Medicaid Section 1115 Substance Use Disorder & Serious Mental Illness and Serious Emotional Disturbance Demonstrations
Monitoring Report 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) demonstrations or the SUD and SMI/SED components of the broader demonstration**

This section collects information on the approval features of the state's section 1115 demonstration overall, followed by information for the SUD and SMI/SED components. The state completed this title page as part of its SUD and SMI/SED monitoring protocol(s). The state should complete this table using the corresponding information from its CMS-approved monitoring protocol(s) and submit this as the title page of all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

Overall section 1115 demonstration	
State	*Missouri*
Demonstration name	*Missouri Substance Use Disorder and Serious Mental Illness*
Approval period for section 1115 demonstration	*December 6, 2023 through December 31, 2028*
Reporting period	*October 1, 2024 through December 31, 2024*
SUD demonstration	
SUD component start date[a]	*December 6, 2023*
Implementation date of SUD component, if different from SUD component start date[b]	*January 1, 2024*
SUD-related demonstration goals and objectives	*1. Increased rates of identification, initiation, and engagement in treatment for opioid use disorder (OUD) and other SUDs;* *2. Increased adherence to and retention in treatment for OUD and other SUDs;* *3. Reductions in overdose deaths, particularly those due to opioids;* *4. 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;* *5. Fewer readmissions to the same or higher level of care where readmission is preventable or medically inappropriate for OUD and other SUD; and* *6. Improved access to care for physical health conditions among beneficiaries with OUD or other SUDs.*
SUD demonstration year and quarter	*DY1Q4 (October 1, 2024 through December 31, 2024)*

SMI/SED demonstration	
SMI/SED component demonstration start date[a]	*December 6, 2023*
Implementation date of SMI/SED component, if different from SMI/SED component start date[b]	*December 6, 2023*
SMI/SED-related demonstration goals and objectives	*1. Ensuring quality of care in psychiatric hospitals and residential settings;* *2. Improving care coordination and transitioning to community-based care;* *3. Increasing access to continuum of care, including crisis stabilization services;* *4. Earlier identification and engagement in treatment, including through increased integration.*
SMI/SED demonstration year and quarter	*DY1Q4 (October 1, 2024 through December 31, 2024)*

[a] **SUD and SMI/SED demonstration components start dates:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state's STCs at time of SUD and SMI/SED demonstration component approvals. For example, if the state's STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD or SMI/SED demonstration component. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration 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 period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

[b] **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 disease.

2. Executive summary

The executive summary for the SUD and SMI components of the demonstration should be reported below. It is intended for summary-level information only and may be combined for all policies included in the title page. The recommended word count is 500 words or less.

The State focused on developing a strong foundation in Demonstration Year 1 for the implementation of the SUD and SMI/SED demonstrations. Updates were made to the Comprehensive Substance Treatment and Rehabilitation (CSTAR) manual to support SU providers aligning their services with the American Society of Addiction Medicine (ASAM) criteria. Requirements were added to policy manuals to ensure hospitals routinely assess patients' needs for housing services and supports while receiving treatment. Psychiatric collaborative care management, general behavioral health integration, and interprofessional consultation were added to the State Plan. The State also worked on revising policies and procedures to clearly define care coordination expectations.

During the final quarter of Demonstration Year 1, the State continued to review the current BSR chart review process and identify ways to use this process to meet the requirement that residential providers align with the ASAM criteria. The State engaged with the Missouri Hospital Association to discuss how their services can support the goals and objectives of the 1115 SUD demonstration. The State received CMS approval for SPA 24-0010 which updated the fee schedule to include procedure codes used for psychiatric collaborative care management, general behavioral health integration, and interprofessional consultation. The State also began work to expand access to screening for depression for participants ages 12 and older by adding coverage for G8431 and G8510.

The State received approval from CMS to begin working on the monitoring protocol and also received an unlocked copy of the BH Availability Assessment. The State continues to await a corrected budget neutrality template from CMS that reflects calendar year demonstration years, as well as a corrected copy of the STCs from CMS that reflects various corrections previously requested by the State, including date corrections for the mid-point assessment (the State believes this should be due December 6, 2026) and the interim evaluation (the State believes this should be due December 31, 2027.)

3. Narrative information on implementation, by milestone and reporting topic

A. SUD component

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Assessment of need and qualification for SUD services**		
1.1	**Metric trends**		
1.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.	X		
1.2	**Implementation update**		
1.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a The target population(s) of the demonstration	X		
1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	**Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)**			
2.1	**Metric trends**			
2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.	X		
2.2	**Implementation update**			

| 2.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to: | | | **DY1Q4 (October 1, 2024 through December 31, 2024)**
The State met with the stakeholder association and continues to work with these providers to ensure requirements are met.

DY1Q3 (July 1, 2024 through September 30, 2024)
The State identified inpatient withdrawal management providers through a routine service billing review that were not included in the State's initial outreach and engagement efforts on the 1115 SUD demonstration waiver (the providers believed they were not covered provider types). The State is in the process of developing an outreach and engagement plan to inform these providers of the 1115 SUD demonstration waiver, to include ASAM alignment requirements and to identify whether any changes are needed to bring these providers into alignment.

DY1Q2 (April 1, 2024 through June 30, 2024)
The remaining six Comprehensive Substance Treatment and Rehabilitation (CSTAR) providers have transitioned and are now operating under the ASAM criteria.

