



**STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
MO HealthNet Division**

**Missouri Targeted Benefits for Pregnant Women
Demonstration**

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Section I - Program Description

Background

Missouri is amid a burgeoning Substance Use Disorder (SUD) public health crisis. As illustrated by the 2018 Status Report on Missouri's Substance Use and Mental Health produced by the Missouri Division of Behavioral Health, substance use disorder (SUD) impacts a significant percentage of Missouri's population¹. Based on data from surveys conducted in 2017:

- An estimated 419,000 Missouri residents have an SUD;
- 50,000 Missouri residents had a principal diagnosis of an alcohol or illicit drug disorder in hospitals or emergency rooms in 2016; and
- The highest treatment rate for SUD in women occurs between the childbearing years of age of 25 – 34.

The Missouri Intervention and Treatment Programs for Substance Use Disorders: 2017 Annual Report² also demonstrates the concerning trend of substance use among pregnant women. Of the approximately 83,600 pregnancies in the state, about 8,400 are women who have an alcohol or drug use problem. In SFY 2016, 795 pregnant women received treatment for an SUD. Research has shown that pregnant women with an SUD who receive substance use treatment are more likely to receive prenatal care, to reduce or abstain from use of alcohol and drugs, and to have better perinatal outcomes.

To address this issue, the state is pursuing a multipronged approach, including encouragement of physicians to provide SUD therapy to their patients, continued support of efforts to establish a prescription drug monitoring program, and participation in the National Governor's Association (NGA) initiative, "Addressing Maternal Opioid Use Disorder to Prevent and Reduce the Effects of Neonatal Abstinence Syndrome (NAS): Preventing NAS Learning Lab." In addition, the state submitted an application for the Maternal Opioid Misuse (MOM) model funding opportunity piloted by the Center for Medicare and Medicaid Innovation (CMMI).

In an effort to provide continued support to women with an SUD diagnosis and who have recently given birth, the state is seeking implementation of a Targeted Benefits for Pregnant Women Demonstration to provide ongoing SUD and mental health treatment for twelve calendar months after the termination of pregnancy benefits following the birth of a child.

1 <https://dmh.mo.gov/ada/rpts/2018statusreport.html>

2 <https://dmh.mo.gov/docs/ada/substanceuseinterventiontreatment2017.pdf>

Demonstration Overview

During the 2018 Legislative Session, the Missouri General Assembly enacted House Bill 2280, extending the eligibility coverage period for women receiving Medicaid benefits who have recently given birth and been assessed by a qualified physician, licensed medical provider, qualified addiction professional or licensed mental health professional as needing SUD treatment.

The bill states: “Pregnant women receiving substance abuse treatment within sixty days of giving birth shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for substance abuse treatment and mental health services for the treatment of substance abuse for no more than twelve additional months, as long as the woman remains adherent with treatment. The Department of Mental Health and the Department of Social Services shall seek any necessary waivers or state plan amendments from the Centers for Medicare and Medicaid Services and shall develop rules relating to treatment plan adherence. No later than fifteen months after receiving any necessary waiver, the Department of Mental Health and the Department of Social Services shall report to the House of Representatives Budget Committee and the Senate Appropriations Committee on the compliance with federal cost neutrality requirements.”

The Missouri Department of Social Services (DSS), MO HealthNet Division (MHD), is submitting this request for a Section 1115 Demonstration Program in order to comply with the enacted legislation. The intent of the demonstration is to preserve and improve access to quality SUD and mental health treatment for women who have recently given birth and have been assessed by a qualified physician, licensed medical provider, qualified addiction professional or licensed mental health professional as needing SUD treatment.

The additional benefits will provide access to continuous SUD and mental health treatment in the most cost effective manner while demonstrating improved outcomes for Medicaid participants. The demonstration will expand SUD and mental health treatment benefits for women during the twelve (12) months following termination of their pregnancy benefits. Currently, access to treatment terminates at the end of the month in which the sixtieth day post-delivery falls, leading many women to return to use of substances after giving birth. This demonstration would allow the MHD to maintain treatment access to qualifying women for an additional calendar year.

Because of the many stress factors placed upon women who have recently given birth, it is critical for treatment of SUD and mental illness to be available and accessible during the postpartum period. Typically, after sixty (60) days postpartum, this population qualifies for the Medicaid Extended Women’s Program for Uninsured Women. This program provides very limited benefits covering only prescriptions and services related to family planning and does not include treatment for SUD or mental illness. Data collected by the DSS in 2018 indicates 7.92% of women on Medicaid who gave birth

were diagnosed with an SUD. Of the 28,762 Medicaid births, 684 women with SUD lost Medicaid benefits or transitioned to a benefit package that did not cover SUD treatment after the 60-day post-partum coverage. This demonstration would provide SUD and mental health treatment coverage to these women, leading to improved health outcomes for mother and child.

