Missouri's Spend Plan: Increased Federal Medical Assistance Percentage (FMAP)under Section 9817 of the American Rescue Plan

Final Report

Pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2) and guidance set forth in SMD# 21-003, issued on May 13, 2021, Missouri respectfully submits the following Final HCBS Spending Plan Narrative. Each initiative is organized by the Activity Functions defined within the CMS guidance. Missouri explored various federal funding opportunities, state, and local resources to maintain these systems after exhausting the ARP funds. The Missouri General Assembly has invested in the initiatives approved in Missouri's Spend Plan focusing on direct care workforce development; maintaining access to care by addressing logistical hurdles for providers; promoting quality assurance and integrity within the HCBS system; enhancing the technology infrastructure and training components of the Home and Community Based and Rehabilitative service programs; and various safety and environmental improvements for dozens of behavioral health clinics across the state all while ensuring fiscal stability for long-term success of these initiatives.

I. Funds Attributable to FMAP Increase

The enhanced earnings attributed to the 10% increase in FMAP for home and community-based services between April 1, 2021 and March 31, 2022 totaled $275,014,101. This incorporates rehabilitative services, including mental health and substance use disorder services, which have been authorized under this benefit and can be claimed at the increased FMAP under Section 9817 of the ARP. In Missouri, these rehabilitation service programs pertaining to mental health and substance use disorder services are: Community Psychiatric Rehabilitation (CPR) program (State Plan), Comprehensive Substance Treatment and Rehabilitation (CSTAR) program (State Plan), and Certified Community Behavioral Health Organizations (CCBHO demonstration Section 223 of the PAMA 2014).

II. Stakeholder Input

Missouri engaged stakeholders across the spectrum during the development of this spending plan and continued to value and encourage stakeholder engagement in the development and implementation of the initiatives to strengthen Missouri's HCBS system in a stable, long-term manner. Formal notice for public comment was published on July 15, 2021 on MO HealthNet Division's website on the web page designated for alerts and public notices. Comments were received from:

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

In addition, outreach, information and public comment opportunity was provided. The state developed the spend plan through close communication with stakeholders. Individual meetings were scheduled with providers, association leaders, and other stakeholders interested in assisting with the developed spend plan initiatives. Upon submission of the spend plan, the draft was formally published for review and feedback. The state continued to collaborate on the initiatives as they

developed and advanced through the general assembly process. Continued collaboration has included statewide webinars and conference presentations; along with the ongoing individual meetings.

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

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

III. Narrative

A. HCBS Provider Payment Rate and Benefit Enhancements

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

   Funding available through this initiative helped transition the Department of Mental Health Division of Developmental Disabilities (Division of DD) HCBS provider rate methodology from provider negotiated rates to standardized rates which addressed our corrective action plan. HCBS waiver provider rates for the Division of DD have increased by an estimated 46% on average since SFY 2022.

   Likewise, since SFY 2022, provider rates for the Department of Health and Senior Services (DHSS)Home and Community Services providers have increased an average of 38%, in addition to the 5.29% rate increase funded by this initiative. The General Assembly included appropriations in the State Fiscal Year 2023 budget for the continuation of the State Fiscal Year 2022 rate initiatives above, as well as additional funding to further increase rates within

the market value scale to support an increase in compensation of direct care support professionals.

The General Assembly also included appropriations in the State Fiscal Year 2024 budget to fund the Medicare Economic Index (MEI) rate increases of 7.96% for the Certified Community Behavioral Health Clinics. The General Assembly appropriated general revenue to sustain this increase going forward.

Authority: State Plan Amendment (SPA) for state plan services (already obtained for item #1 through SPA 21-0026), 1915(c) Waiver for waiver services (already obtained for item #1 through an Appendix K Addendum and the following 1915(c) waiver amendments: MO.0178.R07.03, MO.4185.R05.10, MO.0404.R04.03, and MO.0841.R02.13), and Section 223 Demonstration for Certified Community Behavioral Health Clinics.

B. <u>Work Force Recruitment and Support</u>

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

1. NCI Staff Stability Survey Incentive Payment - Missouri developed an annual incentive payment to providers who complete the annual State of the Workforce Survey formerly referred to as the National Core Indicators (NCI) Staff Stability survey. The intellectual and developmental disabilities (IDD) survey and the aging and disability (AD) survey provide data on wages, turnover, and retention within the Direct Support Professional workforce. The survey data provides knowledge on the existing workforce challenges while the State attempts to address the direct care workforce crisis and implement long-term strategies for creating a more stable workforce. DHSS also developed a consumer directed model survey to collect and evaluate similar data points for the consumer directed state plan services.

   The State of the Workforce survey is open for any current waiver provider. The information provided through the survey will allow for Missouri to create a blended benchmark level for staffing. The survey information also allows for the state to know what unique and tailored ways providers are using wages and other benefits to retain staff.

   The Division of DD developed an annual incentive payment of $2,000 for qualifying providers that provide DSP services in a residential, in-home, or non-residential setting. During the first year, of the 261 DD providers that participated in the survey, only 97 requested an incentive payment. The Division of DD anticipates that these figures will grow as the initiative matures.

   The Division of DD utilized HCBS enhanced FMAP appropriated in SFY 2023 for its incentive payments outlined above. The General Assembly appropriated general revenue to sustain the Division's initiative going forward. The state continues to collect and analyze data to mature the value-based payment models with the long-term goal of linking payment to individual's quality outcomes.

DHSS used enhanced FMAP funding to develop and implement two cycles of this initiative but the state appropriated general revenue to sustain this initiative going forward. DHSS issued a value based payment of $2,000 for eligible providers that completed the surveys. In year one, 198 agency model providers received the incentive payment and 346 consumer directed service providers. In year two, 225 agency model providers received the incentive payment using enhanced FMAP funding and 381 consumer directed service providers received the incentive payment using state funding resources.

The state continues to collect and analyze data from these surveys to aid in decision making efforts and to inform future initiatives moving forward. Currently DHSS is undergoing an updated rate study, and information from the surveys will be used as a collateral resource along with BLS and other standardized data. Additionally, direct care workforce training initiatives are in development based on information learned from the surveys.

