: License Required:	□Yes	\Box No
Certificate Required:	□Yes	□No
	er Category(s): lividual (list types) rvice may be provided by a gally Responsible Person ption of allowable providers the types of providers of the Provider Type: ACT team License Required: Certificate Required: Describe: Other Qualifications requi Provider Type: License Required: Certificate Required: Other Qualifications requi Provider Type: License Required: Other Qualifications requi	Agency (list types) Vice may be provided by a: gally Responsible Person

Provider Type: License Required:	□Yes	\square No
Certificate Required: Describe:	□Yes	□No

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Behavioral Health Assessment

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

This service consists of screening, eligibility determination, and behavioral health assessment. Eligibility determination requires the rendering of a waiver-eligible diagnosis by a licensed diagnostician or a physician/APN, and shall include at a minimum: presenting problem and referral source; brief history of previous psychiatric/substance use disorder treatment including type of admission; current medications; current mental health symptoms; current substance use/misuse; current medical conditions; diagnoses, including mental disorders, medical conditions and notation for psychosocial and contextual factors; functional assessment using a Department approved instrument; identification of urgent needs; initial treatment recommendations; initial treatment goals to meet immediate needs during the first 45 days of service; and signature and title of all service providers. The initial assessment shall be completed within 30 days of the date of completion of eligibility determination, and shall include the following: basic demographic information; presenting concerns; risk assessment; trauma history; mental health treatment history; mental status; substance use treatment history and current use; medication information; physical health summary; assessed needs – functional domains; risk taking behaviors; living situation; family information; developmental information; spiritual beliefs/religious orientation; sexuality; need for and availability of social, community, and natural supports/resources; legal involvement history; legal status; education; employment; military services history; clinical formulation; diagnosis; individual's expression of service preferences; assessed needs/treatment recommendations; and signature of person completing the assessment. The annual assessment shall include: identification of clinical assessment sections for update; update narrative (only for sections identified as needing update); clinical formulation; diagnosis change/update; the individuals expression of service preferences; assessed needs/treatment recommendations; and signature of required staff.

Qualified provider: Qualified mental health professional (QMHP) or qualified substance abuse professional (QSAP). The person rendering the diagnosis must be one of the following: physician (including psychiatrist); psychologist (licensed or provisionally licensed); advanced practice nurse; professional counselor (licensed or provisionally licensed); marital and family therapist (licensed or provisionally licensed); licensed clinical social worker; licensed master social worker under registered supervision with the Missouri Division of Professional Registration for licensure as a clinical social worker.

Limitations: Limited to 25 hours/100 units annually per individual.

Amount of Benefit/Service – Describe any limitations on the amount of service provided under the Demonstration:

Benefit Amount: 25 hours per	\square Day	□ Week	\square Month	☑ Year
☐ Other, describe:				
Duration of Benefit/Service: Describedemonstration:	•		of the service u	ınder the
Day(s) Week(s) Month(s) (Other)				
Authorization Requirements: Describ f any:	• •	•	uthorization rec	quirements,
Provider Specifications and Qualifications	tions			
Provider Category(s):				
☑ Individual (list types)	☐ Agency (lis	st types of agenc	ies)	
The service may be provided by a:				
☐ Legally Responsible Person	☐ Relative/Leg	gal Guardian		
Description of allowable providers:osubstance abuse professional (QSAP) following: physician (including psycladvanced practice nurse; professional family therapist (licensed or provisions social worker under registered supervisor licensure as a clinical social worker). The person renalistrist); psychological counselor (licenally licensed); by the Market of the Mark	ndering the diago ogist (licensed on nsed or provision icensed clinical	nosis must be or or provisionally nally licensed); social worker;	ne of the licensed); marital and licensed mast
Specify the types of providers of this	benefit or service	e and their requi	ired qualificatio	ns:
 Provider Type: Qualified me License Required: 	ental health profe □Yes		No	
Certificate Required: Describe:	□Yes	1	No	
Other Qualifications required	l for this Provide	er Type (please o	describe): <u>Must</u>	meet provide

qualifications specified in state regulation 9 CSR 10-7.140 (2) (QQ).

2.	Provider Type: Qualified substan License Required:	ce abuse professional ☐Yes	□No
	Certificate Required: Describe:	□Yes	□No
	Other Qualifications required for qualifications specified in state reg		ase describe): Must meet provider 0 (2) (RR).
3.	Provider Type: Physician, psycho marital and family License Required:	_	ce nurse, professional counselor, al worker, master social worker
	Certificate Required: Describe: For the purposes of relicensed in their field.	☐Yes ndering a diagnosis, the	
	Other Qualifications required for	this Provider Type (ple	ase describe):
4.	Provider Type: License Required:	□Yes	□No

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Collateral Dependent Counseling

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Planned, face-to-face, goal-oriented therapeutic interaction in an individual or group setting to address dysfunctional behaviors and life patterns associated with being a member of a family in which an individual has a substance use and/or mental health disorder and is currently participating in treatment for a substance use and/or mental health disorder.

Qualified provider: A family therapist, or a qualified mental health professional (QMHP) or qualified substance abuse professional (QSAP) who has training in family recovery. Limitations: Collateral dependent counseling shall only be a reimbursable service when provided to a person who is a member of an individual's family unit. The family unit includes others identified by the individual as a primary natural support. When provided in a group setting, the usual and customary size of groups that include only family members cannot exceed 12 family members in order to promote participation, disclosure and feedback. Groups that include both family members and primary individuals being served cannot exceed 20 in a session. The maximum billable units are 3 hours/12 units per day. Collateral dependent counseling services may be provided to children five years and younger only when the child can be shown to have the requisite social and verbal skills to participate in and benefit from the service.

Amount of Benefit/Service – Describe any limitations on the amount of service provided under the Demonstration:

Benefit Amount: 3 hours per Day Week Month Year

Other, describe:

Duration of Benefit/Service: Describe any limitations on the duration of the service under the demonstration:

Day(s)
Week(s)
Month(s)
(Other)

Authorization Requirements: Describe any prior, concurrent or post-authorization requirements,

if any:

Providei	r Specifications and Qualifications	ations		
Provide	r Category(s):			
☑ Indi	ividual (list types)	☐ Agency (list ty	pes of agencies)	
The serv	vice may be provided by a:			
□ Leg	gally Responsible Person	☐ Relative/Legal (Guardian	
			a qualified mental health professions and a qualified mental health professions. P) who has training in family reasons.	
Specify	the types of providers of thi	s benefit or service ar	nd their required qualifications:	
1.	Provider Type: Family ther License Required:	apist □Yes	\Box No	
	Certificate Required: Describe:	□Yes	□No	_
	therapist licensed in Missou Marriage and Family Therapsychology, social work or family counseling and has s	ri; an individual certi pists; a person with a counseling and has at pecialized training in a in psychology, socia	ype (please describe): A maritation of the American Association of the American Operation of the American Association of the	on of degree in perience in duate
2.	Provider Type: Qualified m License Required:	ental health professio ☐Yes	nal □No	
	Certificate Required: Describe:	□Yes	□No	_
	•		ype (please describe): Must me 10-7.140 (2) (QQ), and have tr	-
3.	Provider Type: Qualified su License Required:	bstance abuse profess	sional □No	
	Certificate Required:	□Yes	□No	

Other Qualifications required for this Provider Type (please describe): Must meet provider qualifications specified in state regulation 9 CSR 10-7.140 (2) (RR), and have training in family recovery.

License Required:	\Box Yes	\square No	
Certificate Required: Describe:	□Yes	□No	

Other Qualifications required for this Provider Type (please describe):

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Community Support

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Community support services are individualized rehabilitative services and include the following billable activities:

- •Direct contact in person or by phone with individuals.
- •Direct contact in person or by phone with families, staff within the provider agency, and other agencies on behalf of the individual (excluding staff within the provider agency who are other CSSs, CSS supervisors, group staff, and program directors).
- •Direct contact in person or by phone between two CSSs for the purpose of care coordination in the course of transitioning an individual from a youth program to an adult program.
- •Direct contact in person or by phone between two CSSs for the purpose of care coordination, one of whom is working with an adolescent and one of whom is working with a parent, when both are MO HealthNet eligible individuals.
- •Travel time required for making face-to-face contact with individuals, families, and other agencies.
- •Time spent completing the DLA20©. A CSS may bill up to two (2) units of Community Support. The billable time should be the actual time spent completing the DLA20©, and may vary from one individual to another.

Community Support consists of specific activities with or on behalf of a individual in accordance with an individualized treatment plan. Services are provided to maximize an individual's immediate and continued community functioning while achieving and sustaining recovery/resiliency from mental illness and/or substance use disorders. These services are delivered in an amount and scope defined by each individual's plan, and not all plans will contain all services. Community Support services focus on helping individuals develop skills, access resources and learn to manage illness in order to be successful in the living, working, learning, and social environments of their choice. Community Support specialists teach, model, and practice skills with individuals served in order to increase self-sufficiency and independence. The specific skills and supports are addressed on an individualized treatment plan (ITP) and based on the life domains that the individual has identified as being impacted directly or indirectly by their serious mental illness, or substance use disorder, or both. Community Support services are time-limited based on individual need, and rehabilitative in nature. Community support services include the following functions:

- •Providing holistic, person-centered care with emphasis on personal strengths, skill acquisition and harm reduction, while using stage-wise and motivational approaches that promote active participation by the individual in decision making and self-advocacy in all aspects of services and recovery/resiliency.
- •Using interventions, based on individual strengths and needs, to develop interpersonal/social,

family, community and independent living functional skills including adaptation to home, school, family and work environments when the natural acquisition of those skills is negatively impacted by the individual's mental illness and/or substance use disorder.

- •Facilitating and supporting recovery/resiliency through activities including: defining recovery/resiliency concepts in order to develop and attain recovery/resiliency goals; identifying needs, strengths, skills, resources and supports and teaching how to use them; and identifying barriers to recovery/resiliency and finding ways to overcome them.
- •Developing, implementing, updating, and revising as needed, a treatment plan that identifies specific, measurable and individualized interventions to reduce and manage symptoms, improve functioning and develop stability and independence. This plan is developed by a team consisting of the following as appropriate: the individual, family, community support specialist, community support supervisor, therapist, medication providers, schools, child welfare, courts and other supports.
- •Providing services that result in positive outcomes including but not limited to the following areas: employment/education, housing, social connectedness, abstinence/harm reduction, decreased criminality/legal involvement, family involvement, decreased psychiatric hospitalizations, decreased episodes of detoxification, reduction in emergency room visits, and improved physical health.
- •Documenting services that clearly describes the need for the service, the intervention provided, the relationship to the treatment plan, the provider of the service, the date, actual time and setting of the service, and the individual's response to the service.
- •Working collaboratively with the individual on treatment goals and services including the use of collaborative documentation as a tool to insure that individuals are active in their treatment.
- •Developing a discharge and aftercare/continuing recovery plan to include, if applicable, securing a successful transition to continued services.
- •Contacting individuals and/or referral sources following missed appointments in order to reengage and promote recovery/resiliency efforts.
- •Supporting individuals in crisis situations including locating and coordinating resources to resolve a crisis.
- •Maintaining contact with individuals who are hospitalized for medical or behavioral health reasons and participate in and facilitate discharge planning for hospitalization as appropriate.
- •Provide information and education in order to learn about and manage mental illness/serious emotional disturbance and/or substance use disorders including symptoms, triggers, cravings, and use of medications.
- •Reinforce the importance of taking medications as prescribed, and assist the individual to make known to the prescriber medication concerns regarding side effects or lack of efficacy.
- •Building skills for effective illness self-management including psychoeducation, behavioral tailoring for medication adherence, wellness/recovery planning, coping skills training, and social skills training.
- •In conjunction with the individual, family, significant others and referral sources, identifying risk factors related to relapse in mental illness and/or substance use disorders and develop a plan with strategies to support recovery and prevent relapse.
- •Make efforts to ensure that individuals gain and maintain access to necessary rehabilitative services, general entitlement benefits, employment, housing, education, legal services, wellness or other services by actively assisting individuals to apply and follow up on applications; and to gain skills in independently accessing needed services.
- •Ensuring communication and coordination with and between other interested parties such as

service providers, medical professionals, referral sources, employers, schools, child welfare, courts, probation/parole, landlords, and natural supports.

- •Ensuring follow through with recommended medical care, to include scheduling appointments, finding financial resources and arranging transportation when individuals are unable to perform these tasks independently.
- •Developing and supporting wellness and recovery goals in collaboration with the individual, family and/or medical professionals, including healthy lifestyle changes such as healthy eating, physical activity and tobacco prevention and cessation; and coordinating and monitoring of physical health and chronic disease management.
- •Assisting to develop natural supports including identification of existing and new natural supports in relevant life domains.
- •In coordination with the treatment team, improving skills in communication, interpersonal relationships, problem solving, conflict resolution; stress management; and identifying risky social situations and triggers that could jeopardize recovery.
- •Providing family education, training and support to develop the family as a positive support system to the individual. Such activities must be directed toward the primary well-being and benefit of the individual.
- •Helping individuals develop skills and resources to address symptoms that interfere with seeking or successfully maintaining a job, including but not limited to, communication, personal hygiene and dress, time management, capacity to follow directions, planning transportation, managing symptoms/cravings, learning appropriate work habits, and identifying behaviors that interfere with work performance.
- •Building skills associated with obtaining and maintaining success in school such as communication with teachers, personal hygiene and dress, age appropriate time management, capacity to follow directions and carry out school assignments, appropriate study habits, and identification of behaviors that interfere with school performance.
- •Building personal self-care and home management skills associated with achieving and maintaining housing in the least restrictive setting by addressing issues like nutrition, meal preparation; household maintenance including house cleaning and laundry; money management and budgeting; personal hygiene and grooming; identification and use of social and recreational skills; use of available transportation; and personal responsibility.

Qualified provider: A Community Support Specialist must meet one of the following qualifications:

- •A qualified mental health professional as defined in 9 CSR 10 7.140 (2) (QQ);
- •An individual with a bachelor's degree in a human services field, which includes social work, psychology, nursing, education, criminal justice, recreational therapy, human development and family studies, counseling, child development, gerontology, sociology, human services, behavioral science and rehabilitation counseling;
- •An individual with any four year degree and two years of qualifying experience;
- •An individual with any four year combination of higher education and qualifying experience; or
- •An individual with four years of qualifying experience.

Qualifying experience must include delivery of service to individuals with mental illness, substance use disorders or developmental disabilities. Experience must include some combination of the following:

•Providing one-on-one or group services with a rehabilitation/habilitation and recovery/resiliency focus;

- •Teaching and modeling for individuals how to cope and manage psychiatric, developmental or substance use issues while encouraging the use of natural resources;
- •Supporting efforts to find and maintain employment for individuals and/or to function appropriately in families, school and communities;
- •Assisting individuals to achieve the goals and objectives on their individualized treatment or person centered plans.

It is also required that the Community Support Specialist complete the necessary orientation and training requirements specified by the Division of Behavioral Health. Individuals providing Community Support must be supervised by a qualified mental health professional (QMHP). Limitations: Limited to 8 hours/32 units per day, and 50 hours/200 units per month.

Amount of Benefit/Service – Describe any limitations on the amount of service provided under the Demonstration: Benefit Amount: 8 hours per ☑ Day ☐ Week \square Month ☐ Year ☑ Other, describe: also limited to 50 hours per month Duration of Benefit/Service: Describe any limitations on the duration of the service under the demonstration: Day(s) Week(s) Month(s) (Other) Authorization Requirements: Describe any prior, concurrent or post-authorization requirements, if any: Provider Specifications and Qualifications Provider Category(s): ☑ Individual (list types) ☐ Agency (list types of agencies) The service may be provided by a: ☐ Legally Responsible Person ☐ Relative/Legal Guardian Description of allowable providers: An individual meeting the Community Support Specialist qualifications described above.

Specify the types of providers of this benefit or service and their required qualifications:

	Provider Type: An individual described abo	Ve.	
	License Required:	□Yes	⊠No
	Certificate Required: Describe:	□Yes	⊠No
	Other Qualifications required	for this Provider T	ype (please describe):
2.	Provider Type: License Required:	□Yes	□No
	<u>-</u>		
	Certificate Required: Describe:	□Yes	□No
	Other Qualifications required	for this Provider T	ype (please describe):
3	•	for this Provider T	ype (please describe):
3.	Other Qualifications required: Provider Type: License Required:	for this Provider Ty □Yes	ype (please describe): □No
3.	Provider Type:	□Yes □Yes	,
3.	Provider Type: License Required: Certificate Required:	□Yes □Yes	□No □No
	Provider Type: License Required: Certificate Required: Describe:	□Yes □Yes	□No □No
	Provider Type: License Required: Certificate Required: Describe: Other Qualifications required	□Yes □Yes	□No □No

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Crisis Intervention

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Crisis intervention is face-to-face emergency or telephone intervention services, available 24 hours a day on an unscheduled basis to the individual. The services are designed to resolve the crisis, provide support and assistance, and to promote a return to routine adaptive functioning. Crisis intervention is reimbursable only when the individual's community support specialist is unavailable or unable to resolve a crisis situation. Key service functions for crisis intervention include:

- •Interacting with the identified individuals' family members, legal guardian, significant others, or a combination of these:
- •Specifying factors that led to the individuals' crisis state, when known;
- •Identifying maladaptive reactions exhibited by the individual;
- •Evaluating potential for rapid regression;
- •Attempting to resolve the crisis; and

(Other)

•Referring the individual for treatment in an alternative setting, when indicated.

Treatment is designed to resolve the individuals presenting crisis; furnish support and assistance; develop symptomatic relief; and facilitate return to routine adaptive functioning.

Qualified provider: A qualified mental health professional (QMHP) or qualified substance abuse professional (QSAP).

Authorization Requirements: Describe any prior, concurrent or post-authorization requirements, if any:

Provide	Specifications and Qualific	cations		
Provide	Category(s):			
☑ Indi	vidual (list types)	☐ Agency (list typ	es of agencies)	
The serv	vice may be provided by a:			
□ Leg	gally Responsible Person	☐ Relative/Legal G	uardian	
_	tion of allowable providers: rofessional	A qualified mental ho	ealth professional or qualifi	ed substance
Specify	the types of providers of th	is benefit or service an	d their required qualification	ns:
1.	Provider Type: Qualified n License Required:	nental health profession ☐Yes	nal □No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications requir qualifications specified in s		pe (please describe): Must 10-7.140 (2) (QQ).	meet provide
2.	Provider Type: Qualified s License Required:	substance abuse profess	sional □No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications requir qualifications specified in s		pe (please describe): Must 10-7.140 (2) (RR).	meet provide
3.	Provider Type: License Required:	□Yes	□No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications requir			

4. Provider Type: License Required:	□Yes	\Box No	
Certificate Required: Describe:	□Yes	\square No	
Other Qualifications requ	ired for this Provider Ty	pe (please describe):	

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Family Conference

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

An intervention service that coordinates care with, and enlists the support of, the natural support system through meeting with family members, referral sources, and significant others about the individual's treatment plan and discharge plan. The service shall be delivered in the presence of the individual. Additional key service functions include the following:

- •Communicating about issues at home that are barriers to treatment plan goals;
- •Identifying relapse triggers and establishing a relapse prevention plan;
- •Participating in a discharge conference; and
- •Assessing the need for family therapy or other referrals to support the family system. Qualified provider: Family conference is provided by a qualified mental health professional (QMHP), qualified substance abuse professional (QSAP), or an associate substance abuse counselor. Limitations: This service is limited to a maximum of 2 hours/8 units per day, per individual.

