

Mental Health Crisis Prevention Project

Appendix VII

Public Comment and Responses

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

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

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

The following organizations attended the six public forums:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESPONSE: We appreciate the commenter's support.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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