Demonstration Purpose and Goals

This application for the Targeted Benefits for Pregnant Women Demonstration complies with the legislative intent of the bill enacted by the Missouri General Assembly and the goals of the waiver as outlined below.

The anticipated results of implementation of the 1115 Demonstration Program include:

- Increased adherence to and retention in SUD treatment plans;
- Reduction in SUD related hospitalizations and emergency room visits;
- Strengthened safeguards for the health and safety of women and children during the postpartum period and first year of the newborn’s life; and
- Improvement in health outcomes for women and children.

Table 1 provides a high-level evaluation plan for the stated goals of this demonstration.

Table 1. Preliminary Evaluation Plan

Hypothesis	Example measures	Data Sources
<i>Goal 1: Increased adherence to and retention in SUD treatment plans</i>		
Percentage of individuals with a new episode of alcohol or other drug dependence (AOD) who receives AOD treatment within 14 days of the diagnosis will be maintained or increased under the demonstration.	Initiation NQF 0004	MMIS
Percentage of individuals who initiated treatment and received two or more additional services with a diagnosis of AOD within 30 days of the initiation visit will be maintained or increased under the demonstration.	Engagement NQF 0004	MMIS
<i>Goal 2: Reduction in SUD related hospitalizations and emergency room visits</i>		

The percentage of ER visits by women for AOD for which patients receive follow-up with any provider for a corresponding primary diagnosis within 7 days of discharge will be maintained or increased under the demonstration.	Successful Care Transition NQF 2605	MMIS
The percentage of women patients receiving follow up care with any provider for a corresponding primary diagnosis within 30 days of discharge after an ER visit for AOD will be maintained or increased under the demonstration.	Successful Care Transition NQF 2605	MMIS
ER visits for SUD-related diagnoses will be maintained or reduced under the demonstration.	ER visits for SUD-related diagnosis per 1,000 member months	MMIS
Inpatient hospital admissions for SUD will be maintained or reduced under the demonstration.	Inpatient admissions for SUD among Medicaid beneficiaries per 1,000 member months	MMIS
Inpatient hospital readmissions for SUD will be maintained or reduced under the demonstration	30-day readmission rate following hospitalization for an SUD-related diagnosis	MMIS
Goal 3: Strengthened safeguards for the health and safety of women and children during the postpartum period and first year of the newborn's life		
The number of visits for therapy related to SUD diagnosis during the postpartum period will be increased during the demonstration	Therapy visits for SUD-related diagnosis per 1,000 member months	MMIS
Goal 4: Improvement in health outcomes for women and children		
The number of reports of child abuse/neglect involving infants of mothers with SUD will decrease under the demonstration	Reported instances of abuse/neglect for infants testing positive for drug exposure at birth	FACES

Demonstration Area

The proposed demonstration will be available statewide to all women assessed by a qualified physician, licensed medical provider, qualified addiction professional or licensed mental health professional as needing SUD treatment within sixty (60) days of giving birth, and who meet eligibility criteria and remain adherent with SUD treatment as defined below.

Demonstration Timeframe

The demonstration requests a five-year approval from January 1, 2020 through December 31, 2024. The proposed demonstration will be implemented in a statewide approach, with no phase in or pilot programs.

Demonstration Impact to Medicaid and CHIP

The Targeted Benefits for Pregnant Women Demonstration would extend Medicaid benefits related to SUD and mental health treatment for an additional twelve (12) calendar months following the 60-day day postpartum period for qualifying participants. There is no impact to CHIP.

Requested Waivers and Expenditure Authorities for the Demonstration

Missouri requests, under the authority of Section 1115(a)(1) of the Social Security Act (the Act), that CMS waive the following requirements of Title XIX of the Act to enable implementation of this Demonstration:

1. Amount, Duration and Scope of Services Section 1902(a)(10)(B)

To the extent necessary to enable the state to offer a limited SUD and mental health benefit package to the Demonstration Population that differs from the benefits offered under the Medicaid State Plan.

Missouri requests, under the authority of Section 1115(a)(2) of the Act, that expenditures made by the state 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 Plan:

Expenditures for the Demonstration population. Expenditures for an eligibility period of twelve (12) months following the sixty (60) day post-partum eligibility period for women up to 196% of the Federal Poverty Level (FPL) that have been assessed as needing treatment for a substance use disorder by a qualified physician, licensed

medical provider, qualified addiction professional or licensed mental health professional as needing SUD treatment during the sixty (60) day post-partum eligibility period.