DY1Q1 (December 6, 2023 through March 31, 2024)
Based on the December 6, 2023, approval of the Demonstration, adult residential treatment in institutions for mental diseases (IMDs) was added through the 1115 waiver with waiver of IMD exclusion. The State already had coverage of residential treatment in non-IMD settings under the approved Medicaid State Plan. As a result, there is complete coverage of intensive levels of care (LOCs) in residential settings. |
| | 2.2.1.a | Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management) | | |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			To date, 19 out of the 25 CSTAR providers are operating under the ASAM criteria. The remaining six providers plan to transition by July 1, 2024. Providers should be fully transitioned to ASAM by the end of Calendar Year (CY) 2024.
2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		**DY1Q1 (December 6, 2023 through March 31, 2024)** Intensive outpatient services and medication-assisted treatment are covered under the State Plan, no additional action needed. Adult Residential Treatment was expanded through the 1115 waiver. Prior to the 1115 waiver, treatment in a residential facility was covered in non-IMD facilities with fewer than 16 beds. Through the 1115 waiver, the State has increased the maximum residential capacity to 25 beds, which has expanded access to care.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)**			
3.1	**Metric trends**			
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X		
3.2	**Implementation update**			

3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria		**DY1Q4 (October 1, 2024 through December 31, 2024)** Charts are reviewed through randomized samples by the Billing and Service Review (BSR) and Certification teams to ensure evidence of an individualized, complete assessment with appropriate diagnosis and timely updates, physical examinations as appropriate, individualized person-centered treatment plans with updates and/or reviews, adequate documentation for persons receiving medication-assisted treatment, and that all documentation for services meets requirements and is completed by appropriate and qualified staff, noted in state standards. Detailed feedback is currently communicated to providers in the form of technical assistance. In addition, the Certification team also reviews provider's policy and procedures (P&P) to support an ethical and safe treatment environment for individuals seeking services and provider personnel, personnel records that support various levels of workforce expectations, and provider training records. **DY1Q3 (July 1, 2024 through September 30, 2024)** A sampling of charts was reviewed to ensure evidence of an individualized, complete assessment with appropriate diagnosis and timely updates, physical examination as appropriate, individualized person-centered treatment plans with updates and/or reviews, adequate documentation for persons receiving medication-assisted treatment, and that all documentation for services meets requirements and is completed by appropriate and qualified staff, noted in state standards. Detailed feedback is currently communicated to providers in the form of technical assistance.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			DY1Q2 (April 1, 2024 through June 30, 2024) The Division of Behavioral Health continues to review reporting and monitoring options for CSTAR agencies, but none have been finalized at this time. **DY1Q1 (December 6, 2023 through March 31, 2024)** The BSR Manual was updated to include ASAM specific information, such as Monitoring Tool use guidance, potential reason for disallowance, and so on. The BSR team observes LOC changes and makes disallowances based on documentation standards including timely completion. Certification regulations have been updated to include the ASAM criteria, which includes personnel training on the ASAM criteria.

3.2.1.b	Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings		**DY1Q4 (October 1, 2024 through December 31, 2024)** Charts are reviewed through randomized samples by the BSR and Certification teams to ensure evidence of an individualized, complete assessment with appropriate diagnosis and timely updates, physical examinations as appropriate, individualized person-centered treatment plans with updates and/or reviews, adequate documentation for persons receiving medication-assisted treatment, and that all documentation for services meets requirements and is completed by appropriate and qualified staff, noted in state standards. Detailed feedback is currently communicated to providers in the form of technical assistance. In addition, the Certification team also reviews providers P&P to support an ethical and safe treatment environment for individuals seeking services and provider personnel, personnel records that support various levels of workforce expectations, and provider training records. **DY1Q3 (July 1, 2024 through September 30, 2024)** A sampling of charts was reviewed to ensure evidence of an individualized, complete assessment with appropriate diagnosis and timely updates, physical examinations as appropriate, individualized person-centered treatment plans with updates and/or reviews, adequate documentation for persons receiving medication-assisted treatment, and that all documentation for services meets requirements and is completed by appropriate and qualified staff, noted in state standards. Detailed feedback is currently communicated to providers in the form of technical assistance. **DY1Q2 (April 1, 2024 through June 30, 2024)**