Amount of Benefit/Service – Describe any limitations on the amount of service provided under the Demonstration:

Benefit Amou	ınt: 2 hoi	urs per	☑ Day	□ Week	\square Month	☐ Year
☐ Other, des	cribe:					
Duration of B demonstration		ce: Describe	any limitations	on the duration	of the service u	inder the
	Day(s)					
	Week(s)					
	Month(s)					
	(Other)					
Authorization if any:	Requiremen	nts: Describe	any prior, conc	current or post-a	uthorization rec	quirements,

Providei	r Specifications and Qualifica	ations		
Provide	r Category(s):			
☑ Indi	ividual (list types)	☐ Agency (list ty	ypes of agencies)	
The serv	vice may be provided by a:			
□ Leg	gally Responsible Person	☐ Relative/Legal	Guardian	
-	ntion of allowable providers: ce abuse professional (QSAF		ealth professional (QMHP), qu bstance abuse counselor.	<u>ialified</u>
Specify	the types of providers of this	s benefit or service a	and their required qualification	s:
1.	Provider Type: Qualified me License Required:	ental health professi	onal □No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications require qualifications specified in st		Type (please describe): Must n R 10-7.140 (2) (QQ)	neet provider
2.	Provider Type: Qualified su License Required:	bstance abuse profes	ssional No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications require qualifications specified in st		Type (please describe): Must n R 10-7.140 (2) (RR)	neet provider
3.	Provider Type: Associate su License Required:	ubstance abuse coun □Yes	selor □No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications require qualifications specified in st		Type (please describe): Must 1 R 10-7.140 (2) (I).	neet provider

4. Provider Type: License Required:	□Yes	\Box No	
Certificate Required: Describe:	□Yes	\square No	
Other Qualifications requ	ired for this Provider Ty	pe (please describe):	

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Family Support

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Services designed to provide a support system for parents of young adults up to age 26. Activities are directed and authorized by the individual's treatment plan. Key service functions include, but are not limited to the following:

- •Providing information and support to the parent/caregiver so they have a better understanding of the individuals needs and exploring options to be considered as part of their treatment.
- •Assisting the parent/caregiver in understanding the planning process and the importance of their voice in the development and implementation of the individualized treatment plan.
- •Providing support to empower the parents/caregivers to be a voice for the individual and family in the planning meeting.
- •Working with the family to highlight the importance of individualized planning and the strengths-based approach.
- •Assisting the family in understanding the roles of the various providers and the importance of the "team" approach.
- •Discussing the benefit of natural supports within their family and community.
- •Introducing methods for problem solving and developing strategies to address issues that need work.
- •Providing support and information to parents/caregivers of transition age youth related to the shift from being the decision maker to being the support to the individual as they become more independent.
- •Connecting families to community resources.
- •Empowering parents/caregivers/young adults to become involved in activities related to planning, development, implementation, and evaluating programs and services.
- •Connecting parent's/caregivers/young adults to others who have had similar lived experiences to increase their support system.

The specific skills and activities that are the focus of this intervention will be identified on the individual's treatment plan and are developmentally appropriate. Collateral contact may be billed. Travel time required for making face-to-face contact with individuals, families, and other agencies may be billed.

Qualified provider: The eligible provider must be a family member of a young adult who had or currently has a behavioral health disorder or a substance use disorder, has a high school diploma or equivalent, has completed training as required by department policy, and is supervised by a qualified mental health professional (QMHP) or a qualified substance abuse professional (QSAP). Limitations: Limited to 8 hours/32 units per day, and 24 hours/96 units per month.

Amount of Benefit/Service – Describe any limitations on the amount of service provided under

the Demonstration	•					
Benefit Amount: _	8 hours	_ per	☑ Day	□ Week	\square Month	☐ Year
☑ Other, describe	: also limit	ed to 24 ho	ur per month			
Duration of Benefit demonstration:			•		of the service u	nder the
Day Wee Mor (Oth	ek(s) nth(s)					
Authorization Req if any:			ny prior, conc	-	uthorization req	uirements,
Provider Specifica	tions and Q	ualification	s			
Provider Category	(s):					
☑ Individual (lis	t types)		Agency (list	types of agenc	ies)	
The service may b	e provided	l by a:				
☐ Legally Resp	onsible Per	son \square	Relative/Lega	al Guardian		
Description of allowho had or currendiploma or equivaled by a qualified mero (QSAP)	tly has a be lent, has co	havioral he mpleted tra	ealth disorder dining as requi	or a substance u red by departm	se disorder, has ent policy, and	s a high schoo is supervised
Specify the types of	of provider	s of this ber	nefit or service	e and their requi	red qualification	ns:
1. Provider License R	• 1	fications of	allowable pro □Yes	ovider described		
	e Required		□Yes	⊠N		
				r Type (please o		

2.	License Required:	□Yes	□No
	Certificate Required: Describe:	□Yes	□No
	Other Qualifications required for	this Provider Type (ple	ase describe):
3.	Provider Type: License Required:	□Yes	□No
	Certificate Required: Describe:	□Yes	□No
	Other Qualifications required for	this Provider Type (ple	ase describe):
4.	Provider Type: License Required:	□Yes	□No
	Certificate Required: Describe:	□Yes	□No
	Other Qualifications required for	this Provider Type (ple	ase describe):

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Family Therapy

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Planned, face-to-face goal oriented therapeutic interaction in an office or home setting with a qualified staff member in accordance with the individual's treatment plan. The purpose of family therapy is to address and resolve problems in family interaction related to mental health and substance use issues. One or more family members must be present at all family therapy sessions. In any calendar month, for at least 50% of an individual's family therapy, the individual must be present, in addition to one or more members of the individuals' family. Family members below the age of 12 can be counted as one of the required family members when the child is shown as having the requisite social and verbal skills to participate in and benefit from the service. Key service functions include, but are not limited to:

- •Utilization of generally accepted principles of family therapy to influence family interaction patterns;
- •Examination of family interaction styles and confronting patterns of dysfunctional behavior and strengthening communication patterns that promote healthy family function;
- •Facilitation of family participation in family self-help recovery groups;
- •Development and application of skills and strategies for improvement in family functioning; and,
- •Generalization and stabilization of change to promote healthy family interaction independent of formal helping systems.

Qualified provider: Family therapy shall be performed by a person who:

- •Is licensed in Missouri as a marital and family therapist; or
- •Is certified by the American Association of Marriage and Family Therapists; or
- •Has a graduate (doctoral or masters) degree in psychology, social work or counseling and has at least one year of supervised experience in family counseling and has specialized training in family counseling; or has a graduate (doctoral or masters) degree in psychology, social work or counseling and receives close supervision from an individual who meets the above requirements; or,
- •Is a qualified substance abuse professional (QSAP) or qualified mental health professional (QMHP) who receives close supervision from an individual that meets the above requirements. Limitations: Limited to 3 hours/12 units per day. When provided in a home setting, driving time to and from the individual's home for the purpose of in-home therapy or assessment is not reimbursable.

Amount of Benefithe Demonstration		Describe a	any limitations	on the amount	of service provi	ded under
Benefit Amount:	3 hours	per	☑ Day	□ Week	\square Month	☐ Year

☐ Other, describe:		
Duration of Benefit/Service: Describe and demonstration:	· •	
Day(s) Week(s) Month(s) (Other)		
Authorization Requirements: Describe a if any:		_
Provider Specifications and Qualification	ns	
Provider Category(s):		
☑ Individual (list types)	☐ Agency (list	types of agencies)
The service may be provided by a:		
☐ Legally Responsible Person ☐	Relative/Lega	l Guardian
graduate (doctoral or masters) degree in year of supervised experience in family counseling, or has a graduate (doctoral of and receives close supervision from an i	sociation of Ma psychology, so counseling and or masters) deg ndividual who qualified men	arriage and Family Therapists; a person with a ocial work or counseling and has at least one has specialized training in family ree in psychology, social work or counseling meets the above requirements; or, a qualified tal health professional (QMHP) who receives
Specify the types of providers of this beautiful and family License Required:		•
Certificate Required: Describe:	□Yes	⊠No
Other Qualifications required fo	r this Provider	Type (please describe):

2.	Provider Type: An individual certified by the American Association of Marriage and Family Therapists							
	License Required:	Yes	⊠No					
	Certificate Required: Describe:	⊠Yes	□No					
	Other Qualifications required for	this Provider Type (pl	ease describe):					
3.	work or counselin family counselin graduate (doctor	Provider Type: A person with a graduate (doctoral or masters) degree in psychology, social work or counseling and has at least one year of supervised experience in family counseling and has specialized training in family counseling, or has a graduate (doctoral or masters) degree in psychology, social work or counseling and receives close supervision from an individual who meets the						
	License Required:	□Yes	⊠No					
	Certificate Required: Describe:	□Yes	⊠No					
	Other Qualifications required for	this Provider Type (pl	ease describe):					
4.	professional (QN	-	I (QSAP) or qualified mental health se supervision from an individual					
	Certificate Required: Describe:	□Yes	□No					
			ease describe): Must meet provider 40 (2) (QQ) or 9 CSR 10-7.140 (2)					

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Group Counseling

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Group counseling is a face-to-face, goal-oriented therapeutic interaction between a counselor and two or more individuals as specified in an individual's treatment plan designed to promote the individuals functioning and recovery through personal disclosure and interpersonal interaction among group members. Key service functions of group counseling may include, but are not limited to, the following:

- •Facilitate individual disclosure of mental health and substance use-related issues which permits generalization of the issues to the larger group;
- •For individuals with substance use disorders, promote recognition of addictive thinking and behaviors and teaching sobriety based thinking and behavior;
- •For individuals with substance use disorders, prepare individuals to cope with physical, cognitive and emotional symptoms of drug craving;
- •Encourage and model productive and positive interpersonal communication; and
- •Develop motivation and action by group members through peer influence, structured confrontation and constructive feedback.

For individuals with co-occurring mental health and substance use disorders, this service is designed to promote individuals self-understanding, self-esteem and resolution of personal problems related to the individuals documented mental disorders and substance use disorders through personal disclosure and interpersonal interaction among group members. Group co-occurring counseling involves the use of evidence-based practices such as motivational interviewing, cognitive behavior therapy and relapse prevention.

Qualified provider: An associate substance abuse counselor, qualified substance abuse professional (QSAP), or licensed qualified mental health professional (QMHP). For individuals with cooccurring mental health and substance use disorders, the provider must be a licensed QMHP or a QSAP, who meets co-occurring counselor competency requirements established by the Department of Mental Health.

Limitations: Limited to 3 hours/12 units per day. Group size may not exceed 12 individuals. For co-occurring group counseling, group size may not exceed 10 individuals. When using an associate counselor or qualified substance abuse professional (QSAP), to deliver this service, the organization must have a substance use disorder contract with the Division of Behavioral Health.

organization must have a substance use disorder contract with the Division of Behavioral Health.						
Amount of Benefit the Demonstration		Describe	any limitations o	on the amount	t of service provi	ded under
Benefit Amount: _	3 hours	_ per	□ Day	□ Week	☐ Month	☐ Year

or, concurrent or post-authorization requirements,
-
-
ncy (list types of agencies)
ive/Legal Guardian
ate substance abuse counselor, qualified substance ded mental health professional (QMHP). For and substance use disorders, the provider must be a counselor competency requirements established by the
r service and their required qualifications:
ouse counselor Yes
Yes □No
t

2.	 Provider Type: Qualified substance abuse professional (QSAP) License Required:						
	Certificate Required: Describe:	□Yes	□No				
	qualifications specified in state re	gulation 9 CSR 10-7.14 obstance use disorders, t	he provider must meet co-occurring				
3.	Provider Type: Licensed qualified License Required:	d mental health profession ✓Yes	onal (QMHP) □No				
	Certificate Required: Describe:	□Yes	⊠No				
	Other Qualifications required for this Provider Type (please describe): <u>Must meet provider qualifications specified in state regulation 9 CSR 10-7.140 (2) (QQ)</u> . For individuals with co-occurring mental health and substance use disorders, the provider must meet co-occurring counselor competency requirements established by the Department of Mental Health.						
4.	Provider Type: License Required:	□Yes	□No				
	Certificate Required: Describe:	□Yes	□No				
	Other Qualifications required for	this Provider Type (ple	ase describe):				

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Group Psychoeducation

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Group psychoeducation consists of the presentation of mental health and substance use information and application of the information by individuals through group discussion in accordance with individualized treatment plans which are designed to promote recovery and enhance social functioning. Key service functions of group psychoeducation may include, but are not limited to, the following:

- •Classroom style didactic lecture to present information about a topic and its relationship to substance use/misuse and/or mental illness;
- •Presentation of audio-visual materials that are educational in nature with required follow up discussion:
- •Promotion of discussion and questions about the topic presented to the individuals in attendance; and
- •Generalization of the information and demonstration of its relevance to recovery and enhanced functioning.

The agency must develop a schedule and curriculum for delivery of group psychoeducation services addressing topics and material relevant to the individuals served, and must be goal oriented rehabilitative services provided in a group setting as outlined in an individual's treatment plan. Services delivered are based on need and may include:

- •The progressive nature of substance use disorders and the disease model, principles and availability of self-help groups and health and nutrition;
- •The personal recovery process, including the recognition of loss of control, education on diagnosis, feelings and behavior, promoting self-awareness and self-esteem, encouraging personal responsibility and constructively using leisure time;
- •Skill development designed to maintain and improve the ability of individuals to function as independently as possible in their family and/or community;
- •Skill development, such as communication skills, stress reduction and management, conflict resolution, decision making, assertiveness training, completing employment applications and employment interviewing and parenting;
- •Skill development, such as addressing diet, personal hygiene, cooking, and budgeting;
- •Promotion of positive family relationships and family recovery;
- •Relapse prevention and symptom management;
- •Effects of alcohol and other substance use upon pregnancy and child development; and
- •Acquired Immune Deficiency Syndrome (AIDS) and other communicable diseases, including related conditions, risk factors, preventative measures and the availability of diagnostic testing. For individuals with co-occurring mental health and substance use disorders, these services are designed to assist individuals, family members, and others identified by the individual as a primary

natural support in the management of mental health and substance use disorders. Services are delivered through systematic, structured, didactic methods to increase knowledge of mental illnesses and substance use disorders which includes integrating emotional aspects in order to enable the individuals, as well as family members, cope with the illness and understand the importance of their individual plan of treatment. The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, symptoms, understanding of the "triggers" of crisis, crisis planning, community resources, recovery management, medication action and interaction. Co-occurring group psychoeducation focuses on evidence-based practices such as promotion of an individual's participation in peer self-help, brain chemistry and functioning, latest research on illness causes and treatments, medication education and management, symptom management, behavior management, stress management, and improving daily living skills and independent living skills. For individuals with trauma related issues, this service requires presentation of recovery and trauma related information in the context of mental illness and/or substance use disorders, and its application to individuals along with group discussion in accordance with individualized treatment plans.

Qualified provider: Group psychoeducation services shall be provided by an individual who:

- •Is suited by education, background or experience to teach the information being presented;
- •Demonstrates competency and skill in educational techniques;
- •Has knowledge of the topic(s) being taught; and,
- •Is present with individuals throughout the group psychoeducation session.

For individuals with co-occurring mental health and substance use disorders, eligible providers must have documented education and experience related to the topic presented and either be or be supervised by a qualified mental health professional (QMHP) or a qualified substance abuse professional (QSAP), who meets co-occurring counselor competency requirements established by the Department of Mental Health.

For individuals with trauma related issues, group psychoeducation must be provided by staff with specialized trauma training, and training or equivalent work experience in substance use disorders and/or mental illness, as appropriate.

Limitations: Limited to 4 hours/16 units per day. Group size is limited to 30 individuals. For individuals with co-occurring mental health and substance use disorders, and individuals with trauma related issues, group size is limited to 20 individuals.

Amount of Benefit/Service – Describe any limitations on the amount of service provided under the Demonstration:

Benefit Amount: _	4 hours per	r ☑ Day	☐ Week	\square Month	☐ Year
☐ Other, describe	:				
Duration of Benefit demonstration:	t/Service: Descr	ribe any limitatio	ons on the duration	n of the service u	ınder the
Day((s)				
Weel	k(s)				
Mon	th(s)				
(Othe	er)				

Authori if any:	zation Requirements: Desc	cribe any prior, concurre	nt or post-authorization i	requirements,
Provide	r Specifications and Qualif	ications		
Provide	r Category(s):			
☑ Ind	ividual (list types)	☐ Agency (list typ	es of agencies)	
The ser	vice may be provided by a	ı:		
□ Le	gally Responsible Person	☐ Relative/Legal G	uardian	
•Is suite •Demon •Has kr •Is pres	otion of allowable providers and by an individual who: and by education, backgrour anstrates competency and sk anowledge of the topic(s) be ant with individuals throug of the types of providers of the	nd or experience to teach cill in educational techning ing taught; and, shout the group psychoe	the information being pques; ducation session.	resented;
1.	Provider Type: Qualified License Required:	provider is described ab □Yes	ove. ☑No	
	Certificate Required: Describe:	□Yes	⊠No	
	Other Qualifications requ	ired for this Provider Ty	pe (please describe):	
2.	Provider Type: License Required:	□Yes	□No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications requ			
3.	Provider Type: License Required:			

	Certificate Required:	\Box Yes	\square No
		□Yes	\square No
	Describe:		
	Other Qualifications required for	or this Provider T	ype (please describe):
4.	Provider Type: License Required:	□Yes	\Box No
	Certificate Required: Describe:	□Yes	□No

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: HIV/TB Pre/Post Test Counseling

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

HIV pre-test counseling is counseling for the purpose of assessing an individual's risk of exposure to HIV. This service includes an HIV risk assessment interview, an HIV pre-test counseling session, and appropriate documentation of the pre-test counseling session. For individuals testing positive for HIV, post-test counseling is provided and includes the appropriate documentation and medical, social, and psychological referrals as needed or requested by the individual. For individuals testing positive for TB, this service consists of a counseling session including test results and documentation. If appropriate, referrals may be made to local TB clinics. Qualified provider: Staff providing this service must be knowledgeable about communicable diseases including HIV, TB, and STDs through training and/or previous employment experience. Staff knowledge shall include awareness of risks, disease management/treatment and resources for care, and confidentiality requirements when working with special populations. Staff providing these services shall also be competent to therapeutically assist individuals to understand and appropriately respond to test results.

