Missouri Section 1115 Waiver – Mental Health Crisis Prevention Project

Executive Summary

Research shows that a majority of individuals with serious mental illness (SMI) experience the first signs of illness during adolescence or early adulthood, with peak onset occurring between 15 and 25 years of age. While low-income children in Missouri who experience the onset of a behavioral health crisis are largely eligible for coverage under Medicaid or Children's Health Insurance Program (CHIP), young adults in this situation are frequently uninsured. As a result, young adults often experience unreliable, delayed, or incomplete access to the services needed to address the immediate issues and support a pathway to recovery. Left unaddressed, psychotic disorders and substance use disorders (SUD) can disrupt a young person's social, academic, and vocational development and initiate a trajectory of accumulating disability.

In addition, young adults with serious mental illness only become Medicaid eligible after being determined disabled, a lengthy process that can be extremely difficult to navigate for people with serious mental illness. By the time many people become Medicaid eligible, their mental health has deteriorated to the point that services are far more costly, and additional services become necessary such as housing, day treatment, and other community support services.

A large and growing body of data and evidence indicates that early intervention may be a cost effective strategy for preventing or delaying onset of disability and the significant cost and quality-of-life impacts associated with disability. The overall goal of this Demonstration is to identify young adults in crises, extend Medicaid eligibility with a targeted benefit package, and engage individuals in services that start them on the path to recovery. More specifically, the goals of the Demonstration are to:

1. Improve access to health care for a segment of the uninsured population in Missouri who have significant medical and behavioral health needs;
2. Improve the physical and behavioral health outcomes of Demonstration participants, thereby delaying or reversing the progression toward disability; and
3. Improve the education and employment outcomes of Demonstration participants by creating a pathway toward independence.

The proposed Demonstration builds upon two successful programs implemented as part of Governor Nixon's Strengthening Missouri's Mental Health System Initiative. These programs – the Community Mental Health Liaison (CMHL) program and the Emergency Room Enhancement

(ERE) program – identify young adults who are experiencing a behavioral health crisis and link them to health care and behavioral health services. Currently, uninsured young adults being identified by the ERE and CMHL programs either receive no services beyond an initial screening/assessment, or receive limited services for a brief duration. Under the proposed Demonstration, individuals identified through these programs will have far greater access to integrated medical and behavioral health services, including evidence-based supported employment services.

The following application has been developed through the collaboration of the Department of Social Services' MO HealthNet Division and the Department of Mental Health, drawing extensively on input from stakeholders including behavioral health providers, advocacy organizations, and representatives from statewide advisory groups on mental health and substance use services. This collaborative effort has resulted in the development of a Demonstration program that will significantly impact the lives of an estimated 1,900 young adults over the course of the Demonstration, providing the opportunity to modify the trajectory of their illness away from disability and toward independence.

Program Description

1. Provide a summary of the proposed Demonstration program, and how it will further the objective of Title XIX and/or Title XXI of the Social Security Act (the Act).

A majority of individuals with serious mental illness (SMI), such as schizophrenia, bipolar disorder, and major depression, experience the first signs of illness during adolescence or early adulthood, but there are often long delays between symptom onset and the receipt of evidence-based interventions. With a peak onset occurring between 15 and 25 years of age, psychotic disorders and substance use disorders (SUD) can disrupt a young person's social, academic, and vocational development and initiate a trajectory of accumulating disability.

Missouri is committed to providing timely and effective treatment for all Missourians in their own communities and has been a national leader in implementing strategies for early intervention and treatment of behavioral health and substance use disorders. Missouri is also a national leader in developing and implementing integrated models of care for individuals with serious mental illness and co-occurring chronic health conditions, becoming the first state to receive federal approval for its health homes program.

The model outlined in this application builds upon several very successful programs implemented as part of Governor Nixon's Strengthening Missouri's Mental Health System Initiative. These programs often identify young adults who are experiencing a behavioral health crisis, link them to health care and behavioral health services, and provide ongoing care coordination:

- *Emergency Room Enhancement (ERE) Project*. Currently implemented in seven regions across the state (as additional funding becomes available, additional regions may be added), this program seeks to engage individuals into ongoing treatment; coordinate care for the whole person by addressing behavioral and physical health, as well as basic needs; reduce the need for future ER visits or hospitalizations; and reduce hospital stays that are unnecessarily extended due to non-health reasons. Since its inception in 2013, the project has resulted in reduced ER visits and admissions to hospitals by those in behavioral health crises. Other outcomes include reduced arrests, reduced homelessness, and increased employment.

- *Community Mental Health Liaison (CMHL) Program.* The goal of the CMHL program is to form strong community partnerships between Community Mental Health Centers, law enforcement, and courts to save valuable resources that might otherwise be expended on unnecessary jail, prison, and hospital stays and to improve outcomes for individuals with behavioral health issues. Thirty one specially trained mental health professionals located in community mental health centers across the state work directly with law enforcement and

the judicial system statewide to connect people in behavioral health crises with services in order to avoid unnecessary hospitalization or incarceration. This program began in November 2013. Outcomes data for persons referred to a CMHC for whom the data is known and reported on indicates that:

- Approximately 70% of the individuals referred by a CMHL attended their first behavioral health follow up appointment;
- Within thirty days of referral, approximately 69% of the individuals were treatment compliant; and
- Within thirty days of referral approximately 66% of the individuals were medication compliant.

Currently, uninsured young adults being identified by the ERE and CMHL programs either receive no services beyond an initial screening/assessment, or receive limited services for a brief duration if they happen to present to a behavioral health service provider that has a limited amount of general revenue available. Under this proposed Section 1115 waiver, these programs will serve as the entry point to a targeted and coordinated set of physical and behavioral health benefits designed to address the immediate crisis and start the individual on a path to recovery. The goals of the Demonstration program are to:

1. Improve access to health care for a segment of the uninsured population in Missouri who have significant medical and behavioral health needs;
2. Improve the physical and behavioral health outcomes of Demonstration participants, thereby delaying or reversing the progression toward disability;
3. Improve the education and employment outcomes of Demonstration participants by creating a pathway toward independence.