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			The certification team members will be taking training on utilization review by ASAM in the next quarter, (DY1Q3). The State will determine if, after training completion, changes should be made to utilization reviews.
			DY1Q1 (December 6, 2023 through March 31, 2024) The BSR team conducts annual reviews of all Department of Mental Health (DMH)-contracted agencies. During this review, agencies that have been approved for ASAM LOCs are required to complete an Agency Attestation Tool. In addition, BSR team members complete Monitoring Tools for all sites with ASAM LOCs. Attestation tools provide guidance on P&P aligning with ASAM.
			The certification process reviews utilization management policies and is tracking utilization requests.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.			**DY1Q4 (October 1, 2024 through December 31, 2024)** The State continues to review the current ASAM attestation and BSR processes, both of which will be leveraged for purposes of tracking provider implementation of ASAM standards. The State also continues to develop their monitoring protocol, which will include additional detail on the ASAM implementation process and include criteria for putting a provider on a plan of correction.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)**			
4.1	**Metric trends**			
4.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.	X		
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		*Milestone requirements were met in DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** The State created a new Medicaid CSTAR Manual for ASAM and included requirements for residential services that reflect ASAM. The CSTAR manual was posted on the State's website on December 4, 2023. In addition, the State updated its CSTAR regulation (9 CSR 30–3) to reflect ASAM provider qualifications; the regulation was finalized February 29, 2024.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.b	Review process for residential treatment providers' compliance with qualifications.	X		**DY1Q1 (December 6, 2023 through March 31, 2024)** The review process is detailed within the State's BSR Manual located on the DMH website: https://dmh.mo.gov/media/pdf/billing-service-review-guide. The State's certification team is beginning surveys with providers implementing ASAM. The review process will be outlined in the certification manual.
4.2.1.c	Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		**DY1Q1 (December 6, 2023 through March 31, 2024)** Per State regulation (9 CSR 30–3.152), medication-assisted treatment services are required in residential LOCs.
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 3.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.	X		
5.2	**Implementation update**			
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care.			**DY1Q4 (October 1, 2024 through December 31, 2024)** The layout and content for the provider network directory have been created and staff are working through data quality and reporting issues. **DY1Q3 (July 1, 2024 through September 30, 2024)** The State continues to work on the provider network directory. **DY1Q2 (April 1, 2024 through June 30, 2024)** With all SUD providers transitioned to ASAM, the State is working on a reporting system. Updates to follow in the next quarter (DY1Q3).
5.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.	X		
6.2	**Implementation update**			
6.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	X		*Milestone marked as met in DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** The State will continue opioid prescribing guidelines that were implemented prior to the approval of the 1115 demonstration waiver.
	6.2.1.b Expansion of coverage for and access to naloxone	X		*Milestone marked as met in DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** The State uses the State Opioid Response grant, the Prescription Drug Overdose grant, and opioid settlement funds to support Overdose Education and Naloxone Distribution, which offer training and tools, including naloxone, for overdose prevention and reversal to diverse professional and community audiences. The State has a standing order that allows any person seeking naloxone from a pharmacy to obtain it with or without a prescription.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5.			**DY1Q4 (October 1, 2024 through December 31, 2024)** Updated regulations for the Opioid Treatment Program are in progress with an estimated finalization date by the end of 2025. This timing delay is due to an administrative change at the Governor level in the State. **DY1Q3 (July 1, 2024 through September 30, 2024)** Updated regulations for the Opioid Treatment Program are being worked on and they are anticipated to be finalized within the next six months. **DY1Q2 (April 1, 2024 through June 30, 2024)** The Department participated in a workgroup to update the Missouri State Standing Order for naloxone during this quarter. The State is working on updating regulations for the Opioid Treatment Program to align with federal regulations published in February 2024.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.	**Improved Care Coordination and Transitions between Levels of Care (Milestone 6)**			
7.1	**Metric trends**			
7.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.	X		
7.2	**Implementation update**			

| 7.2.1 | Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports. | | | **DY1Q4 (October 1, 2024 through December 31, 2024)** The State Certification Team continued work on the following P&P this quarter: P&P promoting and describing care coordination roles, responsibilities, and when possible, the development of formal agreements with community organizations and practitioners that document mutual care coordination roles and responsibilities. Care coordination agreements are required (or documented attempts) for: Emergency departments. Hospitals. Residential treatment admissions and discharges. Opioid treatment providers. Inpatient psychiatric programs. Medically monitored withdrawal management services. Residential or inpatient facilities that serve children and youth. **DY1Q3 (July 1, 2024 through September 30, 2024)** The State Certification Team worked on the following P&P this quarter: P&P promoting and describing care coordination roles, responsibilities, and when possible, the development of formal agreements with community organizations and practitioners that document mutual care coordination roles and responsibilities. Care coordination agreements are required (or documented attempts) for: Emergency departments. |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			- Hospitals. - Residential treatment admissions and discharges. - Opioid treatment providers. - Inpatient psychiatric programs. - Medically monitored withdrawal management services. - Residential or inpatient facilities that serve children and youth. **DY1Q1 (December 6, 2023 through March 31, 2024)** DMH contracts for Recovery Support Services providing care coordination, peer recovery coaching, spiritual counseling, group support, recovery housing and transportation before, during, and after SUD treatment, and in coordination with other SUD service providers. The State Certified Community Behavioral Health Organizations (CCBHOs) and Community Mental Health Center (CMHC) Healthcare Homes (HCHs) are required to participate in transition planning for individuals served and must have P&Ps that promote and describe care coordination roles and responsibilities.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6.			**DY1Q4 (October 1, 2024 through December 31, 2024)** The State Certification Team worked on the following P&Ps this quarter: • P&P addressing how care coordination follows up with individuals and families of children and youth who obtain an appointment from an external referral to a provider or resource, and confirming the appointment is kept. • P&P addressing when an individual is determined to need specialized behavioral health services or external services beyond the scope of programming at the CCBHC and how referrals are completed/tracked for necessary services. **DY1Q3 (July 1, 2024 through September 30, 2024)** The State Certification Team worked on the following P&Ps this quarter: • P&P addressing how care coordination follows up with individuals and families of children and youth who obtain an appointment from an external referral to a provider or resource, and confirming the appointment is kept. • P&P addressing when an individual is determined to need specialized behavioral health services or external services beyond the scope of programming at the CCBHC and how referrals are completed/tracked for necessary services.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**SUD health information technology (health IT)**			
8.1	**Metric trends**			
8.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SUD health IT metrics.	X		
8.2	**Implementation update**			
8.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
8.2.1.a	How health IT is being used to slow down the rate of growth of individuals identified with SUD			
8.2.1.b	How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.c	How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		
8.2.1.d	Other aspects of the state's plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.e	Other aspects of the state's health IT implementation milestones	X		
8.2.1.f	The timeline for achieving health IT implementation milestones	X		

| 8.2.1.g | Planned activities to increase use and functionality of the state's prescription drug monitoring program | | | **DY1Q4 (October 1, 2024 through December 31, 2024)**
The State's Prescription Drug Monitoring Program (PDMP) activated the following clinical alerts this quarter:
• Multiple Provider Episodes.
　o This is activated when a patient fills controlled substance prescriptions written by three or more prescribers and filled at three or more pharmacies within six months.
• Overlapping Opioid and Benzodiazepine Prescriptions.
　o This alert is sent when a patient has filled both opioid and benzodiazepine prescriptions that overlap at least one day.
• Daily Opioid Dosage.
　o This alert displays when a patient receives a cumulative daily opioid dosage greater than 90 Morphine Milligram Equivalents.