Limitations: HIV pre-test counseling and HIV/TB post-test counseling are each limited to one 15 minute unit per episode of care. HIV pre-test counseling must be used with the following diagnosis code: Z20.6. HIV/TB post-test counseling must be used with one of the following diagnosis codes: Z20.6 or Z20.1. This service may only be provided by an organization with a substance use disorder contract with the Division of Behavioral Health.

Amount of Benefit/Service - the Demonstration:	- Describe a	any limitations	on the amount	of service provi	ded under
Benefit Amount:	per	\square Day	□ Week	\square Month	☐ Year
☑ Other, describe: Limited episode of care per individu		of pre-test coun	seling and 1 un	it of posttest co	ounseling per
Duration of Benefit/Service: demonstration:	Describe a	any limitations	on the duration	of the service u	ınder the
Day(s)					
Week(s)					
Month(s)					
(Other)					

Authorized if any:	zation Requirements: Desc	ribe any prior, concurr	ent or post-authorization requireme	ents,
Provide	r Specifications and Qualifi	cations		
Provide	r Category(s):			
☑ Indi	ividual (list types)	☐ Agency (list types of agencies)		
The ser	vice may be provided by a	<i>:</i>		
□ Le	gally Responsible Person	☐ Relative/Legal (buardian	
knowle previou manage special	dgeable about communicates employment experience. ment/treatment and resource.	ole diseases including I Staff knowledge shall inces for care, and confident g these services shall a	taff providing this service must be IIV, TB, and STDs through trainin nclude awareness of risks, disease entiality requirements when workilso be competent to therapeutically at results.	ng and/or ing with
Specify	the types of providers of the	nis benefit or service ar	d their required qualifications:	
1.	Provider Type: Qualified places License Required:	ified provider described above. □Yes ☑No		
	Certificate Required: Describe:	□Yes	⊠No	
	Other Qualifications requi	red for this Provider T	pe (please describe):	
2.	Provider Type: License Required:	□Yes	\Box No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications requi	red for this Provider T	pe (please describe):	
3.	Provider Type: License Required:			

	Certificate Required:	\Box Yes	\square No
		□Yes	\square No
	Describe:		
	Other Qualifications required for	or this Provider T	ype (please describe):
4.	Provider Type: License Required:	□Yes	\Box No
	Certificate Required: Describe:	□Yes	□No

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Individual Counseling

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

A structured, goal-oriented therapeutic process in which an individual interacts on a face to face basis with a counselor in accordance with the individual's treatment plan to resolve problems related to a mental illness or substance use disorder that interfere with the individual's functioning and personal, family, or community adjustment. Key service functions of individual counseling may include, but are not limited to the following:

- •Exploration of an identified problem and its impact on an individual's functioning;
- •Examination of attitudes and feelings, and behaviors that promote recovery and improved functioning;
- •Identification and consideration of alternatives and structured problem solving;
- Decision-making; and
- •Application of information presented in the program to the life situations in order to promote recovery and improve functioning.

When provided to individuals with co-occurring mental health and substance use disorders, this service involves the use of evidence-based practices such as motivational interviewing, cognitive behavior therapy and relapse prevention, and may include face-to-face interaction with one or more members of the individual's family for the purpose of assessment or supporting the individual's recovery.

When provided to individuals with trauma related issues, this service is designed to resolve issues related to psychological trauma in the context of mental health and substance use disorder problems. Personal safety and empowerment of the individual must be addressed. Qualified provider: Associate substance abuse counselor, qualified substance abuse professional (QSAP), licensed qualified mental health professional (QMHP). For individual counseling with persons with co-occurring mental health and substance use disorders, the qualified provider must be a licensed QMHP or QSAP, who meets co-occurring counselor competency requirements established by the Department of Mental Health. For individual counseling with persons with trauma related issues, the qualified provider must be a licensed QMHP or QSAP, and have specialized trauma training and/or equivalent work experience approved by the Department of Mental Health.

Limitations: Limited to 3 hours/12 units per day. When using an associate substance abuse counselor or qualified substance abuse professional (QSAP), to deliver this service, the organization must have a substance use disorder contract with the Division of Behavioral Health.

Amount of Benefit/Service – Describe any limitations on the amount of service the Demonstration:	ce provided under
Benefit Amount: <u>3 hours</u> per ☑ Day ☐ Week ☐ N	Month ☐ Year
☐ Other, describe:	
Duration of Benefit/Service: Describe any limitations on the duration of the demonstration:	service under the
Day(s) Week(s) Month(s) (Other)	
Authorization Requirements: Describe any prior, concurrent or post-authorization any:	ation requirements,
Provider Specifications and Qualifications	
Provider Category(s):	
✓ Individual (list types) ☐ Agency (list types of agencies)	
The service may be provided by a:	
☐ Legally Responsible Person ☐ Relative/Legal Guardian	
Description of allowable providers: Qualified provider: Associate substance abuse substance abuse professional (QSAP), licensed qualified mental health profession counseling with persons with co-occurring mental health and substance use disor provider must be a licensed QMHP or QSAP, who meets co-occurring counselor constablished by the Department of Mental Health. For individual counseling with perelated issues, the qualified provider must be a licensed QMHP or QSAP, and have training and/or equivalent work experience approved by the Department of Mental Health.	al (QMHP). For individual ders, the qualified ompetency requirements persons with trauma e specialized trauma
Specify the types of providers of this benefit or service and their required qua	alifications:
 Provider Type: Associate substance abuse counselor License Required: □Yes □No 	
Certificate Required: □Yes □No Describe: □	

Other Qualifications required for this Provider Type (please describe): <u>Must meet provider qualifications specified in state regulation 9 CSR 10-7.140 (2) (I).</u>

2.	Provider Type: Qualified substant License Required:	ce abuse professional (Q	QSAP) □No				
	Certificate Required: Describe:	□Yes	□No				
	Other Qualifications required for qualifications specified in state repersons with co-occurring mental co-occurring counselor competent counseling with persons with trautrauma training and/or equivalent	gulation 9 CSR 10-7.14 health and substance us by requirements establisma related issues, the pro-	0 (2) (RR). For counseling with se disorders, the provider must meet shed by the Department. For rovider must have specialized				
3.	Provider Type: Licensed qualified License Required:	l mental health professio ✓ Yes	onal (QMHP) □No				
	Certificate Required: Describe:	□Yes	⊠No				
	Other Qualifications required for this Provider Type (please describe): Must meet provider qualifications specified in state regulation 9 CSR 10-7.140 (2) (QQ). For counseling with persons with co-occurring mental health and substance use disorders, the provider must meet co-occurring counselor competency requirements established by the Department. For counseling with persons with trauma related issues, the provider must have specialized trauma training and/or equivalent work experience approved by the Department.						
4.	Provider Type: License Required:	□Yes	□No				
	Certificate Required: Describe:	□Yes	□No				
	Other Qualifications required for	this Provider Type (plea	ase describe):				

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Name of Benefit or Service: Intensive Evidence Based Practices

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Implementation of supports for treatments that have been proven demonstratively effective for young adults. The selected evidence based practice is based on the individual's needs and desired outcomes and is identified on the treatment plan. Activities associated with the service include, but are not limited to:

- •Extensive monitoring and data collection;
- •Specific skills training components in a prescribed or natural environment; and
- •Prescriptive responses to psychiatric crisis and/or frequent contact with the individual or family in addition to the arranged therapy sessions.

Evidence based practices currently billable to this procedure code are limited to: Functional Family Therapy, Multi-Systematic Therapy, and Dialectical Behavior Therapy. Additional evidence based practices may be added as billable under this procedure code with approval by the Division of Behavioral Health.

Qualified provider: An agency approved by the Division of Behavioral Health.

Limitations: Limited to 1 unit per day per individual. This service may only be provided by an organization with a mental health contract with the Division of Behavioral Health.

Amount of Benefit/Service – Describe any limitations on the amount of service provided under the Demonstration:

Benefit Amo	ount: 1 unit	per	☑ Day	□ Week	☐ Month	☐ Year
☐ Other, de	escribe:					
			any limitations		of the service u	nder the
	Day(s) Week(s) Month(s) (Other)					
Authorizatio	n Requiremer	nts: Describe	any prior, cond	current or post-a	authorization rec	uirements,

	er Specifications and Qualifi	cations		
rovide	er Category(s):			
□ Ind	lividual (list types)	☑ Agency (list type	es of agencies)	
he ser	rvice may be provided by a	:		
□ Le	gally Responsible Person	☐ Relative/Legal G	uardian	
)escrip	ption of allowable providers	::		
pecify	the types of providers of the	nis benefit or service and	d their required qualification	ns:
1.	Provider Type: Qualified placense Required:	provider described abov □Yes	e. ☑No	
	Certificate Required: Describe:	□Yes	⊠No	
	Other Qualifications requi	red for this Provider Ty	pe (please describe):	
	Durani dan Taman			
2.	Provider Type: License Required:	□Yes	\square No	
2.	• •	□Yes □Yes	□No □No	
2.	License Required: Certificate Required:	□Yes	□No	
	License Required: Certificate Required: Describe:	□Yes	□No	

4. Provider Type: License Required:	□Yes	\Box No	
Certificate Required: Describe:	□Yes	□No	
Other Qualifications requi	red for this Provider Ty	pe (please describe):	

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Medically Monitored Inpatient Detoxification

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

This service is the provision of care to individuals whose intoxication or withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care and monitoring; however, the full resources of a hospital setting are not necessary.

Qualified provider: A physician or advanced practice nurse (APN) must be on call 24 hours per day, seven days per week to provide medical evaluation and ongoing withdrawal management. Licensed nursing staff must be present 24 hours per day. A Registered Nurse (RN) with relevant education, experience and competency must be available on site or by phone for 24 hour supervision. Two trained staff members must be on-site at all times to insure continuous supervision and safety.

Limitations: Limited to 1 unit per day. Length of stay in an MMID program is limited to five days. Additional days may be authorized through Clinical Utilization Review. This service may only be provided by an organization with a substance use disorder contract with the Division of Behavioral Health.

Amount of I the Demonst		ee – Describe a	iny limitations	on the amount	of service provi	ded under
Benefit Amo	ount: 1 unit	per	☑ Day	□ Week	\square Month	☐ Year
☐ Other, do	escribe:					
		ce: Describe a o 5 days per ep	•	on the duration	of the service u	nder the
	Day(s) Week(s) Month(s) (Other)					
Authorizatio	n Requireme	nts: Describe	any prior, cond	current or post-a	uthorization rec	uirements,

if any: Additional days may be authorized through Clinical Utilization Review

Provide	r Specifications and Qualific	eations		
Provide	r Category(s):			
☐ Ind	lividual (list types)	☑ Agency (list typ	es of agencies)	
The ser	vice may be provided by a:			
□ Le	gally Responsible Person	☐ Relative/Legal C	uardian	
disorde physici to provi present compet	r contract with the Division an or advanced practice nurs ide medical evaluation and of 24 hours per day. A Registe	of Behavioral Health is (APN) must be on congoing withdrawal material Nurse (RN) with it or by phone for 24	n organization with a substance use must meet the following requirementall 24 hours per day, seven days per anagement. Licensed nursing staff relevant education, experience and nour supervision. Two trained staff supervision and safety.	nts: A r week must be
Specify	the types of providers of the	is benefit or service an	d their required qualifications:	
			nce use disorder contract with the D	ivision
	of Beha License Required:	vioral Health □Yes	□No	
	Certificate Required: Describe:	☑Yes	□No	
	Other Qualifications requir	ed for this Provider Ty	pe (please describe):	
2.	Provider Type: License Required:	□Yes	□No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications requir	ed for this Provider Ty	rpe (please describe):	
3.	Provider Type: License Required:	□Yes	□No	
	Certificate Required:	□Yes	□No	

	Describe:			
	Other Qualifications require	ed for this Provider Ty	pe (please describe):	
4.	Provider Type: License Required:	□Yes	□No	
	Certificate Required: Describe:	□Yes	\square No	

Other Qualifications required for this Provider Type (please describe):

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Medication Management

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Medication management consists of goal oriented interaction to assess an individual for the appropriateness of medications to treat a mental health or substance use disorder, prescribe appropriate medications, and provide ongoing management of a medication regimen. Key service functions include, but are not limited to:

- •an assessment of the individual's presenting condition;
- •a mental status exam;
- •a review of symptoms and medication side effects;
- •a review of the individual's functioning;
- •assessment of the individual's ability to self-administer medications;
- •education regarding the effects of medication and its relationship to the individual's mental health or substance use disorder; and
- •prescription of medications, when indicated.

Qualified provider: Physician, Psychiatrist, Child Psychiatrist, Psychiatric Resident, Advanced Practice Nurse, Psychiatric Pharmacist.

Limitations: Limited to one per day, may not be billed on the same date as Psychiatric Diagnostic Evaluation. Must meet all billing requirements for evaluation/management services specified in the Current Procedural Terminology (CPT) catalog. Psychiatric Pharmacists are limited to serving established individuals only. This service may be provided through telehealth.

	zation Requirements: Describe	• •	rent or post-authorization requirements	j,
Provide	r Specifications and Qualification	ons		
Provide	r Category(s):			
☑ Ind	ividual (list types)	☐ Agency (list ty	pes of agencies)	
The ser	vice may be provided by a:			
□ Le	gally Responsible Person	☐ Relative/Legal	Guardian	
Advanc			ist, Child Psychiatrist, Psychiatric Resinatric Pharmacists are limited to serving	
Specify	the types of providers of this b	enefit or service a	nd their required qualifications:	
1.	Provider Type: Physician License Required:	✓Yes	\Box No	
	Certificate Required: Describe:	□Yes	⊠No	
	Other Qualifications required f	for this Provider T	'ype (please describe):	
2.	Provider Type: Psychiatrist License Required:	☑Yes	\Box No	
	Certificate Required: Describe:	□Yes	⊠No	
	Other Qualifications required f	For this Provider T	'ype (please describe):	
3.	Provider Type: Child Psychiate License Required:	rist Yes	\square No	
	Certificate Required:	□Yes	⊠No	

Other Qualifications required for this Provider Type (please describe): 4. Provider Type: Psychiatric Resident License Required: □Yes ✓No \square Yes ⊠No Certificate Required: Describe: Other Qualifications required for this Provider Type (please describe): 5. Provider Type: Advanced Practice Nurse License Required: ✓Yes \square No □Yes ⊠No Certificate Required: Describe: Other Qualifications required for this Provider Type (please describe): 6. Provider Type: Psychiatric Pharmacist License Required: \square No ✓Yes \square Yes **☑**No Certificate Required: Describe: Other Qualifications required for this Provider Type (please describe): 7. Provider Type: License Required: \square Yes \square No \square Yes \square No Certificate Required: Describe: Other Qualifications required for this Provider Type (please describe): 8. Provider Type: License Required: □Yes \square No □Yes □No Certificate Required: Describe:

Other Qualifications required for this Provider Type (please describe):

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Metabolic Syndrome Screening

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Metabolic screening is an annual screening for the following risk factors: obesity, hypertension, hyperlipidemia, and diabetes. Specific activities may include but are not limited to:

- •Taking and recording of vital signs.
- •Conducting lab tests to assess lipid levels and blood glucose levels and/or HgbA1c.If the lab tests are conducted by the nurse, they must use an analyzer approved by the Department of Mental Health
- •Arranging for and coordinating lab tests to assess lipid levels and blood glucose levels and/or HgbA1c.
- •Obtaining results of recently completed lab tests from other health care providers to assess lipid levels and blood glucose levels and/or HgbA1c.

Qualified provider: Registered nurse (RN) or Licensed practical nurse (LPN).

Limitations: Limited to one per 90 days per individual. In order to bill this service the provider must complete the Metabolic Syndrome Screening and Monitoring Tool and record the results of the screening in a department approved data collection system.

Amount of Benefit/Service – Describe any limitations on the amount of service provided under the Demonstration:

Benefit Amount:	_ per	□ Day	□ Week	☐ Month	☐ Year
☑ Other, describe: One unit	per 90 da	ıys			
Duration of Benefit/Service: demonstration:	Describe a	any limitations	on the duration	of the service u	nder the
Day(s) Week(s)					
Month(s) (Other)					
Authorization Requirements:	Describe	any prior, conc	current or post-a	authorization req	uirements,

Provider Specifications and Qualifications

Provide	r Category(s):			
☑ Indi	vidual (list types)	☐ Agency (list type	es of agencies)	
The serv	vice may be provided by a	:		
□ Leg	gally Responsible Person	☐ Relative/Legal G	uardian	
Descrip	tion of allowable providers	: Registered nurse (RN) or Licensed practical nurse (L	<u>.PN)</u>
Specify	the types of providers of th	nis benefit or service and	I their required qualifications:	
1.	Provider Type: Registered License Required:	nurse (RN) ☑Yes	□No	
	Certificate Required: Describe:	□Yes	⊠No	
	Other Qualifications requi			
2.	Provider Type: Licensed p License Required:	oractical nurse (LPN) ☑Yes	□No	
	Certificate Required: Describe:	□Yes	⊠No	
	Other Qualifications requi	red for this Provider Ty	pe (please describe):	
3.	Provider Type: License Required:	□Yes	\Box No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications requi	red for this Provider Ty	pe (please describe):	
4.	Provider Type: License Required:	□Yes	□No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications requi		pe (please describe):	

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Methadone Dosing

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Methadone dosing consists of the delivery of methadone medication to individuals in an Opioid Treatment Program for ongoing maintenance treatment and medically supervised withdrawal from opiates.

Qualified provider: The eligible provider to prescribe methadone in an opioid treatment setting must be a Physician licensed in Missouri. The eligible provider to administer Methadone must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN).

Limitations: Emergency Medication: The medical director may grant emergency take-home doses of methadone based on emergency circumstances. The circumstances and basis for the action must be documented in the individual's record. Take-home doses for in-state emergencies are limited to a maximum of three (3) doses and out-of-state are limited to a maximum of five (5) doses. Additional take-home doses must be authorized through the exception request process. Vacation Medication: The medical director may grant vacation take-home doses of methadone for up to two (2) weeks per calendar year. The circumstances and basis for the action must be documented in the individual's record. Additional take-home medication must be authorized through the exception request process. This service may only be provided by an organization with a substance use disorder contract with the Division of Behavioral Health.

