

MISSOURI

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH): Missouri regulates:

- Community residential facilities, which are any premises where residential prevention, evaluation, care, treatment or habilitation are provided for persons affected by, among other things, mental illness or mental disorders, except for a person's dwelling.
- Psychiatric group homes, which are community residential facilities with less than 16 residents providing 24-hour accommodations, psychiatric supervision, board, storage and distribution of medications, protective oversight and psychosocial rehabilitation for residents who can benefit from an intense, highly structured treatment setting.

Substance Use Disorder (SUD): Missouri regulates:

- Residential treatment, which offers an intensive set of services in a structured alcohol- and drug-free setting.
- Comprehensive substance treatment and rehabilitation (CSTAR) programs, which are specifically for Medicaid beneficiaries but cannot summarily discharge a client if their Medicaid eligibility is lost. In addition to outpatient treatment, CSTAR programs may offer residential treatment. CSTAR programs are limited to 16 beds.
- Specialized programs for women and children, provide treatment, rehabilitation, and other supports solely to women and their children. Services may be residential or outpatient.
- Detoxification programs in a residential setting:
 - Social setting: This level of care is offered by trained staff in a residential setting with services and admission available twenty-four (24) hours per day, seven (7) days per week: (1) Medical personnel are not available on-site to prescribe, dispense or administer medications or to diagnose and treat health problems. (2) A person, who is admitted to social setting detoxification with medication for an established physical or mental health condition, may continue to self-administer his or her medication.

- Medically Monitored: This level of care is offered by medical staff in a non-hospital setting with services and admission available twenty-four (24) hours per day, seven (7) days per week.

Unregulated Facilities: All residential MH and SUD treatment in Missouri is regulated. We exclude community psychiatric rehabilitation programs, because they provide only outpatient services, and group homes and residential centers (other than psychiatric group homes), because they do not include the level of clinical services in the scope of this summary.

Approach

The Missouri Department of Mental Health (DMH), Division of Behavioral Health regulates all MH and SUD residential treatment programs. Some residential facilities also are dually regulated and licensed by the Department of Health and Senior Services (DHSS).

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD): The DMH requires certification of all residential treatment programs, regardless of operator or funding.

- Accreditation is not required but accreditation by CARF International, The Joint Commission, Council on Accreditation, or another entity recognized by the DMH confers deemed status, allowing the applicant for certification to submit a different application and forego a survey, other than to clarify aspects of the accreditation.
- A survey is required for initial certification and renewal of certification.
- The state does require a Certificate of Need for residential facilities that are dually licensed by the DHSS and serve individuals with mental illness. A Certificate of Need is not required for SUD treatment programs in Missouri.
- Certification duration varies. Temporary certification is as needed if the survey process is not complete; conditional or provisional certification is for no more than a 6 month period; full certification may be for one to three years.

Mental Health (MH): Licensure by the DMH is required for all adult MH residential treatment facilities.

- Accreditation is not required.
- A survey is required for licensure and renewal.

- Licensure duration is one year.

Substance Use Disorder (SUD): Although already required for all adult residential MH or SUD treatment programs, adult residential SUD treatment facilities that receive funding from the DMH specifically require DMH certification and specialized programs for women and children must be certified as a CSTAR program.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): The DMH may issue a notice of noncompliance, require a plan of correction, deny, or revoke a program's certification. Additional surveys may occur at any time to monitor ongoing compliance with applicable standards of care.

Mental Health (MH): Upon identification of deficiencies, a plan of correction must be submitted and implemented, with subsequent resurvey. Reinspections may occur throughout the year. Licenses may be denied or revoked.

Substance Use Disorder (SUD): Services funded by the DMH are subject to clinical review to ensure they are necessary, appropriate, likely to benefit the individual, and provided in accordance with admission criteria and service definitions.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): Missouri regulations include Essential Principles that are intended to guide the reader. Among the Essential Principles of treatment is Easy and Timely Access to Services. This means that services are easy to find, affordable, and readily available to individuals in the community. Guidance on wait times is included.

Mental Health (MH): Facilities that are dually licensed by the DHSS (DHSS) that serve people who are mentally ill must have policies in place providing that: (1) residents are not excluded on the basis of disability, religion or ethnic origin; and (2) only residents are admitted whose needs can be met directly by the facility or program or indirectly in cooperation with community resources and supports. No wait times were found.