2. Include the rationale for the 1115 Demonstration.

While low-income children in Missouri who experience symptom onset are largely eligible for coverage under Medicaid or Children's Health Insurance Program (CHIP), young adults in this situation are frequently uninsured. These individuals often experience unreliable, delayed, or incomplete access to the kinds of services needed to address the immediate issues and support a pathway to recovery. The overall goal of this waiver will be to identify young adults in crises through the programs above, extend Medicaid eligibility with a targeted benefit package, and engage individuals in services that start them on the path to recovery.

Only a small percentage of Missourians who seek help for substance use disorders qualify for Medicaid.[1] In addition, young adults with serious mental illness only become Medicaid eligible

[1] Missouri Department of Mental Health. *The Implications of ACA Medicaid Expansion for Missouri's Public Behavioral Health Services.*

after being determined disabled, a lengthy process that can be extremely difficult to navigate for people with serious mental illness. By the time many people become Medicaid eligible, their mental health has deteriorated to the point that services are far more costly, and additional services become necessary such as housing, day treatment, and other community support services. Similarly, individuals with behavioral health issues are more likely to have one or more physical health problems as well;[2] untreated behavioral health issues can often exacerbate physical health problems.

A large and growing body of data and evidence indicates that early intervention may be a cost effective strategy for preventing or delaying onset of disability and the significant cost and quality-of-life impacts associated with disability.[3] For example:

- In 2012, Missouri emergency departments treated 86,000 individuals with a primary diagnosis of mental illness and an additional 286,000 individuals with a secondary diagnosis of mental illness.[4] More than 35,000 individuals presented in Missouri emergency departments with a primary diagnosis of alcohol or substance use.[5] Many individuals who visit the ER for mental health issues are repeat visitors who do not follow up with aftercare recommendations,[6] indicating a need for interventions that link individuals to behavioral health, primary care and supportive services.

- Psychotic disorders such as schizophrenia have a peak onset between the ages of 15 and 25[7] and can place adolescents and young adults on a trajectory toward full disability. Overall, approximately half of all individuals with first episodes of psychosis present for treatment with a current co-occurring substance use disorder.[8] However, multiple meta-analytic and narrative reviews of randomized and quasi-experimental treatment studies have found that early intervention with evidence-based treatments for psychosis can

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[2] Mertens JR, Lu YW, Parthasarathy S, Moore C, Weisner CM. Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO. 2003, Arch Int Med 163:2511-2517.

[3] See, for example, *Impact of early intervention programs for persons with potentially disabling conditions: Evidence from the national DMIE evaluation*. CONFERENCE PAPER in JOURNAL OF VOCATIONAL REHABILITATION · NOVEMBER 2010

[4] *Missouri Department of Health and Senior Services.* Emergency Room Visits for Mental Illness and Substance Use Disorders, Missouri 2012

[5] Ibid

[6] Bruffaerts R., Sabbe M., & Demyffenaere K. (2005). Predicting community tenure in patients with recurrent utilization of apsychiatric emergency service. *General Hospital Psychiatry*, 27, 269-274.

[7] See Heinssen, R.K., et al. "Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care." National Institute of Mental Health. April 14, 2014. See also, McGorry, P.D., "Early Intervention in Psychosis." *The Journal of Nervous and Mental Disease.* May, 2015.

[8] Wisdom, J.P. et al. "Substance Use Disorder Among People with First-Episode Psychosis: A Systematic Review of Course and Treatment." *Psychiatric Services*. September, 2011.

significantly improve symptoms and restore adaptive functioning.[9]

In Missouri, an estimated 20 percent of inmates in jails and prisons have serious mental illness,[10] replacing hospitals as the primary facility for individuals with mental illness.[11] An estimated 67 percent of inmates in Missouri's state prisons need substance abuse treatment.[12] These figures mirror national data showing that 53 percent of state and 45 percent of federal prisoners meet criteria for drug dependence or abuse.[13] Many of these individuals end up in the criminal justice system as a result of a failure to intervene early enough in their illness to change the trajectory and outcomes for the individual. Under the proposed Demonstration, Community Mental Health Liaisons will work directly with law enforcement and the judicial system statewide to connect people in behavioral health crises with services in order to avoid unnecessary hospitalization or incarceration and establish a pathway toward self-sufficiency.

Similarly, an overarching feature of this waiver will be an emphasis on moving people into education or employment in order to create stable foundations for ongoing recovery, a pathway toward independence, and a path *away* from future disability. Evidence strongly suggests that providing supported employment services can help individuals continue their education or find and maintain employment.[14] Unfortunately, evidence-based supported employment services are often only available to individuals who are already disabled as a result of their mental illness, leaving a significant gap in the research.[15] Under the proposed Demonstration, Missouri seeks to increase the likelihood that Demonstration enrollees will secure or maintain stable employment and decrease the likelihood that they will decompensate to full disability.

Missouri data demonstrates that Medicaid costs are reduced when individuals are employed. Missouri currently operates evidence based Individualized Placement and Support (IPS)

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[9] See, for example, Bird, V., Premkumar, P., Kendall, T., Whittington, C., Mitchell, J. & Kuipers, E. (2010). Early intervention services, cognitive-behavior therapy and family intervention in early psychosis: systematic review. *British Journal of Psychiatry*, *197*, 350-356. See also, Penn D., Waldheter E., Perkins D., Mueser K., & Lieberman J. (2005). Psychosocial treatment for first-episode psychosis: A research update. *American Journal of Psychiatry*, *162,* 2220–2232.

[10] See, for example, Torrey EF, Zdanowicz MT, Kennard AD et al. The treatment of persons with mental illness in prisons and jails: A state survey. Arlington, VA, Treatment Advocacy Center, April 8, 2014. See also, Steadman, HJ, Osher, FC, Robbins, PC et al., Prevalence of serious mental illness among jail inmates. *Psychiatric Services*. 2009; 60: 761-765.

[11] Torrey EF, Kennard AD, Eslinger D et al. *More Mentally Ill Persons Are in Jails and Prisons than Hospitals: A Survey of the States* (Arlington, Va.: Treatment Advocacy Center, 2010).

[12] Missouri Department of Corrections, 2015.

[13] U.S. Department of Justice, 2007.

[14] U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-term Care Policy. *Improving Employment Outcomes for People with Psychiatric Disorders and Other Disabilities.* April 2014.

