

**Former Foster Care Youth
Missouri 1115 Waiver Amendment**

Project Number: 11-W-00367/7

September 1, 2021

DRAFT

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Section I. Introduction

On August 31, 2020, the State of Missouri (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 & Medicaid Services (CMS) on June 2, 2021. Missouri is requesting federal authorization to amend the “Former Foster Care Youth” waiver (Project Number: 11-W-00367/7) to require all children in the care and custody of Missouri and those receiving adoption subsidy assistance to enroll in a single specialty health plan on a continuous basis. Individuals under twenty-six years of age who were in foster care on their eighteenth birthday and covered by MO HealthNet, as well as persons under age twenty-six who were in foster care on their eighteenth birthday and covered by Medicaid from another state, are part of the specialty health plan eligibility group.

The single specialty health plan will provide 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 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 will be conducting a competitive procurement to select the single specialty health plan that will serve these children and youth. The RFP will be released in the coming months with a planned implementation date of July 1, 2022.

Missouri is not requesting any additional changes to the waiver or the Special Terms and Conditions (STCs). This inclusion will not have any impact, negative or positive, to the current former foster care youth enrolled in this waiver.

Section II. Goals and Objectives

The goals of this program are to utilize a single specialty health plan with expertise in delivering services to children in state custody and those receiving adoption subsidy assistance and to create efficiencies in delivering care to address their complex physical and behavioral health needs. This allows the members enrolled in the health plan to benefit from enhanced care coordination, access to a coordinated network of specialty providers, better medication management, and provision of whole-person care. It also allows the health plan to build expertise in promoting trauma-informed and wrap-around models of care specific to the target population. A single specialty health plan also reduces provider burden by streamlining service authorization procedures for more timely service delivery. With this system of care, Missouri hopes to reduce institutional placements, as well as drive efficiency by increasing the use of lower levels of care.

Objective 1: Provide child and family centered care coordination practices for each member enrolled

Members will have access to a care coordination model that takes into consideration the unique needs of each child and family to address individualized issues. This includes enhanced cross-system partnerships and trauma informed care across child-serving systems to strengthen coordination and improve the well-being of children, youth, and families who are often involved in multiple child serving systems.

Objective 2: Drive system efficiencies by reducing utilization of higher levels of care

While members will be able to have freedom of choice of providers within the specialty health plan network, the care coordination model will reduce institutional placements, provide effective access to lower levels of care, establish a comprehensive physical and behavioral health provider network that is trauma-informed and specializes in the targeted population, and reduce any over-utilization of services.

Section III. Projected Waiver Impact

Missouri is not requesting changes to the 1115 Former Foster Care waiver outside those specified in this amendment request (i.e., mandatory enrollment into a single specialized health plan, which is not anticipated to impact budget neutrality). Therefore, the former foster care waiver is expected to continue to be budget neutral for the life of the approval. Missouri anticipates the mandatory enrollment into a single specialized health plan will operate in accordance with the existing CMS-approved STCs to the extent that they are applicable.

Children in the care and custody of Missouri and those receiving adoption subsidy assistance receive all services under either state plan or another waiver authority and would not be eligible to receive services as a former foster care youth from another state. Individuals under twenty-six years of age who were in foster care on their eighteenth birthday and covered by MO HealthNet, as well as persons under age twenty-six who were in foster care on their eighteenth birthday and covered by Medicaid from another state who are covered under this waiver, are not expected to increase utilization of services as a result of this expenditure authority. As a result, there is no expected increase or decrease in enrollment or service costs in this waiver and no impact to budget neutrality.

Section IV. Evaluation

Per the STCs, the amendment process may provide, if applicable, a description of how the evaluation design will be modified to incorporate the amendment process. The changes proposed under this amendment are not anticipated to create any changes to the waiver's evaluation design. This amendment only proposes to amend the waiver to allow mandatory enrollment of all children in the care and custody of Missouri and those receiving adoption subsidy assistance into a single specialty health plan. This change should not have an effect on the originally approved Section 1115 Former Foster Care waiver demonstration.

Section V. Public Notice

Process

1. Start and end dates of the state's public comment period.
2. Certification that the state provided public notice of the amendment which may include: a link to the state's web site, a notice in the state's Administrative Record, a notice in the state's newspaper of widest circulation, or use of an electronic mailing list or similar mechanism to notify the public at least 30 days prior to submitting the amendment to CMS.
3. Comments received by the state during the 30-day public notice period.
4. Certification that the state conducted tribal consultation in accordance with the state's approved Medicaid state plan, or at least 60 days prior to submitting this Demonstration application if the Demonstration has or would have a direct effect of Indians, tribes, on Indian health programs, or on urban Indian health organizations, including dates and method of consultation.

Summary of Comments

Demonstration Administration

Contact information for Missouri's point of contact for the demonstration is as follows:

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