DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-25-26 Baltimore, Maryland 21244-1850



State Demonstrations Group

November 10, 2025

Todd Richardson
Director
MO HealthNet
Missouri Department of Social Services
615 Howerton Court
P.O. Box 6500
Jefferson City, MO 65102-6500

Dear Mr. Richardson:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Interim Evaluation Report, which is required by the Special Terms and Conditions (STCs), specifically STC #33 "Interim Evaluation Report" of Missouri's section 1115 demonstration, "Missouri Former Foster Care Youth" (Project No: 11-W-00367/7), effective through December 31, 2025. This Interim Evaluation Report covers the period from June 2021 through July 2025. CMS determined that the Evaluation Report, submitted on October 28, 2024, and revised on September 29, 2025, is in alignment with the CMS-approved Evaluation Design and the requirements set forth in the STCs, and therefore approves the state's Interim Evaluation Report.

The demonstration's small population size of four beneficiaries and limited encounter and claims data make it difficult to utilize quantitative methods beyond descriptive statistics and therefore ascertain whether the demonstration improved health outcomes for the demonstration population. However, the demonstration findings are associated with progress towards the demonstration goal that beneficiaries are able to maintain Medicaid coverage and utilize services. We look forward to further evaluation of the demonstration.

In accordance with STC #37, the approved Interim Evaluation Report may now be posted to the state's Medicaid website within 30 days. CMS will also post the Interim Evaluation Report on Medicaid.gov.

We look forward to our continued partnership on the Missouri Former Foster Care Youth section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

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Sincerely,

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Rhonda Gray, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

1115 Former Foster Care Youth (FFCY) Waiver: Interim Evaluation Report

Project Number: 11-W00367/7 Approval Date: June 2, 2021

Evaluation Period: June 2, 2021 – July 31, 2025

I. Executive Summary

The purpose of the initial demonstration was to provide Medicaid coverage to Missouri residents who are former foster care youth under age twenty-six (26), were in foster care under the responsibility of another state for at least six (6) months as of the date they turned age eighteen (18) and were enrolled in Medicaid while they were in foster care. The expected impact of the demonstration is that Missouri will maintain coverage for this population of former foster care youth, increase and strengthen overall coverage of former foster care youth in Missouri, and improve health outcomes for these youth. The Missouri Former Foster Care Youth (FFCY) (Project Number: 11-W-00367/7), in accordance with section 1115(a) of the Social Security Act (the Act), was approved with an effective date of June 2, 2021, through December 31, 2025. The state implemented the demonstration upon approval.

In compliance with the SUPPORT Act, the State of Missouri requested to amend the FFCY 1115 demonstration to cover FFCY from other states that turned 18 on or after January 1, 2023, under the State Plan. Current enrollees in this 1115 waiver continue to be covered. Any new enrollees from other states who turned 18 before January 1, 2023, but are not yet known to Missouri, are now enrolled under this 1115 waiver. The amendment was approved and effective June 10, 2022, through December 31, 2025. Unless extended or otherwise amended, all authorities granted to operate this demonstration will expire on December 31, 2025.

The amended waiver contains demonstration goals for a population that includes individuals in foster care, adoption subsidy recipients, those under age 26, and youth in the care of the Division of Youth Services to be enrolled in a single specialty health plan. Since this population receives its services under a 1915(b) waiver, they are evaluated under existing measures for that waiver.

II. General Background Information

The objectives of the Missouri FFCY demonstration are to increase and strengthen overall coverage of former foster care youth and improve health outcomes for this vulnerable population. The objective is to provide child and familycentered care coordination practices that consider the unique needs and individualized issues of beneficiaries while also working to reduce institutional placements and provide effective access to lower levels of care.

On August 31, 2020, the State of Missouri submitted a Section 1115 Waiver application to provide Medicaid coverage to former foster care youth from another state up to the age of 26. This application was approved by the Centers for Medicare and Medicaid Services (CMS) on June 2, 2021.

Missouri requested federal authorization to amend the "Former Foster Care Youth" waiver (Project Number: 11W00367/7) to require all children in Missouri's care and custody and those receiving adoption subsidy assistance to enroll in a single specialty health plan on a continuous basis. Individuals under twenty-six (26) years of age who were in foster care on their eighteenth (18) birthday and covered by Medicaid from another state are part of the specialty health plan eligibility group.