Amount of Benefit/Se the Demonstration:	rvice – D	escribe any	y limitations or	the amount of	f service provide	ed under
Benefit Amount:	1	per	☑ Day	□ Week	\square Month	☐ Year
☑ Other, describe: _Take-home doses for in-state emergencies are limited to a maximum of three (3) doses and out-of-state are limited to a maximum of five (5) doses. Additional take-home doses must be authorized through the exception request process. Vacation Medication: The medical director may grant vacation take-home doses of methadone for up to two (2) weeks per calendar year. The circumstances and basis for the action must be documented in the individual's record. Additional take-home medication must be authorized through the exception request process.						
Duration of Benefit/Sedemonstration:	ervice: D	escribe any	y limitations on	the duration o	of the service un	der the

	Day(s) Week(s) Month(s) (Other)			
Authori if any: _	zation Requirements: De	escribe any prior, concurre	ent or post-authorization	requirements,
Provide	r Specifications and Qual	ifications		
Provide	r Category(s):			
☑ Ind	ividual (list types)	☐ Agency (list type)	pes of agencies)	
The ser	vice may be provided by	<i>y</i> a:		
	gally Responsible Person	☐ Relative/Legal C	Guardian	
D	otion of allowable provide	ore: The eligible provider	to proceribe methodone	in an opioid
treatme methad	one must be a Physone must be a Registered the types of providers of	ician licensed in Missour Nurse (RN) or Licensed	i. The eligible provider of Practical Nurse (LPN).	to administer
treatme methad Specify	ent setting must be a Physone must be a Registered	ician licensed in Missour Nurse (RN) or Licensed this benefit or service an	i. The eligible provider of Practical Nurse (LPN).	to administer
treatme methad Specify	one must be a Physone must be a Registered the types of providers of Provider Type: Physicia	ician licensed in Missour Nurse (RN) or Licensed this benefit or service an	i. The eligible provider of the Practical Nurse (LPN). In their required qualificates the second se	to administer
treatme methad Specify	rnt setting must be a Physone must be a Registered the types of providers of Provider Type: Physicia License Required: Certificate Required: Describe	ician licensed in Missour Nurse (RN) or Licensed this benefit or service an Yes Yes uired for this Provider Ty	i. The eligible provider of Practical Nurse (LPN). In their required qualificated their required their require	ations:
treatme methad Specify	rent setting must be a Physone must be a Registered of the types of providers of Provider Type: Physicia License Required: Certificate Required: Describe Other Qualifications required to prescribe me	ician licensed in Missour Nurse (RN) or Licensed this benefit or service an Yes Yes uired for this Provider Tyethadone.	i. The eligible provider of Practical Nurse (LPN). In their required qualificated their required their require	ations:

Other Qualifications required for this Provider Type (please describe): Registered Nurse is required to administer methadone.

3.	Provider Type: Licensed Pr	ractical Nurse (LPN)	
	License Required:	✓Yes	\square No
	Certificate Required: Describe:	□Yes	⊠No
	Other Qualifications require Nurse is required to adminis	•	pe (please describe): <u>Licensed Practical</u>
4.	Provider Type: License Required:	□Yes	\Box No
		□Yes	\square No

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Nursing Services

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

This service consists of medical and other consultative services provided for the purposes of monitoring and managing an individual's health, and medication management. Activities include the following:

- •Any therapeutic injection of medication;
- •Monitoring lab levels including consultation with physicians, individuals, and clinical staff;
- •Obtaining initial individual medical histories and taking vital signs;
- •An initial and annual health screen that includes the individual's health history and risk factors;
- •Coordinating medication needs with pharmacies, prescribers, individuals, and families, including the use of indigent drug programs (excluding the routine placing of prescription orders and refills with pharmacies);
- •Monitoring medication side effects, including the use of standardized evaluations;
- •Monitoring physician orders for treatment modifications requiring individual's education;
- •Reviewing medication requirements with the individual, educating the individual about the benefits of taking medications as prescribed, and monitoring medication compliance;
- •Consulting with individuals on use of over-the-counter medications and monitoring their use;
- •Setting up medication boxes;
- •Monitoring general health needs and meeting with individuals about medical concerns;
- •Providing disease prevention, risk reduction and reproductive health education;
- •Triaging medical conditions that occur during treatment and managing medical emergencies;
- •Conferring with a physician as necessary or advocating for medical services through managed care organizations;
- •Arranging or monitoring special dietary needs for medical conditions;
- •Evaluation of the individual's physical condition and the need for social setting detoxification services (substance use disorder providers only); and
- •Monitoring health status during detoxification (substance use disorder providers only).

Qualified provider: Registered nurse (RN) or Licensed practical nurse (LPN).

Limitations: Limited to 4 hours/16 units per day per individual.

the Demonstration:				
Benefit Amount: 4 hours per	☑ Day	□ Week	\square Month	☐ Year
☐ Other, describe:				

Amount of Benefit/Service – Describe any limitations on the amount of service provided under

	Day(s)		
	Week(s)		
	Month(s) (Other)		
	(Other)		
	ization Requirements: Descri		or post-authorization requiremen
Provid	er Specifications and Qualifica	ations	
Provid	er Category(s):		
☑ Inc	lividual (list types)	☐ Agency (list types	of agencies)
The se	rvice may be provided by a:		
	egally Responsible Person	☐ Relative/Legal Gua	rdian
Descri	ption of allowable providers:		
	-		
	ption of allowable providers: y the types of providers of this		
Specif	y the types of providers of this Provider Type: Registered n	s benefit or service and to	heir required qualifications:
Specif	y the types of providers of this Provider Type: Registered n License Required:	s benefit or service and t urse (RN) Yes	heir required qualifications: □No
Specif	y the types of providers of this Provider Type: Registered n	s benefit or service and to nurse (RN) ☑Yes □Yes	heir required qualifications: □No ☑No
Specif	y the types of providers of this Provider Type: Registered n License Required: Certificate Required:	s benefit or service and to nurse (RN) ☑Yes □Yes	heir required qualifications: □No ☑No
Specif	y the types of providers of this Provider Type: Registered in License Required: Certificate Required: Describe: Other Qualifications require	s benefit or service and to nurse (RN) Yes Yes d for this Provider Type	heir required qualifications: □No ☑No
Specif	y the types of providers of this Provider Type: Registered in License Required: Certificate Required: Describe: Other Qualifications require	s benefit or service and to nurse (RN) Yes Yes d for this Provider Type	heir required qualifications: □No ☑No

pe):

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Peer Support

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

The purpose of peer support services is to assist individuals served in their recovery from mental illness or substance use disorders. The treatment plan of the individual served shall determine the focus of this service. Peer support services are person-centered with a recovery focus. Services allow individuals the opportunity to direct their own recovery and advocacy processes. Peer support services promote skills for coping with and managing symptoms while facilitating the utilization of natural supports and the preservation and enhancement of community living skills. Services are provided by an individual with the lived experience of recovery from a mental illness and/or substance use disorder. Peer Support services may include, but are not limited to, the following:

- •Helping individuals connect with other individuals, and their communities at large in order to develop a network for information and support;
- •Sharing lived experiences of recovery, sharing and supporting the use of recovery tools, and modeling successful recovery behaviors;
- •Helping individuals to make independent choices and to take proactive roles in their treatment;
- •Assisting individuals with identifying strengths and personal resources to aid in their setting and achieving recovery goals;
- •Assisting individuals in setting and following through on goals;
- •Supporting efforts to find and maintain paid, competitive, integrated employment; and
- •Assisting with health and wellness activities.

Qualified provider: A Certified Missouri Peer Specialist with at least a high school diploma or equivalent and applicable training and testing as required by the department and supervised by a qualified mental health professional (QMHP); or a Missouri Recovery Support Specialist who is peer credentialed by the Missouri Credentialing Board and supervised by a qualified substance abuse professional (QSAP). Peer Specialists shall be considered a member of the treatment team and shall participate in staff meeting discussions regarding the care of individuals served. Limitations: Limited to 8 hours/32 units per day, and 24 hours/96 units per month. Certified Peer Specialists and Missouri Recovery Support Specialists shall not be assigned an individual caseload.

Amount of Benefit the Demonstration:		escribe any	limitations on	the amount of	service provide	d under
Benefit Amount: _	8 hours	per	☑ Day	□ Week	☐ Month	□ Year
☑ Other, describe:	also limited	d to 24 hou	rs per month			

	n of Benefit/Service: Descr cration:	ibe any limitations on th	e duration of the service	under the
	Day(s) Week(s) Month(s) (Other)			
Authoriz	zation Requirements: Description	ribe any prior, concurren	t or post-authorization re	equirements,
Provide	r Specifications and Qualific	cations		
Provide	r Category(s):			
☑ Indi	vidual (list types)	☐ Agency (list type	s of agencies)	
The serv	vice may be provided by a			
☐ Leg	gally Responsible Person	☐ Relative/Legal Gu	ardian	
diploma supervis Speciali	tion of allowable providers a or equivalent and applicab sed by a qualified mental he ist who is peer credentialed d substance abuse profession	ole training and testing as ealth professional (QMH by the Missouri Creden	s required by the departr P); or a Missouri Recov	nent and ery Support
Specify	the types of providers of th	is benefit or service and	their required qualificat	ions:
1.	Provider Type: Certified M License Required:	fissouri Peer Specialist ☐ Yes	☑No	
	Certificate Required: Describe:	⊠Yes	□No	
	Other Qualifications require	red for this Provider Typ	e (please describe):	
2.	Provider Type: Missouri R License Required:	ecovery Support Special	ist ☑No	
	Certificate Required:	□Yes	⊠No	

Other Qualifications required for this Provider Type (please describe): <u>Must be peer credentialed by the Missouri Credentialing Board and supervised by a qualified substance abuse professional (QSAP)</u>

Provider Type: License Required:	□Yes	□No
Certificate Required: Describe:	□Yes	□No
Other Qualifications required for t	this Provider Type (plea	ase describe):
Provider Type: License Required:	□Yes	□No
Certificate Required: Describe:	□Yes	□No
	Certificate Required: Describe: Other Qualifications required for the Provider Type: License Required: Certificate Required:	Certificate Required: ☐Yes Cescribe: ☐Yes Describe: ☐Yes Other Qualifications required for this Provider Type (pleatory) Provider Type: License Required: ☐Yes Certificate Required: ☐Yes

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Professional Consultation

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Coordination of care with other physicians, other qualified health care professionals, or agencies, provided consistent with the nature of the problem(s) and the individuals and/or family's needs. This includes a review of an individual's current medical situation through consultation with a staff person or in team discussions relating to a specific individual. Activities may include the following:

- •An assessment of the individual's presenting condition as reported by staff;
- •Review of the treatment plan through consultation;
- •Individual-specific consultation to staff especially in situations which pose high risk of decompensation, hospitalization, or safety issues; and
- •Individual-specific recommendations regarding high risk issues and when needed to promote early intervention.

Qualified provider: Physician, Psychiatrist, Child Psychiatrist, Psychiatric Resident, Advanced Practice Nurse, Psychiatric Pharmacist.

Limitations: Limited to 8 units/2 hours per day. This service may be provided through telehealth.

Amount of Benefit/Service – Describe any limitations on the amount of service provided under the Demonstration:

Benefit Amount	: 2 hours	_ per	☑ Day	□ Week	\square Month	☐ Year
☐ Other, descr	ibe:					
Duration of Bendemonstration:		Describe a	any limitations	on the duration	of the service u	nder the
W N	ay(s) Veek(s) Ionth(s) Other)					
Authorization R if any:	equirements:	Describe	any prior, conc	eurrent or post-a	uthorization req	quirements,

Provide	er Specifications and Qualification	ions	
Provide	er Category(s):		
☑ Ind	lividual (list types)	☐ Agency (list ty	rpes of agencies)
The ser	rvice may be provided by a:		
□ Le	egally Responsible Person	☐ Relative/Legal (Guardian
	ption of allowable providers: <u>Pł</u> ed Practice Nurse, Psychiatric Pha		, Child Psychiatrist, Psychiatric Residen
Specify	y the types of providers of this	penefit or service a	nd their required qualifications:
1.	Provider Type: Physician License Required:	 ✓Yes	\square No
	Certificate Required: Describe:	□Yes	⊠No
	Other Qualifications required	for this Provider T	ype (please describe):
2.	Provider Type: Psychiatrist License Required:	☑Yes	□No
	Certificate Required: Describe:	□Yes	⊠No
	Other Qualifications required	for this Provider T	ype (please describe):
3.	Provider Type: Child Psychia License Required:	trist ☑Yes	\Box No
	Certificate Required: Describe:	□Yes	⊠No

4.	Provider Type: Psychiatric F License Required:	Resident □Yes	⊠No	
	Certificate Required: Describe:	□Yes	⊠No	
	Other Qualifications required	d for this Provider Ty	/pe (please describe):	
5.	Provider Type: Advanced Pr License Required:	actice Nurse ☑Yes	□No	
	Certificate Required: Describe:	□Yes	⊠No	
	Other Qualifications required	d for this Provider Ty	/pe (please describe):	
6.	Provider Type: Psychiatric P License Required:	harmacist ☑Yes	□No	
	Certificate Required: Describe:	□Yes	⊠No	
	Other Qualifications require	d for this Provider Ty	/pe (please describe):	
7.	Provider Type:			
	License Required:	□Yes	□No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications required	d for this Provider Ty	/pe (please describe):	
8.	Provider Type:		□Na	
	License Required:	□Yes	□No	
	Certificate Required: Describe:	□Yes	□No	
	Other Qualifications required	d for this Provider Ty	ype (please describe):	

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Psychiatric Diagnostic Evaluation

Provider Category(s):

☑ Individual (list types)

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

An integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies.

Qualified provider: Physician, Psychiatrist, Child Psychiatrist, Psychiatric Resident, Advanced Practice Nurse, Psychiatric Pharmacist.

Limitations: Limited to 8 units/2 hours per day, and 12 units/3 hours annually. May not be billed on the same date as Medication Management. This service may be provided through telehealth.

Amount of Benefit/Service - Describe any limitations on the amount of service provided under the Demonstration: **☑** Day ☐ Week \square Month ☐ Year Benefit Amount: 2 hours per ☑ Other, describe: Also limited to 3 hours annually. May not be billed on same day as Medication Management. Duration of Benefit/Service: Describe any limitations on the duration of the service under the demonstration: Day(s) Week(s) Month(s) (Other) Authorization Requirements: Describe any prior, concurrent or post-authorization requirements, if any: Provider Specifications and Qualifications

☐ Agency (list types of agencies)

	the types of providers of this b	enefit or service an	d their required qualifications:
1.	Provider Type: Physician License Required:	⊠Yes	□No
	Certificate Required: Describe:	□Yes	⊠No
	Other Qualifications required	for this Provider Ty	rpe (please describe):
2.	Provider Type: Psychiatrist License Required:	✓Yes	\Box No
	Certificate Required: Describe:	□Yes	⊠No
	Other Qualifications required	for this Provider Ty	rpe (please describe):
3.	Provider Type: Child Psychiat License Required:		\Box No
	Certificate Required: Describe:	□Yes	☑No
	Other Qualifications required		
Į.	Provider Type: Psychiatric Re License Required:	sident □Yes	⊠No
	Certificate Required: Describe:	□Yes	☑No

5.	Provider Type: Advanced Practic License Required:	e Nurse ☑Yes	□No			
	Certificate Required: Describe:	□Yes	⊠No			
	Other Qualifications required for	this Provider Type (ple	ase describe):			
6.	Provider Type: Psychiatric Pharm License Required:	nacist ☑Yes	□No			
	Certificate Required: Describe:	□Yes	⊠No			
	Other Qualifications required for	this Provider Type (ple	ase describe):			
7.	Provider Type: License Required:	□Yes	□No			
	Certificate Required: Describe:	□Yes	□No			
	Other Qualifications required for this Provider Type (please describe):					
8.	Provider Type: License Required:	□Yes	□No			
	Certificate Required: Describe:	□Yes	□No			
	Other Qualifications required for	this Provider Type (ple	ase describe):			

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Psychosocial Rehabilitation – Illness, Management and Recovery

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

The psychosocial rehabilitation program may provide illness management and recovery services that promote physical and mental wellness; well-being; self-direction; personal empowerment; respect; and responsibility in individual and group settings. Services shall be person-centered and strength-based and include, but are not limited to, the following:

- Psychoeducation;
- •Relapse prevention;
- •Coping skills training.

In the event that a program is accredited by the Clubhouse International and submits its accreditation report, it will be deemed as a PSR-IMR program.

Qualified provider: An agency approved by the Division of Behavioral Health.

Limitations: Limited to 10 hours/40 units per day. The maximum group size shall not exceed eight (8) individuals; however if there are other curriculum based approaches that suggest different group size guidelines, larger group sizes may be approved by the Division of Behavioral Health. This service may only be provided by an organization with a mental health contract with the Division of Behavioral Health.

Authorization Requirements: Describe any prior, concurrent or post-authorization requirements, if any:

TOVIUC	er Specifications and Qualifi	Cations	
Provide	er Category(s):		
	lividual (list types)	☑ Agency (list type	es of agencies)
The ser	rvice may be provided by a	:	
□ Le	egally Responsible Person	☐ Relative/Legal G	uardian
Descrip	ption of allowable providers	s: An agency approved b	by the Division of Behavioral Heal
Specify	y the types of providers of the	nis benefit or service and	d their required qualifications:
1.	Provider Type: An agency License Required:	approved by the Divisi	on of Behavioral Health ☑No
	Certificate Required: Describe:	□Yes	☑No
	Other Qualifications requi	red for this Provider Ty	pe (please describe):
	D :1 T		
2.	Provider Type: License Required:	□Yes	□No
2.	¥ ±	□Yes □Yes	□No □No
2.	License Required: Certificate Required:	□Yes	□No
	License Required: Certificate Required: Describe:	□Yes	□No

4. Provider Type: License Required:	□Yes	\Box No	
Certificate Required: Describe:	□Yes	\square No	
Other Qualifications requ	ired for this Provider Ty	pe (please describe):	

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

Name of Benefit or Service: Supported Employment

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Supported Employment is a support service to facilitate competitive work in an integrated work setting. The service must be identified in the individual's treatment plan based upon an individualized assessed need which promotes the greatest degree of integration, independence and autonomy. Supported Employment services may include:

- •Job development services including staff calls on potential employers and employment settings, with or without the presence of the individual served, in order to determine appropriate job matches for individuals served, whether or not the individual served chooses to disclose disability status. Job development includes staff activities that are focused on working with employers as customers to help them meet business needs while providing good job matching for individuals served.
- •Ongoing supervision and monitoring of the individuals performance on the job; i.e. evaluating self-maintenance strategies, work production and the effectiveness of natural supports which promote the greatest degree of inclusion, integration and autonomy.
- •Training in related skills needed to retain employment; i.e. supporting and facilitating strategies which promote attendance and social inclusion in the workplace based upon individualized assessed need such as using community resources and public transportation.
- •On-the-job training in work and work-related skills; i.e. job coaching to facilitate the acquisition, and ongoing performance, of the essential functions of the job and the facilitation of natural supports.