One challenge DHSS has faced with this initiative is getting accurate data. During data validation, it is clear providers interpret questions very differently. DHSS did see an improvement from year 1 to year 2 in this; however, it continues to remain a challenge. Another challenge is enticing completion of the survey. Even with the incentive payment, DHSS has only received survey responses from about 25% of providers. However, of the 25% who have responded, the data set provided a universal sample of the provider community.

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

2. DSP Training and Training Modules - Additional provider payments were leveraged to increase recruitment and retention of in- home workers and direct support professionals (DSP), as well as workforce and performance incentives for attendance and quality. DSP recruitment and retention, enhanced training and reduced turnover of workforce leads to better health outcomes for clients.

   The Division of DD developed a DSP training plan that incorporated a total of 200 training modules, covering various essential skills across 12 competency areas. These modules were designed to enhance the skills and competencies of DSPs, leading to improved service quality and client outcomes. The providers that received the additional ARP Section 9817 funded payments are delivering services under those listed in Appendix B of the SMDL.

   Since the DSP training plan was launched in July 2022, there have been 9,971 individuals that have completed at least one module in the DSP training plan with a total combined 359,826 training hours completed. Providers used the Relias Portal for the training requirements and 244 Missouri providers have DSPs that have completed at least one DSP training module.

The Division of DD also established incentive payments for DMH DD providers who demonstrate their non-licensed professional staff who deliver Home and Community Based services have completed certain levels of direct support professional training above the required training. There are three levels based on the number of training hours completed: level 1 is 50 hours, level 2 is 100 hours, and level 3 is 158 hours. The courses in the training plan can be taken in any order and a certificate is issued upon completion. In addition, the 158 hours align with the MO TaP registered apprenticeship hour requirements.

The Division of DD providers may earn an incentive payment for each training level twice a year, once every 6 months. To earn the payment(s) providers must provide verification that shows their DSP workforce has met one of the three below training levels. The incentive payment amount is equivalent to 1% per each training level (maximum of 3%) of the total applicable Medicaid paid claims (for certain services) made to the agency provider for the applicable six-month period.

a. Level 1 - Provider can demonstrate that 90% of their DSP workforce that has at least 6 months tenure with the same agency has completed level 1 DSP training (50 hours).
b. Level 2 Provider can demonstrate that level 1 DSP benchmark has been maintained and 50% of DSP workforce that has at least 6 months tenure with the same agency has completed level 2 DSP training (100 hours).
c. Level 3 Provider can demonstrate that level 1 and 2 DSP benchmarks have been met and maintained and 50% of DSP workforce that has at least 1 year tenure with the same agency has completed level 3 training (158 hours).

Number of Providers At Different Levels of Training By Reporting Period			
	SFY 23 July - December	SFY 23 January - June	SFY 24 July - December
Level 1	6	2	1
Level 2	0	2	3
Level 3	0	3	7
Did Not Meet Criteria	9	10	4
Total No. Of Reporting Providers	15	17	14

The Division of DD used HCBS enhanced FMAP funding to develop this initiative, but the state appropriated general revenue to sustain this initiative going forward. The state continues to collect and analyze data to mature the value based payment models with the long-term goal of linking payment to individuals' quality outcomes.

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

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

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

   The Apprenticeship Director is responsible for the direct implementation of the Missouri Talent Pathways (MO-TAP) Registered Apprenticeship initiative. This position has been pivotal in the recruitment of service providers as employer partners and the growth in the number of apprentices and graduates. In addition to outreach efforts, providing technical assistance to service providers and managing the registered apprenticeship data, the director works with all employer partners to implement standardized operating procedures to ensure fidelity in implementation of the program. As of March 31, 2024, there are 21 Missouri employer partners with 223 employees actively progressing toward completion of the DSP apprenticeship program. There have been 58 graduates from the program that have seen a $1.85/hour average wage increase since completion.

   The Division of DD also developed a Certified DSP Registered Apprenticeship value-based incentive payment to encourage providers to hire individuals participating in the DSP apprenticeship program. Two payments of $1,560 are available for contracted providers after the progressive completion of the program by eligible new employees. The first payment is available after 50% completion of program and the second payment is available after 100% completion of the program.

   Although the incentive payment was designed to only be for new hires, the Division learned that the apprenticeship program itself may also be beneficial as a training and retention tool for the current workforce.

   The Division of DD used HCBS enhanced FMAP funding to develop this initiative, but the state appropriated general revenue to sustain this initiative going forward. The state continues to collect and analyze data to mature the value based payment models with the long-term goal of linking payment to individuals' quality outcomes.

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

4. Workforce Environmental Scan - This administrative contract with Missouri's state Medicaid actuaries emulated identified best practices for healthcare workforce being conducted at the federal level by the Center for Health Equity. The actuaries conducted an environmental scan of identified best practices for the HCBS workforce, provided recommendations to help Missouri further operationalize existing efforts to improve the HCBS Direct Support Professional (DSP) workforce stability. The goal was to understand requirements and functions for job roles within each HCBS workforce, determine gaps and barriers to HCBS DSP career paths among those entering the field, and ultimately advise the state on reforms necessary to remove those barriers and create clear cross-sector career path trajectory for those entering the HCBS workforce. Future apprenticeship opportunities, value based payment incentives, and other workforce initiatives will be built around the recommendations with a goal of ensuring a sustainable healthcare workforce for the state. The Workforce Environmental Scan performed by the state's actuaries with ARP Section 9817 funds target providers delivering services under those listed in Appendix B of the SMDL.

   The Missouri Workforce and Economic Research for Care Careers Study was completed by the actuaries April 5, 2024. The report included a gap analysis to examine similarities and differences between Missouri's DSP workforce initiatives and those occurring across the country. This gap analysis provided insight into how Missouri's efforts compare to other states and identified a few areas of opportunity for Missouri to consider across three main domains outlined below.

   - **Provider Rate Increases and Other Payment Initiatives**
     According to the report, one of the most common strategies that states are employing to help HCBS providers attract and retain DSPs is increasing rates to infuse funding that allows providers to increase the hourly wage being paid to DSPs. Missouri's efforts fall in line with this approach. Missouri commissioned a provider rate study which also included key DSP benefits such as health insurance, life/disability insurance, and retirement contributions. This information was used during the state budget process and resulted in provider rates being funded to a level that supported a $15 hourly starting DSP wage effective July 1, 2022, for both the Division of DD and Division of Senior and Disability Services (DSDS) In addition, both the Division of DD and DSDS implemented several VBP initiatives effective January 1, 2023, that are described in other sections of this paper and allow providers to obtain incentive payments for various workforce-related activities.