Substance Use Disorder (SUD): In specialized programs for women and children, priority must be given to women who are pregnant and inject drugs, pregnant, postpartum, or have children in their physical care and custody, including those at risk of losing custody or attempting to regain custody of their children. The program must engage in all activities necessary to ensure the actual admission of and services to those women who meet priority criteria.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): A qualified and competent workforce is among the Essential Principles of Treatment. Regulations require that the organization maintain personnel policies, procedures, and practices in accordance with local, state and federal laws and regulations. The organization must ensure staff possess the training, experience, and credentials to effectively perform their assigned services and duties. All individuals holding a position within the organization must complete orientation and training within the first 30 days of employment in order to be knowledgeable in core competency areas. Clinical supervision of direct service staff must be provided on an ongoing basis to ensure adequate supervisory oversight and guidance. Training and continuing education opportunities must be available to all direct service staff in accordance with their job duties and any licensing or credentialing requirements. Minimum hours of training are established for all staff who provide services or are responsible for the supervision of persons served, including on meeting the needs of persons with co-occurring and trauma-related disorders. When services and supervision are provided 24 hours per day, the organization maintains staff on duty, awake, and fully dressed at all times. Requirements are in place for volunteers, interns, and other staff.

Mental Health (MH): Psychiatric Group Homes must have a chief administrative officer and adequate staff to meet the treatment needs of the residents. Other staffing patterns are specified as well. Other requirements relate to qualifications of staff, including mental health professionals, nursing staff, and direct care staff. Access to a board-eligible or certified psychiatrist is required.

Substance Use Disorder (SUD): For all SUD residential treatment, a majority of the staff who provide individual and group counseling must be qualified addiction professionals. Requirements regarding clinical supervision and credentials of supervisors are specified.

- For residential services generally, staff coverage must ensure the continuous supervision and safety of clients and staffing levels are regulated. Clients must be supervised by a staff member with current certification in first aid and cardiopulmonary resuscitation.
- In specialized programs for women and children, staffing requirements are established for childcare. Service delivery staff and program administration must demonstrate expertise in addressing the needs of women and children, and service delivery staff must receive periodic training regarding therapeutic issues relevant to women and children. Other requirements relate to the qualifications of a licensed nurse, and there must be at least one staff member with current training in first aid and cardiopulmonary resuscitation for infants, children and adults. The program must have effective working relationship(s) with

a physician, hospital, and/or clinic to provide medical care for women, including pregnant and postpartum women, and their children.

- For detoxification services, staff coverage must ensure the continuous supervision and safety of clients. Requirements regarding staffing levels, competency, and safety are in place. For medically monitored withdrawal, availability of routine medical services, medications, qualified nursing staff, and other medical providers are established.

When services are funded by the DMH, additional staffing requirements are in place.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): The organization must implement written policies and procedures to ensure individuals seeking assistance via telephone, face-to-face contact, or by referral have prompt access to a screening to determine the need for further clinical assessment. The organization's quality assurance processes must ensure trained staff uniformly administer designated screening instrument(s).

Mental Health (MH): Each program must have written policies and procedures regarding admission, discharge, and transfer.

- Facilities dually licensed by the DHSS must ensure that, either prior to admission or within 30 days of admission and annually thereafter, each individual has verification in his/her record of a health screening and risk assessment within the past year from their primary healthcare provider. The facility must follow its written policies and procedures for the admission of residents, which must describe how its program is designed to meet the needs of the residents it admits. The facility may not admit, nor keep in residence, any person whose special needs exceed the facility's provisions for medical care or for adequate programming as described in the resident's individualized habilitation or treatment plan.
- Facilities that are not dually licensed by the DHSS must follow their written policies and procedures for the admission of residents, which must describe how the program is designed to meet the needs of the residents it admits. If a facility admits a resident whose special needs exceed the facility's ability to provide for adequate medical care or programming as described in the individual habilitation or treatment plan, the facility shall arrange for the provision of the necessary support services.

Substance Use Disorder (SUD): Eligibility determination requires confirmation of an eligible diagnosis by a licensed diagnostician in accordance with the DSM-5. A face-to-face diagnostic interview must be conducted as part of the assessment by a professional who meets specified requirements. The comprehensive assessment must be completed within 7 calendar days of

date of eligibility determination for individuals admitted to residential treatment and must be completed by staff qualified to do so. Services are subject to clinical utilization review when funded by the department.

