PROGRAM DESCRIPTION

Department: Social Services Program Name: Show Me Healthy Kids Program is found in the following core budget(s): Managed Care Specialty Plan

1a. What strategic priority does this program address?

Provide a comprehensive physical and behavioral health delivery system for state care and custody members.

1b. What does this program do?

The MO HealthNet Division operates a Health Maintenance Organization (HMO) style managed care program in which the state of Missouri contracts with MO HealthNet Managed Care health plans (also referred to as Managed Care Organizations (MCOs). The specialty plan allows participants to receive both their physical health services and behavioral health services through managed care, thus providing a coordinated approach.

Effective July 1, 2022, Missouri established the Managed Care Specialty Plan also known as the Show-Me Healthy Kids (SMHK) program. SMHK's objectives are to enhance cross-system partnerships and trauma informed care across child-serving systems to strengthen coordination and improve the well-being of children, youth, and families; promote early identification, prevention, and treatment to support resiliency, and recovery for children, youth, and families; to partner with providers to support whole-person care and provide care coordination; establish a comprehensive Physical and Behavioral Health provider network that specializes in the targeted population; and to establish an effective partnership amongst all stakeholders to build a collaborative strategy emphasizing accountability, behavioral, and physical health integration and health outcomes, and drive the system towards value-based care.

SMHK includes the following MO HealthNet eligibility groups:

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

SMHK eligibles may voluntarily dis-enroll from the Managed Care Program or choose to not enroll in the Managed Care Program if they:

- Are eligible for Supplemental Security Income (SSI) under Title XVI of the Act;
- Are described in Section 501(a)(1)(D) of the Act; or
- Are described in Section 1902- (e)(3) of the Act.

SMHK participants receive medical health services, behavioral health services, and care management and coordination. Examples of services included in the specialty plans are: hospital; physician; emergency medical services; maternity services; inpatient and outpatient behavioral health services; substance use disorder services; trauma informed comprehensive care management; disease management. Services provided on a fee-for-service basis outside of the capitation payment include: pharmacy services; applied behavioral analysis (ABA) services; and services administered by the Department of Mental Health, including: community psychiatric rehabilitation, comprehensive substance treatment and rehabilitation, and targeted care management.

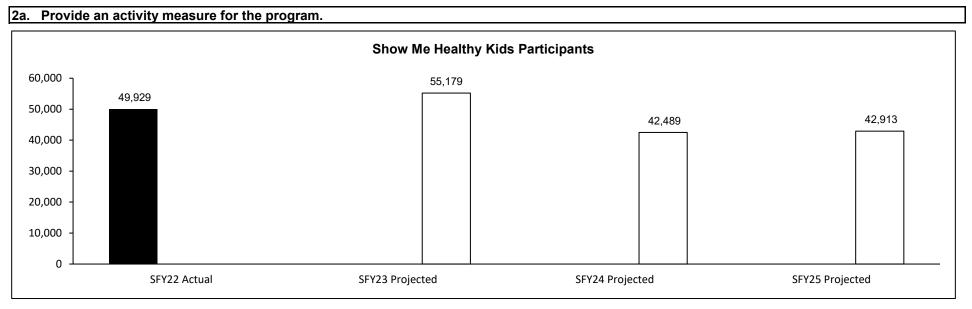
HB Section(s): 11.762

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Note 1: Managed Care enrollment for this program began in July 2022; however, due to the eligibility criteria modifications during the Public Health Emergency (PHE), there are participants covered under this managed care plan that may be eligible for a managed care general plan once the PHE restrictions are lifted.

Note 2: The SMHK population is projected to start decreasing in SFY24 due to the current projection of the PHE ending in SFY23.

2b. Provide a measure of the program's quality.

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include SMHK participant quality of care.

2c. Provide a measure of the program's impact.

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include SMHK participant program impact for a specific service.

2d. Provide a measure of the program's efficiency.

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include SMHK participant program efficiency for a specific benefit.

PROGRAM DESCRIPTION

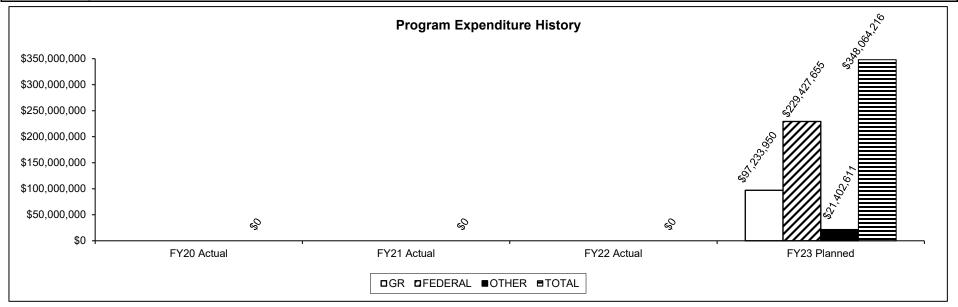
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3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Appropriation established in FY2023. Planned FY2023 expenditures are net of reverted.

4. What are the sources of the "Other " funds?

Federal Reimbursement Allowance Fund (0142) and Ambulance Service Reimbursement Fund (0958)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.166, RSMo. Federal law: Social Security Act Sections 1902 (a)(4), 1915(b) and 1115. Federal Regulations: 42 CFR, Part 438.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.