

Application for

Section 1915(b) (4) Waiver

Fee-for-Service

Selective Contracting Program

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Application for Section 1915(b) (4) Waiver Fee-for-Service (FFS) Selective Contracting Program

Facesheet

The **State** of Missouri requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program** is DD Comprehensive Waiver MO 0178 Intensive Therapeutic Residential Habilitation (ITRH) Service.
(List each program name if the waiver authorizes more than one program.).

Type of request. This is:

an initial request for new waiver. All sections are filled.

a request to amend an existing waiver, which modifies Section/Part _____

a renewal request

Section A is:

replaced in full

carried over with no changes

changes noted in **BOLD**.

Section B is:

replaced in full

changes noted in **BOLD**.

Effective Dates: This waiver/renewal/amendment is requested for a period of 5 years beginning 07/01/2021 and ending 06/30/2026.

State Contact: The State contact person for this waiver is Glenda Kremer and can be reached by telephone at 573-751-6962, or fax at 573-526-4651, or e-mail at Glenda.A.Kremer@dss.mo.gov.

Section A – Waiver Program Description

Part I: Program Overview

Tribal Consultation:

Describe the efforts the State has made to ensure that Federally-recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal.

There are no federally recognized tribes in Missouri.

Program Description:

Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver.

STATE RESPONSE:

Intensive Therapeutic Residential Habilitation (ITRH) is a home and community-based service provided in Missouri’s HCBS waiver 0178. The service includes clinical services that may be accessed when less intrusive methods, including crisis intervention, were tried, were unsuccessful, and documented accordingly in the Individual Support Plan (ISP). This service supports a person to develop repertoires of coping skills and independent living skills when he/she exhibits high-risk behaviors that are exceptional in intensity, duration, or frequency of dangerous behaviors, and other services and positive behavior supports have not been successful to support the individual. The goal of the service is to support the individual gain skills necessary to successfully engage in their community.

This service is designed to be flexible enough to respond to the changing levels of need of the person supported and the level of risk presented by the person’s current behavior. The goal of this service is to teach and help the individual learn skills to transition to a more natural less restrictive community setting.

This waiver seeks to limit freedom of choice of providers of the ITRH service and to selectively contract with residential providers to provide the ITRH service to the DD Comprehensive Waiver 0178 participants.

Because of the critical nature of this service, Missouri believes it is important to limit the providers of ITRH to ensure the requisite skill set and to optimize quality outcomes for all participants of the service. This initial limit of providers will also allow for continual monitoring of capacity and quality of services and providers can be augmented as needed. It is intended that Missouri will work closely with these limited high caliber providers to develop a strategy to continue to build and assess capacity for this type of provider while maintaining quality outcome measures and successful individual transition to more independence in the community. The selected providers will collaborate with Missouri and

receive careful monitoring to ensure the individualized needs of participants are met and the services standards are maintained as intended.

Service details regarding the ITRH are described in the DD Comprehensive Waiver 0178.

Waiver Services:

Please list all existing State Plan services the State will provide through this selective contracting waiver.

STATE RESPONSE:

The State will be offering Intensive Therapeutic Residential Habilitation service through the State’s HCBS 1915(c) DD Comprehensive Waiver 0178. Missouri will combine the 1915 (c) HCBS 0178 waiver with this 1915 (b) (4) waiver to provide Intensive Therapeutic Residential Habilitation service to 1915 (c) participants as a selectively contracted service to, as noted above, ensure quality, highly trained providers.

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

1915(b) (4) - FFS Selective Contracting program

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

- a. **Section 1902(a) (1) - Statewideness**
- b. **Section 1902(a) (10) (B) - Comparability of Services**
- c. **Section 1902(a) (23) - Freedom of Choice**
- d. **Other Sections of 1902 – (please specify)**

B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:

the same as stipulated in the State Plan

is different than stipulated in the State Plan (please describe)

STATE RESPONSE:

The State will contract with qualified providers to provide the Intensive Therapeutic Residential Habilitation service. Reimbursement for Intensive Therapeutic Residential Habilitation service will be on a fee-for-service (FFS) basis and cover the cost of providing

all authorized Intensive Therapeutic Residential Habilitation service as described in Appendix I-2.A of the DD Comprehensive Waiver 0178. Missouri's Medicaid Fee Schedule is at <https://apps.dss.mo.gov/fmsFeeSchedules/default.aspx>.

