MO HOPE: Helping Open Pathways to Eligibility

Department of Social Services | Department of Mental Health

Show Me Challenge 2025 - Executive Summary

The Challenge

Behavioral Health participants and their Department of Mental Health (DMH) providers face significant barriers navigating Missouri's Spend Down process. Delays in coverage due to confusing or manual processes lead to harmful lapses in care, particularly for individuals with serious mental illnesses, and increase the risk of hospitalization or crisis situations.

Root Cause

The Spend Down process is paper-based, labor-intensive, and not well understood. Even when a participant has technically met their Spend Down, eligibility remains inactive until manual review and data entry are completed—causing unnecessary delays in access to care.

The MO HOPE Solution

Educate the providers of Community Mental Health Centers (CMHCs) on how to use provider budgeted funds to pay the Spend Down for high-risk participants. This initiative is grounded in federal regulations that allow state public programs to make third-party payments. Through outreach and training, CMHCs will ensure eligible participants have Medicaid coverage active on the first day of each month.

Impact & Benefits

- Improved continuity of care
- Increased staff efficiency and focus
- Reduced emergency care utilization
- Strengthened inter-agency collaboration

SMART Measure

Primary Measure: Percent of identified at-risk individuals with active Spend Down on the first day of the month.

Current: 33.48% (Of the participants met on the first day of the month, approximately 54% were pay-in.)

Target: If provider utilization is optimal, 100% of provider selected participants each month will have active Medicaid on the first day of the month.

Timeline

Within 1 Month: MO HOPE education and training for providers can begin.
Immediately after completion of training, providers can initiate spend down payments on behalf of clients, improving access to care immediately.

Financials

MO HOPE's Virtual education using existing staff and infrastructure is a no-added cost solution that saves the MO Medicaid program money and adds to staff capacity.

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Show Me Challenge 2025 - Provider Education Outline

What is MO HOPE?

MO HOPE is an education initiative empowering providers to use budgeted funds for selected participants to pay their Medicaid Spend Down, improving access to care and stabilizing services.

What is Spend Down?

The Spend Down amount is like a deductible based on income – participants must pay or submit medical bills for the portion above Medicaid's limit before coverage starts.

Legal – 42 CFR § 435.121 (f)(1)(iii)

This regulation states that expenses that are the responsibility of a third party can be used for an individual's spend down if it is part of a state program. Since Certified Community Behavioral Health Center's services are part of the State of Missouri's Department of Mental Health program they can pay the spend down directly to MO HealthNet.

Timing & Submission Requirements

- Identify participants one month prior to when coverage is needed.
- The list of participants providers are electing to pay Spend Down on behalf of must reach MO HealthNet within the allowable timeframe to ensure timely activation.
- Work with Department of Mental Health (DMH) to submit funds to MO HealthNet on behalf of selected participants to pay spend down.

Why Participate

Benefits for Clients:

- Access to needed services with care continuity.
- Stability in treatment.

Benefits for Providers:

- Ensures you can bill Medicaid and get paid for services.
- Reduces administrative time chasing alternative payment.

Ready to Get Started?

dmh.mo.gov/mo-hope-project

How to Check Coverage

Once the Spend Down payment agreement has been submitted:

- Verify coverage through the MO HealthNet Provider Portal.
- If coverage does not appear active or there are questions, contact the eligibility specialists or DMH point of contact for troubleshooting.

Questions?

Contact: **DMH.MedicaidEligibility@dmh.mo.gov**

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Show Me Challenge 2025 - Implementation Timeline

Phase 1

Final Planning & Alignment

Sept - Oct 2025

- Select Educators
- Align with fiscal staff
- Confirm participation & communication plan

Phase 2

Provider Training & Outreach

Oct 2025

- Train CMHC staff
- Explain Provider fund use for third-party Spend Down payments
- Define roles & documentation

Phase 3

Implementation

Oct 2025

- Launch first cycle of Spend Down payments
- Track participant coverage
- Monitor payment process

Phase 4

Refinement & Expansion

Nov 2025

- Review results with stakeholders
- Adjust workflows
- Expand participation

Phase 5

Ongoing Implementation & Monitoring

Nov 2025 - Ongoing

- Maintain monthly payments
- Collect & analyze coverage data
- Bi-monthly feedback sessions

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Show Me CHALLENGE

Inspired in part by the hit TV show "Shark Tank" and other simillar competitions, the Show Me Challenge is a new way for employees of Missouri's 17 executive departments to compete to identify solutions that improve how we serve out citizens, cut out unnecessary bureaucratic work, and/or save time and money.