[15] Ibid

supported employment to fidelity in a partnership with Missouri Vocational Rehabilitation. Additionally, the Assertive Community Treatment (ACT) teams operating in the state provide Employment Specialists. The ACT Transition Aged Youth teams have received specialized training on Supported Employment and Education using the RAISE model from the National Institute of Mental Health. Research supports that integrating Employment Specialists into a clinical treatment team increases the outcome of competitive integrated employment. Missouri's IPS programs average 36% working versus the 11.4% for the individuals with serious mental illness served without this program. The range in participating agencies is 15% – 80% of clients working in any quarter.

Missouri will use training dollars from other sources to train Community Support Specialists to become Employment Specialists. Many of the support services around employment activities can already be billed by Community Support Specialists. However, job development and job coaching are not currently allowable activities under Medicaid. By adding the new Supported Employment benefit under the waiver, these services would be available to the target population.

Both the ERE and CMHL programs have demonstrated strong positive results since their inception. For example, in its first 22 months, the ERE program demonstrated the following statistically significant outcomes:[16]

- 61% reduction in prior 90 day ED use
- 62% reduction in prior 90 day hospitalizations
- 69% reduction in prior 90 day homelessness status
- 58% decrease in prior 30 days arrests
- 31% increase in employment

Within the first 22 months of operation, CMHLs made 22,860 contacts with law enforcement and court personnel and almost 13,000 referrals for follow up services.[17]

The implementation of this waiver will build off of this success and will have a significant positive impact on the lives of thousands of Missourians, providing them with the services and supports they need to maintain independence. While Missouri's proposal is similar to Virginia's recently approved GAP Program, there are several important differences including the following:

- *Eligibility age range* – Missouri is proposing to target young adults (age 21 through 35) who are experiencing a behavioral health crisis and meet other eligibility criteria. State data clearly show that young adults have the highest overall rate of behavioral health

[16] Missouri Department of Mental Health, internal data.
[17] Ibid.

problems.[18] The Demonstration specifically seeks to identify and treat individuals in young adulthood when evidence-based interventions can significantly alter and improve the course of their conditions.

- *Targeted benefits package* – As discussed in the sections below, Missouri is proposing a targeted package of behavioral and physical health services targeted to young adults with serious mental illness (SMI) and/or substance use disorders (SUD). The proposed benefits package was also designed with input from key stakeholders and knowledgeable experts and includes services that best support effective treatment and early intervention for the target population.

- *Entry doors* – The proposed Demonstration has two entry doors, the Emergency Room Enhancement (ERE) Project and the Community Mental Health Liaison (CMHL) Program. The decision to limit entry to these two doors was driven by the success of these programs in identifying young adults who are in crisis. The proposed Demonstration will build upon these critical components of the system of care that has been developed in Missouri to connect individuals experiencing a behavioral health crisis to evidence-based, integrated care.

- *Emphasis on self-sufficiency* – A key tenant of the proposed Demonstration is that early and effective intervention in young adulthood can significantly alter the trajectory of mental illness and/or substance use disorders and place the individual on a path to independence. Attaining and maintaining stable employment, and avoiding contact with the criminal justice system, are key goals of the Demonstration.

3. Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them.

Table 1: Demonstration Hypotheses

Hypothesis	Anticipated Measures	Anticipated Data Sources	Anticipated Evaluation Approach
Early intervention with young adults experiencing a behavioral health crisis, including	ED visit rate	Medicaid claims data State data on uninsured ED	Comparison of waiver clients pre and post enrollment ED rates Comparison of waiver

[18] Missouri Department of Mental Health. 2014 Status Report on Missouri's Substance Abuse and Mental Health Problems

Hypothesis	Anticipated Measures	Anticipated Data Sources	Anticipated Evaluation Approach
enrollment for a minimum of one year in an evidence-based program of health coverage that coordinates primary and behavioral health care, will result in fewer Emergency Department (ED) visits for participants.		utilization for individuals with SMI/SUD	clients post enrollment ED rates with ED rates of comparable non-waiver 21-35 year olds
Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one year in an evidence-based program of health coverage that coordinates primary and behavioral health care, will result in fewer Social Security disability determinations, which often lead to full Medicaid eligibility.	Social Security Disability determination rate	Social Security Disability determination data in CIMOR	Comparison of waiver clients Social Security Disability determination rates to comparable non-waiver 21-35 year olds
Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one	Employment rate	CPS Status Report in CIMOR TEDS data in CIMOR	Comparison of change in employment status of waiver clients to comparable non-waiver 21-35 year olds not in specialized employment programs

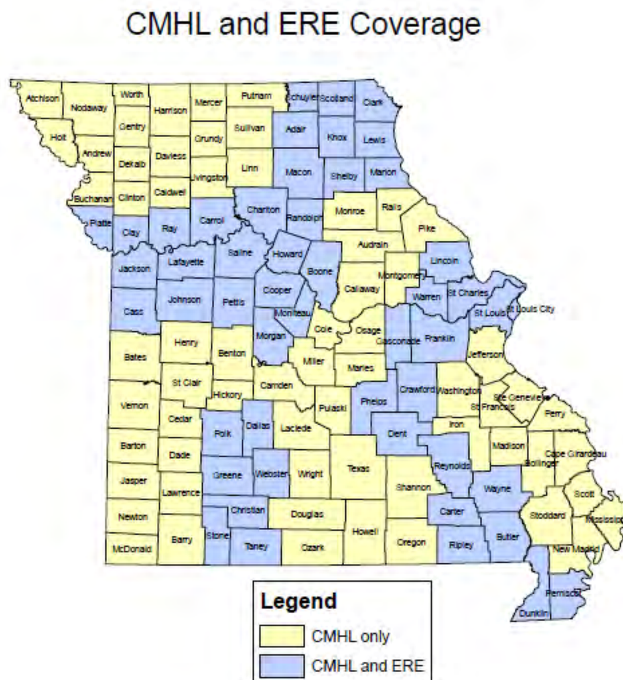
Hypothesis	Anticipated Measures	Anticipated Data Sources	Anticipated Evaluation Approach
year in an evidence-based program of health coverage that coordinates primary and behavioral health care, will increase the likelihood of maintaining or gaining competitive integrative employment.			Comparison of employment rate of waiver clients pre and post enrollment
Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one year in an evidence-based program of health coverage that coordinates primary and behavioral health care, will reduce arrests by law enforcement.	Arrest rate	CPS Status Report in CIMOR TEDS data in CIMOR	Comparison of pre and post enrollment arrest rates for waiver clients Comparison of waiver clients post enrollment arrest rates to arrest rates of comparable non-waiver 21-35 year olds
Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one year in an evidenced-based program of health coverage that	Private residence living rate Homeless rate	CPS Status Report in CIMOR TEDS data in CIMOR	Comparison of private residence rates for waiver clients pre and post enrollment Comparison of homeless rates for waiver clients pre and post enrollment Comparison of waiver clients homeless rates to