Supported employment services must be provided in a manner that promotes integration into the workplace and interaction between individuals and people without disabilities in those workplaces while maintaining the individual's rights of dignity, privacy and respect. Services will be provided in accordance with section 110 of the Rehabilitation Act of 1973 and its amendments and will be specified in an interagency MOU assuring non-duplication. Supported Employment supports do not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business or otherwise covered under the Americans with Disabilities Act. All Supported Employment service options should be reviewed and considered as a component of an individual's person-centered treatment plan. These services and supports should be designed to support successful employment outcomes consistent with the individual's assessed goals, needs, interests and preferences. Individuals must be compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Qualified provider: A community support specialist, certified Missouri peer support specialist, or employment specialist. Staff must have specialized training approved by the Department of Mental Health.

Limitations: Limited to 8 hours/32 units per day, and 24 hours/96 units per month.

Benefit Amount: 8 hours per	☑ Day	□ Week	\square Month	☐ Year
✓ Other, describe: <u>also limited to 2</u>	24 hours per mont	h		
Duration of Benefit/Service: Describ demonstration:	•		of the service u	nder the
Day(s) Week(s) Month(s) (Other)				
Authorization Requirements: Describing any:	7 1		nuthorization req	uirements,
Provider Specifications and Qualifica	ations			
Provider Category(s):				
☑ Individual (list types)	☐ Agency (lis	t types of agenc	cies)	
The service may be provided by a:				
☐ Legally Responsible Person	☐ Relative/Leg	al Guardian		
Description of allowable providers: Missouri peer support specialist, or eapproved by the Department of Men	employment spec			
Specify the types of providers of this	s benefit or servic	e and their requ	ired qualificatio	ns:
1. Provider Type: Community License Required:	Support Specialis ☐Yes		No	
Certificate Required: Describe:	□Yes		No	

	License Required:	\square Yes	⊠No
	Certificate Required: Describe:	ĭ¥es	□No
	Other Qualifications require specialized training approve		
3.	Provider Type: Employmer License Required:	nt Specialist □Yes	☑No
	Certificate Required:	□Yes	⊠No
	Describe:		
	Other Qualifications require specialized training approve	ed for this Provider Ty	rpe (please describe): Staff
4.	Other Qualifications require	ed for this Provider Ty	rpe (please describe): Staff
4.	Other Qualifications require specialized training approve	ed for this Provider Ty	rpe (please describe): Staff

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Name of Benefit or Service: Treatment Planning

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

The development, review, and/or revision of an individual's treatment plan. The treatment plan shall include the following components:

- •Identifying information
- •Measurable goals
- •Specific treatment objectives
- •Specific interventions
- •Identification of other agencies/community supports
- •Estimated discharge/transition plan

Qualified provider: Qualified mental health professional (QMHP) or qualified substance abuse professional (QSAP). Initial treatment plans require signatures of the following: the individual completing the plan, a Community Support Supervisor (if different from the individual completing the plan), and the individual or parent/legal guardian. The physician/APN must sign the plan within 90 days of eligibility determination. The annual treatment plan requires signatures of:

QMHP/QSAP, the Community Support Specialist, the individual or parent/legal guardian, and the physician/APN.

Limitations: Limited to 50 hours/200 units annually per individual.

Amount of Ber the Demonstrat		– Describe a	ny limitations	on the amount	of service provi	ded under
Benefit Amour	nt: _50 hours	g per	□ Day	□ Week	\square Month	☑ Year
☐ Other, desc	cribe:					
Duration of Be demonstration:		e: Describe a	ny limitations	on the duration	of the service u	nder the
1	Day(s) Week(s) Month(s) (Other)					

Authorization Requirements: Describe any prior, concurrent or post-authorization requirements,

Provider Sp	pecifications and Qualificati	ons			
Provider Ca	ategory(s):				
☑ Individ	lual (list types)	☐ Agency (list types of	of agencies)		
The service	e may be provided by a:				
☐ Legall	y Responsible Person	☐ Relative/Legal Guar	dian		
(QMHP) o signatures different fr physician// plan requir parent/lega	r qualified substance abuse of the following: the individual completion om the individual completion APN must sign the plan with essignatures of: QMHP/QS all guardian, and the physicial	professional (QSAP). I dual completing the plang the plan), and the inchin 90 days of eligibilit SAP, the Community Stan/APN.	ified mental health professional Initial treatment plans require In, a Community Support Supervisor (if dividual or parent/legal guardian. The ty determination. The annual treatment upport Specialist, the individual or		
Specify the	types of providers of this b	penefit or service and th	eir required qualifications:		
	ovider Type: Qualified men cense Required:	ntal health professional (Yes	(QMHP) □No		
	ertificate Required: escribe:	□Yes	□No		
	her Qualifications required alifications specified in state	· ·	(please describe): Must meet provider 7.140 (2) (QQ).		
	Provider Type: Qualified substance abuse professional (QSAP) License Required:				
	ertificate Required: escribe:	□Yes	□No		
	her Qualifications required alifications specified in state		(please describe): Must meet provider 7.140 (2) (RR).		

3.	Provider Type: License Required:	□Yes	□No
	Certificate Required: Describe:	□Yes	□No
	Other Qualifications required for	this Provider Type (ple	ase describe):
4.	Provider Type: License Required:	□Yes	□No
	Certificate Required: Describe:	□Yes	□No
	Other Qualifications required for	this Provider Type (ple	ase describe):

Mental Health Crisis Prevention Project

Appendix II - Enrollment and Expenditure Projections

Appendix III - Stakeholder Meeting Questions and Answers

Appendix IV - Abbreviated Public Notice

Appendix V - Public Notice

Appendix II - Enrollment and Expenditure Projections

1115 Waiver Population	SFY 2017 (7/1/16 - 6/30/17)	SFY 2018 (7/1/17 - 6/30/18)	SFY 2019 (7/1/18 - 6/30/19)	SFY 2020 (7/1/19 - 6/30/20)	SFY 2021 (7/1/20 - 6/30/21)	Average Trend SFY 2017 - SFY 2021
Demonstration Population Enrollment (Enrollees)	1,000	1,000	1,000	1,000	1,000	0.0%
Demonstration Population Expenditures	\$ 12,628,628	\$ 12,162,969	\$ 12,536,136	\$ 13,450,884	\$ 14,302,181	3.2%

Appendix III - Stakeholder Meeting Questions and Answers

1115 Waiver Stakeholders Questions, Comments, and Responses August 27 meeting

How does the waiver interface with the Excellence in Mental Health Act (EMHA)?

Response:

How the 1115 waiver interfaces with the EMHA demonstration project is largely unknown at this point. Waiver payment processes could potentially be included in EMHA payments, or be kept separate. As both projects proceed in development the Department will assess how they interact with each other.

2. Can other funds such as local tax dollars, mil tax dollars be used as state match?

Response:

The Department is open to consideration of other potential sources of state match for waiver payments outside of traditional general revenue appropriations. Providers who have potential local sources of state match should contact the Department so the fund source can be assessed for applicability. Since the Department requires budget authority to utilize local tax dollars, we are requesting that providers with potential local sources of state match for waiver services contact us no later than December 31, 2015.

3. Need to review a recent housing advisory issued by CMS to inform waiver development.

Response:

The Department appreciates this comment and has reviewed the CMS Informational Bulletin related to Coverage of Housing Related Activities and Service for Individuals with Disabilities. The Bulletin does not allow the states to pay for room and board. The bulletin clarifies the circumstances under which Medicaid reimburses for housing related activities. For example, under an 1115 waiver, states can provide services to individuals already in the community, by helping the individual problem solve, advocate with landlords, access community resources to assist with back rent, and assist individuals to complete forms for subsidized housing.

4. Will the waiver be statewide?

Response:

Yes, the waiver will be available statewide. One entry point (CMHL) is available in all service areas. At this time the other entry point (ERE) is available in seven (7) regions serving approximately 75% of the state population. We are considering expanding the ERE project to include additional regions. Further, a request was made at the first

Stakeholder meeting to consider additional hospital based programs to be entry points along with the seven ERE funded sites, and that request is under consideration.

5. We have had a team interfacing with a hospital ER prior to the seven ERE sites funded through the Strengthening Missouri's Mental Health System initiative. Can you consider including these programs too as entry points into the waiver? Don't exclude hospital teams just because they are not funded through the ERE appropriation.

Response:

The Department is assessing whether to expand the number of entry points into the waiver. However, expanding entry points and potential eligible enrollees will be part of the discussion of trade-offs regarding persons served, eligibility requirements, and benefits packages.

6. If a person qualifies clinically, should it matter how they are identified? Sometimes persons who otherwise would be CMHL or ERE come in after hours through ACI. Can they still be considered?

Response:

The Department began this planning process by looking at a broader range of entry points into the waiver but given limited initial funding, decided to use the CMHL and ERE projects as the two entry points. Several comments have been made and questions asked about expanding the entry points. The Department will take those comments under consideration in the discussion about trade-offs on clients, eligibility, and benefits.

7. Is the waiver related to Medicaid expansion efforts in the state? Why are we going with 150% poverty rate for waiver eligibility instead of the ACA coverage rate?

Response:

The waiver is not related to Medicaid expansion in Missouri. We are starting out with a proposal to cover waiver clients up to 150% of the federal poverty level, but we expect that to be a discussion item with CMS in our informal talks with them, and it could be adjusted as the waiver development continues.

8. If Medicaid expansion happens in Missouri while the waiver is operational, what happens to the waiver? Does it go away?

Response:

The waiver could go away if Medicaid expansion is achieved in Missouri in future years. However it is too early to tell. It would depend in large part on what Medicaid expansion in Missouri ultimately looks like, and what the final waiver eligibility and benefits are.

9. Will there be slots by region or service area and if so how will they be determined?

Response:

We do not know at this point whether we will have slots and wait lists in this waiver, nor how we would determine slot distribution. We expect that to be a discussion item with CMS. In a similar situation the state of Virginia initially had slots and wait lists approved by CMS, but when their waiver conditions were amended, the slots and wait lists were removed. We intend to explore how and why this occurred with CMS.

10. Billing issues need to be resolved, for example with ACT and IPS services.

Response:

We will be exploring a number of billing issues as we further develop the benefits package, service definitions, and billing guidelines for waiver services.

11. Why are we starting at age 19 and not 18, and what exactly does Medicaid cover for persons age 18?

Response:

The Department is proposing to begin coverage for waiver clients at age 19 for several reasons. There are other avenues of Medicaid coverage for 18 year olds through regular Medicaid and CHIP. That coverage is also likely to be a more generous service package than the 1115 Waiver will be able to cover. As waiver funding is limited and the match for the entire service package (physical and behavioral health) must be provided by DMH, it seems to make more sense to not have 18 year olds in the waiver. Another reason is that 18 year olds must receive EPSDT benefits, which are broad-based and expensive, unless CMS would grant a waiver from the federal EPSDT requirements, which is very unlikely. This EPSDT issue will also impact 19 and 20 year olds. While the Department is initially proposing to cover 19 and 20 year olds, we may end up starting waiver eligibility at age 21 because of the cost implications associated with EPSDT requirements. That issue will be looked at closely and will be one focus of informal discussions with CMS.

12. Don't target the DLA-20 cutoff towards extremely disabled persons; keep it high enough so we can work with persons who are not permanently disabled yet.

Response:

The Department agrees with this comment. Since a focus of the Waiver is to intervene early and provide treatment and supports so persons do not become permanently disabled, the DLA-20 score required for eligibility will take into account that persons who would benefit from the waiver may still be scoring fairly high on the DLA-20 scale.

13. Recommend looking at and using DLA-20 sub-scales to target waiver services towards those most appropriate and needy.

Response:

The Department agrees with this comment, and the implementation team has already started looking at which DLA-20 sub-scales would be appropriate to be part of the eligibility determination.

14. Are there any limitations to how long a person can be in the waiver? Is their eligibility limited to 12 months?

Response:

There are no time limitations for enrollment in the waiver, as long as the person continues to meet the eligibility requirements at the time of the annual eligibility redetermination. We expect the length of time a person will be served in this waiver will vary from one person to another based on a variety of factors.

15. We have long waits in areas of the state to get Medicaid eligibility applications processed and approved, how will this be handled for waiver clients?

Response:

The Department will be working with DSS-Family Support Division (FSD) to create a streamlined process to facilitate a rapid application and approval for waiver clients to gain Medicaid eligibility. This process will likely involve having all waiver Medicaid applications routed to a single FSD county office with staff trained in the waiver.

16. Some CMHCs have FSD staff on-site to assist in taking Medicaid applications; can they be utilized in the waiver application process? Could they actually process and approve waiver applications?

Response:

The Department and FSD will evaluate these scenarios and determine the best way to use these FSD staff stationed on-site at several CMHC's to facilitate the process for waiver Medicaid applications.

17. Will there be any time limit set on how long after a referral is made by CMHL or ERE that the person must be enrolled in the waiver? With many clients outreach efforts can take a lot of time.

Response:

There is no time limit planned at this time. We understand that the outreach and engagement with services process will vary from one person to another.

18. What happens with catchment areas when clients are transient, can multiple providers be involved with a waiver client?

Response:

Multiple providers may be involved with delivering services to a waiver client, as long as the services are coordinated, necessary, and not duplicative.

19. Are people still enrolled in the waiver when they switch service providers? Does the money follow the person when they move?

Response:

Once a person is determined eligible for the waiver, and they move from one geographical area to another, they are still in the waiver and the money follows them.

20. When a person turns 36, are they are out of the waiver completely?

Response:

Yes. On their 36th birthday a person served in the waiver will no longer be eligible. As persons age out of the waiver it is expected they will transition to other programs as appropriate.

21. How exactly will the waiver interface with Vocational Rehabilitation (VR)?

Response:

Since gaining employment and pursuing educational opportunities is a significant focus of the waiver, it is expected there will continue to be close collaboration between the Department, CMHCs, and Missouri Vocational Rehabilitation.

22. Why would we fund certain employment services through the waiver as opposed to having VR serve them? Could VR make accommodations to make this population eligible?

Response:

Missouri Vocational Rehabilitation has federal requirements regarding eligibility for services and is not an entitlement program like Medicaid. Individuals must have an eligible disability and functional limitations to employment that the agency can assist with addressing with an individualized plan. DMH has current payment mechanisms to fund services that support an individual finding and maintaining employment, such as Community Support Services, Assertive Community Treatment and Psychosocial Rehabilitation.

23. We need to think about how to pay for outreach and engagement.

Response:

The Department understands that the process of engaging persons referred for the waiver is critical, and will explore a mechanism to pay for this.

24. Can some benefit categories be included, but limited to keep costs down? Optical and dental benefits both should be covered. It is important for persons applying for jobs and interviewing to have good dental hygiene, hard to make a good impression with bad teeth.

Response:

The Department agrees that dental and optical services would be beneficial for waiver clients. Whether they will be included in the waiver is still to be determined as the cost of the service package is evaluated. Covering certain services but limiting the extent of the benefit will be considered to control costs.

25. Dental may be more important to cover than optical since there are other resources out there to help persons with optical needs.

Response:

The Department agrees that, to the extent to which a potential waiver benefit can be provided through other resources that should be a factor in determining what to cover with limited funding.

26. Several comments were made regarding NEMT (non-emergency medical transportation): 1. NEMT isn't effective and timely in some areas of the state and we just don't use it, so it should not be a priority. 2. NEMT might be a better way of helping persons access medically necessary services as opposed to paying CSSs, particularly in rural areas.

Response:

The Department understands that there are varying points of view across providers and regions on the effectiveness of NEMT services. These will be taken into account when determining whether to include NEMT as a covered benefit for waiver clients. If NEMT is covered, however, it is a PMPM (per member per month) payment, so there would be a cost to cover all waiver enrollees, regardless of whether they use NEMT or not.

27. It is not clear how employment related services are delivered in the waiver. Need to address job development and other elements for IPS.

Response:

The Department is working on a clear description of how employment related services are provided, and by whom, for waiver clients. Not all clients will need the IPS level of

services. There are multiple existing billing codes that allow for assisting clients in gaining the outcome of competitive integrated employment. DMH is exploring additional billing codes specifically for job development and job coaching which are not current Medicaid covered services in CMHCs.

28. All interventions provided under the RAISE/NAVIGATE models need to be covered services in the waiver.

Response:

The Department agrees. The RAISE/NAVIGATE models are critical tools for effectively serving young adults facing their first major mental illness episode, and those service components will need to be available to bill for under the waiver to the extent possible.

29. Missouri's outcomes for employment are poor so this must be a particular focus in a waiver for young adults.

Response:

The Department agrees that overall employment outcomes for the SMI population in Missouri are low; around 13%. Individualized Placement and Support supported employment programs and Assertive Community Treatment for Transition Aged Youth using the Supported Employment and Education RAISE model have shown great success with employment outcomes, ranging from 25% to 68% working in IPS programs. Improving employment outcomes will be a focus of this Waiver.

30. Will billing unit issues be addressed? Currently we have a lot of survivors of trauma in childhood and PTSD, but are limited by billing rules to a 60 minute session, when 90 minute sessions are often required.

Response:

The Department will look at billing unit issues such as this when developing the catalog of services and covered benefits for the waiver. Our goal is to create service definitions that meet the particular needs of this young adult population.

31. We need to focus more on therapy with this population and less on some traditional community support interventions. And don't limit providers of different kinds of therapies such as OT, etc. With the states focus on evidenced based practices and trauma, we should have broad definitions around types of therapy that can be utilized. Need to be able to implement best practices.

Response:

The Department agrees that various types of services would be beneficial for waiver clients. Whether they will be included in the waiver is still to be determined as the cost of the service package is evaluated. Covering certain services, but limiting the extent of the benefit will be considered to control costs.

32. We should focus on serving fewer clients, but with a stronger benefits package if we want to achieve real outcomes.

Response:

This comment gets to a critical issue in the development of the waiver. Balancing the desire to serve as many eligible persons as possible with a strong package of physical and behavioral health services versus the limitations on funding to get the program started, will be an important discussion going forward as we move closer to finalizing eligibility requirements and the benefits package. The demonstration aspect of the waiver and the evaluation piece will require the achievement of identified outcomes.

33. Persons on the lower end of the 19-35 population often have relatively intact family structures and support; they may not have burned all their bridges at this point as opposed to older persons, so allow us to work with those family members too and bill for it. Need to be able to reinforce natural support systems while they are still relatively intact.

Response:

The Department agrees with this comment. The ability to work with family members and the current support structure for waiver clients is critical to achieving good outcomes. We will evaluate where and how these activities can be funded.

34. Will we consider wrap-around payments in the waiver? Sometimes we provide something simple like a new pair of shoes for a person going to a job interview, or allowances for cell phones; hopefully we will have some way to access wrap-around funding.

Response:

The Department agrees that funding for wrap-around services is important for this population. However, it is highly unlikely these types of payments could be incorporated as a Medicaid reimbursable service, even under an 1115 demonstration waiver. We will evaluate what is the most appropriate method to pay for wrap-around services for waiver clients.