     The Division of DD continued their rate study efforts during 2022, and the updated rate study concluded current market factors indicated the need for HCBS rates to support starting DSP wage range of $17-$21 per hour. The Division of DD was able to use this information during the state budgeting process for state fiscal year 2025.

Based on this information, the Missouri General Assembly included appropriations to fund rates at $17.02 hourly starting DSP wage effective July 1, 2024.

To enhance the above efforts, the report indicated that Missouri may want to continue to focus on increasing DSP wages to a level that allows DSPs to view the job as a meaningful career and provides them with sufficient income to make a living. In addition, Missouri could continue to collect DSP workforce data through the annual State of the Workforce Surveys and via other stakeholder outreach activities. This would enable the Division of DD and DSDS to monitor key data metrics and track changes over time. Data collected through these efforts can directly inform future rate study efforts and ultimately help providers employ sufficient levels of DSP staff needed to meet the needs of the Division of DD and DSDS participants.

- **Professional Development**

  The report showed that Missouri and many other states place a large focus on professional development with a goal of improving service delivery and providing better overall care. In addition to the MO-TaP apprenticeship program, the Division of DD and DSDS offer many other DSP professional development opportunities including Co-Occurring Disorders training, the Trauma Initiative, and the FastTrack workforce initiative.

- **Recruitment and Retention Efforts**

  Missouri's DSP recruitment strategy was reported to be broad and includes many different positions that fall under the DSP role. Missouri currently administers various programs geared toward DSP recruitment, including the MO-TaP apprenticeship program, Health Professional Loan and Loan Repayment program, and Primary Care Resource Initiative for Missouri. In addition, there continues to be collaboration efforts across other state agencies that provides a natural process of recruitment to combat DSP workforce shortages.

  In addition to DSP wage increases, the report identified a number of opportunities that could supplement Missouri's efforts in the areas of professional development and recruitment and retention. Some of the opportunities identified include partnerships with educational entities such as expanding high school curriculums geared toward CNAs to include a module on home and community based services, consider a DSP assistant role if Missouri decides to reduce the DSP minimum age to 16 years old, utilize national DSP certifications which may be more flexible than the MO-TaP apprenticeship program, utilize a career ladder visual graphic to easily illustrate and promote DSP career ladder opportunities, streamline DSP qualifications between the Division of DD and DSDS, increase public/stakeholder engagement, create a DSP advisory council or join with another workforce council already in place, continue to collaborate with the Office of Workforce Development for a DSP-specific job fair, stretch/extend the workforce through the use of assistive technology, develop specific engagement targeted for rural areas, develop an innovation fund to provide grants for new approaches to training, develop a LTSS career-match web-based tool to support the search for DSPs with caregivers.

The Division of DD used HCBS enhanced FMAP funding appropriated in SFY 2023 to initially commission this report and used general revenue funding in SFY 2024 as the report was completed.

DHSS has utilized information from these scans to further conversations with stakeholders on how to strengthen and support the direct service worker (DSW) industry in two ways:

1) Creating a DSW Provider Workforce Taskforce comprised of key providers and industry associations to develop methods to support and strengthen the direct service workforce. The goal is to develop a value-based initiative that focuses on training and education of direct service workers that will promote self-confidence in their role, improve retention, and enhance service delivery quality for HCBS participants.
2) Implementing a DSW Panel to gain insight into best practices in the direct service worker industry from the front line staff. The panel will identify and propose next step solutions focused on enhancing the direct service worker's role to promote quality care for consumers.

DHSS will continue to use Medicaid administrative funding to sustain these initiatives going forward.

Authority: Medicaid FFP for the administrative services.

C. New and/or Additional HCBS

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

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

to be assessed using the old/standard eligibly criteria, while also allowing those that would newly become eligible with the new transformed LOC criteria to receive services.

Missouri continues to maintain this dual system through state spending of Section 9817 ARP funding when the existing “old” LOC criteria will effectively sunset and the state will only consider eligibility under the “new” criteria. Missouri utilized enhanced HCBS FMAP earnings for the individuals who gained eligibility to services because of the expanded population served under the “new” LOC. The state has appropriated general revenue with federal match to continue to sustain this initiative until such time the MOE is lifted and Missouri can finalize implementation of LOC transformation.

There were limited challenges associated with implementation of this initiative. Of course, with case load growth comes additional need for state resources for intake, assessments, and care plan management. With an already strained workforce during the public health emergency, the increased case load presented additional capacity constraints.

Authority: No new authority needed.

2. Environmental Accessibility Adaptation (EAA) Limitation Increase - Missouri initially used ARP Section 9817 funds to increase the environmental accessibility and adaptation service spending limits in all applicable intellectual/developmental disability (IDD) waivers from $7,500 to $10,000 annually to address concerns that the $7,500 limit was a barrier to individuals being able to utilize this service. Although the Division of DD used HCBS enhanced FMAP funding for this initial increase the state has appropriated general revenue to sustain the increase going forward. While the increase in the annual limit was intended to provide further access for modifications, we learned that the initial increase to $10,000 annually was not enough to keep pace with the inflationary costs of materials and labor for home and vehicle modifications. Therefore, the state amended the IDD waivers to update the maximum limit from $10,000 annually to $20,000 biennially and removed the exception process effective January 1, 2023. This allows for more costly adaptations to be available for individuals that need them to ensure their health, welfare, and safety in the community. As reflected on the below chart, the number of individuals accessing this service decreased as the job costs increased between FY 2022 and 2023. After increasing the limit to $20,000 biennially, the number of individuals receiving the services returned to previous levels in FY 2024.