Hypothesis	Anticipated Measures	Anticipated Data Sources	Anticipated Evaluation Approach
coordinates primary and behavioral health care, will increase the likelihood of stable housing.			homeless rates of comparable non-waiver 21-35 year olds
Early intervention with young adults experiencing a behavioral health crisis, including enrollment for a minimum of one year in an evidenced-based program of health coverage that coordinates primary and behavioral health care, will increase the likelihood of remaining in school or finding and participating in an academic program of choice.	Rate of involvement in academic programs	CPS Status Report in CIMOR TEDS data in CIMOR	Comparison of academic involvement rates for waiver clients pre and post enrollment Comparison of waiver clients academic involvement rates to rates of comparable non-waiver 21-35 year olds

4. Describe where the 1115 Demonstration will operate, i.e., statewide, or in specific regions within the State. If the 1115 Demonstration will not operate statewide, please indicate the geographic areas/regions of the State where the 1115 Demonstration will operate.

   The Demonstration will operate statewide (see Figure 1 below).

Figure 1: ERE and CMHL Entry Points by County (As of January 2016)



5. Include the proposed timeframe for the 1115 Demonstration.

   Upon approval, the Demonstration will operate for five years. Missouri proposes to implement July 1, 2016, and operate the waiver through June 30, 2021, or until Missouri implements a broader expansion of Medicaid that would otherwise make this population of adults eligible for coverage under the State Plan.

6. Describe whether the 1115 Demonstration will affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

   The Demonstration will not affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility or benefits for the target expansion population.

1115 Demonstration Eligibility

1. Include a chart identifying any populations whose eligibility will be affected by the 1115 Demonstration.

Table 2: Demonstration Eligibility Groups

Eligibility Group	Social Security Act and CFR Citations	Income Level
Young adults ages 21-35 not otherwise eligible under the State Plan who meet eligibility criteria related to SMI and/or SUD as defined by the Department of Mental Health (Referred to hereafter as "Mental Health Crisis Prevention Project")	N/A	0-150% of the FPL

2. Describe the standards and methodologies the State will use to determine eligibility for any populations whose eligibility is changed under the 1115 Demonstration, to the extent those standards or methodologies differ from the State plan.

This Demonstration will target individuals who meet the following eligibility parameters. Individuals must meet ALL of the requirements outlined below to be eligible for the Demonstration:

- Referred through the Community Mental Health Liaison (CMHL) or the Emergency Room Enhancement Program (ERE) with a serious behavioral health crisis;
- Determined to have and need treatment for a serious mental illness and/or substance use disorder as defined by the Department of Mental Health. Serious mental illness includes bipolar, schizophrenia spectrum and other psychotic disorders, major depression, and posttraumatic stress disorder (PTSD). Substance use disorder includes alcohol, opioid, sedative, hypnotic or anxiolytic, cocaine, cannabis, amphetamine, hallucinogen, inhalant, phencyclidine, polysubstance, and other substance use disorders;

- At the time of application, need for treatment requires a total Daily Living Activities (DLA) GAF/mGAF score of 50 or below for both serious mental illness and/or substance use disorder;
- Adult ages 21 to 35 years old;
- U.S. Citizen or eligible qualified legal immigrant;
- Not eligible for any state or federal full benefits program including: Medicaid, Children's Health Insurance Program (CHIP), or Medicare;
- Resident of Missouri;
- Gross income of the individual that is at or below 150% of the Federal Poverty Level (FPL);
- Uninsured; and
- Not residing in a long term care facility, mental health facility, long-stay hospital, intermediate care facility for persons with developmental disabilities, or penal institution.

Assessment Process

1. Once individual presents through the CMHL or ERE program, CMHL or ERE refers individual to behavioral health (BH) treatment;
2. Behavioral health (BH) treatment provider compiles medical information based on Level of Care criteria defined above for 1115 waiver eligibility;
3. BH treatment provider sends 1115 waiver information to DMH state staff for approval of medical eligibility for waiver by usage of a checklist to make sure all criteria are met and individual is eligible for 1115 waiver enrollment;
4. BH treatment provider initiates Medicaid application to be sent to Family Support Division (FSD) for Medicaid determination;
5. DMH determines if funding is available and notifies FSD;
6. FSD processes application (includes approval, denial, and appeals process);
7. FSD assigns 1115 Waiver ME Code to approved individuals;
8. DMH enrolls individuals. Once a wait list is established, individuals will be assigned based on their priority of need. Priority of need is defined as scoring a 2 or below on one or more the following DLA domains: alcohol/drug use; safety; healthcare practices; and behavioral norms;
9. Services begin based on the individual's treatment plan as designed by the individual's treatment team;
10. Individuals are reassessed annually by FSD as part of the annual Medicaid eligibility redetermination; at each annual redetermination, earned income from new

employment or an increase in earnings is excluded for the first 12 consecutive months it causes total income to exceed 150% of FPL;

11. Individuals will be reassessed annually by the BH treatment provider and DMH to determine the clinical need for continued treatment.

If the individual no longer meets the annual clinical need for treatment, no longer meets FSD eligibility, or has failed to use any waiver-approved behavioral health service for 6 months, the discharge process is initiated by notification letter (FSD or DMH), including appeals process. Persons dis-enrolled from the waiver may reapply and be readmitted without any wait period, if they meet all eligibility requirements and funding is available.

Table 3 below summarizes the roles of each entity with respect to eligibility and enrollment under the proposed Demonstration.

