

Show-Me Healthy Kids

Overview & Services



Missouri Department of
SOCIAL SERVICES

July 1, 2022 implementation

Agenda



Background, Mission and Goals



Show-Me Healthy Kids Services



Network Requirements

Background, Mission, & Goals

Background: Category of Aid 4

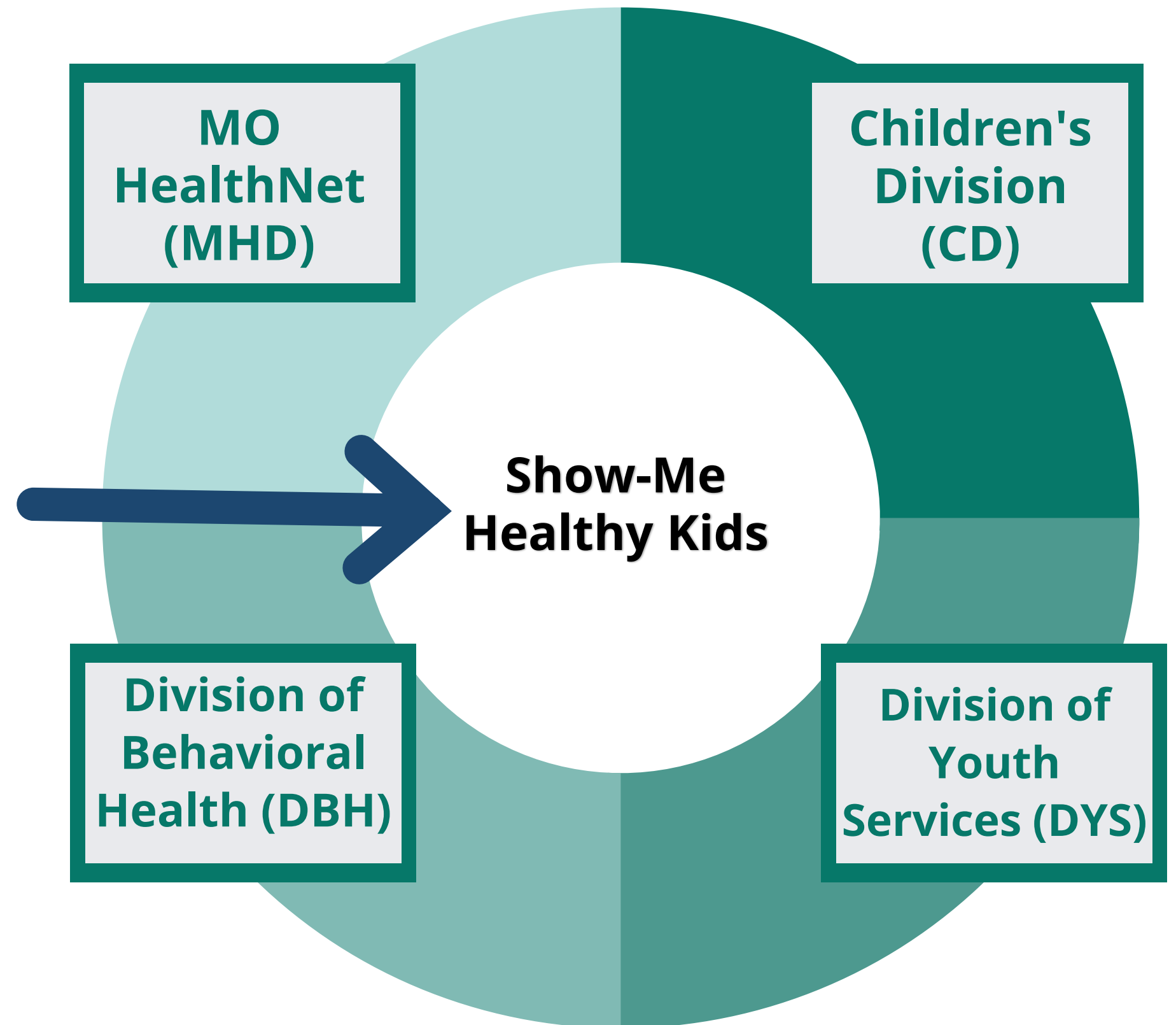
This initiative applies to the following populations:

- Children in the care and custody of the State through the Children's Division (CD) or the Division of Youth Services (DYS)
- Persons under age 26, who were in foster care on their 18th birthday and:
 - were covered by MO HealthNet, and who meet other eligibility criteria
 - were covered by Medicaid from another state, but are not eligible for Medicaid coverage under another mandatory coverage group
- Children who receive adoption or legal guardianship subsidy assistance

Herein referred to as: **Category of Aid 4 or COA 4**

Background, Mission, & Goals

- Implement a specialty managed care plan for COA 4 youth.
- More integrated approach to meeting the physical & behavioral health needs of the members.