2. **Procurement.** The State will select the contractor in the following manner:

- Competitive** procurement
- Open** cooperative procurement
- Sole source** procurement
- Other** (please describe)

The State will contract through a sole source procurement beginning with the provider that are currently providing this service under General Revenue funding rather than accepting any willing qualified provider. Providers will meet the qualifications described in the DD Comprehensive Waiver 0178.

C. Restriction of Freedom of Choice

1. **Provider Limitations.**

- Beneficiaries will be limited to a single provider in their service area.
- Beneficiaries will be given a choice of providers in their service area.

(NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)

The provider pool will be available to individuals across the state.

2. **State Standards**

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents.

STATE RESPONSE

With the approval of the HCBS 1915(c) DD Comprehensive Waiver 0178, Intensive Therapeutic Residential Habilitation will be a new service in the HCBS 1915(c) DD Comprehensive Waiver 0178.

There will be no changes to the state standards currently applied to the Intensive Therapeutic Residential Habilitation under the 1915(c) as a result of this waiver. State standards will be applied in the same manner as those outlined in the existing 1915(c) coverage and reimbursement documents, including but not limited to State regulations, contracts, and the 1915(c) waiver and DD policies and procedures. Providers will continue

to be expected to comply with all applicable State standards, such as qualifications for staff, requirements for services, maintaining participant records, complying with DD Quality Integrated Functions, having a grievance process, maintaining sufficient qualified staff, and submitting required information and reports to DD. Provider qualifications are outlined in Missouri DD Comprehensive Waiver 0178 Appendix C.

D. Populations Affected by Waiver

(May be modified as needed to fit the State's specific circumstances)

1. **Included Populations.** The following populations are included in the waiver:

- Section 1931 Children and Related Populations
- Section 1931 Adults and Related Populations
- Blind/Disabled Adults and Related Populations
- Blind/Disabled Children and Related Populations
- Aged and Related Populations
- Foster Care Children
- Title XXI CHIP Children
- Other populations will include only individuals served under MO 0178

2. **Excluded Populations.** Indicate if any of the following populations are excluded from participating in the waiver:

- Dual Eligibles
- Poverty Level Pregnant Women
- Individuals with other insurance
- Individuals residing in a nursing facility or ICF/MR
- Individuals enrolled in a managed care program
- Individuals participating in a HCBS Waiver program
- American Indians/Alaskan Natives
- Special Needs Children (State Defined). Please provide this definition.
- Individuals receiving retroactive eligibility
- Other (Please define):

Part II: Access, Provider Capacity and Utilization Standards

A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.*, what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program?

STATE RESPONSE:

The State will establish specific timeframes for various functions. These timeframes will be important in ensuring that Intensive Therapeutic Residential Habilitation participants have timely access to services and supports. The state will monitor capacity closely so that at no point does capacity become an impediment to services.

The timeframes will address at a minimum:

- **Number of days required to complete an assessment to determine if an individual meets criteria of need following receipt of referral**
 - **Number of days required to notify the service coordinator an individual met criteria of need following completion of assessment**
 - **Number of days required for service coordinator to develop or amend a service plan following notification to service coordinator that an individual met need criteria**
- **Number of days required, to complete a referral to qualified providers following determination that an individual meet need criteria**
- **Number of days required to service authorization following service plan and budget request submission to Utilization Review Committee**

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted service in a timely fashion.