In November 2024, the State began a recertification process to ensure all accounts in the system were up to date and meet the requirements for access. This will be ongoing and easier with the new PR system.
Stats for 2024 include the following:
• Active Users — 21,552.
• System/Office Electronic Health Records. Integrations — 291.
• PDMP Requests — 2,785,869.
• Prescriptions Submitted — 11,441,952. |

8.2.2	The state expects to make other program changes that may affect SUD metrics related to health IT.			**DY1Q4 (October 1, 2024 through December 31, 2024)**
				
				The State continues to work on identifying and finalizing metrics for both the SUD and SMI/SED waiver. They have identified the following metric in response to the prompt below:
				
				• How is information technology being used to effectively monitor recovery supports and services for individuals with SUD?
				
				  o Number of approved precertification requests submitted online via CyberAccess for Complementary and Alternative Therapies for Pain Management Services (acupuncture, chiropractic, and physical therapy).
				
				DY1Q2 (April 1, 2024 through June 30, 2024)
				
				The State is in the process of finalizing the metrics for the waivers. The following metrics are being reviewed for consideration:
				
				SUD PDMP Health Information Technology (HIT) Reporting Metrics
				
				• How is information technology being used to slow down the rate of growth of individuals identified with SUD?
				
				  o Proposed Reporting Metric: Number of active users in PDMP system (annual metric).
				
				• How is information technology being used to effectively treat individuals identified with SUD?

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			○ Proposed Reporting Metrics: Number of opioid prescriptions in PDMP (annual metric).
			• How is information technology being used to effectively monitor recovery supports and services for individuals with SUD?
			○ The State continues to work on a metric related to individuals connected to alternative therapies for pain management.
			DY1Q1 (December 6, 2023 through March 31, 2024)
			The State has been working to determine the three HIT metrics for inclusion in the Monitoring Protocol and reporting in the quarterly reports.
9. **Other SUD-related metrics**			
9.1 **Metric trends**			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		
9.2 **Implementation update**			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.	X		

B. SMI/SED component

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.	X		
1.2	**Implementation update**			
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		*Milestone marked as met DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** The State will continue operation of current licensure and accreditation requirements.
	1.2.1.a The licensure or accreditation processes for participating hospitals and residential settings			
	1.2.1.b The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	X		*Milestone marked as met DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** The State will continue operation of current oversight process requirements.
	1.2.1.c The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	X		**DY1Q1 (December 6, 2023 through March 31, 2024)** *Information reported in DY1Q1 for this prompt have been moved to prompt 3.2.1.b, which tracks the State requirements/policies to improve access to a full continuum of care including crisis stabilization.*

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.d	The program integrity requirements and compliance assurance process	X		*Milestone marked as met DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** The State will continue operation of current program integrity and compliance assurance requirements.
1.2.1.e	The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	X		*Milestone marked as met in DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** The State updated the MO HealthNet Provider Manual on January 10, 2024, to require Psychiatric Hospitals to screen beneficiaries for co-morbid physical health, SUDs, and suicidal ideation.
1.2.1.f	Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings	X		
1.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	**Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)**			
2.1	**Metric trends**			
2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X		
2.2	**Implementation update**			
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		*Milestone marked as met DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** The State will continue to provide Hospital Care Transition management services and require CCBHOs and CMHC HCHs to participate in transition planning for their clients. The State will also work on continued performance improvement initiatives with managed care plans for aftercare following inpatient psychiatric admissions.
	2.2.1.a Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions			
	2.2.1.b Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers	X		*Milestone marked as met DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** Effective January 10, 2024, the State updated the MO HealthNet Hospital Provider Manual to require hospitals to assess housing situations and coordinate with housing services providers, when needed and available.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge	X		*Milestone marked as met DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** Effective January 10, 2024, the State updated the MO HealthNet Hospital Provider Manual to require hospitals to contact beneficiaries within 72 hours post discharge via the most effective means possible (e.g., email, text, or phone call).

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.d	Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)			**DY1Q4 (October 1, 2024 through December 31, 2024)** The activities discussed in DY1Q3 (July 1, 2024 through September 30, 2024) remain applicable during the current quarter. The Missouri Hospital Association has made progress with onboarding Royal Oaks and three hospitals within Acadia Healthcare, but there are no signed contracts as of yet. **DY1Q3 (July 1, 2024 through September 30, 2024)** Outreach efforts to onboard behavioral providers were active through this period with additional progress toward this milestone anticipated in the next two quarters. The onboarding efforts assisted providers in establishing Admission-discharge-transfer (ADT) connections to the Hospital Industry Data Institute (HIDI) Point of Care Solutions platform, which directly supports and benefits the launch of the Children's Division (CD) Initiative. The CD Initiative is an important development because it increases the value for psychiatric hospitals to participate in the system. **DY1Q1 (December 6, 2023 through March 31, 2024)** The State introduced point of care solutions to behavioral health providers and the Missouri Hospital Association Behavioral Health network. The State has outreached for onboarding to begin the next steps in this milestone.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.e Other state requirements/policies to improve care coordination and connections to community-based care)			**DY1Q4 (October 1, 2024 through December 31, 2024)** The Department of Social Services (DSS) Children's CD is piloting its Intensive Care Coordination-HOPE Navigators program. The goal of the program is to create a partnership with mental health advocates to develop a solution to improving coordination, access to care, and supporting CD team members through providing Intensive Care Coordination for children with severe and complex needs. The pilot began in December 2024 and will end in June 2025. There are currently four State counties participating in the pilot. **DY1Q3 (July 1, 2024 through September 30, 2024)** The State's DMH Certification Team requests the following policies that would be applicable here: • P&P addressing how care coordination follows up with individuals and families of children and youth who obtain an appointment from an external referral to a provider or resource, and confirming the appointment is kept.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)**			
3.1	**Metric trends**			
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.	X		
3.2	**Implementation update**			
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay	X		