Number of Individuals Authorized for EAA Services	
State Fiscal Year	Number of Individuals
2021	244
2022	280
2023	256
2024	282

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

3. Activity Retired. Missouri is actively pursuing this activity for implementation at a future date. We are currently pursuing other funding sources through our Budget Process to implement the program.
   Medical Day Care - Missouri is exploring a medical day care model for medically fragile children to attend school or daycare. Facilities would have a medical wing or room staffed with the necessary nursing and therapy personnel. This would allow children the opportunity to learn and socialize but have needed medical care available. Providers would be delivering services listed in Appendix B. The facility type has not yet been determined. All applicable settings requirements would be met.

D. Strengthening Assessment and Person-Centered Planning Practices

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

1. Quality Reassessment Initiative - Missouri expanded reassessment partnerships by providing targeted enhanced administrative rates for reassessments performed. Partners currently receive $75 per reassessment, an administrative rate last modified in 2014. This initiative increased certain administrative rates with an optional quality bonus payment for assessors that consistently meet specified quality and quantity standards. The state had already implemented a quality review and assurance unit to oversee administrative oversight of this proposal. DHSS used enhanced FMAP funding to develop and initially fund this initiative, but the state appropriated general revenue to sustain this initiative going forward.

   This initiative has led to strong and resourceful partnerships. However, early progress was slower than anticipated due to hiring challenges during the PHE, particularly in urban areas. As the PHE began to lift, recruitment slowly increased which allowed the partnerships to develop in more areas of the state.

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

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

FMAP funding to begin development of this initiative; however, there have been substantial contracting delays for full implementation. The state will continue to pursue this initiative as we have received feedback from our provider community that this would be a valuable resource. The state appropriated general revenue to sustain this initiative going forward.

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

3. InterRAI Functions - Missouri is participating in the Advancing InterRAI package led by ADvancing States, supported by HCBS Strategies and InterRAI fellows. The package is designed to help states collect accurate, valid, and reliable data in the most efficient manner possible and use those data for improving the equity and efficiency of their programs. While MO has been utilizing the InterRAI HC assessment tool since 2011, the new package through Advancing States allows DHSS to gain a better understanding and receive technical support to better integrate the associated tools of the HC. This has been especially helpful during the design, development, and implementation of the upcoming case management system. Through this package, DHSS has gained insight on how to best enhance the new system with the available InterRAI resources and tools. The state appropriated general revenue to sustain the ongoing costs associated with this initiative going forward.

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

4. Screening/Assessment Data Exchange - The State of Missouri and Missouri Health Information Exchange (HIE) have tested and successfully completed Phase 1 implementation of real-time sharing of the Individual Support Plan through the eLTSS dataset via a FHIR API standard transaction. The State will serve as the source of truth for this dataset, supporting queries and exchange with the Missouri Health Information Networks based on nationally recognized data standards and modern internet technology to catalyze social care integration and support individuals and their caregivers with higher-quality care. The General Assembly included appropriations in the SFY 2023 and 2024 budget to provide one-time costs supporting the exchange of eLTSS screening and assessment data with ARP Section 9817 funds. Missouri has set a national precedent by being the first state agency to demonstrate and test the exchange of person-centered care plan data mapped to the eLTSS dataset and national data standards. By improving the accessibility and sharing of data, this project supports ongoing Value-Based Payment (VBP) initiatives and enhances the quality of life for 40,000 individuals with IDD receiving services in Missouri. This effort underscores Missouri's leadership in health information technology and its commitment to bettering the lives of its most vulnerable residents.

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

5. HRST Implementation Training - Missouri is implementing the MO Health Risk Screen Tool (HRST) in conjunction with the IDD waivers. ARP Section 9817 Funding supported the upfront one-time training costs of development for raters and other team members as it pertains to MO HRST process implementation. Training development included 10 Missouri specific process trainings as well as the e-learn modules on person centered thinking. To date there have been 3,406 active users who have completed their assigned prerequisite trainings and can access the HRST.

The Division of DD used HCBS enhanced FMAP funding for the one-time costs to develop this initiative.

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

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

   This value-based incentive payment was a one-time payment of $72.20 to DMH DD providers for each individual initial HRST that a provider completed prior to the end of SFY 2023. Incentive payments were made to 55 contracted providers for completion of 1,203 initial health risk screenings.

   The Division of DD used HCBS enhanced FMAP funding to process payments made during SFY 2023. General revenue funding was used to finish processing the payments that carried over into SFY 2024 related to screenings done at the end of SFY 2023. This initiative is not ongoing.

   Authority: 1915(c) waiver amendments for the value based payments approved effective 1/1/2023: MO.0178.R07.05, MO.4185.R05.12, MO.0404.R04.05, and MO.0841.R02.15 and State Plan Amendment (SPA 23-004, effective April 1, 2023).

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

   Missouri contracted with IntellectAbility to custom develop a training titled "Medication in People with IDD" in the app.

   The Division of DD utilized the HCBS enhanced FMAP appropriated in SFY 2023 for its initiatives outlined above and the state appropriated general revenue to sustain these efforts going forward.

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

E. Quality Improvement Activities

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

1. DD Provider Quality Enhancement Review Contracts- Missouri contracted with Columbus Medical Services LLC to support the Department of Mental Health with the development of IDD provider of service compliance reviews; targeted case management reviews, annual provider performance reports; development of a provider scorecard; clinical mortality review; due process coordination; and other validation reviews, reports and technical assistance. Included in these efforts, there have been over 379 provider reviews and over 67 TCM reviews completed through this administrative contract. The additional provider review services to enhance quality will target providers delivering services under those listed in Appendix B of the SMDL.

   The Division of DD used HCBS enhanced FMAP funding to develop this initiative, but the state appropriated general revenue to sustain this initiative going forward.

   Authority: Medicaid FFP for administrative functions.

2. Medication Administration Certification – This initiative was intended to enhance DD Medication Administration Certification in an effort to reduce medication errors which can lead to avoidable ER visits and hospitalization. The enhancements that were planned included components such as the development of a new med aide registry, biannual training and advanced skill set trainings for Certified Medication Administration Personnel. The new training enhancements were planned to address themes pertaining to Med Error data. Although the General Assembly included appropriations in the SFY 2023 budget for Missouri to develop the new med aide registry and advanced skill sets with ARP Section 9817 funds, this initiative has not yet been implemented. However, the General Assembly appropriated general revenue to fund this initiative in the future.