STATE RESPONSE

The Behavior Support Review Committee comprised of volunteer behavior service expert providers from the community and chaired by a qualified expert employed by DD, will provide consultation to the individual and their support team addressing possible prevention and intervention strategies that could be attempted while attempting to access an Intensive Therapeutic Residential Habilitation service. The planning team, inclusive of the support coordinator and the supporting provider, will attend the behavior support review committee to receive the consultation and suggestions which might result in improved outcomes for the participant.

Missouri will carefully monitor capacity to ensure that access is not impeded for individuals requiring this level of service.

B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides a sufficient supply of contracted providers to meet Medicaid beneficiaries' needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program.

STATE RESPONSE:

The state is limiting initial providers to ensure that the process of review of provider qualifications and services provided and the referral and review process for participants is fully operational and successful. Upon waiver approval, there will be at least one Intensive Therapeutic Residential Habilitation provider available to offer the Intensive Therapeutic Residential Habilitation Service. The state currently has one provider offering this service under general revenue funding. This provider is able to serve 4 individuals at a time. Over FY 17 and FY 18, 4 or fewer individuals per year have accessed the service. Taking into consideration the projected estimate of Intensive Therapeutic Residential Habilitation participants in the first year of implementation and the tasks to be performed, we believe this initial provider capacity is sufficient and will allow for an average 1:2 Intensive Therapeutic Residential Habilitation participant to staff ratio. This initial limit of providers will also allow for continual monitoring of capacity and quality of services and providers can be augmented as needed. The state will be monitoring capacity closely so that at no point does capacity become an impediment to services.

Historical data indicates a low prevalence for the need of this service, and the state will ensure statewide access with the provider selected.

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program.

STATE RESPONSE:

The Intensive Therapeutic Residential Habilitation providers are available statewide by waiver participants with identified needs. The DD will monitor the adequacy of the Intensive Therapeutic Residential Habilitation provider capacity through reports generated by the operating Divisions (e.g. utilization, complaints, and program enrollment). Additionally Intensive Therapeutic Residential Habilitation providers may be added if determined necessary.

C. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above?

STATE RESPONSE:

The Intensive Therapeutic Residential Habilitation service may be provided up to 12 months, unless an exception is granted by Central Office. The State will review the Intensive Therapeutic Residential Habilitation service utilization and performance as part of ongoing monitoring functions. Monitoring of the services will be through the quality metrics and fee for service claims. Person Centered Plan Performance measures in DD Comprehensive Waiver 0178 for those receiving Intensive Therapeutic Residential Habilitation services will also be monitored by the State to ensure they are received in the amount and frequency identified in the individual support plan. The DD will be able to gage any inconsistency in authorization and utilization.

2. Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above.

STATE RESPONSE:

Remedies such as additional training, mentoring, and, to the extent possible, staffing-ratio adjustments and reassignments may be implemented to address identified issues. Additional Intensive Therapeutic Residential Habilitation providers may also be added if determined necessary.

Part III: Quality

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program.
 - a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

- i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.

STATE RESPONSE:

Intensive Therapeutic Residential Habilitation Service benefit is critical to the success of waiver participants as described in the DD Comprehensive Waiver 0178. Quality measures in DD Comprehensive Waiver 0178 for those receiving Intensive Therapeutic Residential Habilitation services will also be monitored to ensure waiver participant's health and welfare. Additionally, several provider oversight and monitoring metrics for the purposes of continued licensure/certification will be implemented to determine the effectiveness of the benefit, including but not limited to:

Provider performance will be monitored at least annually by designated division staff. Monitoring will be conducted regarding the provider requirements as specified in the DD Comprehensive Waiver 0178.

- ii. Take(s) corrective action if there is a failure to comply.

STATE RESPONSE:

Providers will be monitored in accordance with monitoring standards described in the DD Comprehensive Waiver 0178. This includes licensure and certification monitoring and contract compliance monitoring. Corrective action will be required for failure to service standards as identified in DD Comprehensive Waiver 0178. Additionally, the Behavior Support Review Committee will monitor the overall effectiveness of the Intensive Therapeutic Residential Habilitation Service for individuals receiving the service. Reports generated by the operating Divisions will be reviewed to determine issues, trends and gaps in service provision. The Behavior Support Review Committees will forward identified issues to the Division's Provider Relations State Lead for resolution. Corrective action as identified in Comprehensive waiver 0178 will be required, in accordance with the licensing and certification requirements articulated in the 1915C waiver. Ultimately, if the violations are considered egregious and persistent, the contract may be terminated and a new contractor sought for service delivery.