| 3.2.1.b | Other state requirements/policies to improve access to a full continuum of care including crisis stabilization | | | **DY1Q4 (October 1, 2024 through December 31, 2024)** The Missouri Behavioral Health Council (MBHC) along with the DMH is working with Chorus Innovations for the MOConnect Project. The crisis response module for crisis calls and mobile crisis response recently completed the pilot phase for the crisis module (October 2024 through February 2025). Statewide rollout for remaining member agencies will take place in Q1 of 2025 with trainings and onboarding occurring in February and March. The current timeline has all agencies onboarded and using the system by April 2025. The team is also working on the Resource Navigation website tool that will be launched in March 2025. The bed registry and referral platforms are tentatively scheduled to launch in summer 2025.

 DY1Q3 (July 1, 2024 through September 30, 2024) The MBHC is working with a new MOConnect vendor, Chorus Innovations. A customized dispatch module was created and select crisis providers have begun the pilot phase of the project. MBHC is on track to roll out the crisis module statewide before the end of 2024 and then pilot and roll out the referral module and bed registry.

 MO HealthNet is researching adding intensive outpatient program (IOP) as a State Plan service. IOP is currently covered as an in-lieu of service by MO. HealthNet Division (MHD)-contracted health plans.

 DY1Q1 (December 6, 2023 through March 31, 2024) The MBHC is in the process of switching MOConnect vendors from Bamboo Health to Chorus Innovations. The MOConnect name will remain the same. MBHC is in a |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			research and pilot stage with three member providers. MBHC's current timeline is for the pilot to be completed in the fall of 2024. MBHC plans to roll out the crisis module statewide before the end of 2024, and then MBHC will pilot and roll out the referral module and bed registry. MBHC is beginning work on a resource navigator that will host all the different resources available for providers to find services for clients and for the public to access. *(Moved from 1.2.1.c, reported DY1Q1)* The Center for Health Care Strategies has completed their environmental scan and provided their report to the State. The State is reviewing the report and recommendations and is formulating next steps related to the behavioral health continuum of care for children and youth. The State continues to develop a plan and contract to invest $5 million in community setting grants to assist providers in transitioning business models and programs from residential based to community care settings.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.	X		**DY1Q2 (April 1, 2024 through June 30, 2024)** The State is currently in the research and planning stage for adding coverage for IOPs and partial hospitalization programs to the Medicaid State Plan.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)**			
4.1	**Metric trends**			
4.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.	X		
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)	X		*Milestone marked as met in DY1Q1.* **DY1Q1 (December 6, 2023 through March 31, 2024)** The State will continue to support the current employment programs in place.

| 4.2.1.b | Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment | | | **DY1Q4 (October 1, 2024 through December 31, 2024)** Centers for Medicare & Medicaid Services (CMS)-approved State Plan Amendment (SPA) 24–0010 with an effective date of April 30, 2024. The purpose of SPA 24–0010 was to update the fee schedule with procedure codes used to report psychiatric collaborative care management, general behavioral health integration, and interprofessional consultation.

DY1Q3 (July 1, 2024 through September 30, 2024) As of July 1, 2024, the Early Psychosis Care (EPC) Center assumed oversight of the Life Launch resource hub. Life Launch is a website aimed at enhancing mental health resources and support systems for young individuals navigating the critical transition into adulthood. Life Launch is dedicated to addressing and facilitating the essential aspects of this journey to adulthood and provides education on topics, such as life skills, behavioral health, and wellness for young people, caregivers, and professionals in a variety of settings.

The State submitted a Medicaid SPA to CMS to add coverage for psychiatric collaborative care management, general behavioral health integration, and interprofessional consultation. These services are designed to increase integration and coordination of care among primary care, behavioral health, and other specialist providers. The proposed effective date is April 30, 2024.

DY1Q2 (April 1, 2024 through June 30, 2024) The State submitted a Medicaid SPA to CMS to add coverage for psychiatric collaborative care management, |

general behavioral health integration, and interprofessional consultation. These services are designed to increase integration and coordination of care among primary care, behavioral health, and other specialist providers. The proposed effective date is April 30, 2024.

Currently, the Youth Advisory Council (YAC) is developing educational curriculum to inform on best practices when supporting an individual experiencing first episode psychosis (FEP). The EPC Center hosts an annual conference each year with presenters and audience members representing providers, professionals, individuals with lived experience, and family members.

DY1Q1 (December 6, 2023 through March 31, 2024)
The State has recently established the EPC Center, which is a partnership among DMH, the MBHC, and the Missouri Institute of Mental Health. EPC educates CCBHOs, CMHCs, and other community stakeholders on the importance of early identification of psychosis. EPC provides trainings on evidence-based practices, such as Coordinated Specialty Care services, including Individual Resiliency Training, and Cognitive Behavioral Therapy for psychosis. Along with other related resources and standardized tools, EPC provides training and consultation for CCBHOs/CMHCs on administering a standardized assessment for psychosis. The intent is to shorten the duration of untreated psychosis and support improved clinical and life outcomes for individuals experiencing psychosis.