Expenditures for limited benefit package for the population eligible for services under the Demonstration. Expenditures for coverage of SUD and mental health services for women who have been diagnosed with an SUD and have been assessed by a qualified physician, licensed medical provider, qualified addiction professional or licensed mental health professional as needing SUD treatment within the sixty (60) day post-partum eligibility period for the duration of eligibility under the Demonstration.

Section II - Demonstration Eligibility

Eligibility Group

Currently, pregnant women who are determined eligible for MO HealthNet benefits, with income up to 196% of the FPL, are considered eligible for all MO HealthNet benefits, including pregnancy related and postpartum services, until the end of the month in which the sixtieth day after delivery falls. The demonstration proposes continuation of SUD and mental health services for an additional twelve (12) calendar months. Following enrollment in the demonstration, women will remain eligible for these benefits for twelve (12) calendar months (effective the month following the 60th day after delivery), even if there are changes in income during the eligibility period. In addition to meeting all requirements for Medicaid during the sixty-day postpartum period, in order to qualify for a participation in the Targeted Benefits for Pregnant Women Demonstration, the following must be present:

- Diagnosed and assessed by a qualified physician, licensed medical provider, qualified addiction professional or licensed mental health professional as having an SUD and in need of SUD treatment during the sixty (60) day post-partum eligibility period;
- Adherence to substance use treatment plan; and
- Ineligible for other Medicaid funded SUD and mental health treatment benefits.

Uninsured women who qualify for Extended Women’s Health Services may remain eligible for those benefits in addition to participation in the Targeted Benefits for Pregnant Women Demonstration as long as requirements of both programs are met.

Based on the assumptions above, the table below depicts Missouri’s enrollment projections.

Historical Data					
	Year 1	Year 2	Year 3	Year 4	Year 5
Estimated Member Months	7,374	6,035	6,274	6,743	8,701
PMPM	361.11	412.62	482.46	485.30	492.22

Cost					
Total Expenditures	2,662,797	2,490,151	3,026,941	3,272,408	4,282,801

Demonstration Period					
	Year 1	Year 2	Year 3	Year 4	Year 5
Estimated Member Months	9,068	9,451	9,850	10,265	10,699
PMPM Cost	531.84	576.65	620.91	670.89	724.90
Total Expenditures	4,822,822	5,430,936	6,115,768	6,886,916	7,755,372

In order to identify potential participants, Medicaid Eligibility codes indicating pregnancy will be matched with diagnosis codes related to SUD. This match will be done by MHD staff, who will contact other state staff, health care providers or associated agencies as appropriate to ensure potential participants are aware of the demonstration and the opportunity to participate.

Additionally, before any transition from coverage following delivery of a baby, women will be asked if they have a need for SUD treatment or mental health services related to SUD. If yes, participation in the demonstration will be addressed. This conversation will occur at such time as state staff is conducting eligibility action following the sixty day postpartum coverage period.

Educational outreach will be done with appropriate staff at birthing hospitals as well as county health departments. These entities can assist in the identification of participants and in encouraging participation in the demonstration.

As eligibility for the demonstration population is contingent upon the assessment of need for SUD treatment within the postpartum period and there may be instances when providers submit claims for services received within the postpartum period after its expiration, enrollment in the demonstration would be retroactive to the first day of the month following the end of the postpartum period.

Notification

MHD will notify participants of their acceptance into the demonstration following verification of eligibility. All demonstration participants will be provided an explanation of their rights and responsibilities, including information related to meeting requirements of SUD treatment adherence and the consequences of failing to meet them. A written statement detailing the above information will be provided and must be signed by the

participant. Once enrolled in the demonstration, eligibility is ongoing until the end of twelve (12) calendar months following delivery, regardless of changes in income status, contingent upon treatment adherence.

Treatment Adherence Requirements

Although adherence is a requirement of the legislation, the State has a limited ability to enforce due to the limitations of the benefits package. The only benefit available to participants is service related to SUD. As the only benefit offered through the demonstration is treatment, there are no consequences for non-adherence. Because of the nature of the targeted population, SUD treatment must be available for the entire twelve months of eligibility, even if there are gaps in participation. There is no lock-out for non-compliance. As long as it is within twelve calendar months of the member’s approval for the demonstration, the member can resume treatment until the twelve-month period has ended.

MHD does not anticipate any change in enrollment if the demonstration is implemented as proposed as individuals are not locked out from receiving benefits for non-compliance with treatment adherence.

For purposes of analysis of demonstration success and reporting, the state will perform six and twelve month look backs of paid claims data. The data will indicate the frequency of SUD treatment delivery, the types of services most utilized, and identify the number of participants who did not comply with adherence as defined above.

Projected Eligibility and Enrollment

MHD does not anticipate any change in enrollment if the demonstration is implemented as proposed as there is no lock out for treatment non-adherence as described on page 8 of the application.