- For residential services, a person must meet the admission and eligibility criteria: (A) Does not demonstrate symptoms of intoxication, impairment or withdrawal that would hinder or prohibit full participation in treatment services. (B) Needs an alternative, supervised living environment to ensure safety and protection from harm. (C) Meets the general treatment eligibility requirement of a current diagnosis of a substance use disorder and, in addition, demonstrates one or more of the following: (1) Recent patterns of extensive or severe substance abuse; (2) Inability to establish a period of not using drugs or alcohol without continuous supervision and structure; (3) Presence of significant resistance or denial of an identified substance use disorder; or (4) Limited recovery skills and/or support system. (D) A client may qualify for transfer from outpatient to residential treatment if the person: (1) Has been unable to establish a period of not using drugs or alcohol despite active participation in intensive outpatient services; or (2) Presents imminent risk of serious consequences associated with substance use. Each client's length of stay in residential treatment shall be individualized, based on the person's needs and progress in achieving treatment goals.
- For CSTAR programs, if there is a change in the Medicaid eligibility or financial status of a person served, the individual may not be prematurely discharged from the CSTAR program or otherwise denied CSTAR services.
- For detoxification programs, upon initial contact, a person shall be screened by a trained staff member and admitted to appropriate services based on the signs and symptoms of intoxication, impairment or withdrawal, as well as factors related to health and safety. A screening protocol approved by a physician shall be used to evaluate the person's physical and mental condition and to guide service delivery decisions. The department may require the use of a standardized screening protocol for services funded by the department. To be eligible for detoxification services, a person must present symptoms of intoxication, impairment or withdrawal and also must require supervision and monitoring of their physical and mental status to ensure safety. Additional requirements are in place for use of residential detoxification services. A person may be successfully discharged or transferred when they are physically and mentally able to function without the supervision, monitoring, and support of this service.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Crisis prevention plans must be developed as required for a given individual. Programs must have policies for developing continuing recovery plans and discharge plans, which begin at admission or as soon as clinically

appropriate. Follow-up with individuals who have unplanned discharges also is required, as are policies guiding such follow-up.

Mental Health (MH):

- Facilities that are dually licensed by the DHSS that serve people who are mentally ill must ensure that each resident has an individualized habilitation or treatment plan (IHP/ITP). The plan must be reviewed at least quarterly and updated annually.
- Every resident of a licensed community residential facility not dually licensed by the DHSS that serves people who are mentally ill must have an ITP or IHP. Each resident must have an ITP either prior to admission or within 30 days of admission. The plan must be reviewed at least quarterly and updated annually. The person responsible for implementation of individual objectives of the ITP or IHP must collect data on their implementation and prepare a monthly summary.

Substance Use Disorder (SUD): Programs must complete an initial treatment plan within 45 calendar days of the date of eligibility determination. The treatment plan must be signed by a licensed diagnostician. A functional assessment approved by DMH must be completed with each individual upon admission as part of the initial comprehensive assessment/eligibility determination. The functional assessment must be reviewed every 90 days following admission to assess current level of functioning, progress toward treatment goals and objectives, and appropriateness of continued services. The functional assessment must also be completed at discharge.

- A comprehensive assessment and master treatment plan are not required during detoxification. The program should actively encourage each person to make arrangements for continuing treatment and the program must document arrangements for continuing treatment. Staff must assist in making referrals and other arrangements, as needed.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): The organization must incorporate evidence-based and promising practices into its service array that are designed to accomplish specific goals. Services must be developmentally appropriate and responsive to the individual's social/cultural situation and any linguistic/communication needs. Coordination of care is demonstrated when services and supports are being provided by multiple agencies or programs. Ready access to crisis assistance and intervention must be available to all individuals served, when needed. The organization must provide or arrange for crisis assistance to be available at all times. Services must be provided by qualified staff in accordance with applicable program rules and include face-to-face intervention when clinically indicated.

Mental Health (MH): Residents of facilities that are dually licensed by the DHSS must have an individual treatment plan to guide service delivery and coordinate resources and supports in accordance with the individual's needs, expressed preferences, and decisions concerning his/her life in the community. Residential services and supports consistent with the individual's needs and goals must be addressed. Individuals shall be supported in their efforts to obtain and maintain competitive employment of their choice, participate in job-training programs, educational opportunities, self-help skills, leisure time activities, and other programs of their choice.