Table 3: Eligibility and Enrollment Responsibilities

Mental Health Crisis Prevention Project Entity Roles	
Entity:	**Roles and Responsibilities:**
Community Mental Health Liaisons (CMHL) and Emergency Room Enhancement (ERE) Programs	1. Individual presents through either the CMHL or ERE. 2. CMHL or ERE refers individual to the BH treatment provider for assessment.
Behavioral Health (BH) treatment provider	1. BH treatment provider compiles medical information based on Level of Care criteria. 2. BH treatment provider sends 1115 waiver information for the individual to DMH state staff for approval of medical eligibility for waiver. 3. BH treatment provider initiates Medicaid eligibility application to be sent to the Family Support Division (FSD) for Medicaid determination.
Department of Mental Health (DMH)	1. DMH state staff approves medical eligibility for the individual based on a checklist of criteria to be met for enrollment in the 1115 waiver. 2. DMH determines if funding is available and notifies FSD.
Family Support Division (FSD)	1. FSD Eligibility Specialists enter the 1115 Mental Health Crisis Prevention Project and any other appropriate Medicaid applications into the eligibility system. 2. FSD Eligibility Specialists conduct the eligibility determination for the 1115 Mental Health Crisis

Mental Health Crisis Prevention Project Entity Roles	
Entity:	**Roles and Responsibilities:**
	Prevention Project. 3. FSD Eligibility Specialists process changes that impact eligibility when reported by the individual. 4. FSD reassesses individuals annually as part of the annual redetermination.
Family Assistance Management Information System (FAMIS)	1. FAMIS (current FSD eligibility system) executes the eligibility determination process and assigns appropriate Medicaid Eligibility (ME) code for 1115 Mental Health Crisis Prevention Project. 2. For eligible consumers, FAMIS creates records on a nightly file that is picked up for processing by the Medicaid Management Information System (MMIS). 3. FAMIS includes DCN of eligible consumers on eligibility file that is picked up for processing by the Medicaid Management Information System (MMIS). 4. FAMIS notifies consumer of eligibility or ineligibility via letter delivered through postal service.
Medicaid Management Information System (MMIS) and Fiscal Agent (WIPRO)	1. Process and store eligibility records. 2. Adjudicate claims based on eligibility history. ME code determines which service claims are covered. 3. Generate and transmit claims payment files to the DSS Payment System maintained by the Office of Administration, Information Technology Services Division.
DSS Payment System	1. Process claims payment file provided by MMIS and generate payment to providers for services covered by the 1115 waiver.

3. Specify any enrollment limits that apply for expansion populations under the 1115 Demonstration.

   Based on currently available state appropriations, the state projects that approximately 1,000 individuals can be served at any point in time during the course of the Demonstration. Projections of the duration individuals will remain in the waiver indicate that approximately 1,900 individuals can be served over the 5 year course of the Demonstration. To the extent additional state funding becomes available, the state may be able to expand enrollment.

4. Provide the projected number of individuals who would be eligible for the 1115 Demonstration, and indicate if the projections are based on current state programs (i.e., Medicaid State plan, or covered using other waiver authority, such as 1915(c)). If applicable, please specify the size of the populations currently served in those programs.

   The crisis program entry points into the waiver, CMHL and ERE, are currently identifying approximately 1,000 individuals annually who appear to be eligible for the Demonstration. There has been a small amount of duplicated individuals from the first year to the second year in both the CMHL and ERE programs. Therefore the state projects approximately 4,600 individuals will be eligible for enrollment over the 5 year course of the Demonstration. Currently, uninsured young adults being identified by the ERE and CMHL programs either receive no services beyond an initial screening/assessment, or receive limited services for a brief duration if they happen to present to a behavioral health service provider that has a limited amount of general revenue available. Therefore, the benefit package provided by this Demonstration, aside from the screening/assessment, represents new services not currently funded by the state.

5. To the extent that long term services and supports are furnished (either in institutions or the community), describe how the 1115 Demonstration will address post-eligibility treatment of income, if applicable. In addition, indicate whether the 1115 Demonstration will utilize spousal impoverishment rules under section 1924, or will utilization regular post-eligibility rules under 42 CFR 435.726 (SSI State and section 1634) or under 42 CFR 435.735 (209b State).

   Not applicable.

6. Describe any changes in eligibility procedures the State will use for populations under the 1115 Demonstration, including any eligibility simplifications that require 1115 authority (such as continuous eligibility or express lane eligibility for adults or express lane eligibility for children after 2013).

   The state is requesting 1115 authority to provide 1 year of continuous eligibility from the date of initial enrollment and each annual eligibility reinvestigation. The only exceptions to the continuous eligibility period are turning age 36 or discontinuing participation in the behavioral health treatment plan.

7. If applicable, describe any eligibility changes that the State is seeking to undertake for the purposes of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014 (such as financial methodologies for determining eligibility based on modified adjusted gross income), or in light of other changes in 2014.

Not applicable; as these changes have already been implemented.

1115 Demonstration Benefits and Cost Sharing Requirements

1. Indicate whether the benefits provided under the 1115 Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

   __X__Yes ____No

2. Indicate whether the cost sharing requirements under the 1115 Demonstration differ from those provided under the Medicaid and/or CHIP State plan:

   ____Yes _X__No

3. If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the 1115 Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the 1115 Demonstration:

   The Demonstration will utilize one benefit package for all beneficiaries eligible under the Mental Health Crisis Prevention Project Demonstration group. This benefit package (see Table 4) includes selected outpatient, non-emergency department-based physical and dental[19] health care benefits and a comprehensive set of outpatient, non-residential behavioral health care benefits. This benefit package is designed to support effective interventions that will delay or prevent disability for individuals covered under the Demonstration and support improved health and wellness, as well as community engagement through employment and education, within the target population.

Table 4: Demonstration Benefits

Eligibility Group Name	Benefit Package
Mental Health Crisis Prevention Project	**Physical Health Services** • Physician/Certified Nurse Practitioner/Clinic/FQHC/RHC • Outpatient hospital (except Emergency Department) • Pharmacy • Lab/X-ray • Family planning • Dental*
	Behavioral Health Services • Psychologist

[19] Pending approval of SPA #16-01, submitted January 6, 2016, anticipated effective date January 1, 2016.

	• Social Worker/Professional Counselor • Assertive community treatment • Behavioral health assessment • Collateral dependent counseling • Community support • Crisis intervention • Family conference • Family support • Family therapy • Group counseling • Group psychoeducation • HIV counseling • Individual counseling • Intensive evidence based practices • Medically monitored inpatient detoxification • Medication management • Metabolic syndrome screening • Methadone dosing • Nursing services • Peer support • Professional consultation • Psychiatric diagnostic evaluation • Psychosocial rehabilitation-IMR • Supported employment • Treatment planning

* Pending approval of SPA #16-01, submitted January 6, 2016, anticipated effective date January 1, 2016.