Based on current rates of Medicaid births and SUD diagnosis analysis, it is anticipated an average of 684 women with SUD will be eligible for the Targeted Benefits for Pregnant Women Demonstration each year. The estimate was reached by determining the number of women with an SUD diagnosis who lose SUD benefit coverage within sixty (60) days of giving birth and has potential for significant fluctuation as the number of Missourians with an SUD diagnosis continues to rise.

FY2018 Medicaid Births 28,762

Women with an SUD Diagnosis	2,279
Women Losing Medicaid Coverage or Transitioned to Less Comprehensive ME Category	684

Section III - Demonstration Benefits and Cost Sharing Requirements

The benefits provided to participants in the Targeted Benefits for Pregnant Women Demonstration will be limited to those related to treatment of SUD including mental health services and transportation to and from treatment. These benefits have not yet been finalized and are subject to change related to revisions of the State Plan, currently under review by CMS.

<p>Assertive Community Treatment (ACT)</p>	<p>This service is provided by transdisciplinary teams recognized by the Department of Mental Health as demonstrating fidelity to the evidence-based principles and components of ACT based on the internationally recognized Tool for Measurement of Assertive Community Treatment (TMACT). Team members have a shared caseload, and provide a flexible array of community behavioral health services, <i>in vivo</i>, based on assertive outreach and designed to promote recovery from serious mental illness and/or co-occurring substance use disorders for individuals with the most challenging and persistent problems.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Behavioral Health Assessment, as described under the service description for “Behavioral Health Assessment” • Crisis Intervention, as described under the service description for “Crisis Intervention” • Counseling (Individual), as described under the service description for “Counseling (Individual, Group & Family)” • Community Support, as described under the service description for “Community Support” • Medication Administration, as described under the service description for “Medication Administration” • Medication Management, as described under the service description for “Medication Management” • Peer Support, as described under the service description for “Peer and Family Support” • Treatment Planning, as described under the service description for “Treatment Planning”
<p>Behavioral Health Assessment</p>	<p>This service is a comprehensive evaluation of an individual’s physical, mental, and emotional health, including issues related to substance use, along with their ability to function within a community in order to determine service needs and formulate recommendations for treatment.</p> <p><u>Components:</u></p>

	<ul style="list-style-type: none"> • Risk assessment to determine emergency, urgent, and/or routine need for services • Documentation of presenting problem, brief history, current medications, current medical conditions, and current symptoms • Formulation of a diagnosis by a licensed mental health professional • Development of initial treatment recommendations
<p>Community Support</p>	<p>A comprehensive service designed to reduce the disability resulting from mental illness, emotional disorders, and/or substance use disorders; restore functional skills of daily living; and build natural supports and solution-oriented interventions intended to achieve the recovery identified in the goals and/or objectives as set forth in the individualized treatment plan. This service may be provided to the participant’s family and significant others when such services are for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery. Most contact occurs in community locations where the person lives, works, attends school, and/or socializes.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Developing recovery goals; identifying needs, strengths, skills, resources and supports and teaching how to use them to support recovery; and identifying barriers to recovery and assisting in the development and implementation of plans to overcome them. • When the natural acquisition of skills is negatively impacted by the individual’s mental illness, emotional disorder, and/or substance use disorder, helping individuals restore skills and resources to address symptoms that interfere with the following: <ul style="list-style-type: none"> ▪ Seeking or successfully maintaining a job, including but not limited to, communication, personal hygiene and dress, time management, capacity to follow directions, planning transportation, managing symptoms/cravings, learning appropriate work habits, and identifying behaviors that interfere with work performance. ▪ Maintaining success in school including, but not limited to, communication with teachers, personal hygiene and dress, age appropriate time management, capacity to follow directions and carry out school assignments, appropriate study habits, and identifying and addressing behaviors that interfere with school performance.