Current COA 4 Services

COA 4 children and youth:

- Receive most of their physical health (PH) Medicaid services through managed care (MC)
- Receive most of their behavioral health (BH) Medicaid services through fee for service (FFS)

The Need for a Coordinated Approach

COA 4 children:

- Have greater level of care needs than children and youth not in the care and custody of the State.
- Are often involved in multiple child-serving systems.
- Need a tightly coordinated approach to obtain desired outcomes for both children and families.

This can be challenging without an integrated payment and service delivery system.

Managed Care Opportunities

Medicaid Managed Care (MC) offer benefits not available in a fee for service (FFS) environment:




- Enhanced care coordination & care management
- Access to a coordinated network of providers
- Provision of whole person care

Missouri's Mission Statement for Show-Me Healthy Kids Health Plan

To establish a trauma-informed, comprehensive and integrated BH/PH delivery system that allows children and youth - in the care of the state, receiving adoption or guardianship subsidy assistance, or persons under age 26 formerly in foster care - to grow into healthy adults and live full and satisfying lives.



Goals

-  Enhance cross-system partnerships and trauma informed care¹ across child-serving systems to strengthen coordination and improve the well-being of children, youth and families.
-  Promote early identification, prevention and treatment to support resiliency and recovery for children, youth and families.
-  Leverage Show-Me Healthy Kid's resources, in partnership with providers to support whole-person care and provide care coordination.

¹For more information, please refer to <https://www.cfechildwellbeing.org/becoming-trauma-informed>