Substance Use Disorder (SUD): Programs must make individual counseling (including trauma and co-occurring disorders), group counseling (including trauma and co-occurring disorders), group rehabilitative support, medication services, community support/case management, and family therapy available to each person participating in SUD treatment and rehabilitation in accordance with the individual's clinical needs. Specific requirements are established for services to families. If a program is not certified as a specialized program for women and children, it must meet the specific requirements to offer services to women.

Each person must actively participate in the program schedule, with individualized scheduling and services based on the person's treatment goals, level of care, and physical, mental, and emotional status. Services must be provided in a therapeutic, alcohol and drug free setting. Productive, meaningful, age-appropriate alternatives to substance use are encouraged. Services must be designed and organized to promote peer support and to orient clients and family members to self-help groups and other community resources and supports.

Requirements related to individual counseling are identified and use of evidence-based interventions such as motivational interviewing, cognitive behavioral therapy, and trauma-informed care and mentioned. Requirements related to family therapy also are included in the regulations, including but not limited to a requirement that the usual and customary size of group counseling sessions not exceed twelve (12) clients.

- Residential services must be organized and directed toward specified primary goals and must be responsive to the needs of persons served. There must be a minimum of 50 hours of structured, therapeutic activity per week. Therapeutic activities must be provided 7 days per week. Group counseling and group rehabilitative support must constitute at 20 of the required hours of therapeutic activity per week. At least one hour of individual counseling per week must be provided to each client.
- Specialized programs for women and children must ensure that treatment occurs in the context of a family systems model. Each program will provide therapeutic activities designed for the benefit of children. The program must address therapeutic issues relevant to women. Therapeutic issues relevant to women must include, but are not limited to, parenting, relationship issues, self-esteem/self-identification, domestic violence, sexuality, health, and spirituality. Residential treatment must include planned,

supervised activities to promote parent-child bonding. The regulations include requirements for child supervision, childcare, education, and therapeutic issues relevant to children. The program must ensure an evaluation of medical need for each woman and child and medical, physical and nutritional needs must be met.

- For detoxification services, there must be monitoring and assessment of the person's physical and emotional status during the detoxification process. Specific requirements exist for medical services, counseling and education, including individual and group sessions. All individuals admitted to detoxification services shall have access to FDA-approved medications for the treatment of addiction and to alleviate symptoms of intoxication, impairment, or withdrawal. Medication services must be provided by a licensed physician, assistant physician, physician assistant, or APRN.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): The organization's policies, procedures, and practices must demonstrate an ongoing commitment to the rights, dignity, and respect of the individuals it serves. Each individual served shall receive an orientation, including regarding complaint processes facilities must establish. Among the basic rights that cannot be limited are to receive services in the least restrictive setting; to receive services without discrimination; confidentiality; dignity; freedom from abuse; and informed consent. Residential clients have additional basic rights, including but not limited to, certain rights of privacy and communication. Certain other rights may be limited, if necessary, for the personal safety of the client or the safety of others provided conditions are met. For those in a residential setting this includes additional privacy and communication rights and to be free from seclusion and restraint, the latter of which must meet specified criteria for emergency safety interventions. All organizations are required to report certain events, including but not limited to abuse and neglect.

Mental Health (MH): Community residential facilities that are dually licensed by the DHSS and that serve people who are mentally ill, as well as such facilities not licensed by the DHSS, and Psychiatric Group Homes II, may not use seclusion or aversive stimuli. Physical, mechanical, or chemical restraint may only be used in limited circumstances.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): The organization must develop, implement, and maintain an effective, ongoing, agency-wide and data-driven performance measurement and performance improvement program/process. These activities allow the organization to objectively review how well it is accomplishing its mission and develop and initiate performance improvement changes. Among other requirements for this program is that

performance measurement and performance improvement encompass the organization's full array of clinical services and focuses on indicators related to improved behavioral health or other healthcare outcomes for individuals served.

The organization must develop and implement an annual performance improvement plan. The plan is updated on an ongoing basis to reflect changes, corrections, and other modifications and reviewed annually with the organization's governing body. Detailed requirements for the performance improvement plan are included in the regulations.