	<ul style="list-style-type: none"> ▪ Obtaining and maintaining housing in the least restrictive setting including, but not limited to, issues related to nutrition; meal preparation; and personal responsibility. • Supporting and assisting individuals in crises to access needed treatment services to resolve a crisis. • Discharge planning with individuals receiving CCBH services who are hospitalized for medical or behavioral health reasons. • In conjunction with the individual, family, significant others and referral sources, identifying risk factors related to relapse in mental illness and/or substance use disorders, developing strategies to prevent relapse and otherwise assisting the beneficiary in implementing those strategies. • Promoting the development of positive support systems by providing information to family members, as appropriate, regarding the beneficiary’s mental illness, emotional disorders and/or substance use disorders, and ways they can be of support to their family members recovery. Such activities must be directed toward the primary well-being and benefit of individual. • Developing and advising the beneficiary on implementing lifestyle changes needed to cope with the side effects of psychotropic medications, and/or to promote recovery from the disabilities, negative symptoms and/or functional deficits associated with mental illness, emotional disorders, and/or substance use disorders. • Advising the beneficiary on maintaining a healthy lifestyle including but not limited to, assistance in recognizing the physical and physiological signs of stress, creating a self-defined daily routine that includes adequate sleep and rest, walking or exercise, appropriate levels of activity and productivity, and involvement in creative or structured activity that counteracts negative stress responses; and learning to assume personal responsibility and care for minor illnesses, and knowing when professional medical attention is needed.
<p>Consultation Services</p>	<p>Physician consultation and professional consultation are medical services provided by a physician, a psychiatrist, an APN, a psychiatric resident, or a psychiatric pharmacist and consists of a review of a participant's current medical situation either through consultation with one staff person or in team discussions related to the specific participant. The intent is to provide direction to treatment. This is an optional service which may <i>not</i> substitute for supervision nor for face-to-face intervention with participants.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> • An assessment of the participant's presenting condition as reported by staff;

	<ul style="list-style-type: none"> • Review of treatment plan through consultation; • Participant-specific consultation to staff especially in situations which pose a high risk of psychiatric decompensation, hospitalization or safety issues; • Participant-specific recommendations regarding high risk issues and when needed to promote early intervention.
Individual Counseling	<p>Individual, face-to-face, structured, and goal-oriented therapeutic counseling designed to resolve problems related to alcohol and/or other drugs that interfere with the participant’s functioning. Includes evidence-based interventions such as motivational interviewing, cognitive behavioral therapy and trauma informed care.</p> <p>Examples of evidence-based practices that may be used include:</p> <ul style="list-style-type: none"> • Motivational interviewing is a goal-oriented, client centered counseling style for eliciting behavioral change by helping participants to explore and resolve ambivalence. This approach upholds four principals which are expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy. • Cognitive Behavioral Therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, substance use disorders, marital problems, eating disorders and severe mental illness. CBT treatment usually involves efforts to change thinking patterns.
Trauma Individual Counseling	<p>Individual, face-to-face counseling provided to the primary participant in accordance with the treatment plan to resolve issues related to psychological trauma in the context of substance use disorders. Personal safety and empowerment of the participant <i>must</i> be addressed.</p>
Co-Occurring Disorder Individual Counseling	<p>An individual, face-to-face, structured, and goal-oriented therapeutic interaction between a participant and a counselor designed to identify and resolve issues related to substance use and co-occurring mental illness functioning.</p>
Communicable Disease Counseling	<p>Communicable disease counseling assists participants in understanding how to reduce the behaviors that interfere with their ability to lead healthy, safe lives and to restore them to their best possible functional level. Communicable disease counseling can cover such topics as HIV/STD/TB status or substance use disclosure to family members and friends; addressing stigma for drug users in accessing services; how to</p>

	<p>maximize health care services interactions; how to reduce substance use and avoid overdose; and how to address anxiety, anger, and depressive episodes.</p>
Group Counseling	<p>Face-to-face, goal-oriented therapeutic interaction among a counselor and two or more participants as specified in individual treatment plans designed to promote participant functioning and recovery through personal disclosure and interpersonal interaction among group members. This service can include trauma related symptoms and co-occurring behavioral health and substance use disorders.</p> <p>Examples of Evidence Based Practices that may be used include:</p> <ul style="list-style-type: none"> • Motivational interviewing is a goal-oriented, client centered counseling style for eliciting behavioral change by helping participants to explore and resolve ambivalence. This approach upholds four principals which are expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy. • Cognitive Behavioral Therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, substance use disorders, marital problems, eating disorders and severe mental illness. CBT treatment usually involves efforts to change thinking patterns.
Collateral Dependent Counseling	<p>Face-to-face, goal-oriented therapeutic interaction with an individual or a group to address dysfunctional behaviors and life patterns associated with being a member of a family in which an individual has a substance use problem and is currently participating in treatment for substance use. This service is only provided to a person who is a member of the primary consumer's family when such services are for the direct benefit of the participant, in accordance with the participant's needs and treatment goals identified in the participant's individualized treatment plan, and for assisting in the participant's recovery. The primary consumer is not present in collateral dependent counseling. Collateral dependent group counseling may consist of up to 12 family members of multiple primary consumers' families.</p>
Individual and Group Professional Psychosocial Rehabilitation	<p>Individualized and group mental health interventions using a skills based approach to address identified behavioral problems and functional deficits relating to a mental disorder that interferes with an individual's personal, family, or community adjustment.</p>
Crisis Intervention	<p>Intervention that is designed to interrupt and/or ameliorate a behavioral health crisis experience. The goal of crisis</p>