4. If electing benchmark-equivalent coverage for a population, please indicate which standard is being used:

   The Demonstration will not be offering a benchmark-equivalent benefit design.

5. In addition to the Benefit Specification and Qualifications form, please complete the following chart if the 1115 Demonstration will provide benefits that differ from the Medicaid or CHIP State plan.

Missouri Medicaid has traditionally defined separate benefit packages for mental health (Community Psychiatric Rehabilitation) and substance use disorders (Comprehensive Substance Treatment and Rehabilitation). In 2011, Missouri began merging the Division of Alcohol and Drug Abuse and the Division of Comprehensive Psychiatric Services into a single Division of Behavioral Health, which has facilitated an ongoing reassessment of integrated services and

philosophy. Under this Demonstration, eligible individuals from age 21 through 35 will receive behavioral health services under a combined benefit design. With some exceptions, noted in Table 5 and Table 7, the Demonstration benefit package is providing access to the same sets of mental health and substance use treatment services available under the traditional Missouri State Plan. Of note, Missouri proposes to enhance employment support services for the Demonstration population, to further support the Demonstration goal of increased employment among the target population. Please see Appendix I for the Benefit Specification and Qualifications forms.

Table 5: Benefits Differing from State Plan

Proposed Benefits Differing from State Plan	
Outpatient hospital	Excludes Emergency Department services
Combined BH Benefit	Except where specifically noted below, the services included in the waiver combined BH benefit are already provided under the MO state plan (CPR or CSTAR). Unlike under the state plan, MI and SUD services for the waiver eligible population are being offered as part of a combined benefit; in addition, they are in some cases renamed or refined/reorganized in order to encourage more consistency within the combined benefit and across individuals served. Benefits Specification and Qualifications forms have been completed for each of the services listed below.
• Assertive community treatment	
• Behavioral health assessment	
• Collateral dependent counseling	
• Community support	
• Crisis intervention	
• Family conference	
• Family support	Will be available to a broader age group of waiver eligible than under the state plan (up to age 26, compared to state plan coverage up to age 21)
• Family therapy	
• Group counseling	
• Group psychoeducation	
• HIV counseling	

Proposed Benefits Differing from State Plan	
• Individual counseling	
• Intensive evidence based practices	Will be available to a broader age group of waiver eligible than under the state plan (up to age 26, compared to state plan coverage up to age 21)
• Medically monitored inpatient detoxification	
• Medication management	
• Metabolic syndrome screening	
• Methadone dosing	
• Nursing services	
• Peer support	
• Professional consultation	
• Psychiatric diagnostic evaluation	
• Psychosocial rehabilitation-IMR	Limited to illness, management, and recovery
• Supported employment	New service; job development and job coaching included, which are not otherwise available under CPR or CSTAR
• Treatment planning	

6. Indicate whether Long Term Services and Supports will be provided.

    _____ Yes __X__No

7. Indicate whether premium assistance for employer-sponsored coverage will be available through the 1115 Demonstration.

    _____Yes __X__No

8. If different from the State plan, provide the premium amounts by eligibility group and income level.

    Not applicable.

9. Include a table if the Demonstration will require copayments, coinsurance and/or deductibles that differ from the Medicaid State plan.

The Demonstration will utilize the same copayments, coinsurance and/or deductibles as the Medicaid State Plan.

10. Indicate if there are any exemptions from the proposed cost sharing.

    Not applicable.

Delivery System and Payment Rates for Services

1. Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan:

   ____Yes __x__No

2. Describe the delivery system reforms that will occur as a result of the Demonstration, and if applicable, how they will support the broader goals for improving quality and value in the health care system. Specifically, include information on the proposed Demonstration's expected impact on quality, access, cost of care, and potential to improve the health status of the populations covered by the Demonstration. Also include information on which populations and geographic areas will be affected by the reforms.

   The Demonstration will utilize the state's existing fee for service delivery system and the system of care that has been developed for individuals with SMI and/or SUD. The Demonstration will leverage the two existing service entry points – the ERE and CMHL programs – which have been highly successful in identifying individuals experiencing a crisis and linking individuals to available services through highly trained community support specialists. However, once identified through these entry points, access to services for many of these young adults is limited, sporadic and costly due to lack of insurance coverage. This Demonstration is expected to positively impact access to care and outcomes for young adults statewide who are experiencing a behavioral health crisis by utilizing the existing delivery system and system of care to enable individuals to access the services they need to achieve and maintain stability.

3. Indicate the delivery system that will be used in the Demonstration by checking one or more of the following boxes:
   ___Managed care
   ___Managed Care Organization
   ___Prepaid Inpatient Health Plans
   ___Prepaid Ambulatory Health Plans
   _x__Fee for service

___Primary Care Case Management
___Health homes
___Other

4. If multiple delivery systems will be used, please include a table that depicts the delivery system that will be utilized in the Demonstration for each eligibility group that participates in the Demonstration (an example is provided). Please also include the appropriate authority if the Demonstration will use a delivery system that is currently authorized under the State plan, section 1915(a) option, section 1915(b) or section 1932 option.

   Not applicable. The Demonstration will utilize a fee-for-service delivery system for all eligibles.

Table 6: Delivery Systems and Authorities

Eligibility Group Name	Delivery System	Authority
Mental Health Crisis Prevention Project	Fee-for service (medical)	State Plan, 1115 waiver
	Fee-for-service (behavioral)	State Plan, 1115 waiver

5. If the Demonstration will utilize a managed care delivery system:
   a. Indicate whether enrollment will be voluntary or mandatory. If mandatory, is the state proposing to exempt and/or exclude populations?
   b. Indicate whether managed care will be statewide, or will operate in specific areas of the state;
   c. Indicate whether there will be a phased-in rollout of managed care (if managed care is not currently in operation or in specific geographic areas of the state);
   d. Describe how will the state assure choice of MCOs, access to care and provider network adequacy; and
   e. Describe how the managed care providers will be selected/procured.

   Not applicable.

6. Indicate whether any services will not be included under the proposed delivery system and the rationale for the exclusion.