In addition to providing outreach, education, trainings, and information on best practices to support FEP, the

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			State continues to engage people with lived experience so that their voices can provide first-hand experience for providers working to improve FEP and related services. For example, EPC has developed YAC with active participation of young adults, all with lived experience who desire to make a positive impact for others. Individuals on the YAC recently developed several short videos shown at the State's Children's Trauma Summit helping inform behavioral health providers about effective services for engaging youth and young adults.

| 4.2.1.c | Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED | | | **DY1Q4 (October 1, 2024 through December 31, 2024)**
Seven Behavioral Health Care Collaboratives (BHCCs) now serve adolescents. The BHCCs are located in:
• Poplar Bluff (serving ages 10 years old and older).
• St. Joseph (serving ages 5 years old and older).
• Raytown (serving ages 5 years old and older).
• Joplin (serving ages 16 years old and older).
• Bridgeton (serving ages 5 years old and older).
• St. Peters (serving ages 5 years old through 17 years old).
• Kirksville (serving ages 5 years old and older).

DY1Q3 (July 1, 2024 through September 30, 2024)
Six BHCCs now serve adolescents. The BHCCs are located in:
• Poplar Bluff (serving ages 10 years old and older).
• St. Joseph (serving ages 5 years old and older).
• Raytown (serving ages 5 years old and older).
• Joplin (serving ages 16 years old and older).
• Bridgeton (serving ages 5 years old and older).
• St. Peters (serving ages 5 years old through 17 years old).

BHCCs help divert individuals who come to the attention of law enforcement away from jails or hospitals and into behavioral health treatment services. BHCCs employ multidisciplinary treatment teams that are trauma informed and able to triage, assess, stabilize, and provide immediate resources to individuals in crisis. |

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
				DY1Q1 (December 6, 2023 through March 31, 2024) Five BHCCs serve adolescents. Those BHCCs are located in Poplar Bluff, St. Joseph, Raytown, Joplin, and Bridgeton. Three additional BHCCs are in the planning stages to serve youth and will be located in St. Peters, City of St. Louis, and Raytown.
4.2.1.d	Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	X		
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.			**DY1Q4 (October 1, 2024 through December 31, 2024)** MHD worked on expanding screening for depression for participants ages 12 years old and older. In early 2025, MHD expects to implement coverage for procedure codes: G8431 (Screening for Depression is documented as being positive and a follow-up plan is documented) and G8510 (Screening for Depression is documented as negative and a follow-up plan is not required).

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.	**SMI/SED health information technology (health IT)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SMI/SED health IT metrics.	X		
5.2	**Implementation update**			

5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:
	
	5.2.1.a The three statements of assurance made in the state's health IT plan
		X		**DY1Q3 (July 1, 2024 through September 30, 2024)**
				The PDMP is working with the vendor (Bamboo Health) to implement a license verification system with Professional Registration. This will allow easier application/verification of providers attempting to access the State PDMP. The Joint Oversight Task Force (JOTF) has also agreed to amend the registration rule to allow Licensed Clinical Social Workers to access the State PDMP at the delegate level. The JOTF is also anticipating a request from DMH to allow other licensed health care professionals the ability to access the PDMP.
				
				DY1Q2 (April 1, 2024 through June 30, 2024)
				The State is in the process of finalizing the metrics for the waivers. The following metrics are being reviewed for consideration:
				
