

**ANNUAL MONITORING REPORT
and DY2Q4 Report**

Former Foster Youth from Other States–Initial Demonstration
Single Specialty Health Plan – Amended Demonstration

State: **Missouri**

Demonstration Year: **2**

Approved start and end dates

Initial Demonstration: **June 2, 2021 – December 31, 2025**

Amended Demonstration: **June 10, 2022 – December 31, 2025**

A. Introduction

Missouri’s initial waiver includes demonstration goals for Former Foster Care Youth (FFCY) from other states. This monitoring report addresses the progress of the goals of the initial waiver.

The amended waiver contains demonstration goals for a population including individuals in foster care, adoption subsidy, those under age 26, and youth in the care of the Division of Youth Services to be enrolled into a single specialty health plan. Since this population receives their services under a 1915(b) waiver, the monitoring requirements are provided through reporting for that waiver.

Former Foster Care Youth from Other States Goal and Objectives

Continue Medicaid coverage for former foster care youth who no longer are eligible for coverage through state plan authority upon turning age eighteen (18), since they were not in foster care in the State of Missouri.

- a. Increase and strengthen overall coverage of former foster care youth
- b. Improve health outcomes of former foster care youth

B. Eligibility and Enrollment Information, including member month reporting

There were no new enrollments, re-enrollments or dis-enrollments for DY2Q4 or for the entirety of DY2. The total number of enrollees remains at four.

Topic	Measure [Reported for each month included in the annual report]	Narrative
Total Enrollment	4	The number of total enrollment aligns with the State’s expectations.
New Enrollment	0	The number of new enrollments aligns with the State’s expectations. The State continues to conduct outreach. For instance, at Missouri’s

Topic	Measure [Reported for each month included in the annual report]	Narrative
		request, the national network FosterClub updated their website and resource material to include Missouri health care information for former foster care youth. The State also continues to share information through existing stakeholder meetings and conducts cross- divisional staff training. In addition, knowledge of Missouri’s programs is often spread when youth are transitioning from one state to another.
Re-Enrollment	0	The number of reenrollees aligns with the State’s expectations.
Disenrollment	0	The number of disenrollment aligns with the State’s expectations. Reasons for disenrollment among our former foster care programs include “aging out” and unable to locate recipients.

C. Utilization Monitoring

Below is a utilization summary of encounter claims chosen for monitoring. The encounter claims for DY2Q4 and for the entirety of DY2 show that two of the four enrollees have utilized primary care services but not behavioral health, emergency, or inpatient services. The count of enrollees with any claims includes claim types (dental, radiology, lab) that were not chosen for monitoring but demonstrate that the enrollee has access to multiple services.

Month	Enrollees with Any Claims	Enrollees with Primary Care Appointments	Enrollees with Beh Health Appointments	Enrollees with Emergency Room Care	Enrollees with Inpatient Care
January	2	1	0	0	0
February	0	0	0	0	0
March	2	1	0	0	0
April	2	1	0	0	0
May	0	0	0	0	0
June	1	1	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	2	1	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0

D. Program Integrity

This demonstration waiver, and the services that are provided and reimbursed under it, are subject to the same program integrity and quality assurance monitoring and utilization activities as all other services provided to Missouri Medicaid participants.

The State does conduct an analysis of the CMS-64 and claims data to ensure no duplication of federal funding is occurring.

The State conducts internal reviews of claims data to ensure appropriate billing and coding are occurring. In addition, our external Medicaid Fraud Control Unit (MFCU) reviews and investigates suspected fraud, waste, and abuse as it is received.

The Department of Social Services (DSS) has processes and procedures in place to determine eligibility of the participant once information is received and verified.

E. Grievances and Appeals

The State has not received any grievances or appeals regarding eligibility or medical services for DY2Q4 or for the entirety of DY2.

F. Operational/Policy/Systems/Fiscal Developments/Issues and Action Plans

This demonstration continues Medicaid coverage for an eligibility group that was previously covered under the State's General Revenue Plan. The State has not encountered any significant program developments, issues, or problems and does not anticipate any to occur in the future.

In compliance with the SUPPORT Act, the State is in the process of requesting a State Plan Amendment to cover FFCY from other states who turned 18 on or after January 1, 2023 under the State Plan. Current enrollees in this 1115 waiver will continue to be covered under this waiver. Any new enrollees from other states who turned 18 prior to January 1, 2023, but are not yet known to Missouri, will also be enrolled under this 1115 waiver.

A Public Forum was held on January 30, 2022 to allow the public an opportunity to provide meaningful comment on the progress of the amended Section 1115 Demonstration, Former Foster Care Youth and Single Specialty Health plan. There were no questions or comments submitted to the State and there were no attendees.

G. Budget Neutrality

The State's budget neutrality workbook consists of information for the period of January 1, 2022 to December 31, 2022. The information for DY2Q4 can be ascertained from the workbook.

H. Demonstration Evaluation Activities and Interim Findings

The demonstration has been successful in maintaining access to Medicaid for the former foster care youth who were in foster care and receiving Medicaid in another state and are now Missouri residents. The limited amount of encounter data and claims submitted on behalf of the small number of individuals covered under this demonstration makes it difficult to measure and show whether it improves or maintains health outcomes for the population. However, in DY2 two of the four enrollees utilized more than one service with a primary care provider or clinic, which indicates they have access to primary care. They also utilized services not chosen for monitoring, which indicates they have access to multiple type of services.