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

3. Tiered Behavior Support Incentive Payments – The state implemented MO Tiered Supports to support providers in developing and maintaining universal systems of support which result in higher quality of life, fewer risk outcomes, and reduced staff turnover. There is initial data supporting that higher implementers of Tiered Supports, the better quality and reduced cost. Missouri established quality incentive payments for Agency Individualized Supported Living providers who submit Tiered Support data elements identified in the provider contract through web-based data collection system, as well as incentive payments for successfully implementing Tiered Support universal systems. Agencies submitting 100% of data elements identified in the provider contract through the Division’s data collection system received a monthly incentive payment of $174 for data reported. Agencies meeting tiered performance of implementation systems using criteria defined in the provider contract received a quarterly incentive payment based on their tiered level of implementation. Quarterly incentive payments of $15,000 (high level), $10,500 (moderate level), and $6,000 (low level) were available to participating agency Individualized Supported Living providers that met the criteria for the different levels of implementation. As demonstrated in the below chart, between the first reporting period and the most

current reporting period, providers progressed through the different levels of implementation.

Number of Providers at Different Levels of Implementation		
Level of Implementation	SFY 23 Quarter 1	SFY 24 Quarter 3
Low	19	17
Moderate	3	6
High	0	4
Total	22	27

The Division of DD used HCBS enhanced FMAP funding to develop this initiative but the state appropriated general revenue to sustain this initiative going forward. The state continues to collect and analyze data to mature the value based payment models with the long-term goal of linking payment to individuals' quality outcomes.

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

4. Individual Employment Report Incentive Payment- Missouri established quarterly Quality Incentive Payments for contracted employment service providers that submit data elements identified to measure outcome and performance in the delivery of Career Planning, Prevocational, Job Development, Supported Employment, and Benefits Planning services. Contracted employment service providers must submit outcome report(s) for every individual in receipt of qualified services including: units of service delivered, activities completed, individual preferences, individual progress/needs, outcomes & service completion. To incentivize providers to share this data, a payment of $55 per quarterly report submitted per individual, per employment service is available for contractors providing qualified services that request the payment. The data collected will be utilized for benchmarking performance to inform future development of value based payments.

   As of March 31, 2024, there were 26 providers that provided data and participated in this incentive. The successful completion rate for individuals who were reported to complete the service are as follows:

   Benefits Planning Successful Completion Rate: 100%
   Career Planning Successful Completion Rate: 73%
   Job Development Successful Completion Rate: 63%
   Prevocational Services Successful Completion Rate: 51%

   For Supported Employment, the average wage reported by providers is $0.18 above the minimum wage - for SFY24 Q3, average wage is $0.60 above current minimum wage.

   Throughout the life of the incentive, only 15% of individuals have separated from their job while 85% have had ongoing employment.

The Division of DD used HCBS enhanced FMAP funding to develop this initiative but the state appropriated general revenue to sustain this initiative going forward. The state continues to collect and analyze data to mature the value based payment models with the long-term goal of linking payment to individual's quality outcomes.

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

5. Value Based Purchasing Research, Planning, and Tools - The state is moving forward with value-based purchasing (VBP) including interoperability with health information exchanges. ARP Section 9817 funds were used to contract for the training coordination for the new online case management system, as well as project management and technical support for the successful implementation of the eLTSS FHIR IG project phase 1.

   The Division of DD utilized HCBS enhanced FMAP appropriated in SFYs 2023 and 2024 for its initiatives outlined above and the state appropriated general revenue to sustain this initiative going forward.

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

6. Remote Supports Incentive Payment – This activity established Quality Incentive Payments for Agency Respite and Agency Individualized Supported Living where Waiver Providers have assisted waiver participants to attain increased level of independence and self-sufficiency through the implementation of Remote Supports. The incentive payment is equivalent to 15% of the State's share of costs avoided due to the decrease of in-person paid supports. The goal of remote supports implementation is person-centered to attain a level of independence and self-sufficiency while maintaining and supporting community integration. Increased independence and self-direction positively impacts a persons' ability to participate in community activities and develop non-paid relationships with community members. Remote monitoring assists the individual to fully integrate into the community, participate in community activities, and avoid isolation. Through the growth and expansion of remote supports there is a reduction in the number of direct support hours which accomplishes: increased independence for individuals, accommodates the need for lower staffing patterns which is a solution for the workforce shortage, and allows for staff hours to be directed to those in need of the hours.

   As of the quarter ending March 31, 2024, 19 providers have participated in requesting the incentive payment for 82 people. The cost avoidance for these individuals exceeded $5.8 million; the reduction in the hours of in-person service delivery avoided the cost of 82 DSPs. Those 82 DSPs have been reallocated to serve others in need. To expand the use of remote supports nationally, Missouri contributes to national consortiums; consults with states in the development of remote support services; and shares the lessons learned and best practices.

The Division of DD used HCBS enhanced FMAP funding to develop this initiative but the state appropriated general revenue to sustain this initiative going forward. The state continues to collect and analyze data to mature the value based payment models with the long-term goal of linking payment to individual's quality outcomes.

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

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

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

1. Electronic Visit Verification - The 21st Century CURES Act of 2016 requires HCBS providers to utilize technology to capture point of service information related to the delivery of in-home services, including electronic timekeeping and tasks provided during each visit. Certain eligible providers received a one-time incentive for successfully connecting and transmitting data to the Missouri Electronic Aggregator Solution and additional payments which incentivized minimal manual entries to the system. Utilizing EVV in a consistent and meaningful way represents added value to the HCBS program through increased data leading to better coordination of care, increased provider and caregiver responsibility, and verification that the participants needs are being met.

   This initiative encouraged providers to better understand their responsibilities associated with communicating EVV data to the statewide Aggregator Solution. It also helped the state enhance oversight strategies and prepare for the next phase of EVV implementation.

   Value Based Initiatives require clear requirements and delineations for payment receipt. Communication of these requirements are key to clear understanding. Throughout the process, DHSS learned how to better communicate requirements and ensure clear payment boundaries.

   DHSS used enhanced FMAP funding to pay for this initiative. At this time, DHSS is not planning to continue these specific initiatives.