				SMI/SED Key HIT Questions
				• How is information technology being used to identify individuals with SMI/SED?
				    o The State continues to work on identifying an appropriate metric for this question.
				• How is information technology being used to effectively treat individuals with SMI/SED?
				    o Proposed Reporting Metrics: Mental health treatment penetration rate: percentage of Medicaid beneficiaries, ages six years old and older, with a mental health service need identified within the past two years who received at least one qualifying service during the measurement year.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			• How is information technology being used to effectively monitor recovery supports and services for individuals with SMI/SED? o The State continues to work on identifying an appropriate metric for this question.
5.2.1.b Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community-based supports	X		
5.2.1.c Electronic care plans and medical records	X		
5.2.1.d Individual consent being electronically captured and made accessible to patients and all members of the care team	X		
5.2.1.e Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem	X		**DY1Q1 (December 6, 2023 through March 31, 2024)** Quality improvement projects with four State Health Information Networks are underway as part of the Health Data Utility Planning and Outreach Project.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.f Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care	X		**DY1Q3 (July 1, 2024 through September 30, 2024)** As noted above, outreach efforts to onboard behavioral health providers were active through this period with additional progress toward this milestone anticipated in the next two quarters. The onboarding efforts assisted providers in establishing ADT connections to the HIDI Point of Care Solutions platform, which directly supports and benefits the launch of the State DSS — CD Initiative contract. The CD Initiative is an important development because it increases the value for psychiatric hospitals to participate in the system. The kick-off is planned for early October 2024. The State is currently developing the portal for go-live and conducting testing, with an anticipated go-live date of December 2, 2024. **DY1Q1 (December 6, 2023 through March 31, 2024)** The State's telemedicine policies are already aligned with the telemedicine policies that were implemented during Coronavirus Disease 2019 (COVID-19). The State's telemedicine policies allow covered services to occur via telehealth as long as the same standard of care is met as for in-person services.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.g Alerting/analytics			**DY1Q4 (October 1, 2024 through December 31, 2024)** The State DSS CD contract to use the ADT platform was finalized in December 2024. CD-assigned supervisors completed training and are receiving real-time alerts when foster care children enter a connected hospital. CD has over 1,000 employees who will be trained by next quarter. **DY1Q2 (April 1, 2024 through June 30, 2024)** The State DSS-CD is finalizing the contract to use the ADT platform, which will assist the State's tracking of foster care children entering the hospital system, many of whom enter because of behavioral or mental health crises. **DY1Q1 (December 6, 2023 through March 31, 2024)** Missouri Care Coordination Insights Project is complete. The Point of Care solution at Missouri Hospital Association is fully operational for alerting and analytics.
5.2.1.h Identity management	X		**DY1Q1 (December 6, 2023 through March 31, 2024)** Missouri Care Coordination Insights Project is complete. The Point of Care solution at Missouri Hospital Association is fully operational and includes Master Patient Index Solution.
5.2.2 The state expects to make other program changes that may affect SMI/SED metrics related to health IT.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Other SMI/SED-related metrics**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SMI/SED-related metrics.	X		
6.2	**Implementation update**			
6.2.1	The state expects to make the following program changes that may affect other SMI/SED-related metrics.	X		
7.	**Annual Assessment of Availability of Mental Health Services (Annual Availability Assessment)**			
7.1	**Description of changes to baseline conditions and practices**			
7.1.1	Describe and explain any changes in the mental health service needs of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services (for example, prevalence and distribution of SMI/SED). Recommended word count is 500 words or less.	X		
7.1.2	Describe and explain any changes to the organization of the state's Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.3	Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of the Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less.	X		
7.1.4	Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Annual Availability Assessment compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.			**DY1Q4 (October 1, 2024 through December 31, 2024)** The State has begun working on the annual availability assessment, however, is waiting to receive an unlocked version of the annual availability assessment.
7.1.5	Describe and explain whether any changes in the availability of mental health services have impacted the state's maintenance of effort (MOE) on funding outpatient community-based mental health services. Recommended word count is 500 words or less.			**DY1Q4 (October 1, 2024 through December 31, 2024)** The Children's Division has been working to increase capacity for treatment foster care.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2	**Implementation update**			
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 7.2.1.a The state's strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability			**DY1Q4 (October 1, 2024 through December 31, 2024)** The annual assessment of availability of mental health service report is in progress. The State has requested an unlocked annual availability evaluation template from CMS and is awaiting a response. **DY1Q3 (July 1, 2024 through September 30, 2024)** The annual assessment of availability of mental health service report is in progress. The State has requested an unlocked annual availability evaluation template from CMS and is awaiting a response.
	7.2.1.b Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	X		**DY1Q1 (December 6, 2023 through March 31, 2024)** The State has decided to move in a different direction outside of the MOConnect program. The admission, discharge, and transfer data portal will be used instead. Additional updates are underway.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**Maintenance of effort (MOE) on funding outpatient community-based mental health services**			
8.1	**MOE dollar amount**			
8.1.1	Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year.	X		
8.2	**Narrative information**			
8.2.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9. SMI/SED financing plan			
9.1 Implementation update			

9.1.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:
	
	 9.1.1.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders
			DY1Q4 (October 1, 2024 through December 31, 2024)
			 Mobile Crisis Response services offer community response to help individuals in crisis. The mobile response can meet the person where they are in the community to help them through their crisis. The person may also be connected to services or additional resources. Mobile crisis response is available across the state, provided by CCBHOs, is provided at no cost to the individual, and the service is available at 24/7.
			
			 There is also a pilot to enhance the competence of mobile crisis teams to address the child and family. Three trainings are offered live: motivational interviewing, non-crisis intervention, and Saint Louis Queer Support & Healing. Additional required and strongly recommended training topics for pilot agencies include:
			
			 • Required Training Topics:
			     o Developmental tasks of children and adolescents.
			     o Child and youth engagement and motivational interviewing.
			     o Family relationships.
			     o Youth substance use.
			     o Child traumatic stress, trauma-informed care.
			     o Child abuse and reporting laws.
			     o Consent and confidentiality in the State when working with youth.
			     o Assessing violence risk, including training on aggression; using appropriate suicide assessment tools.
			 • Strongly Recommended Training Topics:

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			o Navigating the foster care system/CD education.
			o Lesbian, gay, bisexual, transgender and queer youth.
			o Youth with IDD.
			o Positive behavior supports.
			o Domestic violence and intimate partner violence.
			o Adolescent Screening, Brief Intervention, and Referral to Treatment.
			o De-escalation for youth.
			o Juvenile justice/civil commitment overview.
			Crisis Intervention Team
			The State Crisis Intervention Team (CIT) program is a partnership that includes law enforcement, behavioral health providers, hospitals, the court system, individuals with lived experience and community partners who are dedicated to implementing the State Model of CIT. The goals of CIT are to promote more effective interactions between law enforcement and individuals in crisis through a 40-hour training centered on behavioral health education and de-escalation skills, help individuals in crisis by connecting them with appropriate community resources in an effort to divert involvement with the criminal justice system, improve the safety of the officer and individuals in crisis, reduce stigma, and expand CIT across the state.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1.b	Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model			**DY1Q4 (October 1, 2024 through December 31, 2024)** Treatment Foster Care (TFC) Capacity Building Contracts were executed in late December 2024, and the DSS CD has been disbursing the upfront funding for recruitment and expansion of TFC services throughout the State. One new TFC agency will start providing services soon and will be serving almost the entire state. A couple other agencies are also looking at pursuing TFC contracts. **DY1Q2 (April 1, 2024 through June 30, 2024)** The State is in the final stages of development and review of a contract with the Procurement Unit for $5 million TFC Capacity Building funding grants. The TFC Agencies will have funding immediately to use for TFC-specific recruitment and expansion of TFC services in underserved regions of the State. **DY1Q1 (December 6, 2023 through March 31, 2024)** The State continues to develop a plan and contract to invest $5 million in community setting grants to assist providers in transitioning business models and programs from residential-based to community-based care settings.