To compete in the Show Me Challenge, please do the following:

1. Complete all fields of the below template. *(help guide is available at showmechallenge.mo.gov/resources)*
2. Submit your pitch via www.showmechallenge.mo.gov/pitch-form.html

Pitch submission deadline: June 10, 2025

Note: must be state employee at time of winning to be eligible for prize money.

TEAM INFOMRATION

OpEx Coach name: Kayla Ueligger

Email: Kayla.D.Ueligger@dss.mo.gov

	Team Member Name and Email *ex: Mo Mule, Mo.Mule@oa.mo.gov*	Department (select) *Administration*	Division (type) *Commissioner's Office*
1.	Nicole Clayton	Social Services	Family Support Division
2.	Breonna Woodmansee	Social Services	Family Support Division
3.	Anna Witherbee	Mental Health	Administrative Services
4.		Other	
5.		Other	
6.		Other	
7.		Other	
8.		Other	

PITCH

Pitch name MO HOPE - Helping Open Pathways to Eligibility

What is the problem you are addressing? *(no more than 200 words)*

Behavioral Health treatment requires ongoing and consistent care. Gaps in coverage due to an unmet Spend Down can lead to skipped appointments, interrupted medication regimens, and treatment backslides, which can worsen mental health conditions. When participants can't access care because they haven't met their Spend Down, it increases the risk of crisis situations - like hospitalizations, emergency room visits, or encounters with law enforcement. Medicaid coverage for transportation or case management services is paramount for behavioral health participants. Re-submitting bills or paying the Spend Down month-by-month is confusing and stressful for those already overwhelmed by mental illness or cognitive impairments.

What is the root cause of the problem?*(No more than 200 words)*

Behavioral Health participants and their Department of Mental Health providers find Spend Down difficult to understand and navigate. The process of meeting Spend Down with eligible expenses is confusing. When meeting with expenses, coverage begins the day the spend down is met, which can result in coverage gaps. Behavioral Health participants have mental health conditions (e.g., schizophrenia, severe depression) requiring their insurance to be active for the entire month with no lapses to ensure support and access to services. Workloads for DMH providers and the Spend Down Unit significantly delay processing and impact services. Providers fall behind on submitting required billing documentation. Manual processing of bills in the Spend Down Unit is time consuming, and slows activation of Medicaid coverage because all steps depend on human review and data entry. Even if a participant has technically met their Spend Down, they remain listed as ineligible in the Medicaid system until the paperwork is processed.

What is the potential solution?*(No more than 100 words)*

42 CFR 435.121 (F) (1) (iii) permits participants to meet the Spend Down using funds from a third party if the third party is a state public program. The Missouri Department of Mental Health allocates funds for Community Mental Health Centers (CMHCs) to use for non-Medicaid consumers. We are proposing an outreach education initiative which educates and informs CMHCs (CCBHOs/ CCBHCs) of the option and how to pay the spend down directly from allocated funds and be reimbursed. CMHCs can identify the most at-risk individuals and get their spend down active on the first day of the month.

Which area of impact is your primary focus? *(choose one - if other, please specify)*

Cost reduction/savings
Improve citizen experience
Increase efficiency
Reduce bureaucratic burden
other

What is your primary measure for impact?
(measures should follow SMART principles: Specific - Measurable - Actionable - Relevant - Time Bound)

Primary Measure	Current Status	Target
Percent of identified at-risk individuals with active Spend Down on the first day of the month.	33.48% (Of the participants met on the first day of the month, approximately 54% were pay-in.)	If provider utilization is optimal, 100% of provider selected participants each month will have active Medicaid on the first day of the month.