   Authority: Per CMS Guidance to Missouri's State Plan Amendment 23-0001, the connection payment was paid using 100% HCBS enhanced FMAP funding. Minimum manual edits were paid using enhanced FMAP and FFP, per the approved state plan. DHSS will not continue this payment incentive moving forward.

2. Electronic Visit Verification Incentive Payment – Missouri's Division of DD established Quality Incentive Payments for Agency Personal Assistant Services (Not Self-Directed) where Personal Assistant Waiver Providers are engaged in Electronic Verification Visit (EVV) with the Missouri Aggregator. Agency personal assistance providers could earn incentive payments twice a year (equivalent to 1% of total Medicaid personal assistant claims payments) to interface with an EVV vendor, complete state system aggregator registration with on-boarding training, and successfully transmit at least 80% of their personal assistant EVV records to the state aggregator system. This initiative was designed to encourage providers to better understand their responsibilities associated with communicating EVV data to the statewide Aggregator Solution. However, it became apparent that DD PA providers needed additional education on the importance of monitoring their EVV vendor, matching of the EVV records to claims, and accessing the MHD aggregator. In response, the Division of DD provided additional monthly technical assistance webinars to assist PA providers over a 3-4 month time period. Additionally, based on the minimal level of participation in this incentive (between 19-28 providers depending on the reporting period), the payment amount may not be sufficient to incentivize providers to participate.

   The Division of DD used HCBS enhanced FMAP funding to develop this initiative but the state appropriated general revenue to sustain this initiative going forward. The state continues to collect and analyze data to mature the value based payment models with the long-term goal of linking payment to individual's quality outcomes.

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

3. Activity Retired. Missouri will review pursuing this activity at a future date, but will not use this funding source.
   EVV Claims Adjudication DSS - Ensure all HCBS providers have successfully connected to the state EVV aggregator and are submitting the required data. The end goal is for claims to use electronic visit and verification (EVV) data and check for program eligibility prior to payment. This activity enhances the EVV requirements in place as of April 1, 2021 by incentivizing providers to submit their EVV data to the state's aggregator system for front-end edit processing and rejecting invalid claims prior to submission to the MMIS, essentially eliminating pay and chase. These checks would be done on the front end by processing and rejecting invalid claims before they get to the MMIS, eliminating pay and chase.

4. HCBS Case Management System - The DHSS HCBS program currently relies on five siloed solutions to support the business needs of the program. The siloed approach introduces several, non-value add processes that serve as impediments to program efficiency. In June 2023, the design, development, and implementation of a new system launched incorporating all required functionality into one solution including: information gathering and referral, intake, assessment/reassessment, care planning and service authorization, and workflow management. DHSS used enhanced FMAP funding to support much of the DDI of this initiative and the state appropriated general revenue with federal match to sustain this initiative going

forward. The state continues to work through the various contracting processes that are necessary for a successful implementation. We have experienced minor delays; however, we are steadfastly moving forward and have an anticipated launch for this new system scheduled for February 2025.

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

5. DD Case Management Enhancement - Enhance DD Case Management System by adding all non-waiver programs/services being administered. This enhancement supports an automated processing system for all DD supported individuals and increase care coordination. These 3 contract amendments were originally approved by CMS through the DD Case Management APD.

   The Division of DD used HCBS enhanced FMAP funding to develop this initiative, but work under these contracts is complete.

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

6. Service Planning and Authorization Interoperability – The state shifted money from HRST & DD Case Management Interoperability (III.F.7) to make one-time system enhancements to our DMH Data warehouse, including technical support to incorporate interoperability in service planning and authorizations. Ongoing and maintenance is including for the Case Management system after the first year of implementation. The Division of DD used HCBS enhanced FMAP funding to develop this initiative, but it is not ongoing.

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

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

   The Division of DD used HCBS enhanced FMAP funding to develop this initiative, but is not ongoing because the development of this platform is completed.

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

8. eLTSS Data Sharing LEAP Use Case Implementation – Through the ONC LEAP Award, Missouri is testing the sharing of ISP/eLTSS data with Supported employment providers. The purpose of this funding is to support the State's online case management system in putting this into production. **The state shifted and incorporated this effort into III.F.5 above since the implementation was to occur within the DD Case Management system.**

9. HCBS Provider Interfaces with HINS – The HCBS Provider HIN Onboarding project successfully supported the development of HCBS Provider Interfaces with health information networks (HINs) to support ADT alerts and query-based CCD/CCDA exchange for 15 HCBS providers serving IDD Individuals. The project included the configuration and implementation of interfaces between HIN and HCBS providers' electronic EHR/CM systems. **The state shifted a portion of this effort into III.F.5 above since the implementation impacts the DD Case Management system.**

   The Division of DD used HCBS enhanced FMAP funding to develop this initiative, but is not ongoing.

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

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

11. Special Health Care IT Needs - Technological enhancements to move the Bureau of Special Health Care Needs (medically complex children) into the electronic records and claims submission arena to aide in case management functions as well as improve capabilities to complete historical records searches. DHSS used enhanced FMAP funding to complete the first phase of this initiative. Additional support from the Missouri legislature will be sought out as needed in the future to continue progress.

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

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

    Over 20 providers streamlined EMR/Website connections to better allow Medicaid recipients the ability to do more scheduling and services online without coming into the clinic setting. Access to transportation can be an impediment to quality behavioral healthcare. Pre-COVID websites were fairly basic, with information about services and office hours. COVID accelerated investment into the telehealth market, and providers with large

caseloads of Medicaid consumers need to make it easy for a Medicaid recipient to access care as those with private pay or commercial insurance. This funding accelerated the DMH contracted community providers to connect their website and social media interfaces into scheduling systems to accelerate access to care.

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

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

Authority: Missouri does not plan to draw down federal funds associated with this initiative. DMH is not planning to continue this specific initiative.

13. Purchased eight (8) additional Transcranial Magnetic Stimulation (TMS) equipment – This initiative allowed eight providers to purchase additional TMS equipment which is recommended as a second line of treatment for adult patients who have not benefited from antidepressants (this will serve current consumers).