	<p>intervention is symptom reduction, stabilization, and restoration to a previous level of functioning.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Preliminary assessment of risk, mental status, and medical stability • Stabilization of immediate crisis • Determination of the need for further evaluation and/or behavioral health services • Linkage to needed additional treatment services
<p>Day Treatment (Child and Youth)</p>	<p>Day treatment is an intensive array of services provided in a structured, supervised environment designed to reduce symptoms of a psychiatric disorder and maximize the child's functioning to a level that they can attend school, and interact in their community and family setting adaptively.</p> <p>Day treatment individualizes services in relation to a child's particular needs and includes a multidisciplinary team approach to care under the direction of a physician. The integrated treatment milieu combines counseling and family interventions. These goal oriented therapeutic activities provide for the diagnostic and treatment stabilization of acute or chronic symptoms which have resulted in functional deficits that interfere significantly with daily functioning and requirements.</p> <p>It is vital that the parents/guardians be actively involved in the services if the child is to receive the full benefit of the service. Therefore, services may be provided to the participant's family and significant others when such services are for the direct benefit of the participant, in accordance with the participant's needs and treatment goals identified in the participant's individualized treatment plan, and for assisting in the participant's recovery.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Behavioral Health Assessment, as described under the service description for "Behavioral Health Assessment" • Medication Management, as described under the service description for "Medication Management" • Counseling (Individual, Group & Family), as described under the service description for "Counseling (Individual, Group & Family)" • Community Support, as described under the service description for "Community Support" • Family Support, as described under the service description for "Peer and Family Support"

	<ul style="list-style-type: none"> • Psychosocial Rehabilitation, as described under the service description for “Psychosocial Rehabilitation”
Family Conference	<p>A substance use intervention service that enlists the support of the natural support system through meeting with family members, referral sources, and significant others about the individual’s treatment plan and discharge plan. The service must include the participant, and must be for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • Communicating about issues at home that are barriers to treatment plan goals. • Identifying relapse triggers and establishing a relapse prevention plan. • Assessing the need for family counseling or other referrals to support the family system. • Participating in a discharge conference.
Family Therapy	<p>Service consists of face-to-face counseling or family based therapeutic interventions (e.g. role playing, educational discussions) for the primary participant and/or one or more members of their family/significant others. It is designed to address and resolve patterns of dysfunctional communication and interactions that have become habitual over time, particularly as it relates to alcohol and/or other drug use problems. It is delivered by specialized staff in accordance with the primary participant’s individual rehabilitation plan. One or more family members or significant others of the primary participant must be present. Service can be offered to members of a single family, or members of multiple families struggling with similar issues. Service location is an office setting or in the participant’s home depending on participants involved. Services to the participant’s family and significant others is for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s treatment plan, and for the purpose of assisting in the participant’s recovery.</p>
Group Rehabilitative Support	<p>This consists of facilitated group discussions, based on individualized needs and treatment plans, designed to promote an understanding of the relevance of the nature, course, and treatment of substance use disorders, to assist individuals in understanding their individual recovery needs and how they can restore functionality.</p> <p><u>Components</u></p>

	<ul style="list-style-type: none"> • Present information relevant to assist patients [individuals] in developing an understanding of the nature, course, and treatment of substance use disorders. Required topics include, but are not limited to: <ul style="list-style-type: none"> ▪ Progressive nature of addiction and the disease model; ▪ Principles and availability of self-help groups; ▪ Health and nutrition; ▪ Personal recovery process, including the recognition of addictive thinking, feelings, and behavior; ▪ Promoting self-awareness and self-esteem, encouraging personal responsibility and constructively using leisure time; ▪ Regaining skills (communication skills, stress management, conflict resolution, decision-making, employment applications/interviews, parenting); ▪ Promotion of positive family relationships and family recovery; ▪ Relapse prevention; ▪ Effects of substance use during pregnancy and child development. • Understanding and prevention of the transmission of AIDS, STDs, other communicable diseases.
<p>Intensive Community Psychiatric Rehabilitation</p>	<p>Medically necessary on-site services to maintain a child or adolescent with a serious emotional disorder in their home, or to maintain an individual with a serious mental illness or serious emotional disorder in a community setting who has a history of failure in multiple community settings and/or the presence of ongoing risk of harm to self or others which would otherwise require long-term psychiatric hospitalization. This service is provided on a daily basis by a multi-disciplinary team. This service does not include the provision of room and board. When a child/adolescent is receiving this service, it is vital that the parents/guardians be actively involved in the program if the child/adolescent is to receive the full benefit of the program. Therefore, services may be provided to the participant's family and significant others when such services are for the direct benefit of the participant, in accordance with the participant's needs and treatment goals identified in the participant's individualized treatment plan, and for assisting in the participant's recovery.</p> <p><u>Components:</u></p>