35. We need to help persons learn, and reinforce social skills, and communicate with them the way young adults communicate, with computers, social media applications, etc. and get paid for that. The case management/community support procedure codes should reimburse for electronic based contacts with waiver clients. Many young persons prefer text messaging to phone calls or even home visits.

Response:

The Department agrees that communication strategies targeted to young adults, including their preferences, should be evaluated. DMH and MO HealthNet have been in

discussions for some time regarding the appropriateness of reimbursing electronic-based contacts with Medicaid recipients.

36. What happens when a provider who doesn't have a CSTAR contract has a waiver client with SUD and SMI?

Response:

Providers are expected to make appropriate referrals for waiver clients who are determined to need other services not provided through their contracts with the Department. Care should be coordinated between providers when multiple services are needed.

37. We need a procedure code to reimburse for crisis intervention that is available in different settings including ERs and crisis stabilization centers.

Response:

Crisis intervention is currently being proposed as a covered service under the waiver. We need to evaluate the settings in which this service should be delivered in the waiver.

38. What are the diagnostic criteria for SMI and SUD for the waiver?

Response:

The proposed diagnostic criteria for Waiver eligibility is a large subset of current diagnostic criteria for admission to CPR and CSTAR programs. The specific proposed diagnoses were sent to the stakeholders group following the first meeting and will be discussed further at the second meeting on September 23.

39. On the Waivers Requested section, #1, in the CMS Concept Paper, what exactly does the Retroactive Eligibility section 1902(a) (34) mean?

Response:

Under Medicaid rules, individuals typically are eligible for coverage of services up to three months prior to when they apply. Several states have requested and received this waiver, including Virginia. It is generally requested as a cost-saving mechanism that helps the state cover more people and that was likely the rationale in Virginia. As the waiver development proceeds we anticipate discussing this further to make a final determination on whether we want a waiver from this section.

1115 Waiver Stakeholders Questions, Comments, and Responses September 23 meeting

Several persons asked why the Access Crisis Intervention (ACI) system is not being
proposed as a point of entry into the 1115 Waiver, and why the entry points were
limited to the CMHL and ERE programs. It was stated that limiting the entry points to
CMHL and ERE could create adverse incentives whereby individuals try to access the
waiver by using those two entry points inappropriately.

Response:

The Department originally received approval from the Governor's office and the General Assembly to move forward with developing an 1115 Waiver on the basis of using only CMHL and ERE as the entry points. The Department understands there could be adverse incentives with using just these two programs as entry points into the Waiver and will work with providers to insure this does not occur. In addition, the limited funding available to support the waiver would not allow for a larger broad based client population identified through ACI to be served in the Waiver. As funding becomes available for additional ERE projects the Department will add those regions as Waiver entry points.

2. One person questioned if we are missing the original intent of the waiver which was to intervene with individuals early in the progression of their illness near the time of their first episode, and suggested the Department consider a tier system with a mix of CMHL/ERE and possibly some ACI individuals who meet the original intent of early intervention.

Response:

The original intent of the Waiver was to provide a path for uninsured young adults age 19-35 identified through the CMHL and ERE crisis programs to obtain Medicaid eligibility and access a targeted benefit package of physical and behavioral health services. Many of those persons are relatively early in their illness progression, although that will vary from one person to another. The Department will consider how to develop eligibility guidelines to prioritize persons applying to the Waiver, which could result in a tiered system based on an assessed level of need. The Department is reluctant, for reasons described in #1, to open Waiver eligibility to persons identified through ACI at this time. As funding becomes available for additional ERE projects the Department will add those regions as Waiver entry points.

3. One person questioned why Assertive Community Treatment (ACT) was part of the proposed benefits package, stating that by the time an individual qualifies for an ACT team they are already permanently and totally disabled (PTD), and thereby not the focus of an early intervention waiver.

Response:

The Department is proposing that Waiver clients be able to access both traditional ACT teams and the newer Transitional Age Youth (TAY) ACT teams, as appropriate. Since employment is a key goal of the Waiver, we believe that accessing the employment specialist on both types of ACT teams would be an appropriate benefit to help achieve employment goals. Some persons who access traditional ACT team are still relatively early in their illness progression, and we are not inclined to draw a firm line as to where someone is in their illness progression in the context of Waiver eligibility.

4. One person questioned why employment services were part of this Waiver and suggested Vocational Rehabilitation (VR) should be at the table and provide the employment services needed by this population so the limited dollars could be spent on other parts of the benefits package. Another person agreed that VR should be at the table and coordinating with the Department, but questioned how many persons in this Waiver would meet VR's eligibility (order of selection) criteria. Another person supported VR working with as many Waiver clients as they can under their guidelines.

Response:

Differing comments were received regarding how DMH should coordinate employment services and supports with VR. Since not all Waiver clients will meet VR eligibility requirements, the Department believes the best approach is to individually assess each persons needs in the employment area, utilize VR supports when appropriate, and utilize supports though CMHC's where appropriate, coordinating between the two entities to avoid duplication and insure the person gets access to the employment supports that fit best for them.

5. One person stated that inpatient hospital costs are an important factor and asked if the Department has looked at hospitalization and diversion rates for the specific persons being identified in the CMHL and ERE programs.

Response:

The Department agrees that inpatient costs are an important factor. We have not looked specifically at hospitalization and diversion rates for CMHL clients. The Department has data on ERE clients that indicate significant decreases in both ER visits and hospitalization. At this point the Department believes both inpatient and ER will not be covered services under the Waiver.

 One person stated the ACI system has benefitted greatly from the ERE project, but is concerned that diversion rates could start going down if persons are incentivized to use ER's to gain access to Waiver eligibility.

Response:

As stated previously, the Department is interested in working with providers to insure persons do not utilize services such as ER inappropriately just to become eligible for the Waiver. Diverting persons from using ER's is also a goal of the ERE project and persons diverted will be eligible for Waiver enrollment.

7. One person stated the Waiver needs to be focused on early intervention, as persons with higher needs will use more of the scarce resources and fewer persons will be able to gain access to the Waiver.

Response:

The Department agrees that a major focus of the Waiver will be on early intervention, and persons later in their illness progression tend to have higher needs and would likely use our limited resources at a higher rate. However, we are not inclined to draw a firm line as to how early in their illness progression a person has to be in order to be admitted to the Waiver. We intend to provide general guidelines in this area for providers to use when considering a referral to the Waiver for young adults identified through CMHL and ERE. We believe persons in this age range, even if they have been struggling with SMI and/or SUD for longer periods of time than others, can still be positively impacted by access to the benefits package and achieve significant outcomes in the area of employment and other demonstration goals.

 One person stated the list of proposed services looks good, but would like to see expanded definitions to be sure, and suggested that definitions be written with flexibility, such as providing for group interventions as appropriate.

Response:

The Department agrees with this comment. We are developing a services catalog for the Waiver application and the system redesign necessary at both MO HealthNet and DMH. The service definitions will be flexible to meet the unique needs of the Waiver population, and will include several types of group interventions.

9. One person asked for clarification on what Medicaid claims data Mercer is working from.

Response:

The Department is providing Mercer with Medicaid claims data for the past five (5) complete calendar years, 2010-2014, for persons meeting the proposed Waiver eligibility requirements, i.e., age 19-35 and with an SMI and/or SUD diagnosis.

10. One person suggested that the Waiver application be written so that local providers have the ability to make their own tough decisions on what road to take to get persons admitted.

Response:

In order to get an 1115 Waiver application approved, we must be very specific about the entry points, benefits, eligibility criteria, and process for getting clients admitted to the Waiver. This will result in less flexibility than providers are used to when providing services in Department funded programs.

11. One person asked if the DLA-20 can be used to assess the level of need of persons being identified through the ACI system so some of those individuals can gain access to the Waiver.

Response:

The DLA-20 will be used to assess level of need for persons identified through the CMHL and ERE entry points. As described earlier, the Department will not be using the ACI system as an entry point into this Waiver.

12. One person advocated for the inclusion of personality disorders (specifically borderline and antisocial) and Obsessive Compulsive Disorder in the list of waiver eligible diagnoses, stating they can be very debilitating and are often paired with another diagnosis. Another person said their agency has a large number of persons with borderline personality disorder and asked if other agencies are seeing that as well, and suggested the Department look closer at this population for waiver eligibility. Another person questioned why Schizophrenia, Catatonic Type was a proposed diagnosis for Waiver eligibility, and suggested the Department take another look at the proposed diagnostic eligibility criteria to see that it is appropriate to the proposed population of 19-35 year olds needing early intervention. Another person questioned why Major Depression-Recurrent was being proposed for waiver eligibility when persons with that diagnosis were likely to be further downstream and not as appropriate for early intervention. Another person stated that including Major Depression-Single Episode would be appropriate for a program focusing on early intervention. Another person questioned why the Department does not just make the waiver diagnoses consistent with current CPRC and CSTAR diagnostic criteria.

Response:

The Department took all the suggestions for expanding the diagnostic eligibility requirements for Waiver admission under consideration following the last stakeholder meeting. Primarily due to concerns about opening up Waiver eligibility beyond the availability of the initial limited funding, we are not inclined to add additional diagnoses to the Waiver eligibility at this time. We will keep these comments under advisement as we implement the Waiver and will consider expanding the diagnoses at a future date.

13. One person asked what the expected caseload size would be for a CSS (Community Support Specialist), noting that the time a CSS would have to work on employment issues would depend on the caseload size.

Response:

The Department will take this comment under advisement as we develop definitions for Waiver services.

14. One person asked that employment specialists and job coaches be included in the definition of eligible providers for the employment supports service.

Response:

The Department agrees with this comment and intends to define eligible providers of the Employment Supports service to include Community Support Specialists, Peer Specialists, and Employment Specialists and Job Coaches as eligible providers of the service.

Appendix IV - Abbreviated Public Notice

Public Notice

The Missouri Department of Social Services (DSS), in partnership with the Missouri Department of Mental Health (DMH), hereby notifies the public of its intent to submit a written application to request a Section 1115 Research and Demonstration waiver for the Mental Health Crisis Prevention Project. A copy of the full public notice document and the demonstration application under consideration may be found at http://dss.mo.gov/mhd/. We are providing this notice pursuant to Centers for Medicare & Medicaid Services (CMS) requirements in Title 42, Section 431.408, Code of Federal Regulations.

The 1115 Waiver for the Mental Health Crisis Prevention Project is designed to provide early intervention, treatment and community support services to Missourians aged 21 to 35 with income levels at or below 150 percent of the Federal Poverty Level who are identified through a behavioral health crisis.

Public Comments and Hearings

The public is invited to review and comment on the State's proposed demonstration waiver request. It can be viewed at http://dss.mo.gov/mhd/. The public may also request a copy of the application by calling the DMH Division of Behavioral Health at 573-751-9499.

Written comments postmarked on or before March 25, 2016 or email submitted until midnight on March 25, 2016 will be accepted. Comments may be sent to the following address:

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

Public Hearings

There will be six public hearings in which the public is invited to comment on the 1115 Waiver Demonstration for the Mental Health Crisis Prevention Project application. The Public Hearings are scheduled:

March 10, 2016, 3:00-5:00 p.m.

Mark Twain Behavioral Health
917 Broadway

Hannibal, MO 63401

Public may call 1-866-906-9888, PIN# 9841665 for teleconference

March 11, 2016, 9:00-11:00 a.m.

Community Counseling Center

402 S. Silver Springs Road

Cape Girardeau, MO 63703

Public may call 1-866-906-9888, PIN# 9841665 for teleconference

March 11, 2016, 2:00-4:00 p.m.
BJC Behavioral Health
BJC Learning Institute, LL Conference Room C
8300 Eager Road
St. Louis MO 63144
Public may call 1-866-906-9888, PIN# 9841665 for teleconference

March 17, 2016, 2:00-4:00 p.m.

Missouri Coalition for Community Behavioral Healthcare
221 Metro Drive

Jefferson City, MO 65109

Public may call 1-866-906-9888, PIN# 9841665 for teleconference

March 18, 2016, 9:00-11:00 a.m.
Burrell Behavioral Health
1300 E. Bradford Parkway
Springfield, MO 65804
Public may call 1-866-906-9888, PIN# 9841665 for teleconference

March 18, 2016, 3:00-5:00 p.m.
ReDiscover
901 NE Independence Ave.
Lee's Summit, MO 64086
Public may call 1-866-906-9888, PIN# 9841665 for teleconference

Verbal or written comments will be accepted at the public hearings. Complete copies of the 1115 Waiver Demonstration for the Mental Health Crisis Prevention Project application will be available at the public hearings. The outcome of this process and the input provided will be summarized for CMS upon submission of the demonstration application. The summary of comments will be posted for public viewing at http://dss.mo.gov/mhd/ along with the waiver application when it is submitted to CMS.

Appendix V – Public Notice

Public Notice

The Missouri Department of Social Services (DSS) is providing public notice of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) a written application to request approval of a Section 1115 Research and Demonstration waiver and to hold public hearings to receive comments on this proposal. We are providing this notice pursuant to CMS requirements in Title 42, Section 431.408, Code of Federal Regulations.

DSS, through its MO HealthNet Division and in partnership with the Missouri Department of Mental Health (DMH), is seeking a five-year Medicaid Section 1115 Research and Demonstration waiver (hereinafter "demonstration" or "demonstration application") for the Mental Health Crisis Prevention Project which is designed to provide early intervention, treatment and community support services to Missourians aged 21 to 35 who are identified through a behavioral health crisis. The overall goal of this demonstration is to identify young adults in crises, extend Medicaid eligibility with a targeted benefit package, and engage individuals in services that start them on the path to recovery.

Program Description and Goals

The proposed demonstration builds upon two successful programs implemented as part of Governor Nixon's Strengthening Missouri's Mental Health System Initiative. These programs – the Community Mental Health Liaison program and the Emergency Room Enhancement program – identify young adults who are experiencing a behavioral health crisis and link them to health care and behavioral health services. Under the proposed demonstration, individuals identified through these programs will have far greater access to integrated medical and behavioral health services, including evidence-based supported employment services. More specifically, the goals of the demonstration are to:

- Improve access to health care for a segment of the uninsured population in Missouri who have significant medical and behavioral health needs;
- Improve the physical and behavioral health outcomes of demonstration participants, thereby delaying or reversing the progression toward disability; and
- Improve the education and employment outcomes of demonstration participants by creating a pathway toward independence.

Once approved, the demonstration will be statewide and will operate for a period of five years. Missouri proposes to implement July 1, 2016, and operate the waiver through June 30, 2021, or until Missouri implements a broader expansion of Medicaid that would otherwise make this population of adults eligible for coverage under the State Plan.

Beneficiaries and Eligibility Criteria

For this demonstration, Missouri proposes to target individuals who meet the following eligibility parameters. Individuals must meet all of the requirements outlined below to be eligible for the demonstration:

- Referred through the Community Mental Health Liaison (CMHL) or the Emergency Room Enhancement Program (ERE) with a serious behavioral health crisis;
- Determined to have and need treatment for a serious mental illness (SMI) and/or substance use disorder (SUD) as defined by the Department of Mental Health;
- At the time of application, need for treatment requires a total Daily Living Activities (DLA) GAF/mGAF score of 50 or below for both serious mental illness and/or substance use disorder;
- Adult ages 21 to 35 years old;
- U.S. Citizen or eligible qualified legal immigrant;
- Not eligible for any state or federal full benefits program including: Medicaid, Children's Health Insurance Program (CHIP), or Medicare;
- Resident of Missouri;
- Gross income of the individual that is at or below 150% of the Federal Poverty Level (FPL);
- Uninsured; and
- Not residing in a long term care facility, mental health facility, long-stay hospital, intermediate care facility for persons with developmental disabilities, or penal institution.

Benefit Package, Delivery System and Cost Sharing

Missouri is proposing a targeted package of behavioral health and physical health services targeted to young adults with SMI and/or SUD. The proposed benefit package was designed with input from key stakeholders and knowledgeable experts and includes services that best support effective treatment and early intervention for the target population. The services include selected outpatient, non-emergency department based physical and dental health care benefits¹ and a comprehensive set of outpatient, non-residential behavioral health care benefits. Supported employment that includes job development and job coaching is a new service being proposed under the waiver that is designed to move people into education or employment in order to create stable foundations for ongoing recovery, a pathway toward independence, and a path *away* from future disability.

Services will be provided through a fee-for-service delivery system. Cost sharing requirements are no different from those under the Medicaid State Plan.

Anticipated Enrollment and Expenditures

¹ Inclusion of dental benefits is pending approval of SPA #16-01, submitted January 6, 2016, anticipated effective date January 1, 2016.

Missouri anticipates that approximately 1,000 individuals can be served at any point in time during the demonstration. Projections of the duration individuals will remain in the waiver indicate that approximately 1,900 individuals can be served over the five year course of the demonstration. To the extent additional state funding becomes available, the state may be able to expand enrollment.

Below is the projected enrollment and expenditures for the five year demonstration.

1115 Waiver Population	SFY 2017 (7/1/16 - 6/30/17)	SFY 2018 (7/1/17 - 6/30/18)	SFY 2019 (7/1/18 - 6/30/19)	SFY 2020 (7/1/19 - 6/30/20)	SFY 2021 (7/1/20 - 6/30/21)	Average Trend SFY 2017 - SFY 2021
Demonstration Population Enrollment (Enrollees)	1,000	1,000	1,000	1,000	1,000	0.0%
Demonstration Population Expenditures	\$ 12,628,628	\$ 12,162,969	\$ 12,536,136	\$ 13,450,884	\$ 14,302,181	3.2%

Hypotheses and Evaluation of the Mental Health Crisis Prevention Project

The demonstration will test the following hypotheses:

- Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one year in an evidence-based program of health coverage that coordinates primary and behavioral health care, will result in fewer Emergency Department (ED) visits for participants.
- Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one year in an evidence-based program of health coverage that coordinates primary and behavioral health care, will result in fewer Social Security disability determinations, which often lead to full Medicaid eligibility.
- Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one year in an evidence-based program of health coverage that coordinates primary and behavioral health care, will increase the likelihood of maintaining or gaining competitive integrative employment.
- Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one year in an evidence-based program of health coverage that coordinates primary and behavioral health care, will reduce arrests by law enforcement.
- Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one year in an evidenced-based program of health coverage that coordinates primary and behavioral health care, will increase the likelihood of stable housing.
- Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one year in an evidenced-based program of health coverage that coordinates primary and behavioral health care, will increase the likelihood of remaining in school or finding and participating in an academic program of choice.

These hypotheses will be evaluated by measuring the ED visit rate, Social Security Disability Determination rate, employment rate, arrest rate, private resident living rate/homeless rate, and the rate of involvement in academic programs for demonstration participants.