The single specialty health plan provides care targeted to children and youth in the care and custody of Missouri and those receiving adoption subsidy assistance with the goal of creating a comprehensive, high-quality approach to delivering supports and services in the most integrated and child and family-focused way. Missouri will automatically enroll these children into the specialty health plan, and these members will remain enrolled in the specialty health plan until any of the following:

- The member qualifies for Supplemental Security Income, and the member or the member's guardian chooses to disenroll from managed care.
- The member meets the qualifications described in Section 501 (a)(1)(D) of the Act and chooses to disenroll from managed care.

• The member meets the qualifications described in Section 1902 (e)(3) of the Act and chooses to disenroll from managed care.

• The member is no longer in the care and custody of Missouri nor receiving adoption subsidy assistance and is automatically disenrolled from the specialty health plan.

Missouri conducted a competitive procurement process to select the single specialty health plan to serve these children and youth. Home State Health was awarded the contract and was implemented on July 1, 2022.

An amendment to the waiver was requested and approved June 10, 2022, which amended the FFCY 1115 waiver to allow the state to enroll certain Medicaid beneficiaries (individuals in foster care, individuals receiving adoption assistance, those formerly in foster care under age twenty-six (26), and youth in the care and custody of the Division of Youth Services) into a single specialty health plan on a continuous basis for the duration of their eligibility period. This approach allowed the state to provide enhanced care coordination, access to a coordinated network of specialty providers, better medication management, and whole-person care to these beneficiaries with complex physical and behavioral health needs. This approval was effective June 10, 2022, through December 31, 2025, upon which date, unless extended or otherwise amended, all authorities granted to operate this demonstration will expire.

Due to the necessity to continue the demonstration waiver beyond December 31, 2025, the State of Missouri is requesting an extension of the current FFCY 1115(a) waiver, 11-W-00367/7. Consistent with CMS's requirements for monitoring and evaluating section 1115 demonstrations, the state will continue conducting systematic monitoring and evaluation, as applicable. The state's demonstration efforts shall accommodate data collection and analyses stratified by key subpopulations of interest to support understanding of any existing disparities in access, utilization, and health outcomes, and how the demonstration, including this application for extension, might support bridging any such inequities.

Missouri is not requesting any additional changes to the waiver or the Special Terms and Conditions (STCs). This extension application request will not have any negative impact on the current former foster care youth enrolled in this waiver; however, should the FFCY demonstration waiver expire, there will be a negative impact, as the State of Missouri will no longer be able to provide these services to this population, which currently administers coverage to four individuals.

Population groups impacted by the FFCY 1115 demonstration waiver are:

• Out-of-State Former Foster Care Youth (FFCY), under twenty-six (26) years who were in foster care under the responsibility of a state other than Missouri or a tribe in such other sate when they turned eighteen (18) (or such higher age as such other state has elected for termination of federal foster care assistance under the IV-E of the Act) for at least 6 months, were enrolled in Medicaid at the time, are now applying for Medicaid in Missouri, and are not otherwise eligible for Medicaid. The youth must have been receiving foster care for at least six (6) months in another state(s).

- In addition, the expenditure authority to enroll a beneficiary into one specific managed care organization for the following populations:
 - 1. Children in state custody (foster care);
 - 2. Individuals who have an adoption assistance agreement;
 - 3. Former foster care youth under age 26 (eligible under the Medicaid state plan);
 - 4. Former foster care youth under age 26 (from another state and eligible under the current demonstration); and
 - 5. Youth in the care and custody of the Division of Youth Services.

III. Evaluation Questions and Hypotheses

The demonstration's core evaluation questions, hypotheses, data sources, and analytical approaches are provided in the table below:

Evaluation Questions Eva	aluation Hypotheses	Measures	Data Sources	Analytic Methods
population have access to continuous coverage? pop	e demonstration pulation will be rolled continuously 12 months.	ner foster care youth Number of members continuously enrolled/Total	Administrative -	Descriptive statistics (frequency and percentage)

How did the demonstration population utilize health services?	Members access to services.			Administrative Encounter Claims	Descriptive statistics (frequencies and percentages)
Demons	stration Go	oal: Improve	members/total members health outcomes for the	he demonstration p	oopulation