2. Describe the State's contract monitoring process specific to the selective contracting program.
 - a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

- i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.

STATE RESPONSE:

Providers will be monitored in accordance with monitoring standards described in the DD Comprehensive Waiver 0178. This includes licensure and certification monitoring and contract compliance monitoring. Monitoring through providers with authorizations to bill through the waiver and the fee for service waiver claims will assist the state to gage any inconsistency in authorization and utilization.

- ii. Take(s) corrective action if there is a failure to comply.

STATE RESPONSE:

- **Corrective action as identified in Comprehensive waiver 0178 will be required, in accord with the licensing and certification requirements articulated in the 1915C waiver.**
- **Ultimately, if the violations are considered egregious and persistent, the contract may be terminated and a new contractor sought for service delivery.**

B. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program.

STATE RESPONSE:

By design of the service requirements, the state is ensuring seamless approach for those receiving Intensive Therapeutic Residential Habilitation and the selective contracting so that it will not negatively participants as they enter and leave the program. Transition planning for moving to the most integrated setting appropriate for the individual begins on day one of the service. Providers and participants are actively engaging transitioning activities as soon as they enter the service. The participant's progress, as evidenced by the data from the service plan, supports that the service is assisting the participant to work towards less intensive support needs, exposure to troublesome situations, increasing skills and independence in accessing and participating in the community to the fullest extent possible. Targeted case management is involved for all individuals and the support coordinators will work closely with the providers to ensure service linkage and continuity in accordance with the person-centered plan as described in Appendix D of the DD Comp waiver 0178.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program.

STATE RESPONSE:

As described in detail in DD Comprehensive waiver 0178, as part of the assessment of need and Individualized Support Plan development process, the Designated DD Behavior Analyst and planning team will provide information to participants about services and how to access services through the Division, both verbally and in written format. The information about the service and referral process will be made widely available for typical referral sources such as hospitals, emergency departments, support coordination entities and other community based providers.

B. Individuals with Special Needs.

The State has special processes in place for persons with special needs
(Please provide detail).

STATE RESPONSE:

The Intensive Therapeutic Residential Habilitation service is, by design, for individuals with special needs so all considerations regarding physical and programmatic accessibility have been addressed through the service design and provider qualifications

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services.

Project the waiver expenditures for the upcoming waiver period. **July 1, 2021 to June 30, 2026**

Year 1 (partial) from: July 1, 2021__ to June 30, 2022

Trend rate from current expenditures (or historical figures): _____%

Projected pre-waiver cost	_\$957,578.44_
Projected Waiver cost	_\$957,578.44_
Difference:	_\$ 0

Year 2 from: July 1, 2022__ to June 30, 2023

Trend rate from current expenditures (or historical figures): _____1.7____%

Projected pre-waiver cost	_\$973,857.27_
Projected Waiver cost	_\$973,857.27_
Difference:	_\$ 0

Year 3 (if applicable) from: July 1, 2023__ to June 30, 2024

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost	_\$990,412.85_
Projected Waiver cost	_\$990,412.85_
Difference:	_\$0

Year 4 (if applicable) from: July 1, 2024_ to June 30, 2025

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost	_\$1,007,249.87_
Projected Waiver cost	_\$1,007,249.87_
Difference:	_\$0_

Year 5 (if applicable) from: July 1, 2025_ to June 30, 2026

(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost	_\$1,024,373.11_
Projected Waiver cost	_\$1,024,373.11_

Difference: _ \$0 _

Year 5 (partial) (if applicable) from: _ to ____
(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _ \$0 _____
Projected Waiver cost _ \$ _
Difference: _ \$ _