What is the suggested benefit? *(less than 100 words)*

Suggested benefits are improved continuity of care and stability for participants, increased engagement in services, reduced client-worker interaction needs, allows eligibility staff to redirect their efforts towards higher-priority tasks, allows DMH caseworkers more time for critical care coordination, and by preventing lapses/ineligibility there will be a reduction in emergency and inpatient care, saving the system money. Implementing this educational outreach would strengthen inter-agency collaboration, building long-term partnerships that can support future initiatives, while supporting a vulnerable population.

PROJECT PLAN

What are the major activities and milestones to deliver your solution?(*If additional room is needed, please attach a separate document).*

Milestone/Deliverable	Activity	Start Date
Final Planning & Alignment	• Select Educators • Align with fiscal staff • Confirm participation & communication plan	September 2025
Provider Training & Outreach	• Train CMHC staff • Explain Provider fund use for third party Spend Down payments • Define roles & documentation	October 2025
Implementation	• Launch first cycle of Spend Down payments • Track participant coverage • Monitor payment process	October 2025
Refinement & Expansion	• Review results with stakeholders • Adjust workflows • Expand participation	November 2025
Ongoing Implementation & Monitoring	• Maintain monthly payments • Collect & analyze coverage data • Bi-monthly feedback sessions	November 2025 - Ongoing

REQUIRED RESOURCES AND SUPOPRT

What is the expected project duration? *(choose one)*

Less than 6 months

Does your project require any specialized skills to complete? If so, list.

No

Does your project require a statutory change to complete? If so, explain. *(less than 100 words)*

No, our project does not require a statutory change to complete.

Can you implement your project with your current resources? If not, explain. *(less than 100 words)*
strongly recommended: provide a cost breakdown in your additional materials.

Our project will not require additional resources, as the trainings and outreach can be completed virtually. If outreach is desired in an in-person setting, the cost would be minimal - related to employee travel and meal costs.
Tracking can be completed by employees who are already established within the company.

Are there other factors critical to design and implement your project? *(no more than 50 words)*

There are currently no critical factors for design or implementation.

ADDITIONAL MATERIALS

Please list any additional materials you have provided.

Executive Summary
Implementation Timeline
Provider Education

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NICOLE CLAYTON
DSS

BRE WOODMANSEE
DSS

ANNA WITHERBEE
DMH

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Due to confidentiality this is not an actual recording but a reenactment of a Spend Down call

WHEN HELP COMES WITH A COST: THE BURDEN OF SPEND DOWN

- WORKS LIKE A DEDUCTIBLE
- STRICT DOCUMENTATION RULES
- MANUAL REVIEW PROCESS
- SIGNIFICANT PROCESSING DELAYS
- PARTICIPANTS STRUGGLE TO PAY & SUBMIT BILLS

