#### DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-25-26 Baltimore, Maryland 21244-1850



### **State Demonstrations Group**

July 21, 2025

Todd Richardson Director P.O. Box 6500 Jefferson City, MO 65102-6500

### Dear Director Richardson:

The Centers for Medicare & Medicaid Services (CMS) accepts the Substance Use Disorder (SUD) and Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) Monitoring Protocol, which was required by the Special Terms and Conditions (STC), specifically, STC #8.5 "SUD and SMI Monitoring Protocol" of Missouri's section 1115 demonstration, "Missouri Substance Use Disorder & Serious Mental Illness Demonstration" (Project No: 11-W-00411/7), effective through December 31, 2028. As noted in CMS's letter to the state on June 25, 2025, CMS is redesigning its demonstration monitoring approach to reduce state burden, promote effective and efficient information sharing, and enhance CMS's oversight of program integrity by reducing variation in information reported to CMS. As part of this redesign, CMS no longer requires the submission of Monitoring Protocols, as the relevant information will now be submitted as part of the Annual Monitoring Report. Therefore, CMS accepts the state's submission from May 5, 2025. CMS appreciates the state's commitment to monitoring expectations outlined in the STCs and will use the submitted Monitoring Protocol to support the state's transition to Monitoring Redesign.

The Monitoring Protocol will be posted to Medicaid.gov under the demonstration's administrative record. In accordance with STC #11.11 the approved SUD and SMI/SED Monitoring Protocol may now be posted to your state's Medicaid website.

We look forward to our continued partnership on the Missouri Substance Use Disorder & Serious Mental Illness section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly Director Division of Demonstration Monitoring and Evaluation

cc: Rhonda Gray, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

# Medicaid Section 1115 Substance Use Disorder & Serious Mental Illness and Serious Emotional Disturbance Demonstration Components Monitoring Protocol Template

Note: PRA Disclosure Statement to be added here

# 1. Title page for the state's substance use disorder (SUD) and serious mental illness and serious emotional disturbance (SMI/SED) demonstration components

The state should complete this title page as part of its integrated SUD and SMI/SED monitoring protocol. This form should be submitted as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are provided below the table.

Overall section 1115 demonstration	
State	Missouri
Demonstration name	Missouri Substance Use Disorder & Serious Mental Illness
Approval period for section 1115 demonstration	December 6, 2023 through December 31, 2028
SUD demonstration	
SUD demonstration start date <sup>a</sup>	December 6, 2023
Implementation date of SUD demonstration, if different from SUD demonstration start date <sup>b</sup>	January 1, 2024
SUD demonstration goals and objectives	<ol> <li>Increased rates of identification, initiation, and engagement in treatment for opioid use disorder (OUD) and other SUDs.</li> <li>Increased adherence to and retention in treatment for OUD and other SUDs.</li> <li>Reductions in overdose deaths, particularly those due to opioids.</li> <li>Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where utilization is preventable or medically inappropriate through improved access to other continuum of care services.</li> <li>Fewer readmissions to the same or higher level of care where readmission is preventable or medically inappropriate for OUD and other SUD.</li> <li>Improved access to carefor physical health conditions among beneficiaries with OUD or other SUDs.</li> </ol>
SMI/SED demonstration	
SMI/SED demonstration start date <sup>a</sup>	December 6, 2023
Implementation date of SMI/SED demonstration, if different from SMI/SED demonstration start date <sup>b</sup>	December 6, 2023
SMI/SED demonstration goals and objectives	<ol> <li>Ensuring quality of care in psychiatric hospitals and residential settings.</li> <li>Improving care coordination and transitioning to community-based care.</li> <li>Increasing access to continuum of care, including crisis stabilization services.</li> <li>Earlier identification and engagement in treatment, including through increased integration.</li> </ol>

<sup>&</sup>lt;sup>a</sup> **SUD and SMI/SED demonstration components start date:** For monitoring purposes, CMS defines the start date of the demonstration components as the *effective date* listed in the state's STCs at time of the SUD and SMI/SED component approval. For example, if the state's STCs at the time of approval note that the SUD and SMI/SED demonstration components are effective January 1, 2020 – December 31, 2025, the state should consider January 1,

2020 to be the start date of these components. Note that the effective date is considered to be the first day the state may begin the demonstration component. In many cases, the effective date is distinct from the approval date of a demonstration component; that is, in certain cases, CMS may approve a section 1115 demonstration component with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1,2021 for the new demonstration component period. In many cases, the effective date also differs from the date a state begins implementing its demonstration component. The SMI/SED demonstration component start date will be auto-populated with the information entered in the "SUD demonstration start date" row. The state should review for accuracy.

<sup>&</sup>lt;sup>b</sup> Implementation date of SUD and SMI/SED demonstration components: The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental diseases.

### 2. Acknowledgement of narrative reporting requirements

The state has reviewed the narrative questions in the <u>Monitoring Report Template</u> provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

## 3. Acknowledgement of budget neutrality reporting requirements

The state has reviewed the Budget Neutrality Workbook and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

## 4. Retrospective reporting

The state is not expected to submit metrics data until after monitoring protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has a monitoring protocol approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters (Qs) of the section 1115 SUD and SMI/SED demonstration components that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics. The retrospective monitoring report for a state with a first demonstration year (DY) of less than 12 months should include data for any baseline period Qs preceding the SUD and SMI/SED demonstration components, as described in Part A of the state's monitoring protocols. (See Appendix B of the Monitoring Protocol Instructions for further instructions on determining baseline periods for first DYs that are less than 12 months.) If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its section 1115 SUD and SMI/SED demonstration components.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of the demonstration components through the end of the current reporting period. The state should report this information in Part B of its monitoring report submission (Section 3: Narrative information on implementation, by milestone and reporting topic). This general assessment is not intended to be a comprehensive description of every trend observed in the metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metric changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for a state to provide context on its

retrospective metrics data and to support CMS's review and interpretation of these data. For example, consider a state that submits data showing an increase in the number of medication-assisted treatment (MAT) providers (SUD Metric #14) over the course of the retrospective reporting period. This state may decide to highlight this trend for CMS in Part B of its monitoring report (under SUD Milestone 4) by briefly summarizing the trend and explaining that during this period, a grant supporting training for new MAT providers throughout its state was implemented.

For further information on how to compile and submit a retrospective monitoring report, the state should review Section B of the Monitoring Report Instructions document.

- The state will report retrospectively for any Qs prior to monitoring protocol approval as described above, in the state's second monitoring report submission that contains metrics after monitoring protocol approval.
- ☐ The state proposes an alternative plan to report retrospectively for any Qs prior to monitoring protocol approval: Insert narrative description of proposed alternative plan for retrospective reporting. Regardless of the proposed plan, retrospective reporting should include retrospective metrics data and a general assessment of metric trends for the period. The state should provide justification for its proposed alternative plan.

## 5. SMI/SED Annual Assessment of the Availability of Mental Health Services reporting

The state will use data as of the following month and day of each calendar year to conduct its Annual Assessment of the Availability of Mental Health Services: as of December 31.