Waiver and Expenditure Authorities

Missouri requests, under the authority of Section 1115(a)(2) of the Social Security Act, that expenditures made by Missouri for the items identified below, which are not otherwise included as expenditures under Section 1903 of the Act, shall, for the period of this demonstration, be regarded as expenditures under the state's title XIX plan.

Expenditures for a targeted benefit package for the population eligible for services under the demonstration. Expenditures for coverage of health care services for individuals aged 21 through 35, with income up to and including 150 percent of the FPL, who have been identified through the state's Emergency Room Enhancement project or Community Mental Health Liaison Program, who have a serious mental illness and/or substance use disorder as determined by the Department of Mental Health, who have met level of care criteria as determined by the Department of Mental Health, but who are otherwise ineligible for Medicaid based on income.

To the extent necessary to implement the proposal, the demonstration application requests that CMS, under the authority of section 1115(a)(1) of the Social Security Act (42 USC 1315), waive the following requirements of Title XIX of the Social Security Act (42 USA 1396) to enable the State of Missouri to implement the Mental Health Crisis Prevention Project.

Amount, Duration, and Scope of Services

Section 1902(a)(10)(B)

To the extent necessary to enable the state to offer a reduced/modified benefit to populations eligible under the demonstration.

Reasonable Promptness

Section 1902(a)(8)

To enable the state to modify eligibility thresholds in order to maintain enrollment up to the limit established in budget neutrality.

Methods of Administration – Transportation

Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53

To allow the state, to the extent necessary, to not provide non-emergency transportation to and from providers for participants.

Comparability

Section 1902(a)(17)

To the extent necessary to enable the state to vary income requirements and impose clinical eligibility criteria for individuals to which they otherwise would not be subject under the state plan.

Public Notice and Input

The complete draft of the demonstration application is available for public review at http://dss.mo.gov/mhd/. The public may also request a copy of the application by calling the DMH Division of Behavioral Health at 573-751-9499. Written comments postmarked on or before March 25, 2016 or email submitted until midnight on March 25, 2016 will be accepted. Comments may be sent to the following address:

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

The State will host six public hearings during which the public is invited to comment on the 1115 demonstration for the Mental Health Crisis Prevention Project application. To ensure statewide accessibility, the public hearings are being held in different geographic locations around the state and each hearing will also allow telephonic participation by the public. The schedule for the public hearings is:

March 10, 2016, 3:00-5:00 p.m.

Mark Twain Behavioral Health
917 Broadway

Hannibal, MO 63401

Public may call 1-866-906-9888, PIN# 9841665 for teleconference

March 11, 2016, 9:00-11:00 a.m.

Community Counseling Center

402 S. Silver Springs Road

Cape Girardeau, MO 63703

Public may call 1-866-906-9888, PIN# 9841665 for teleconference

March 11, 2016, 2:00-4:00 p.m.

BJC Behavioral Health

BJC Learning Institute, LL Conference Room C

8300 Eager Road

St. Louis MO 63144

Public may call 1-866-906-9888, PIN# 9841665 for teleconference

March 17, 2016, 2:00-4:00 p.m.

Missouri Coalition for Community Behavioral Healthcare
221 Metro Drive

Jefferson City, MO 65109

Public may call 1-866-906-9888, PIN# 9841665 for teleconference

March 18, 2016, 9:00-11:00 a.m. Burrell Behavioral Health 1300 E. Bradford Parkway Springfield, MO 65804 Public may call 1-866-906-9888, PIN# 9841665 for teleconference

March 18, 2016, 3:00-5:00 p.m.
ReDiscover
901 NE Independence Ave.
Lee's Summit, MO 64086
Public may call 1-866-906-9888, PIN# 9841665 for teleconference

Verbal or written comments will be accepted at the public hearings. Complete copies of the 1115 Waiver Demonstration for the Mental Health Crisis Prevention Project application will be available at the public hearings. The outcome of this process and the input provided will be summarized for CMS upon submission of the demonstration application. The summary of comments will be posted for public viewing at http://dss.mo.gov/mhd/ along with the waiver application when it is submitted to CMS.



Missouri Press Service, Inc.

802 Locust Columbia,MO 65201-Voice (573) 449-4167 Fax (573) 442-8304

Thursday, March 03, 2016 10:18 AM

Invoice

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Thursday, March 03, 2016 10:18 AM

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State Contract Fee Tax: USA

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Authorized by Danielle Rubino

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Public Comments and Hearings

The public is invited to review and comment on the State's proposed demonstration waiver request. It can be viewed at http://dss.mo.gov/mhd/. The public may also request a copy of the application by calling the DMH Division of Behavioral Health at 573-751-9499.

Written comments postmarked on or before March 25, 2016 or email submitted until midnight on March 25, 2016 will be accepted. Comments may be sent to the following address:

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March 17, 2016, 2:00-4:00 p.m. lition for Community Behavioral Healthcare Missouri Coalition for

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Burrell-Behavioral Health : 1300 E. Bradford Parkway Springfield, MO 65804 Public may call 1-866-906-9888, PIN# 9841665 for teleconference Public may call 1-866-906-9888, PIN# 9841665 for teleconference March 18, 2016, 9:00-11:00 a.m.

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To respond to a Companion Connection ad, simply send your letter to the box number, including our address: Box C-XXXX, (xxxx equals the actual number), Kansas City Star, Classified Advertising, 1729 Grand Blvd, KCMO 64108.

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Legale+Public Notices

The Missouri Department of Social Services (DSS), in partnership with the Missouri Department of Mental Health (DMH), hereby notifies the public of its intent to submit a Demonstration to request a Section 1115 Research and tion Project. A copy of the full public notice document and found at http://dss.mo.gov/mhd/. We are providing this notice pursuant to Centers for Medicare & Medicaid Services (CMS) requirements in Title 42, Section 431.408, Code to Legals / Public Notices

The 1115 Waiver for the Mental Health Crisis Prevention Project is designed to provide early intervention, treatment and community support services to Missourians aged 21 to 35 with income levels at or below 150 percent of the Federal Poverty Level who are identified through a behavioral health crisis.

Public Comments and Hearings proposed demonstration waiver request. It can be viewed at http://dss.mo.gov/mhd/ . The public may also request copy of the application by calling the DMH Division of Behavioral Health at 573-751-9499.

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NOTICE OF PUBLIC HEARING

The Finance and Governance Committee of the City Council of Kansas City. Missouri. will conduct a public hearing at 8:30 a.m., Wednesday, March 2, 2016, 10th Floor, Committee Room, City Hall, 414, East 1714.

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Public Hearings MO HealthNet Division P.O. Box 4500 Jefferson City, MO 65102-6500 Attn: MO HealthNet Director Email: Ask. MildD@dss.mo.gov Shohic Hearing

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Legal Notices



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NOTICE TO CONTRACTOR

March 18, 2016 3:00-5:00 p.m. ReDiscover 901 NE Independe Lee's Summil, MO 6 public may call 1-866-906-988 PN# 9841665 i

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Wednesday, February 24, 2016

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Public Notice

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PUBLISH DATE: February 24, 2016

IN THE CIRCU COUNTY, MISS

In Re the Adoption D.L.W., a minor chil DOB: 02/12/2011,

MICHAEL CARTER, MARY CARTER . Due

DARRELL WHITMOR

NOTICE UPON

The State of Missou tive father of minor

Jackson County, Mis nature of which is a and adoption petitic lanie N. Carter (ded who is located withi You are hereby noti

attorney: Kelli D. Vi Parkway, Suite B, Ind The name of the stated above in the

You are further not answer or other ple pear and defend a within 45 days afte 2016, judgment by

Witness my hand an this 29th day of Jan (SEAL)

against you.

Published: <u>Barbara (</u> Clerk

Mailed to Father Darrell Whitmore 3625 Highland Aven Kansas City, Missour February 10, 17, 2

IN THE CIRCUI COUNTY, MISSO

IN RE THE MARRIJ DARREN LEE EVAL

and SUSAN LEIGH EVA Petition

ORDER OF PUI

TO THE ABOVE N. SAN LEIGH EVANS

You are hereby not commenced against Jackson County, Miss nature of which is to

Mental Health Crisis Prevention Project Appendix VII Public Comment and Responses

APPENDIX VII - Mental Health Crisis Prevention Project Waiver Public Comment and Responses

This document contains a summary of the public comments received in response to the Missouri Mental Health Crisis Prevention Project Waiver Application. Public comment was received from February 24, 2016 through March 25, 2016.

The Mental Health Crisis Prevention Project Waiver Application was made available to the public on February 24, 2016. There were six public forums held across the state (Cape Girardeau, Hannibal, Jefferson City, Kansas City, Springfield, and St. Louis). In accordance to the Centers for Medicare and Medicaid Services (CMS) guidance, the Mental Health Crisis Prevention Project Waiver Applications were available for public comment 30 days after February 24, 2016 to allow advocates, providers and stakeholders in each community an opportunity to provide input to the application.

The following organizations attended the six public forums:

- Missouri Coalition for Community Behavioral Healthcare
- Missouri Department of Mental Health
- Comprehensive Health Systems
- Mark Twain Behavioral Health
- Preferred Family Healthcare
- Community Counseling Center
- Family Counseling Center
- Bootheel Counseling Services
- BJC Behavioral Health
- Independence Center
- Pathways Community Behavioral Healthcare
- Crider Health Center
- St. Patrick Center
- Adapt of Missouri
- Comtrea Comprehensive Health Center
- Places for People
- Burrell Behavioral Health
- Ozark Center
- ReDiscover
- Truman Medical Center Behavioral Health
- Comprehensive Mental Health Services
- Tri-County Mental Health Services
- Family Guidance Center
- Hannibal Council on Alcohol and Drug Abuse
- Gibson Recovery Center
- Bridgeway Behavioral Health
- Center for Human Services

- Springfield Regional Office Developmental Disabilities
- Hannibal Regional Hospital
- Mercy Hospital St. Louis
- Mercy Hospital Springfield
- Cox Health Systems
- Jordan Valley Community Health Center
- National Alliance for the Mentally III (NAMI)
- Depression and Bipolar Support Alliance (DBSA)
- National Association of Social Workers Missouri Chapter
- Pettis County Sheriff Department
- St. Louis County Police State CIT Coordinator
- Macon County Public Administrator
- Macon/Shelby County Treatment Court
- Probation and Parole
- Hannibal Free Clinic
- Behavioral Health Network of Greater St. Louis
- St. Louis Integrated Health Network
- St. Louis University
- Mental Health America
- Community Catalyst St. Louis
- Catholic Family Services
- Missouri Healthcare For All
- St. Louis County Children's Service Fund
- St. Louis County Department of Public Health
- St. Louis Regional Health Commission
- The Gathering Tree
- Hope House Kansas City
- Gillis/Cornerstones Kansas City
- Reflections Consulting
- Individuals/Family Members

The following addresses the questions, comments, and letters received during the six public forums and the public comment period.

<u>Access to Services</u> – A large number of comments were received across the public hearing sites and in written comments received from individuals supporting the Mental Health Crisis Prevention Project waiver application because it will expand access to critical services for young adults in crisis.

COMMENT: One commenter strongly supported the system transformation represented by the waiver proposal, stating that it is critically important to identify mental illness and substance use disorders early in their onset, prevent them from becoming disabling and provide a path to recovery for individuals. This commenter believes that this is a crucial step in helping persons improve their health and wellness,

live a self-directed life and strive to meet their full potential. In addition, the commenter noted that coordinated, specialized services offered during or shortly after the first episode of psychosis are effective for improving clinical and functional outcomes, with cost-benefit ratios reported for early treatment and prevention programs for addictions and mental illness programs from 1:2 to 1:10.

RESPONSE: We appreciate the support expressed and agree with the commenter that the Mental Health Crisis Prevention Project furthers Missouri's efforts to transform behavioral health treatment to improve effectiveness and reduce rates of disability.

COMMENT: One commenter offered strong support for the waiver because it will provide help to many individuals who are being denied services today, those falling through cracks in the current system. Another cited an example of a client who has come through many doors seeking help, but is not quite vulnerable enough to get CPR or Medicaid disability, noting there are many clients like this who would be served under the waiver. Without these waiver services, these young adults will be chronically in and out of hospitals and the justice system. Many additional commenters noted the large number of young adults who are not eligible for Medicaid who cannot be connected into needed services today due to lack of coverage. These commenters strongly support expansion of eligibility for coverage under the proposed waiver.

RESPONSE: We appreciate the support expressed and agree that the waiver will offer new access to necessary services to young adults experiencing a behavioral health crisis.

COMMENT: One commenter noted that the severity of impairment being seen is increasing, but if the individual doesn't have Medicaid, they can't be connected to services. This commenter called the waiver "hugely important," because catching people while younger allows more effective treatment, changes the trajectory of their lives, and saves costs over the long run. Another commenter reported seeing a dramatic increase of people with behavioral health problems in emergency departments, which is not the best care. Other commenters shared experiences as providers of being unable to help individuals in this age group who are uninsured, and the concern that these individuals, when "passed up" for treatment, too often end up in trouble with law enforcement. One commenter notes that the earlier that treatment intervention is available, the more effective it is in reversing the devastating course young people find themselves on, and that the goal should be to prevent the onset of chronic disorders where possible.

RESPONSE: We appreciate the support, and agree with the commenter's that early intervention is critical to more effective outcomes.

COMMENT: One commenter noted that research today shows that it typically takes ten years from the time symptoms first appear until someone gets a correct diagnosis and appropriate treatment, a situation in which the disease has had ten years to progress and become more difficult and costly to treat. This commenter states that earlier intervention for young adults, as supported by this waiver, can reach individuals while they still have other support systems in place, including family, school, work and friends, thereby increasing the likelihood of successful intervention. Such interventions can cost less than the "revolving door of incarceration, hospitalization, and homelessness".

RESPONSE: We appreciate the support expressed, and agree that the Mental Health Crisis Prevention Project, as proposed, can increase early intervention for young adults in Missouri, especially while individuals still have functioning community supports in place, and can result in less costly services and improved outcomes.

COMMENT: One commenter noted access concerns in rural areas, suggesting that rural behavioral health providers will see benefits of the waiver in that eligible individuals will gain access to resources to support them in recovery. This commenter also supported the waiver benefit design, which encourages treatment over use of emergency departments.

RESPONSE: We appreciate the support and agree that it is more cost effective to promote treatment for behavioral health conditions than to continue to rely on use of emergency departments for individuals in crisis.

COMMENT: One commenter noted concern that some access challenges are due to a lack of providers and that, while supporting expanded access to coverage for the target population, wondered if there will still be access problems due to a system that is "already stretched".

RESPONSE: We acknowledge there is a significant demand for services. One of the biggest barriers to access is the lack of health insurance coverage, and this waiver will address that, bringing new funding that could support development of needed capacity. In addition, intervening early with persons to impact the trajectory of their illnesses will lessen the demand for services later by preventing persons from becoming permanently disabled.

COMMENT: One commenter noted that Jackson County has a mental health levy that is funding a project to address the psychiatric provider shortage in the area; officials are currently meeting and gathering data. This commenter asked if there are any incentives built into the waiver to help get people in to see a doctor in a timely manner for medication services or anything that would make getting into see a doctor easier under the waiver than it is currently.

RESPONSE: We understand that there is a significant demand for services, including access to psychiatrists and other providers who can offer medication services. While workforce is not a specific target of the Mental Health Crisis Prevention Project waiver, we do believe that the increased availability of coverage provides new funding to the system and that this can help support improved workforce availability in Missouri.

COMMENT: One commenter stated that its membership organization supports Medicaid expansion, but also unequivocally supports the proposed Section 1115 waiver proposal. The organization sees the waiver program providing coverage that does not exist now, and moving the system from a disability focus to an early intervention focus based on best practices. The commenter states the Mental Health Crisis Prevention Project will move people toward recovery and better outcomes.

RESPONSE: We appreciate the support for the waiver proposal and the program's focus on early intervention, and we agree that a focus on best practices and early intervention will promote recovery and better outcomes.

COMMENT: One commenter noted that data in her program, which is designed to identify and triage individuals in crisis, shows that 69% of individuals referred for services are not getting any behavioral health services, often due to lack of payer source. This commenter stated support for the waiver as a great benefit for the people coming through the program. Other commenters noted challenges with linking individuals who are released from hospital treatment into community services, and noted that the waiver could help close this access gap.

RESPONSE: We appreciate the support and agree that the proposed waiver will be able to improve access to needed services for young adults in crisis.

COMMENT: Several commenters provided specific, often personal, examples of how the waiver could benefit individuals in Missouri. They shared their own experiences, the experiences of young family members and friends, the success stories of clients who were able to receive behavioral health services, and the struggles of clients who were not able to afford treatment. The lack of insurance was cited as a barrier to treatment, in some cases for many years, and linked to negative outcomes that included time in jail and/or in hospitals and emergency rooms, as well as loss of life due to suicide. One commenter noted the impact on family members, including children, when individuals lack the supports and treatment to learn to live their lives in health and recovery.

RESPONSE: We appreciate commenters sharing the experience of individual Missourians who struggle with behavioral health conditions and for their support of the proposed waiver as a way to increase access to needed services.

COMMENT: One commenter noted that untreated mental illness leads to suicide and expressed the opinion that this waiver will save lives.

RESPONSE: We appreciate the commenter's support.

<u>Criminal Justice</u> – Several comments were received from law enforcement and judicial system representatives who noted the success of the existing CMHL program, but also spoke of the need to ensure that individuals referred through the CMHLs can access services.

COMMENT: One commenter, representing a police department, noted that Crisis Intervention Team (CIT) training in Missouri is doing a good job getting people connected to care, but struggles with a tremendous lack of services. The commenter stated that, as CIT spreads, it will create additional demand and will increase the need for services even more, that CIT can refer people in need to providers, but the coverage provided under this waiver is important to make sure individuals actually receive the services. Another commenter noted that he hopes the waiver will help people become engaged in services over the long term, rather than having services lapse. Another commenter with experience in a drug court noted the frustration of judges who, when individuals lack resources for treatment services, are faced with considering nursing facilities and jail as the viable sources of obtaining treatment.

RESPONSE: We appreciate statements of support for improved access to behavioral health treatment services under the proposed waiver from individuals connected with Missouri's law enforcement and judicial systems.

COMMENT: One commenter supported the increased access to services under the proposed Mental Health Crisis Prevention Project, stating that, for judges, there is nothing more disappointing than signing a 96 hour warrant and order, then having the individual on the street without more than a momentary improvement in their attitude.

RESPONSE: We appreciate the support for the proposed waiver program.

COMMENT: One commenter, noting that the waiver proposal would have a limited number of individuals who can be served under the waiver, expressed concern that a "first come, first served" approach to enrollment might result in individuals living in rural areas not having a chance at access to eligibility. The commenter recommended that the state consider an allotment of slots on a regional or county basis, given the critical need that judges see in seeking effective alternatives to incarceration.