    Transcranial magnetic stimulation (TMS) is a noninvasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression. TMS is typically used when other depression treatments haven't been effective and as a second line of treatment for adult patients who have not benefited from antidepressants. Funding was used for the purchase of eight (8) additional TMS equipment, training, and data collection. Some Missouri outcome data:

    - **65%** of patients experience >50% reduction in symptoms.
    - **55%** of the 65% achieved complete remission from their depression as evidenced by PHQ-9 assessments.

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

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

    Authority: Missouri does not plan to draw down federal funds associated with this initiative. DMH is not planning to continue this specific initiative.

14. Add new modules and enhance functionality of CareManager (CM) – This initiative supported enhancements to the existing CareManager system to support new and future programs and initiatives. CareManager is a statewide platform used by most of the behavioral health providers. It houses individual and aggregate outcomes information, but also brings together Medicaid claims, DMH consumer information, hospital prior authorizations, emergency room notifications, and clinical data from provider's electronic health records. With CareManager's data convergence capabilities, providers can gain more timely access to vital information to provide better care to individuals, as well as better care coordination with other members on the treatment team. CareManager also supports population health management which enables healthcare systems to use data to better understand overall treatment for behavioral

health clients. Although we anticipate this will lead to cost reductions it will take time to realize. As more data is available it may be used to develop value based payments in the future. CareManager enhancements are one time, and there are no ongoing costs specific to functionality improvements.

The Missouri behavioral health system has implemented a statewide platform that brings together Medicaid claims, Department of Mental Health consumer information, hospital prior authorizations, emergency room notifications, and clinical data from provider electronic health records. This convergence of data has broken down data silos and have allowed over 20 providers access to necessary client information to provide better care based on the comprehensive data they now have available on a daily basis, as well as better care coordination with other members on the treatment team and population health approaches to extend their care. The platform is called CareManager, which is a web-based, health technology tool that combines the various data sets and displays the information in a meaningful way to assist everyone on the treatment team to provide well-informed, quality care. The system provides daily alerts on a dashboard (e.g., ER and hospital notifications, metabolic syndrome screenings due), analyzes the data to assess clients at high to low risk of health concerns, monitors outcomes through a dashboard with certified health measures, and identifies gaps in care and the needed interventions to improve health outcomes (e.g., high blood pressure, A1c test, medication adherence). These resources will be dedicated to building additional Missouri customizations and was able to update or add 22 new measures for CCBHCs that will be used for population health strategies, quality improvement, and monitoring; adding data collection and reporting capacity for the statewide emergency room enhancement and disease management outreach programs; and other enhancements that will meet state and federal reporting requirements as well as enable safety net providers to deliver higher quality and value based care to patients. This funding was used to add 45 new modules and 38 enhancement functionalities of CareManager (CM).

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

All agencies utilizing CareManager are providing Appendix B Rehab Services.

Authority: Missouri does not plan to draw down federal funds associated with this initiative. The continuation of this initiative in the future will be dependent on the availability of state funds.

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

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

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

These funds allowed 23 DMH-contracted treatment providers the opportunity to connect to the statewide treatment provider Data Warehouse and new functionality/measures were added to the system. Those include, but are not limited to, Housing Liaison reporting, Youth Behavioral Health Liaison reporting, and 988/mobile crisis reporting. Funding reimbursed administrative costs, provided connection costs, data storage costs, license costs, and other eligible expenditures one-time in nature that are not included in a provider cost report or reimbursed in any other manner.

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

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

Authority: Missouri does not plan to draw down federal funds associated with this initiative. DMH is not planning to continue this specific initiative.

16. Equipment and supplies related to training and education. This initiative allowed over 25 provider agencies to purchase TV monitors, microphones, projectors and other one-time expenses for virtual and in-person training spaces. The ability to provide on-going training, either in person or virtually, allows for provider staff to receive continued education, as well as stay up-to-date on any new evidence based practices. Virtual training saves time, money, and increases efficiency. However, some trainings and strategic meetings are better conducted in person.

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

    While the behavioral and primary healthcare spaces have transitioned back to more in-person care and training, telehealth and virtual training will continue to be a significant modality in Missouri and the nation. Missouri behavioral health providers have learned that numerous

trainings can either be conducted completely or partly in a virtual methodology. This virtual training cannot work optimally without proper equipment.

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

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

Authority: Missouri does not plan to draw down federal funds associated with this initiative. DMH is not planning to continue this specific initiative.

G. <u>Adopting Enhanced Care Coordination</u>

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

   Because this initiative took longer than anticipated to develop and obtain approval, HCBS enhanced FMAP funds were not used for this initiative. Missouri's DD Health Home state plan amendment was approved by CMS April 29, 2024, effective July 1, 2024. The General Assembly appropriated general revenue to fund this initiative going forward.

   Authority: State Plan Amendment was obtained through SPA 24-0005.

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

   Because this initiative took longer than anticipated to develop and obtain approval, HCBS enhanced FMAP funds were not used for this initiative. The General Assembly appropriated general revenue to fund this initiative.

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

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

H. <u>Technical Assistance and Resources</u>

1. Recognizing that the projects listed above are significant efforts, Missouri contracted for technical assistance and staff administration associated with the project. The state is building in ample opportunity for health information technology, data interoperability, and value based payments. Specific contracts for project management, administrative services and technical assistance were needed for continued value based payment strategic planning, organizational development, and business process services. The Division of DD contracted with EMI Advisors for project management, eLTSS Use Case Implementation Support, HIN onboarding and facilitation of stakeholder engagement for all interoperability projects that the State is executing. The cost of these contracts are reflected in the applicable areas of the spend plan. The Division of DD also contracted with Guidehouse to assist with implementation of the value based incentive payments and Mercer to assist with provider VBP rate development which were reported with this initiative.

   The Division of DD contracted with Guidehouse to assist with the implementation of the various value based incentive payments; however, a significant amount of state staff time and expertise were still required to develop these initiatives in the aggressive timeline. Because the state did not receive additional staff, current workloads had to be reprioritized to implement the initiatives in a meaningful and lasting way. The state also experienced a few challenges with the contractor being able to access some of the state's systems based on security protocols. Guidehouse monitored and responded to VBP emails sent to the VBP mailbox, prepared provider training materials and outreach regarding the initiatives, facilitated regular meetings with state team members, participated in stakeholder engagement sessions, applied updates to the state's data collection platform REDCap, performed a thorough review of data submitted by providers and recommended payment or denials based on the criteria of each incentive.