   As described above, the benefit design for the Demonstration population provides a tailored set of services to provide the most critical behavioral health and physical health services to a population that otherwise has no coverage in Missouri. In order to maximize people served within the resources available for this Demonstration, the State selected the most essential primary care and outpatient/community based services and avoided those that were most cost prohibitive (e.g., inpatient hospital services, emergency department

services, residential treatment services, day services). The goal of the benefit design was to support effective physical and behavioral health interventions that could best minimize or avoid the need for higher cost services, promote recovery in the community, and prevent or delay the onset of a more serious disability. The benefits proposed provide a strong foundation for increased success of the ERE Project and the CMHL Program, enhancing the ability of the cross-system community partnerships with Community Mental Health Centers, hospitals, law enforcement and other providers to connect young adults in behavioral health crises with the services that can avoid unnecessary hospitalization, incarceration, homelessness, unemployment and escalating health problems.

Demonstration beneficiaries will access non-covered services in the same manner they do now. Behavioral health services are available through limited state general revenue funding, and CMHCs provide referral services for uninsured persons and connect them to physical health services such as inpatient and emergency rooms, and to other sources of local and safety net funding where it is available. Inpatient services for uninsured persons will continue to be covered under the disproportionate share payments. The State will be providing primary care and other outpatient services that, combined with the behavioral health service package and coordination provided by community support specialists, is expected to reduce the need for non-covered services.

Table 7: Non-Covered Services

Non-Covered Physical Health Services	Rationale for Excluding
• Ambulance • Ambulatory Surgical Care • Birthing Center • Targeted Case Management – Foster Care • Targeted Case Management – HCY & Lead • Targeted Case Management – MRDD • Targeted Case Management – Prenatal • Targeted Case Management – MI, SED • Comprehensive Day rehabilitation services for head-injured • Dentures • Diabetes self-management training • Durable medical equipment • Environmental lead assessments • Hearing aid (audiology) • Health home • Home health • Hospice	The Physical Health Services which are not being offered as part of the benefit for waiver eligible individuals were not considered critical for the behavioral health early intervention intention of the Demonstration and were eliminated in reflection of limited funding availability.

Non-Covered Physical Health Services	Rationale for Excluding
• ICF/MR • Inpatient hospital • Non-emergency medical transportation • Nurse midwife • Nursing facility • Optical • Orthodontics • Outpatient hospital emergency department • Personal care • Podiatry • Private duty nursing • Rehabilitation Center • Section 1915(c) waiver services • Therapy-Occupational, Physical and Speech (Independent Practice) • Transplants	
Non-Covered Behavioral Health Services	**Rationale for Excluding**
Selected CPR services	
Psychosocial rehabilitation	Current services beyond illness management and recovery not considered appropriate/critical to the population
Psychosocial rehabilitation – youth	Not age appropriate
Day treatment – youth	Not age appropriate
Family assistance	Not age appropriate
Intake evaluation	Service elements available as behavioral health assessment in the waiver
Annual evaluation	Service elements available as behavioral health assessment in the waiver
Co-occurring assessment supplement	Service elements available as behavioral health assessment in the waiver
Intensive community psychiatric rehabilitation	Services not age appropriate or too costly for Demonstration budget
Intensive CPR residential	Residential services and supports too costly for Demonstration budget

Non-Covered Physical Health Services	Rationale for Excluding
Selected CSTAR services	
Comprehensive assessment	Service elements available as behavioral health assessment in the waiver
Comprehensive assessment update	Service elements available as behavioral health assessment in the waiver
Assessment (CSTAR with ASI-MV)	Not age appropriate
Assessment –adolescent	Not age appropriate
Day treatment	Not age appropriate
Physician certification	Not age appropriate
Outpatient measurement	Not age appropriate
Adolescent treatment support	Not age appropriate
Extended day treatment	Service elements available as Nursing Services and Metabolic Syndrome Screening in the waiver

7. If the Demonstration will provide personal care and/or long term services and supports, please indicate whether self-direction opportunities are available under the Demonstration. If yes, please describe the opportunities that will be available, and also provide additional information with respect to the person-centered services in the Demonstration and any financial management services that will be provided under the Demonstration.

   ___Yes _X__No

   Not applicable.

8. If fee-for-service payment will be made for any services, specify any deviation from State Plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology.

   With the exception of the new Supported Employment service, Missouri will use existing fee-for-service rates for covered services. The new Supported Employment service will utilize the existing fee-for-service rate established for Community Support. Community Support Specialists will be providing the new Supported Employment service.

9. If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviations from the payment and contracting requirements under 42 CFR Part 438.

Not applicable.

Implementation of Demonstration

1. Describe the implementation schedule. If implementation is a phase-in approach, please specify the phases, including starting and completion dates by major component/milestone.

   In anticipation of the submission and approval of the Demonstration application, the State is working to modify systems including financial, contracting, policy, regulations, and all other necessary components to operate the Demonstration, with an anticipated start date of enrollment of July 1, 2016. These components will have varying completion dates between January and June 2016. In addition the State will be providing training to CMHCs participating in the Demonstration between January and June 2016, and ongoing, focusing on all aspects of the operation of the Demonstration.

2. Describe how potential Demonstration participants will be notified/enrolled into the Demonstration.

   All persons who come into services through the ERE and CMHL entry points will be assessed for waiver eligibility and, if eligible, will be educated on enrollment procedures and benefits. Outreach and education will be focused on the key persons involved in operating those programs and making referrals to them. The State's outreach plan will include informing and educating the CMHCs who operate ERE and CMHL programs, and educating the key community partners who make referrals to those programs: law enforcement personnel (CMHL) and hospitals (ERE). The State will develop an outreach and education plan with all necessary informational materials to guide these interactions, including but not limited to eligibility guidelines, enrollment procedures and covered benefits. In addition, CMHC staff will assist eligible persons with all aspects of enrollment in the Demonstration including completing the application for Medicaid eligibility. Once a person is enrolled in the Demonstration they will be formally notified in writing of their enrollment and all rights, responsibilities, and benefits available under the Demonstration. Persons referred to the ERE and CMHL programs in the 30 days prior to the waiver start date, who meet eligibility requirements, will be eligible for admission into the waiver. These persons' Medicaid eligibility and waiver start date cannot be prior to the waiver start date.

3. If applicable, describe how the State will contract with managed care organizations to provide Demonstration benefits, including whether the State needs to conduct a procurement action.

Not applicable.