Goals

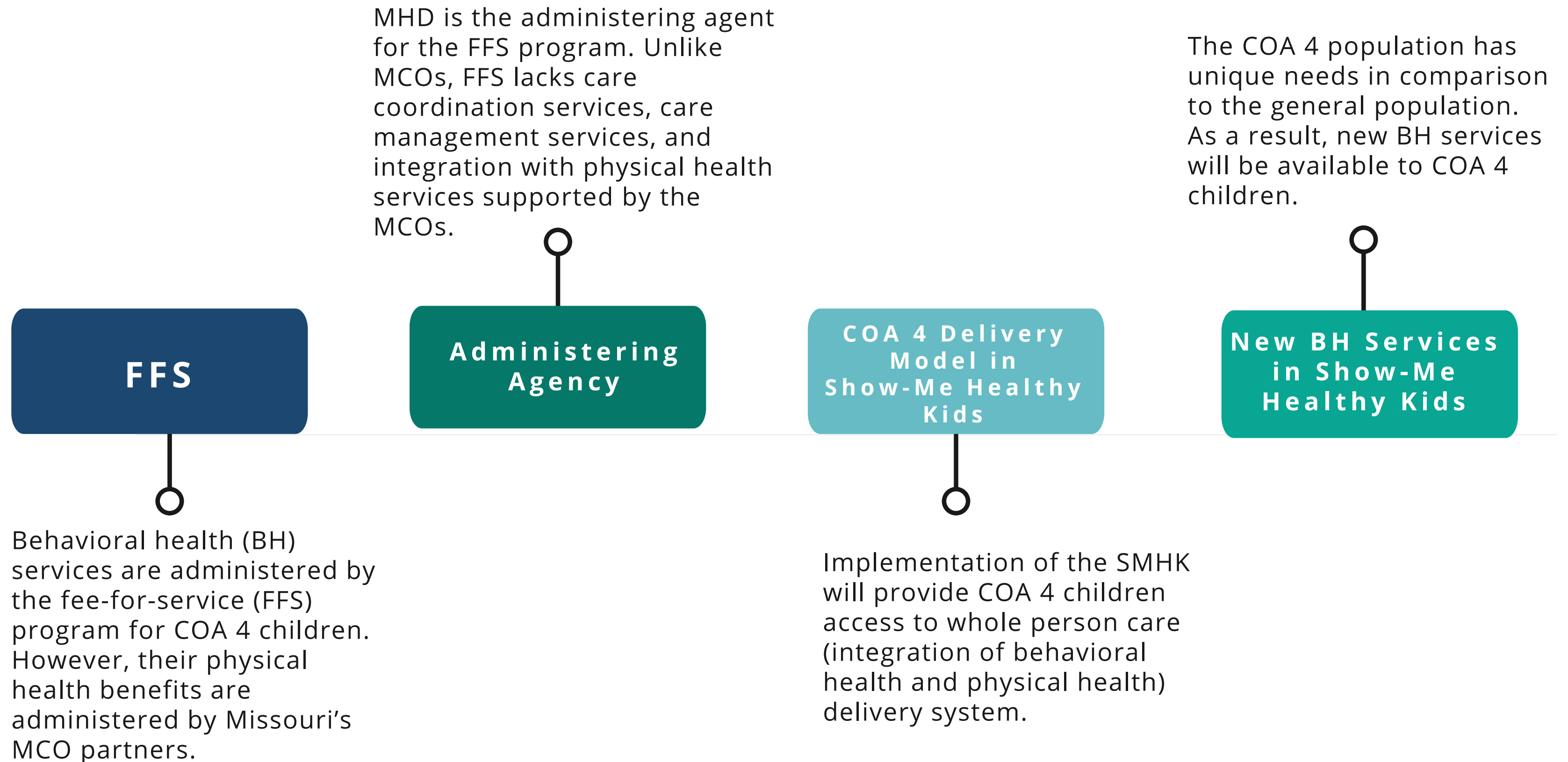


Establish a comprehensive Physical and Behavioral Health provider network that specializes in the targeted population.



Establish an effective partnership amongst all stakeholders to build a collaborative strategy emphasizing accountability, behavioral and physical health integration and health outcomes, and drive the system towards value-based care.

Show-Me Healthy Kids Development



Show-Me Healthy Kids Benefit Package

The benefit package will include the following services:



Services Covered Outside of Managed Care

The following services ***will not be included*** in the SMHK benefit package:

Services Administered by MHD

- Pharmacy Services
- Applied Behavioral Analysis (ABA) Services

Services Administered by DMH

- Community Psychiatric Rehabilitation (CPR)
- Comprehensive Substance Treatment & Rehabilitation (CSTAR)
- Targeted Case Management (TCM)

Show-Me Healthy Kids Physical Health Service Benefits



Medical health services will continue to be offered as a comprehensive physical health benefits package.

What's included in the SMHK comprehensive physical health benefits package?

Physical Health Services

Physical health services in the Show-Me Healthy Kids include but are not limited to:

- HCY/EPSTD - Healthy Children and Youth / Early and Periodic Screening, Diagnostic, and Treatment Services – Comprehensive well child visits according to AAP/Bright Futures Periodicity Schedule to identify health & developmental problems
- HCY - follow-up evaluations and treatment as medically necessary
- Childhood immunizations
- Outpatient & inpatient services
- Emergency services
- Asthma education & in home environmental assessments
- Chiropractic
- Dental services
- Lead poisoning prevention services
- Vision services

Show-Me Healthy Kids - Behavioral Health Service Benefits



**Outpatient Behavioral Health
Services**

**Inpatient Behavioral Health
Services**

**Comprehensive Community
Support Rehabilitation
Services***

* Children's Division will continue to cover room & board for residential, whereas SMHK will cover rehab services.

Outpatient Behavioral Health Services

Outpatient Behavioral Health Services

SMHK will cover services rendered by a licensed professional that provide mental health and substance use treatment services in a clinical outpatient setting.

Outpatient Behavioral Health Services

What's included in the Show-Me Healthy Kids behavioral health benefits package?

- Psychiatric Diagnostic Evaluation
- Psychological Testing
- Individual Psychotherapy
- Family Therapy

- Group Therapy
- Psychotherapy for Crisis
- Tobacco Cessation Counseling
- Health and Behavior Assessment & Intervention Services (HBAI)

Inpatient Behavioral Health Services

Inpatient Behavioral Health Services

SMHK will cover services rendered by an acute care, private, or state psychiatric hospital that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by and under the supervision of a physician.