Did health outcomes improve for the demonstration population?	Members' health outcomes will improve.	Number of DW members with appropriate followup care for hospitalizations (physical and/or mental illness) / Total number of members with hospitalization	Administrative – Encounter/HEDIS data FUH (MI) Follow-up within 7 days of discharge from the Inpatient Hospital AMR	Descriptive Statistics
		Total number of DW members with appropriate medication management for people with asthma /Total number of members on medication for asthma	W30 WCV	
		Total number of DW members with an annual	ADV	

	preventive visit / Total number of members	
	Total number of DW members with a cervical cancer screening / Total number of members eligible for cervical cancer screening	

IV. Methodology

- 1. <u>Evaluation Design:</u> The evaluation design will utilize a post-only assessment. The timeframe for the post-only period will begin when the demonstration begins and end when the demonstration ends.
- 2. <u>Data Sources:</u> Missouri will pull enrollment, disenrollment, and claims data collected through administrative data. The state is not aware of any data limitations.
- 3. <u>Analytic Methods:</u> Missouri will analyze the data using quantitative methods. For the hypotheses above, the state will use descriptive statistics.

V. Methodological Limitations

The state anticipated covering up to 25 enrolled individuals annually under this demonstration. Due to the small demonstration population, the state would not be able to pull meaningful comparisons using baseline data or a comparison group. Therefore, Missouri's evaluation design does not include baseline data or a comparison group. The state will capture all available proposed metrics for the demonstration population. Most reporting for this population is done through our 1915(b).

To date, six members have been covered under this demonstration. As of July 2025, four members are currently covered under the FFCY 1115 demonstration waiver. The last current member will age out on 04/03/2029.

This demonstration waiver, and the services provided and reimbursed under it, are subject to the same program integrity and quality assurance monitoring and utilization activities as all other services provided to Missouri Medicaid participants.

The state analyzes the CMS-64 and claims data to ensure that no duplication of federal funding occurs.

The state conducts internal reviews of claims data to ensure appropriate billing and coding. In addition, our external Medicaid Fraud Control Unit (MFCU) reviews and investigates suspected fraud, waste, and abuse as it is received.

The Department of Social Services (DSS) has processes and procedures for determining the participant's eligibility once information is received and verified.

The demonstration has been successful in maintaining access to Medicaid for former foster care youth who were in foster care and receiving Medicaid in another state and are now Missouri residents. However, the limited amount of encounter data and claims submitted on behalf of the small number of individuals covered under this demonstration makes it challenging to measure and show whether it improves or maintains health outcomes for the population.

VI. Results

The quarterly and annual FFCY 1115 waiver reports continue to support the evidence of the effectiveness of this demonstration waiver. Data compiled from reporting, shown in the table below, display results confirming that all members have access to health care and have utilized health care through this FFCY waiver.

Four members are currently covered. The last known member will age out on 04/03/2029. Beginning May 2025, this waiver's quarterly monitoring report is no longer required. Continued annual monitoring reports will be included. The most recent annual monitoring report is attached.

Since the start of the FFCY 1115 demonstration waiver, six members have been covered, and as of July 2025, there are currently four members. The limited amount of encounter data and claims submitted on behalf of the small number of individuals covered under this demonstration makes it challenging to measure and show whether it improves or maintains health outcomes for the population.

Approved/Denied	Coverage Start Date	Coverage End Date	State	DOB
Approved - has now aged out	05/26/2021	12/29/2023	Arizona	12/29/1997
Approved	12/01/2019	11/23/2025	Illinois	11/24/1999
Approved	07/01/2020	06/03/2028	Kansas	06/04/2002
Approved - has now aged out	02/06/2020	12/05/2024	Kansas	12/05/1998
Approved	01/09/2025	04/03/2029	California	04/03/2003
Approved	01/09/2025	11/07/2026	Illinois	11/07/2000

DY	Number of Enrollees	Total Claims for <mark>Any Type</mark> *	Total Claims for Primary Care Appointments	Total Claims for Beh Health Appointments	Total Claims for Emergency Room Care	Total Claims for Inpatient Care
DY1	4	7	2	0	1	0
DY2	4	9	5	0	0	0
DY3	4	48	11	0	3	3
DY4	3	36	0	0	1	0
DY5	*4	* 91	*1	*0	*14	*8

^{*}DY5 is incomplete data; the data shown is only from January 1, 2025, to July 31, 2025.