	<ul style="list-style-type: none"> • Behavioral Health Assessment, as described under the service description for “Behavioral Health Assessment” • Medication Management, as described under the service description for “Medication Management” • Counseling (Individual, Group & Family), as described under the service description for “Counseling (Individual, Group & Family)” • Community Support, as described under the service description for “Community Support” • Peer and Family support, as described under the service description for “Peer and Family Support” • Psychosocial Rehabilitation, as described under the service description for “Psychosocial Rehabilitation” • Monitoring and assuring individual safety.
<p>Medication Administration</p>	<p>Services designed to assure the appropriate administration and continuing effectiveness of psychiatric and substance use disorder treatment medications.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> • Any therapeutic injection of medication (subcutaneous or intramuscular) • Providing consumers information regarding medications • Recording of vital signs • Monitoring health status and risk factors that may affect the use of and/or impact of medications • Administration of the AIMS
<p>Medication Management</p>	<p>Goal-oriented interactions to assess the appropriateness of medications in an individual’s treatment; periodically evaluating and re-evaluating the efficacy of the prescribed medications; and providing ongoing management of a medication regimen within the context of an individual’s treatment plan.</p>
<p>Medically Monitored Detoxification</p>	<p>Detoxification is the process of withdrawing a participant from a specific psychoactive substance (alcohol, illegal drugs, and/or prescription medications) in a safe and effective manner to restore the individual to the functionality of someone not under the influence of drugs or alcohol. This service consists of the provision of care to individuals whose intoxication or withdrawal signs and symptoms are sufficiently severe to require 24-hour supervised medical care and monitoring; however, the full resources of a hospital setting are <i>not</i> necessary. This service is provided in a residential setting certified by the Department of Mental Health; however, this service does not include the provision of room and board.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> • Medically supervised monitoring of vital signs, health status, and withdrawal symptoms

	<ul style="list-style-type: none"> • Medication management. • Referral to ongoing treatment following successful detoxification
<p>Metabolic Syndrome Screening</p>	<p>Metabolic screening is an annual screening of adults and children. The screening screens for the following risk factors: obesity, hypertension, hyperlipidemia, and diabetes. The screening is required for participants receiving antipsychotic medications and optional for others.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> • Taking and recording of vital signs. • Conducting lab tests to assess lipid levels and blood glucose levels and/or HgbA1c. If the lab tests are conducted by the nurse, they must use an analyzer approved by the Department of Mental Health. • Arranging for and coordinating lab tests to assess lipid levels and blood glucose levels and/or HgbA1c. • Obtaining results of recently completed lab tests from other health care providers to assess lipid levels and blood glucose levels and/or HgbA1c. • Recording the results of the Metabolic Screening on the Metabolic Syndrome Screening and Monitoring tool, or on a form approved by the DMH.
<p>Peer and Family Support</p>	<p>Peer and family support services are coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. Peer and family support services are person-centered and promote participant ownership of the plan of care.</p> <p>These services may be provided to the participant’s family and significant others when such services are for the direct benefit of the participant, in accordance with the participant’s needs and treatment goals identified in the participant’s individualized treatment plan, and for assisting in the participant’s recovery.</p> <p><u>Components</u></p> <ul style="list-style-type: none"> • Person-centered planning to promote the development of self-advocacy. • Empowering the individual to take a proactive role in the development, updating and implementation of their person-centered plan. • Crisis support. • Assisting the participant and families in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies identified in the person-centered plan so that the

	<p>individual remains in the least restrictive settings; achieves recovery and resiliency goals; self-advocates for quality physical and behavioral health services and medical services in the community.</p> <ul style="list-style-type: none"> • Assisting individuals/families in identifying strengths and personal/family resources to aid recovery/promoting resilience, and to recognize their capacity for recovery/resilience. Serving as an advocate, mentor, or facilitator for resolution of issues and skills necessary to enhance and improve the health of a child/youth with substance use or co-occurring disorders. • Providing information and support to parents/caregivers of children with emotional disorders so they have a better understanding of the individual’s needs, the importance of their voice in the development and implementation of the individualized treatment plan, the roles of the various providers, and the importance of the “team” approach; and assisting in the exploration of options to be considered as part of treatment.
<p>Psychosocial Rehabilitation</p>	<p>Services designed to assist the individual with compensating for, or eliminating functional deficits, and interpersonal and/or environmental barriers associated with mental illness and/or substance use disorders. The intent of psychosocial rehabilitation is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture. This service is provided in a group setting.</p> <p><u>Components:</u></p> <ul style="list-style-type: none"> • When a beneficiary’s skills are negatively impacted by mental illness, an emotional disorder, and/or substance use disorder, helping individuals restore skills and resources to address symptoms that interfere with activities of daily living and community integration. • Assisting in the development and implementation of lifestyle changes needed to cope with the side effects of psychotropic medications, and/or to promote recovery from the disabilities, negative symptoms and/or functional deficits associated with mental illness, emotional disorders, and/or substance use disorders.
<p>Transportation</p>	<p>Travel determined to be necessary to secure SUD and mental health services related to SUD treatment for a recipient.</p>
<p>Treatment Planning</p>	<p>The development, review, and/or revision with an individual of the individual’s treatment plan.</p>