Inpatient Behavioral Health Services

Psychiatric Residential Treatment Facility (PRTF)

SMHK will cover services rendered by a PRTF – A facility or distinct part of a facility, for psychiatric care, which provides a 24-hour therapeutically planned and professionally staffed group living and learning environment.

Comprehensive Community Support Rehabilitation Services

Comprehensive Community Support (CCS) Services

SMHK is required to provide comprehensive community support (CCS) rehabilitation services. CCS services are covered for members who have behavioral conditions that require rehabilitative services in a Children's Division (CD)-licensed residential facility, qualified residential treatment program (QRTP)*, Therapeutic Foster home, or Residential Aftercare.

*QRTP -- A designated, non family-based placement designed to help serve children with higher treatment needs that warrant a short-term placement outside of their family home.

Comprehensive Community Support Rehabilitation Services

CCS services providers are paid a per diem rate based on the member's level of treatment.

Level 2: Moderate Need	This level of service is for children experiencing difficulties within their family setting due to behavioral disorders, family issues, and/or issues related to their level of development.
Level 3: Severe Need	This level of service is for members who have significant emotional and/or psychiatric needs and cannot be effectively managed in a less restrictive setting.
Level 4: Intensive Need	This level of service is for members who are unable to function in social or family settings. These children present a chronic runaway risk, have a history of impulsivity, behavioral health issues, family issues, and self-destructive behaviors.
Treatment Foster Care (TFC)	TFC provides foster care families with specialized training and intensive therapeutic interventions for children with behavioral health concerns.
Residential Aftercare and Transition TFC	Services to help youth move from a residential facility or from TFC to a home or community based setting.

Show-Me Healthy Kids Supported Evidence-Based Practices (EBP)

Evidence-Based Treatment for Trauma

SMHK will support practitioners certified in one or more of the following evidence-based practices (EBPs) that address the effects of trauma:

- Dialectical Behavior Therapy (DBT)
- Eye Movement Desensitization Reprocessing (EMDR)
- Trauma Focused Cognitive-Behavioral Therapy (TF-CBT)

Care Management & Coordination



Integration of Care

Coordination of Care

**Trauma Informed
Care Management**

**Other Specialty Plan
Enhancements**

Care Management & Coordination: Integration of Care

- Integrated care management to focus on the whole person.
 - Coordination of care for medical, behavioral, and social needs.
 - Coordinate with child serving agencies (individual level and system level).
- Serve as a hub for exchange of health care information, subject to state and federal law.
- Minimize points of contact for members/families/resource providers.
- Identify and assist members in accessing available resources to address social determinants of health (SDOH).

Care Management & Coordination: Coordination of Care

Continuation of Services Requirements

- Will apply to transitions between the health plans and SMHK.
- Continuation of authorized services and service providers for at least six months during the transition.

Transition of Care Requirements

- New enrollment
- Enrollment transitions between current health plans and SMHK
- Transitions between levels of care
- Age-related transitions

Care Management & Coordination: Trauma Informed Approach to Care Management

What are traumatic experiences?

According to the Substance Abuse and Mental Health Services Administration (hereinafter referred to as SAMHSA),¹ “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

Impacts of trauma in childhood²

- Chronic health problems
- Mental illness
- Substance use problems in adulthood
- Poor educational outcomes
- Poor job opportunity outlook

¹SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

²CDC’s Preventing Adverse Childhood Experiences, 2021

Adverse Childhood Experiences

According to a report from ¹The State of America's Children® 2017, the following statistics were observed in regards to children's experiences with ACEs

+676,000

Children were victims of abuse and neglect in 2015

↑433,000

There was an increase of children living in foster care reported in 2016

1 in 2

As of 2016, nearly half of all children had at least one ACE

¹Children's Defense Fund: Leave No Child Behind; The State of American's Children ® Report, 2017

Care Management & Coordination: Trauma Informed Approach to Care Management

Strategies to
Intervene to
Lessen Immediate
& Long-term
Harms¹

- Enhanced primary care
- Victim-centered services
- Treatment to lessen the harms of adverse childhood experiences (ACEs)
- Treatment to prevent problem behavior and future involvement in violence
- Family-centered treatment for substance use disorders

¹CDC's Preventing Adverse Childhood Experiences, 2021

Care Management & Coordination: Trauma Informed Approach to Care Management

The Missouri Model

A Developmental Framework for Trauma-Informed (revised 2019) addresses the process of an organization moving along a continuum from trauma aware to trauma informed (<https://www.cfechildwellbeing.org/becoming-trauma-informed>).