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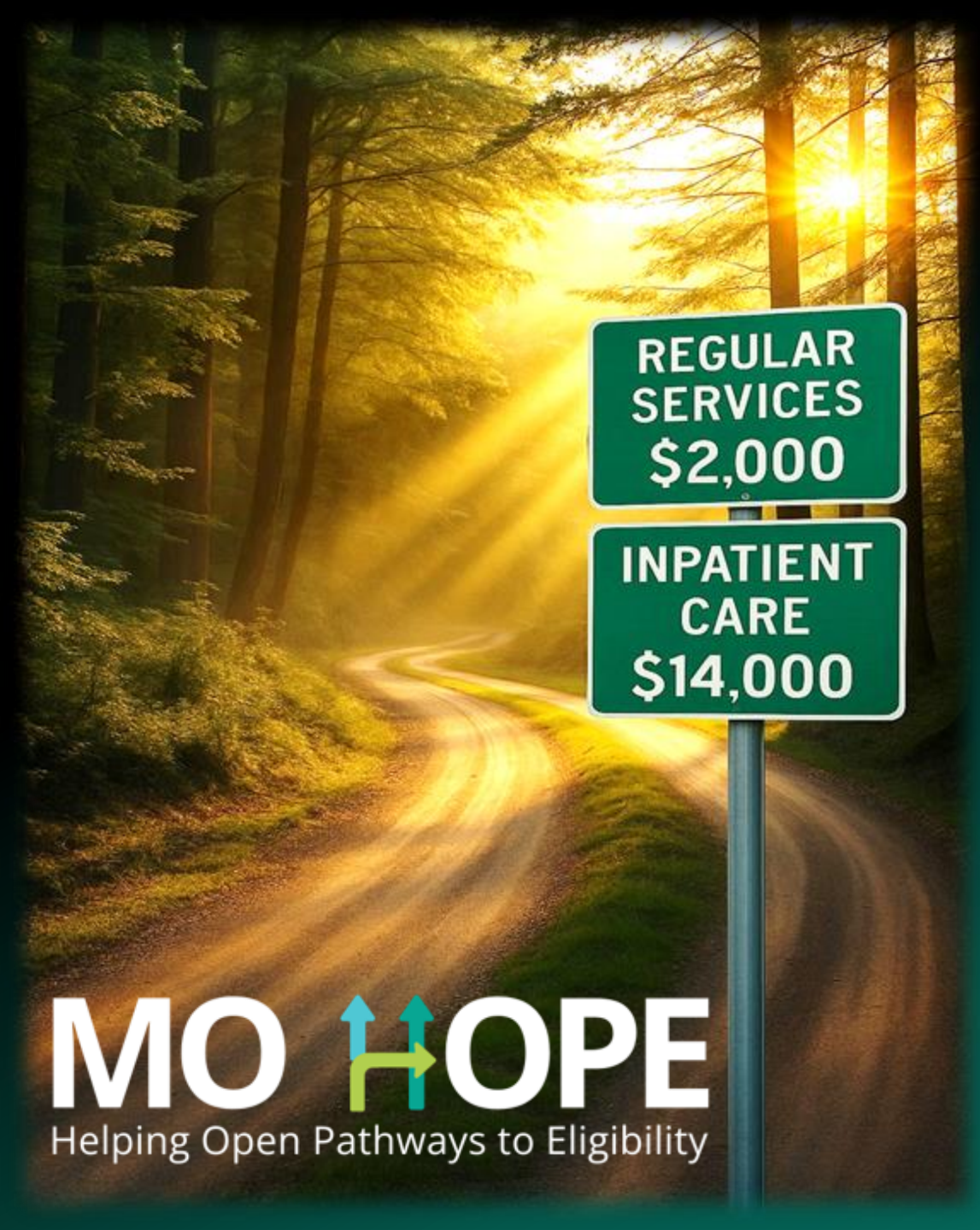