Performance measurement is a process by which an organization monitors important aspects of its programs, systems, and care processes. Qualitative and quantitative data is collected, systematically aggregated, and analyzed on an ongoing basis to assist organizational leadership in evaluating whether the adequate structure and correct processes are in place to achieve the organization's desired results. Specific requirements are included in the regulations regarding aspects of this. Results of the performance analysis are available to individuals served, family members/natural supports, other stakeholders, and the DMH.

The organization must maintain documentation of its performance measurement and performance improvement program and be able to demonstrate its operation to staff of the DMH, accrediting body, or other interested parties.

Governance

Mental Health (MH) and Substance Use Disorder (SUD): Organizations are required to have a governing body with legal authority and responsibility over its policies and operations. The governing authority ensures the organization complies with all applicable federal, state, local, and municipal laws and regulations. The chief executive officer is responsible to the governing body for the overall day-to-day operations of the organization. Members of the governing body must represent the demographics of the population served. Individuals living with mental illness and/or a SUD and family members/natural supports, and parents/legal guardians of children, adolescents, and adults receiving services must have meaningful input to the governing body.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): The DMH Core Rules for Psychiatric and Substance Use Disorder Treatment Programs include essential principles for providing services for individuals with co-occurring disorders and individuals affected by past and current traumatic experiences.

Mental Health (MH): See requirements throughout related to facilities that are dually licensed by the DHSS that serve older people who are mentally ill.

Substance Use Disorder (SUD): See requirements throughout related to specialized services for women and children.

Location of Regulatory and Licensing Requirements

Department of Mental Health Title 9¹. Regulatory requirements reviewed September 30, 2019.

Other Information Sources

D. McBaine (DBH); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

¹ See <https://www.sos.mo.gov/adrules/csr/current/9csr/9csr>.

MISSOURI MEDICAID

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Approach

The Missouri Department of Social Services (DSS) MO HealthNet Division oversees the state Medicaid program. Missouri does not have a relevant section 1115 waiver that affects reimbursement of residential services in Institutions for Mental Diseases (IMDs). It historically has relied to some extent on the in lieu of provision and on Disproportionate Share Hospital (DSH) payments to reimburse certain services in IMDs.

Types of Facilities

Mental Health (MH): Psychiatric Residential Treatment Centers may enroll as Medicaid providers. This is a non-IMD facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.

Substance Use Disorder (SUD): The following adult residential SUD treatment facility types may enroll as Medicaid providers:

- Residential Substance Abuse Treatment Facilities: A non-IMD facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
 - CSTAR programs are specifically for Medicaid beneficiaries.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): To participate in the Missouri Medicaid program, behavioral health care providers must apply for enrollment to the DSS. A provider must meet the qualifications specified by the state agency for their profession or scope of services, including requirements for licensure or certification. With regard to residential treatment programs, this requires certification by the DMH. The DSS may deny, limit, suspend, or terminate enrollment and may apply other sanctions against providers.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based staffing requirements for residential treatment facilities for adults was located other than the CSTAR requirements addressed earlier in this summary.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): Services provided in residential treatment facilities do not require Medicaid precertification.

Substance Use Disorder (SUD): Residential Substance Abuse Treatment Facilities: Residents do not require acute medical care.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): Treatment plans are required in the record of any behavioral health service recipient. The state provides an example template online². Providers must update the treatment plan annually for adults. The treatment plan is a working document, and providers should incorporate updates into the plan as needed on an ongoing basis.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): Services must be medically necessary.

Substance Use Disorder (SUD): Residential Substance Abuse Treatment Facilities: Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board (must be a non-IMD).

- CSTAR programs may offer residential treatment that must meet the requirements applicable to residential services generally.

² See https://dss.mo.gov/mhd/cs/psych/doc/trxplan_template.pdf.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based care coordination requirements for residential treatment facilities for adults was located.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based quality assurance or improvement requirements directly applicable to residential treatment facilities for adults was located other than the CSTAR requirements addressed earlier in this summary.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based special population requirements for residential treatment facilities for adults was located other than the CSTAR requirements addressed earlier in this summary.

Location of Medicaid Requirements

Missouri Medicaid Rules and Regulations³; Missouri Behavioral Health Services Manual⁴ (incorporated by reference into regulations. Regulatory data collected December 2019.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

³ See <https://www.sos.mo.gov/adrules/csr/current/13csr/13csr#13-70>.

⁴ See http://manuals.momed.com/collections/collection_psy/print.pdf.