   The Division of DD initially used HCBS enhanced FMAP funding for these contracts in SFY 2023, but the state appropriated general revenue to sustain this initiative going forward.

   DHSS utilized various contracts for technical assistance and staffing support to implement the initiatives mentioned above. The costs of these contracts are reflected in the applicable area of the spend plan. DHSS did not attribute expenses to this area of the spending plan.
   Authority: Medicaid FFP for administrative functions

I. Training, Education, and Technical Assistance

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

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

   Trainings hosted:
   - DBT Lunch & Learn: Improving Therapist Adherence in Dialectical Behavior Therapy
   - DBT Lunch and Learn: An Update on DBT Research
   - DBT for People with Substance Use Disorders
   - DBT Prolonged Exposure Training
   - DBT Lunch & Learn: Introduction to DBT-PE
   - DBT Learning Collaborative Kickoff

   Authority: Missouri does not plan to draw down federal funds associated with this initiative. The continuation of this initiative in the future will be dependent on the availability of state funds.

2. Critical Intervention Mapping (CIM) for Youth – This initiative is designed to help youth with behavioral health and trauma related conditions. It is similar to the concept for Sequential Intercept Model (SIM) Mapping (focused on adults), a project which helps communities develop and implement plans for change by increasing cross-systems collaboration, improving identification practices, creating pathways to effective services opportunities, and developing a continuum of community-based services and support. CIM for youth help the youth with behavioral health and trauma related conditions. In Appendix B, the Medicaid Authority along with the benefit description is Rehabilitative Services which is an optional Medicaid state plan benefit defined as “medical or remedial services recommended by a

physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level."

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

There were 9 Upstream Youth Mapping Workshops held throughout the state of Missouri; however, enhanced FAP funds were not used..

DBH stakeholders coordinated with the National Center for State Courts to utilize their Upstream model, focusing on child welfare and juvenile justice. Upstream is a community-based approach that leverages judicial leadership and collaborations with child welfare agencies, state and local public agencies, community-based organizations, and community members to increase access to community-based services, prevent child maltreatment and out-of-home placement, reduce court involvement, and support strong, safe, and healthy families.

Authority: Missouri does not plan to draw down federal funds associated with this initiative. The continuation of this initiative in the future will be dependent on the availability of state funds.

3. Miscellaneous Trainings – This initiative allowed for various trainings throughout the behavioral health provider network, see some examples below:

    - Motivational Interviewing; Workbooks purchased for participants for four different training sessions.
    - Wellness Recovery Action Planning Trainings through the Copeland Center. There were six regional trainings in Kansas City, St. Louis, Springfield, Joplin, Cape Girardeau, and Jefferson City.
    - Individual Resiliency Training (IRT/Illness Management Recovery)/MO First Episode Psychosis Assertive Community Treatment Transition Aged Youth; ITCD Overview of Practice Principles, ITCD Engagement, Harm Reduction, & Stage-wise Services, and ITCD Assessment, Integration & Recovery Services for ACT/TAY Teams hosted.
    - Trauma Focused Cognitive Behavioral Therapy (TF-CBT).
    - Parent Child- Interaction Therapy (PCIT).
    - Acceptance Commitment Therapy Training; Purchased workbooks for attendees and the following trainings: Virtual Acceptance and Commitment Therapy (ACT), Enhancing Your

Practice with Acceptance, Self-Compassion, and Wellness Management & Recovery Services for ACT/TAY Teams.
- Structured Psychotherapy Adolescents Responding Chronic Stress Training with SPARCS manuals and four SPARCS learning cohorts were held.
- Mindfulness Trainings: Mindfulness Training, Engaged Leader Level 1 Training, Engaged Leader Level 2 Training, Mindful Movement, Mindful Havening, and Cultural Competency Mindfulness Training.

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

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

Authority: Missouri does not plan to draw down federal funds associated with this initiative. The continuation of this initiative in the future will be dependent on the availability of state funds.

J. <u>Environmental Safety Improvements</u>

1. Various safety and environmental improvements across all DBH contracted providers – This initiative allowed for environmental enhancements for over 240 clinics across the state that are needed for staff and client safety. This also allowed for modifications that are consistent with current trauma informed best practices in environmental design. Elements like appropriate paint color; meditation/calming rooms; spaces to make private phone calls; clinically-appropriate furniture; and, a welcoming entrance and waiting area, are all critical trauma-informed design. Many of the more than 300 DMH provider safety net clinics and residential facilities continue to be in serious need of improvement to adequately address safety and implement trauma-informed environmental standards, which this funding allowed many of those improvements to occur. All but five of these projects have been completed, for those remaining, DBH staff will continue to receive monthly updates from the providers and most will be completed by the end of August 2024 with a couple taking approximately six months to complete. However, the providers have secured additional funding to finish out the projects. Additionally, transportation is a critical factor in providing quality behavioral healthcare to individuals where and when they need care. Mobile Crisis Teams, Behavioral Health Crisis Centers, Community Support Staff, Psychosocial Rehabilitation Programs, all

need dependable transportation to ensure clients can access care. One-time funds allowed providers to replace over 270 vehicles long overdue for replacement.
In Appendix B, the Medicaid Authority along with the benefit description is Rehabilitative Services which is an optional Medicaid state plan benefit defined as “medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level.” These various environmental improvements will enhance the safety of the consumers being served.

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

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

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

While Missouri did invest in behavioral health community health capital improvements using ARPA funding, the HCBS funds were only utilized by those Rehab Providers to remodel existing space to enhance and improve the client treatment experience. This allowed the remodel of old space into a more trauma-informed environment. Safety improvements for both staff and patients is another example. These enhancements will touch over 170,000 Missourians seeking necessary behavioral health services. Missouri has expanded access to Behavioral Health Crisis Centers, and often remodeling is needed to repurpose office or meeting space into areas where families, law enforcement, or self-referrals can access care 24/7 in an appropriate care environment versus hospital emergency rooms or jails.

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

Authority: Missouri does not plan to draw down federal funds associated with this initiative. DMH is not planning to continue this specific initiative.

Appendix A. Detailed Spending Plan Tables

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