All Care Management Activities Must Incorporate Five Key Principles of the Missouri Model

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Care Management & Coordination: Trauma Informed Approach to Care Management

Trauma Informed Care Definition:

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), ¹trauma-informed care is a strengths-based approach to service delivery that, *"realizes the widespread impact of trauma and understands potential paths to recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization"*

¹SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

Other Show-Me Healthy Kids Enhancements: In Lieu of Services

In lieu of services (ILOS) options can be considered if medically appropriate and cost effective substitute for covered services.



Partial Hospital Program (PHP)

PHP services consistent with the requirements in 42 CFR 410.43 in lieu of psychiatric/substance use inpatient services, PRTF services, or other higher levels of psychiatric/substance use services.



Intensive Outpatient Program (IOP)

IOP in lieu of psychiatric/substance use inpatient services, PRTF services, or other higher levels of psychiatric/substance use services.



Inpatient Diversion/Stepdown

In lieu of psychiatric or substance use inpatient care to adults age twenty-one (21) and older for up to ninety (90) days annually, and for children under the age of twenty-one (21) with no annual limit.

MHD anticipates requiring coverage at a future date, after implementation

Other Show-Me Healthy Kids Enhancements:

Continuity of Care

The SMHK will develop, monitor, and maintain a comprehensive provider network that meets the unique and complex needs of SMHK members. This will be accomplished by:

- Increased network access to prevention, community-based and SMHK providers and promoting the use of natural and informal supports.
- Providing training and education to enhance the competencies and skills of network providers to deliver trauma-informed and evidence-based services.
- Minimizing the disruption and ensuring the continuity of care for SMHK members by offering a contract or a single case agreement for a minimum of 6 months to providers (including OOS placement providers) that have provided treatment to SMHK members **prior to implementation of a contract(s)** awarded in response to this RFP.

Other Show-Me Healthy Kids Enhancements: Continuity of Care

- Reimbursement floor for out of network providers continuing services for 6 months*
- Prior approval requirements waived during first 6 months for out-of-network providers.
- Continue to cover services for at least 6 months unless the member/family has opted to discontinue such services or select a provider that is in-network.

*This information refers to providers not yet contracted with the Specialty Plan; the contract has other provisions around reimbursement minimums that address contracted behavioral health providers and others.

Network Enhancements

Access

- The Specialty Plan will be required to notify MHD if there are any significant changes or decreases within their network that would cause issues with members accessing services.
- Requirements to have procedures in place to address changes in provider networks.

Network Adequacy Oversight

- Network Development and Management Director Requirement.
- The Specialty Plan will be required to report enhancements related to the care management program and population-specific quality measures and metrics.

Addressing barriers to timely informed consent

- The Specialty Plan will be required to educate its care managers about informed consent, member assent and alternative consent requirements.
- The Specialty Plan will work with MHD and CD as part of readiness activities to develop policies and procedures to operationalize assent, informed consent and alternative consenters.

Network Enhancements

The Show-Me Healthy Kids health plan is expected to contract with the following providers:

Providers that specialize in serving youth in foster care such as:

- SSM Cardinal Glennon Children's Hospital
- Children's Mercy Hospital
- Washington University School of Medicine – The SPOT

The Department of Psychiatry, School of Medicine, University of Missouri

- Specializes in serving youth in the care and custody of Missouri, including but not limited to the DYS population.

Network Enhancements

SMHK will have a network of providers that are knowledgeable about the needs of COA 4 children with the following goals in mind:

- Promote provider training to deliver trauma-informed and evidenced-based practices (EBPs).
- Inclusion of certified providers who deliver EBPs that address the effects of trauma.
- Coverage of OON providers for trauma-informed care when in-network providers are not available.