	<p><u>Components:</u></p> <ul style="list-style-type: none"> • Developing measurable goals and specific treatment objectives • Identifying of specific interventions needed to achieve goals and objectives • Revising goals, objectives, and interventions based on progress
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All enrollees in the demonstration will be eligible for the same benefit package for the duration of their participation in the demonstration. There is no restriction on SUD or mental health services, as coverage is based on services currently available through the existing state plans. There are no anticipated cost sharing modifications related to copayments, liabilities or deductions.

Section IV - Delivery System and Payment Rates for Services

The Section 1115 Demonstration Program application only impacts eligibility. Individuals who are eligible for sixty (60) days postpartum Medicaid and who are complying with the treatment requirements outlined in the demonstration will continue to receive Medicaid coverage for SUD and mental health treatment through fee for service as they do currently.

Section V - Implementation of Demonstration

Missouri's target date for implementing the Targeted Benefits for Pregnant Women Demonstration is January 1, 2020. Individuals who are pregnant and receive treatment for SUD during the postpartum period will be notified they are eligible for participation in the demonstration.

MHD will work with DSS Family Support Division and the Department of Mental Health (DMH) to identify potential demonstration participants based on diagnosis, Medicaid Eligibility codes, and claims. If it is determined a woman meeting demonstration eligibility criteria will not be eligible for comprehensive coverage following the sixty-day postpartum period, she will be notified of her eligibility for participation in the demonstration.

The participant will be notified of her eligibility via standardized written communication or verbally, contingent upon the circumstances at the time of notification. Any verbal notification will be followed by written documentation of potential eligibility.

Section VI – Demonstration Financing and Budget Neutrality

Based on current rates of Medicaid births and SUD diagnosis analysis, it is anticipated an average of 684 women with SUD will be eligible for the Targeted Benefits for

Pregnant Women Demonstration each year. This estimate has potential for significant fluctuation as the number of Missourians with an SUD diagnosis continues to rise.

To demonstrate budget neutrality, analysis was done regarding women with an SUD diagnosis during their pregnancy who did not go on to receive a comprehensive benefit. The number of months needed to cover them following the 60 day post-partum period represents the number of member months.

Behavioral health expenditures of child bearing women aged 14-44 (excluding those with comprehensive coverage due to disability) was assessed to determine the per member per month cost used to determine the historical spend. Costs include both MHD and DMH expenditures.

See attached spreadsheet for historical and projected budget figures. (Appendix 1)

Section VII – Public Notice

The State's public notice and comment period began on July 10, 2019 and ran for 30 days, until August 14, 2019. On July 10, 2019 the State published the full public notice document in a prominent location on its website at <https://dss.mo.gov/mhd/alerts~public-notice.htm>. The public was invited to review and comment on the State's proposed Section 1115 Demonstration Program. Comments concerning the State's plan to submit a demonstration request were accepted at:

Department of Social Services, MO HealthNet Division
Attn: Terri Woodward
P.O. Box 6500
Jefferson City, MO 65102-6500
Ask.MHD@dss.mo.gov

The public was permitted to view a hard copy of the complete Missouri Targeted Benefits for Pregnant Women document and public notice by contacting Terri Woodward.

Two public hearings were held to allow the public to comment on the State's plan to submit a Section 1115 Demonstration request. The hearings were held as follows:

July 30, 2019
Opioid Policy Advisory Committee Meeting
221 Metro Drive
Jefferson City MO

August 5, 2019
600 West Main Street
Jefferson City, MO
Call in number was provided.

A second public notice period began on January 10, 2020 and ran for 30 days, until February 10, 2020. The State published the full and abbreviated public notice in a prominent location on their website at <https://dss.mo.gov/mhd/alerts~public-notices.htm>. In addition, notice was provided in designated newspapers statewide.

See attached for summary of comments and responses from open notice period.
(Appendix 2)

Demonstration Administration

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

Name and Title: Terri Woodward, Strategic Initiatives Manager

Email Address: terri.woodward@dss.mo.gov