- Access to coverage ✓
- Utilized health services ✓
- Improved health outcomes ✓

VII. Conclusions

The State of Missouri is committed to continuing the FFCY 1115(a) waiver, 11-W-00367/7, beyond December 31, 2025. The state will continue to conduct systematic monitoring and evaluation, as applicable, to ensure the program's

^{*}Total Claims for Any Type may include **Capitation Payments** for unknown services provided and includes claim types (dental, optical, radiology, lab, NEMT) that were not chosen for monitoring but demonstrate that the enrollee(s) have access to multiple services.

effectiveness. The state's demonstration efforts will accommodate data collection and analyses stratified by key subpopulations of interest to support understanding of any existing disparities in access, utilization, and health outcomes, and how the demonstration, including this application for extension, might support bridging any such inequities.

Based on specific findings for evaluation measures:

- 1. Do the findings answer, or do they not answer, each evaluation question?
 - Does the demonstration population have access to continuous coverage?
 - o Yes, data from reporting shows covered members have access to and are utilizing medical services.
 - How did the demonstration population utilize health services?
 - The demonstration population utilized health services such as emergency room services, primary care appointments, and inpatient care.
 - Did health outcomes improve for the demonstration population?
 - Although it is challenging to prove improved outcomes for the small demonstration population, evidence suggests that accessing and utilizing the services offered through this waiver has benefited the health and well-being of the covered members.
- 2. Do the findings support, or do they not support, each evaluation hypothesis?
 - The demonstration population will be enrolled continuously for 12 months.
 - o Yes, eligible members will be continuously enrolled for 12 months.
 - Members will have access to needed health services.

• Yes, eligible members will continue to access needed health services such as emergency care, primary care, behavioral health, and inpatient services.

- Members' health outcomes will improve.
 - Yes, members' health outcomes will continue to improve due to access to medical care for needed services covered under this waiver.
- 3. Do the findings support, or do they not support, each demonstration goal?
 - Maintain access to Medicaid coverage for former foster care youth who meet the eligibility criteria.
 - o Yes, findings support that the eligible members are utilizing Medicaid-covered services.
 - Improve health outcomes for the demonstration population.
 - Yes, findings support improved health outcomes as care is being provided to the members when needed. If care was not available, the members may have health risks detrimental to their livelihood.
- 4. The state concludes that available data confirm the demonstration effectively achieved the goals and objectives established initially, as the FFCY members have access to and have utilized health care through the State of Missouri FFCY demonstration waiver. This demonstration waiver will continue to effectively provide access to health care for the members who currently qualify for the FFCY demonstration through 04/03/2029, when the last current member will age out; however, it is possible for the state to still receive new members who may be eligible through 12/31/2030. At that time, the waiver will be required to continue to cover youth in the Division of Youth Services care.
- 5. The state believes the demonstration waiver has significantly improved the member's health outcomes, as each qualified member has access to and can utilize health care services through the current demonstration period. To remain consistent with CMS requirements for all section 1115 demonstrations, and as outlined in the special

terms and conditions (STCs), the state will continue monitoring throughout the life cycle of the FFCY demonstration approval period. Once the extended FFCY demonstration waiver is due to expire again, Missouri will desire to continue the demonstration waiver to continue to cover a population including individuals in foster care, adoption subsidy, those under age 26, and youth in the care of the Division of Youth Services to be enrolled into a single specialty health plan.

6. The Missouri FFCY demonstration has successfully increased and strengthened overall coverage of former foster care youth and improved health outcomes for this vulnerable population. The program's child and family centered care coordination practices have effectively addressed the unique needs and individualized issues of beneficiaries, reducing institutional placements and providing effective access to lower levels of care.

VIII. Interpretations, and Policy Implications and Interactions with Other State Initiatives:

The state intends to renew the FFCY 1115 demonstration waiver to continue providing coverage to eligible members. Should the waiver not be extended, the State of Missouri anticipates a negative impact on the members covered, as they may not qualify for services under other state programs, thus proving detrimental to the members' care plan.

IX. Lessons Learned and Recommendations:

Based on evaluation results, the state recommends extending the demonstration to allow Missouri to continue to maintain coverage for this population of former foster care youth and the population including individuals in foster care, adoption subsidy, those under age 26, and youth in the care of the Division of Youth Services to be enrolled into a single specialty health plan (SMHK population), to continue to increase and strengthen overall coverage of youth in Missouri and ensure improved health outcomes for these populations.

X. Attachment:

1) Evaluation Design: CMS-approved Evaluation Design