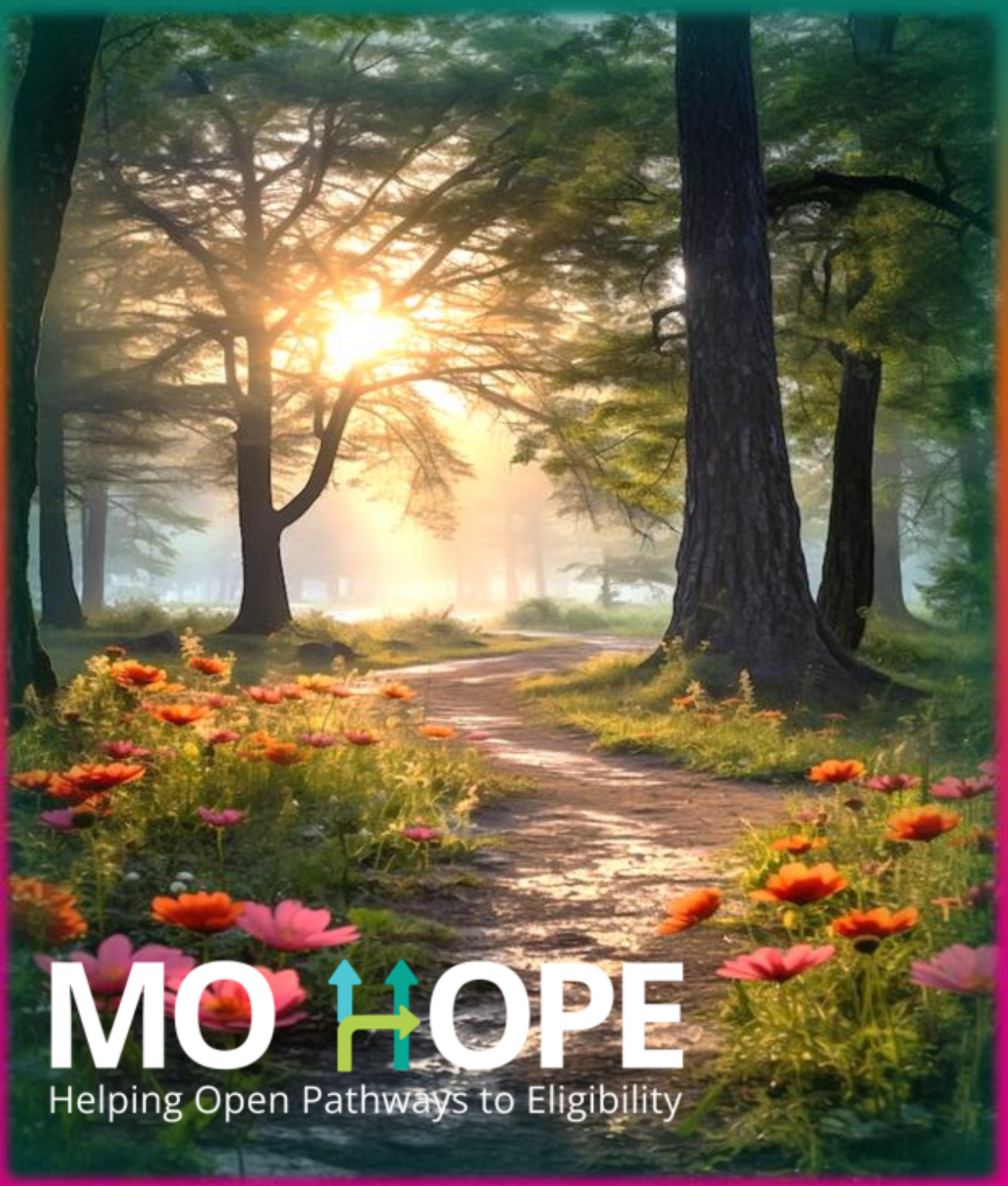
CRISIS CARE COSTS MEDICAID MILLIONS

IF 100 MENTAL HEALTH SPEND DOWN PARTICIPANTS (1.25%) ARE HOSPITALIZED EACH MONTH IT ADDS UP TO

$16.8 M/YEAR

REGULAR SERVICES (100 PEOPLE/YEAR)	$2.4M
HOSPITALIZATIONS (100 PEOPLE/YEAR)	$16.8M

7x THE COST



NO ADDED COST
USES CURRENT STAFF & VIRTUAL TRAINING

LEVERAGES AUTHORITY
FEDERAL APPROVAL + DMH EXPERIENCE

KEY BENEFITS
CONTINUOUS COVERAGE, EFFICIENCY, SAVINGS, CAPACITY, ACCESS

PLAN	TRAIN	LAUNCH	SUSTAIN
SEPT 2025	OCT 2025	OCT 2025	NOV 2025 ONGOING


MINIMAL BARRIERS.
SIMPLE FIXES WITH MO HOPE.
MISSOURI IS READY
LEGAL AUTHORITY IN PLACE
PROVIDERS READY TO ACT
PAYMENT SYSTEMS IN PLACE
HOW YOU CAN SUPPORT
ENGAGE PROVIDERS
SHARE MATERIALS
HIGHLIGHT MO HOPE
PROMOTE TRAININGS
MO HOPE
Helping Open Pathways to Eligibility