RESPONSE: We appreciate the concern expressed and acknowledge that funding limitations may result in limits to the number of individuals who can be served at any given time and over the life of the waiver. The state does not plan to allocate slots geographically, preferring to administer enrollment on a first come, first served basis. However, as noted in each hearing, Governor Nixon has proposed adding another \$5.4 million in state and federal funding to support this demonstration. Should that additional funding be approved by the Missouri General Assembly, more persons will be able to access services through this waiver.

COMMENT: Several commenters noted the importance of the waiver providing improved access to services for individuals who have been involved in the justice system. One commenter stated that prisons have become large behavioral health providers at tremendous cost, citing jails that have "whole sections" for people with behavioral health issues. Another noted the experience of seeing inmates who need on-going services once released from prison but instead face a lapse in services while they seek coverage or because there is no available coverage. These individuals end up using emergency departments, fall through the cracks in the system, and end up back in the corrections system. The commenter stated that the waiver will help break this cycle. Another commenter also noted that a big cause of recidivism among young adults is the failure to stay on medications; that once out of enforced use of medications while incarcerated, these individuals need support and encouragement to stay in treatment and recovery. Another commenter stated that the approach through CIT and other community based initiatives like CMHL and ERE allow communities to keep people from "serving a life sentence on the installment plan" by making treatment available the first time individuals in crisis encounter the justice system.

RESPONSE: We appreciate the support for the waiver and agree that the proposed waiver program will help reduce rates of incarceration and recidivism for individuals in the target population.

<u>Benefits Package</u> – Several public comments were received that focused on the benefit design proposed under the Mental Health Crisis Prevention Project waiver design.

COMMENT: Multiple commenters strongly supported the inclusion of physical health and dental services in addition to evidence based services for behavioral health conditions. Another commenter

expressed support for the benefit design and a call for the state to continue to treat mental health and physical health together over the long term. One commenter noted that individuals with mental illness, on average, die 25 years earlier than people without such diagnoses, and this early mortality is primarily due to preventable physical health conditions. The quality and length of life of individuals requires accurate assessment and effective treatment of their physical as well as their behavioral health needs. Some commenters expressed particular support for the inclusion of peer supports. One commenter referred to the benefit package under the proposed waiver program as providing access to "essential care to place young Missourians on a path of recovery that leads to wellness, independence and economic productivity."

RESPONSE: We appreciate the support expressed and agree that successful treatment and recovery for the target population is best served with the availability of physical health and dental services, in addition to mental health and substance use disorder services.

COMMENT: Another commenter expressed concern that, while individuals could certainly benefit from the availability of services like dental care, particularly given the side-effects of some forms of substance abuse, the limited funds available in Missouri to extend access to care should be focused first on reaching as many individuals as possible with behavioral health services.

RESPONSE: We understand the commenter's concern about spending limited funding on physical health services when there is still a tremendous need for additional funding of behavioral health services in the state. However, we believe that a targeted benefits package of physical and behavioral health services that allows an integrated care approach is critical to achieving the goals of the demonstration waiver. Our stakeholders workgroup strongly supported the need for an integrated benefits package of both physical and behavioral health services. No changes were made as a result of this comment.

COMMENT: Multiple commenters noted the importance of the waiver benefit design promoting evidence based services. One commenter expressed particular support for coverage of peer supports. Other commenters cited the expansion of access to employment supports. One commenter noted that job development and coaching are especially important and, without coverage, difficult to implement and sustain. Other commenters noted that the ability to work and contribute to society is often an integral part of recovery for people with mental illnesses and addiction, with most individuals who work showing improvement in their mental health and greater satisfaction with their lives.

RESPONSE: We appreciate the support for inclusion of supported employment and peer supports in the benefit design under the waiver and agree that these services are important to effective treatment and recovery.

COMMENT: One commenter supported the inclusion of evidence-based supported employment as a service under the proposed waiver, stating that the practice works really well, but noting that a steady funding stream is necessary for success. Another commenter would urge the department to coordinate with the Division of Vocational Rehabilitation so the two work together to create a seamless transition between departments and services.

RESPONSE: We appreciate the support for evidence-based supported employment as a waiver service and agree that coordination between the Department of Mental Health and Division of Vocational Rehabilitation is important.

COMMENT: One commenter asked how this project would interface with CPR eligibility.

RESPONSE: The benefit design for individuals eligible under the waiver is different from the benefit package available to individuals who qualify under regular Medicaid, though many services are similar and clinical diagnostic criteria under the waiver are a subset of those under CPR. Nothing about this waiver facilitates enrollment into CPR. However, individuals enrolled in the waiver could be determined at some point to be CPR eligible if they become eligible for regular Medicaid and meet the criteria for CPR services.

COMMENT: One commenter noted the importance of housing to the target population and asked if the waiver addresses this need.

RESPONSE: The expectation is that a Community Support Specialist (CSS) would work with individual to explore housing options as they do now under CPR. Community Support is a waiver service.

COMMENT: One commenter asked if there will be any cost-sharing under the waiver that would be prohibitive.

RESPONSE: There is no spend down, but there are co-pays that are the same as regular Medicaid.

COMMENT: One commenter asked what service activities are included under the proposed "Intensive evidence based practices" service.

RESPONSE: The service under the waiver will mirror the service of the same name that is currently covered in regular Medicaid under CPR and includes functional family therapy, multi-systemic therapy, dialectic behavior therapy, and others that may be approved on request. However, under the waiver, this service will be available to individuals up to age 26; under CPR, intensive evidence based practices is a service only available up to age 21.

COMMENT: One commenter asked what kind of trauma services will be available under the waiver and recommended that TREM (treatment, recovery and empowerment model) be made available for adults, for all types of trauma.

RESPONSE: The proposed waiver benefit package includes individual counseling-trauma related and group psychoeducation-trauma related.

COMMENT: Several commenters discussed transportation services, noting that Non-Emergency Medical Transportation (NEMT) is not part of the proposed waiver benefit design. One commenter asked whether the state agreed that lack of transportation can be a barrier to access services for the target population.

RESPONSE: We agree with the commenter that inadequate transportation options can be a barrier to services access. When working with the stakeholder group in the design of the waiver, we discussed the tradeoffs that had to be made to have the greatest impact within the limited funding available. We made the decision that NEMT was not as critical as other services. Agencies providing services under the waiver will continue to assist people with accessing transportation assistance services as they do now.

COMMENT: One commenter asked whether references in the waiver to "Behavioral Health treatment provider" is limited to CMHCs or whether the waiver will include services provided by other behavioral health providers.

RESPONSE: Certain behavioral health benefits such as Medication Management and Psychotherapy/Counseling can be provided by other qualified MO HealthNet providers, not just CMHCs.

COMMENT: One commenter asked for clarification whether individuals eligible under the waiver for services like job development and coaching will continue to have to exhaust other sources of similar services under Vocational Rehabilitation before receiving services under Medicaid.

RESPONSE: To offer supported employment job development and job coaching as a Medicaid service it is required to ensure that services do not duplicate services available through Vocational Rehabilitation. Services will be provided in accordance with the Rehabilitation Act of 1973 and its amendments and will be specified in an interagency MOU assuring non-duplication. Supported employment is a support service to facilitate competitive work in an integrated work setting. The service must be identified in the individual's service plan based upon an individualized assessed need which promotes the greatest degree of integration, independence and autonomy.

COMMENT: One commenter asked whether people on the waiver will also receive help accessing other programs, e.g. food assistance.

RESPONSE: Community Support Specialists can assist waiver clients to identify and apply for general entitlement benefits including food assistance.

<u>Eligibility</u> - The state received multiple comments regarding the definition of the population targeted for eligibility under the waiver.

COMMENT: Some commenters expressed support for the proposal to extend Medicaid eligibility to young adults who are experiencing behavioral health crisis, noting that this is a high risk population and often a group that is interfacing with the correctional system. Commenters noted that this age group is also less likely to have Medicaid coverage and is therefore often left out of the system and that delayed treatment is less effective. One commenter noted that the waiver will provide critical supports that can shorten the time between first onset to appropriate diagnosis and treatment, while young adults still have support from families, communities and schools. Failure to intervene early causes individuals to be destined to become disabled by their condition.

RESPONSE: We appreciate the support and agree that early intervention with young adults is essential to reducing rates of disability within the population.

COMMENT: Several commenters raised concerns over the exclusion of 19 and 20 year olds from eligibility within the young adult population. One commenter asked the state representatives to explain why 19 and 20 year olds were not included. One commenter shared personal experience of having been a young adult in this age range who was unable to receive services for behavioral health problems outside of a hospital setting because of a lack of health insurance. This commenter strongly supported that young adults need access before the age of 21. Another commenter questioned whether the state had considered lowering the age range of covered individuals to allow coverage of 19 and 20 year olds. Another commenter expressed concern over the exclusion of 19 and 20 year olds, but also expressed an understanding that the cost of covering this age group was considered prohibitive. The commenter said the expansion under the waiver will be a big improvement for the state's behavioral health system. Another commenter noted that children aging out of foster care really need this waiver, as there are a significant percentage of kids who lose coverage for needed behavioral health services, and end up in jail or homeless.

RESPONSE: We understand and appreciate the concern expressed over the exclusion of 19 and 20 year olds. The MO HealthNet Division and the Department of Mental Health would have preferred to include these age groups within the waiver target population, since individuals this age are not eligible for CHIP. However, CMS has indicated it is not willing to allow Missouri to offer less than the full package of EPSDT benefits to individuals in this age group, even under a Section 1115 waiver. Unfortunately, the cost of including the full benefit package for this population is prohibitive; our actuaries have estimated that the MO HealthNet Division can cover 3 adults aged 21-35 for the proposed outpatient benefit package for the cost of covering one adult aged 19 or 20 for the full EPSDT benefit package. No changes were made as a result of these comments.

COMMENT: One commenter asked whether individuals with mental health conditions who also have developmental disabilities would qualify under the waiver.

RESPONSE: If individuals with developmental disabilities are already covered by Medicaid, the waiver would not impact their current benefit package or eligibility. Individuals with developmental disabilities who are not otherwise eligible for Medicaid could qualify for waiver eligibility if they are referred through the designated entry points and meet the other waiver eligibility criteria, which include having a serious mental illness and/or substance use disorder.

COMMENT: One commenter recommended that the state should reconsider the definition of clinical eligibility to include personality disorders if additional funding becomes available to support the waiver program. This commenter observed that a good number of individuals identified through emergency room diversion do have those conditions.

RESPONSE: The state agrees that if additional funding becomes available to support the waiver, eligibility guidelines, including clinical diagnostic eligibility, can be reconsidered. No changes were made as a result of this comment.

COMMENT: One commenter recommended that the state modify the definition of eligibility so that, at the time of application, the "need for treatment requires a total Daily Living Activities (DLA) GAF/mGAF score of 50 or below for both serious mental illness <u>and</u> substance use disorder" rather than as stated in the draft application "...for both serious mental illness <u>and/or</u> substance use disorder."

RESPONSE: We agree the language needs clarification, and we will revise the language in the application to state: "... need for treatment requires a total Daily Living Activities (DLA) GAF/mGAF score of 50 or below for serious mental illness or a score of 50 or below for substance use disorders."

COMMENT: One commenter asked for clarification as to whether an individual who has co-occurring SUD/SMI, and both are primary, can enter this waiver with SUD as primary.

RESPONSE: Yes, that person could enter the waiver, the diagnostic qualifications for waiver eligibility include SUD or SMI or both.

COMMENT: One commenter asked if individuals with Post-Traumatic Stress Disorder (PTSD) would be eligible under the waiver.

RESPONSE: Yes they would be eligible. Post-Traumatic Stress Disorder is included in the diagnostic criteria under the proposed waiver program.

COMMENT: One commenter noted that being a resident of Missouri is a requirement, but that the waiver is targeted to young adults, many whom are college age. The commenter asked, what happens if someone is here for college but is not a resident?

RESPONSE: A person does have to be a Missouri resident to be eligible for Missouri Medicaid, including the proposed waiver. A person is a Missouri resident if he or she is currently living in Missouri and intends to remain either permanently or indefinitely, even if the person may plan to return to a former out-of-state residence at some indefinite time in the future. Missouri residence is established based on the applicant's statement that they live in Missouri and intend to remain.

COMMENT: One commenter asked whether the Department estimated what percent of enrollment will be SUD or MI.

RESPONSE: We have looked at this data as we developed the waiver. Persons with SUD only would be a small percentage of anticipated enrollees under the waiver.

<u>Entry Points</u> – The state received several comments regarding the proposal to offer eligibility to young adults age 21-35 who are identified through two existing programs designed to identify individuals in behavioral health crisis and to link individuals to treatment: the Emergency Room Enhancement Project (ERE) and the Community Mental Health Liaison Program (CMHL).

COMMENT: Many commenters supported the use of these programs as entry points for eligible adults in the target age range. Several commenters recommended that additional entry points be included and expressed concern over having only two entry points into the waiver. Another commenter suggested that CMHL "look-alike" programs be considered as an entry door for the waiver eligibility and urged the state to consider adding these sites if additional funding becomes available.

RESPONSE: We appreciate the support for using the ERE and CMHL crisis programs as the two entry points into the waiver. We understand the concern several commenters had about limiting eligibility to those entry points and their suggestion to add more entry points, if funding becomes available, for crisis services and supports not funded through the ERE and CMHL program appropriations. Due to limited

funding we decided to limit the entry points initially to ERE and CMHL. If additional funding becomes available we will consider adding additional entry points. No changes were made as a result of these comments.

COMMENT: One commenter asked about how the state will outreach to young adults and whether, once they are referred through the entry points, the provider will reach out to the referred individual to get them into treatment.

RESPONSE: To be eligible for the waiver persons must be identified through the CMHL or ERE crisis programs. All young adults who appear to be waiver eligible will be evaluated to determine if they meet the waiver criteria for admission. CMHLs and ERE staff will work with the referred individuals to help get them into treatment.

COMMENT: One commenter stated that the waiver will help deal with the stigma of mental illness by helping to break down the barriers to convincing young adults with a new diagnosis that they need treatment. The commenter asked if individuals will have to reauthorize eligibility each year.

RESPONSE: Yes, there is an annual redetermination for waiver Medicaid eligibility just like regular Medicaid.

COMMENT: One commenter asked whether the proposed entry point programs serve individuals with both MI and SUD.

RESPONSE: Yes, individuals with MI and/or SUD are being served by both entry point programs.

<u>Enrollment Process</u> – Several comments and questions were received regarding the process for individuals to apply for and enroll in Medicaid under the waiver demonstration, including about how the process would work for individuals.

COMMENT: One commenter noted that applying for Medicaid is sometimes difficult and asked how the process will work under the waiver. One commenter asked whether individuals will still have to apply for Medicaid first. Another commenter asked when the state would have details on the enrollment process. Still other commenters asked if there would be assistance for individuals to complete the paperwork for application.

RESPONSE: We appreciate the commenters' interest in the enrollment process. Once someone is identified for the waiver, they will receive assistance in enrolling for Medicaid by the CMHC. The state is still working on the details of the consumer application and enrollment process. There will be a separate application process from regular Medicaid; it is the state's intention to create a streamlined process for waiver eligibility determination and enrollment. The state has already begun to roll out a proposed process for discussion with the Coalition fiscal officers' group and other CMHC staff regarding waiver eligibility determination, including financial and clinical eligibility.

COMMENT: One commenter asked for clarification regarding the role and location of the 31 specially trained professionals to be made available through the CMHL program, and if they have caseload requirements or quotas.

RESPONSE: Every CMHC has at least one CMHL and some larger ones have two or three. CMHLs are located in all 25 service areas and will be one of the two entry points into the waiver. There is no caseload target or quota for individual CMHLs.

Waiver Oversight – The state received one comment regarding ongoing oversight of the waiver.

COMMENT: One commenter stated the Mental Health Crisis Prevention Project waiver should be monitored by a Utilization and Outcome Analysis group composed of key stakeholders, including consumer and family member advocacy organizations.

RESPONSE: We appreciate the comment. We have not defined the oversight methods for the waiver. We will take this comment under advisement, and plan to consult with our existing State Advisory Councils which include strong representation from consumers and family member advocates.

<u>Budget Neutrality</u> – The state received one comment that addressed the calculation of budget neutrality under the Section 1115 waiver.

COMMENT: One commenter stated that while the approach to calculating budget neutrality for Section 1115 waivers focused on state and federal Medicaid expenditures, policy makers should remember that significant state and local law enforcement dollars are currently being spent on supervising behavioral health conditions through law enforcement, instead of through treatment services. These are ineffective expenditures and the value of the waiver is greater than the budget neutrality calculation.

RESPONSE: We appreciate the comment and note that the investment in coverage and treatment under the Mental Health Crisis Prevention Project is expected to reduce involvement of this population with law enforcement and corrections. No changes were made as a result of this comment.

<u>Application Process and Waiver Characteristics</u>: Several participants in the public hearings asked questions about how the federal waiver works and about the application process itself.

COMMENT: Several commenters had questions about the public input process. One asked whether the summary of written responses will be on the state's web site. Another commenter asked whether the state is approaching individuals in this age group to get input.

RESPONSE: The summary of written responses will be available on the Missouri Department of Social Services/MO HealthNet Division website at http://dss.mo.gov/mhd/ and will be included in the waiver application filed with CMS. In addition to the formal public hearing process to solicit input from stakeholders, including individuals in the target population, the state has worked with a waiver stakeholders group that includes providers and consumers and family member advocate organizations who represent the interests and needs of young adults.

COMMENT: One commenter asked what happens next in the application process.

RESPONSE: After the public comment period ends, Missouri will complete the final section of the waiver application regarding the comment period and public hearings. The Governor's office and the MO HealthNet Division (MHD) will review the waiver application, and then MHD will submit the waiver application to CMS sometime in April. Next there is a thirty day federal public comment period. There will then be discussions with the state, hopefully culminating in an approved waiver with final terms and conditions. We hope to implement on July 1, 2016.

COMMENT: One commenter asked about the length of the waiver and whether, if services are added to the general Medicaid program in the future, those new services will be added to this waiver.

RESPONSE: The waiver is a five year demonstration. If new services are added to the general Medicaid program during that time period, Missouri will have to decide if they should be included in the waiver and then request an amendment to the waiver from CMS.

COMMENT: One commenter asked the state to clarify how much state and federal money is included under the projected waiver expenditures. Another commenter asked for clarification on whether CMHCs would need to put up match funds under the waiver.

RESPONSE: The application projects approximately \$13 million in expenditures each year for the target population enrolled including both state and federal dollars. The Department of Mental Health has committed \$5 million in state general revenue funds as state match as part of the \$13 million total, so CMHCs will not have to put up matching funds from their current allocations. As discussed at each of the public hearings, Governor Nixon has proposed adding another \$5.4 million in new state and federal funding to support this demonstration. Should that additional funding be approved by the Missouri General Assembly, more persons will be able to access services through this waiver.