Demonstration Financing and Budget Neutrality:

The budget neutrality model utilized in this waiver is a disability diversion model. In this model, the with-waiver budget limit will consist of the projected costs of the waiver intervention services for enrolled waiver populations. By improving access to these services for this segment of the uninsured population in Missouri, the State hopes to improve physical and behavioral health outcomes and delay or reverse the progression towards disability. Therefore, the without waiver budget projection is determined by approximating the cost if some portion of the waiver enrollees were to become disabled without receiving these waiver services and instead be enrolled in Medicaid with full benefits. This approach is similar to a nursing home diversion model which creates a budget limit for waiver services that cannot exceed the cost of nursing facilities were the waiver enrolled individual to become Medicaid eligible. To ensure budget neutrality, Medicaid cost savings will come from:

- Effective management of previously uninsured young adults who experience SMI and SUD;

- Slowing and, in many instances, diverting the trajectory toward disability and enrollment into Medicaid with high cost service utilization, thus avoiding more costly Medicaid State Plan services; and

- Stabilizing behavioral health disorders and their co-morbid medical conditions to avoid long term Medicaid eligibility for some individuals. For others, the outcome of the early intervention will result in conditions that are easier to manage, less disabling and less costly than disability-related Medicaid.

Though not part of the budget neutrality model, the State also expects the Demonstration to have a significant positive impact on the ability of enrolled individuals to become and remain employed (or continue their education) and avoid the corrections system, thereby reducing reliance on other publicly supported programs as well.

Required financing and budget neutrality documentation can be found in Appendix II.

List of Proposed Waivers and Expenditure Authorities

1. Provide a list of proposed waivers and expenditure authorities. Describe why the State is requesting the waiver or expenditure authority and how it will be used.

   Missouri requests, under the authority of Section 1115(a)(2) of the Social Security Act, that expenditures made by Missouri for the items identified below, which are not otherwise included as expenditures under Section 1903 of the Act, shall, for the period of this Demonstration, be regarded as expenditures under the state's title XIX plan.

   Expenditures for a targeted benefit package for the population eligible for services under the Demonstration. Expenditures for coverage of health care services for individuals aged 21 through 35, with income up to and including 150 percent of the FPL, who have been identified through the state's Emergency Room Enhancement project or Community Mental Health Liaison Program, who have a serious mental illness and/or substance use disorder as determined by the Department of Mental Health, who have met level of care criteria as determined by the Department of Mental Health, but who are otherwise ineligible for Medicaid based on income.

   To the extent necessary to implement the proposal, the Demonstration application requests that CMS, under the authority of section 1115(a)(1) of the Social Security Act (42 USC 1315), waive the following requirements of Title XIX of the Social Security Act (42 USA 1396) to enable the State of Missouri to implement the Mental Health Crisis Prevention Project.

   1. **Amount, Duration, and Scope of Services Section 1902(a)(10)(B) --** To the extent necessary to enable the state to offer a reduced/modified benefit to populations eligible under the Demonstration.

   2. **Reasonable Promptness Section 1902(a)(8) --** To enable the state to modify eligibility thresholds in order to maintain enrollment up to the limit established in budget neutrality.

   3. **Methods of Administration – Transportation – Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53** – To allow the state, to the extent necessary, to not provide non-emergency transportation to and from providers for participants.

4. **Comparability Section 1902(a)(17)** -- To the extent necessary to enable the state to vary income requirements and impose clinical eligibility criteria for individuals to which they otherwise would not be subject under the state plan.

Public Comment and Stakeholder Input

1. Start and end dates of the state's public comment period.

   On February 24, 2016, the Missouri Department of Social Services, MO HealthNet Division posted the waiver proposal. The public comment period ended on March 25, 2016. See Appendix IV and Appendix V for public notices.

   In addition to the formal public comment period, the MO HealthNet Division, the Missouri Department of Mental Health and the Missouri Coalition for Community Behavioral Healthcare established a broad stakeholder engagement process to inform waiver development from the earliest stages of the process. Stakeholders included representatives from behavioral health providers across the state, advocacy organizations, and representatives from statewide advisory groups on mental health and substance use services. The table below summarizes the dates and key topics areas for each stakeholder meeting. Questions and written responses from the stakeholder meetings may be found in Appendix III.

Table 8: Stakeholder Meeting Dates and Topics

Stakeholder Meeting Date	Key Topics
August 27, 2015	• Stakeholder Membership, Process and Tasks • Waiver Development Process and Timelines • Public Comment Period and Public Hearings • Why Develop an 1115 Waiver for Young Adults • CMS Concept Paper • Proposed Eligibility and Benefits Discussion
September 23, 2015	• Final CMS Concept Paper Update and Next Steps • Budget Neutrality Update • Public Hearing Update • Review Comments and Questions from 8/27 meeting • Continue Eligibility and Benefits Discussion
December 3, 2015	• Timeline Update • Benefits and Eligibility Update • Update on Informal CMS Discussions • Review of Waiver Application

January 27, 2016	• Changes to waiver application • Public Hearing Schedule • Review Services Catalog • CIMOR System Changes

2. Certification that the state provided public notice of the application, along with a link to the state's web site and notice in the state's Administrative Record or newspaper of widest circulation 30 days prior to submitting the application to CMS.

   [to be added after public notice/comment period]

3. Certification that the state convened at least 2 public hearings, of which one hearing included teleconferencing and/or web capability, 20 days prior to submitting the application to CMS, including dates and a brief description of the hearings conducted.

   [to be added after public notice/comment period]

4. Certification that the state used an electronic mailing list or similar mechanism to notify the public (If not an electronic mailing list, please describe the mechanism that was used).

   [to be added after public notice/comment period]

Table 9: Stakeholder Communications

1	
2	
3	
4	
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5. Comments received by the state during the 30-day public period.

   [to be added after public notice/comment period]

   Please see Appendix X

6. Summary of the state's responses to submitted comments, and whether or how the state incorporated them into the final application.

   [to be added after public notice/comment period]

   Please see Appendix X.

7. Certification that the state conducted tribal consultation in accordance with the consultation process outlined in 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 on Indians, tribes, or Indian health programs, or on urban Indian health organizations, including dates and method of consultation.

   Missouri has no federally recognized tribes.

Demonstration Administration

1. Please provide the contact information for the state's point of contact for the Demonstration application.

   Dr. Joe Parks
   MO HealthNet Division
   P.O. Box 6500
   Jefferson City, MO 65102-6500