4. Narrative information on other reporting topics applicable to both SUD and SMI/SED components

Prompts	State has no update to report (place an X)	State response
10. **Budget neutrality**		
10.1 **Current status and analysis**		
10.1.1 Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SUD and SMI/SED components are part of a broader demonstration, the state should provide an analysis of the SUD- and SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole.		**DY1Q4 (October 1, 2024 through December 31, 2024)** The State requested CMS to provide an updated budget neutrality (BN) template in DY1Q1 that reflects CYs to align with the approved reporting timeframe. The State cannot work on this deliverable until the updated template is provided. **DY1Q3 (July 1, 2024 through September 30, 2024)** The State requested CMS provide an updated BN template in DY1Q1 that reflects CYs to align with the approved reporting timeframe and cannot work on this deliverable until the updated template is provided. **DY1Q2 (April 1, 2024 through June 30, 2024)** The State requested an updated BN template from CMS. The updated BN template will reflect CYs to align with the reporting timeframe approved in the Special Terms and Conditions (STCs). CMS reported that the State will receive an updated report by the end of July 2024. **DY1Q1 (December 6, 2023 through March 31, 2024)** The BN template provided by CMS is set on a federal fiscal year, and the State has requested the template reflect CYs to align with the reporting timeframe approved in the STCs. In addition, the State has not yet reported demonstration costs on the CMS-64. Once costs are reported on the CMS-64, and the State receives an updated and corrected BN template, the State will submit the completed BN template.

Prompts	State has no update to report (place an X)	State response
10.2 **Implementation update**		
10.2.1 The state expects to make other program changes that may affect budget neutrality.	X	

Prompts	State has no update to report (place an X)	State response
11. **SUD- and SMI/SED-related demonstration operations and policy**		
11.1 **Considerations**		
11.1.1 The state should highlight significant SUD and SMI/SED (or if broader demonstration, then SUD- and SMI/SED-related) demonstration components' operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD and SMI/SED demonstration components approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.	X	
11.2 **Implementation update**		
11.2.1 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities.	X	

Prompts	State has no update to report (place an X)	State response
11.2.2 The state is working on other initiatives related to SUD, OUD and/or SMI/SED.		**DY1Q4 (October 1, 2024 through December 31, 2024)** The State anticipates the adoption of the ASAM fourth edition and is currently exploring implementation plans. In addition, the State continues to work on the bed registry and ensuring the design elements meet provider needs. The State began participating in a Maternal Health Affinity Group focused on SUDs with CMS and Mathematica during this quarter. Stakeholders include the MO HealthNet, Managed Care Plans, and CSTAR providers.
11.2.3 The initiatives described above are related to the SUD and/or SMI/SED demonstration components. (The state should note similarities and differences from the SUD and SMI/SED demonstration components).		**DY1Q4 (October 1, 2024 through December 31, 2024)** The State anticipates the adoption of the ASAM fourth edition and is currently exploring implementation plans. In addition, the State continues to work on the bed registry and ensuring the design elements meet provider needs.
11.2.4 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.4.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		**DY1Q4 (October 1, 2024 through December 31, 2024)** During this quarter, the State was in the planning stage of removing prior authorization requirements for outpatient psychotherapy services in the fee-for-service delivery system. The goal of this change is to reduce administrative burden for providers and to facilitate timely access to services for participants.
11.2.4.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)		**DY1Q4 (October 1, 2024 through December 31, 2024)** A new decision item was proposed for the State budget to secure funding to implement community health workers as additional staff for the primary care health home program.
11.2.4.c Partners involved in service delivery	X	

Prompts	State has no update to report (place an X)	State response
11.2.4.d **_SMI/SED-specific:_** The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency	X	

Prompts	State has no update to report (place an X)	State response
12. **SUD and SMI/SED demonstration evaluation update**		
12.1 **Narrative information**		
12.1.1 Provide updates on SUD and SMI/SED evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual reports. See Monitoring Report Instructions for more details.		**DY1Q4 (October 1, 2024 through December 31, 2024)** The State received notification that CMS approved the Evaluation Design on December 9, 2024. **DY1Q3 (July 1, 2024 through September 30, 2024)** The State received feedback and comments from CMS about the Evaluation Design. The State addressed CMS's feedback and uploaded a revised Evaluation Design to the Performance Management Database and Analytics (PMDA) portal on September 18, 2024. Due to CMS delays in providing an updated monitoring protocol template, the State has not been able to develop a monitoring protocol to date and is waiting for revised templates from CMS or alternative guidance. **DY1Q2 (April 1, 2024 through June 30, 2024)** The State submitted the Evaluation Design to CMS for review and approval on May 31, 2024.

12.1.2	Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.		**DY1Q4 (October 1, 2024 through December 31, 2024)** The State is still awaiting an updated BN template that reflects CYs to align with the reporting timeframe approved in the STCs. Due to this, the state is unable to complete the quarterly BN deliverable. **DY1Q3 (July 1, 2024 through September 30, 2024)** The State has informed CMS of their concern that, due to the on-going CMS delay in providing updated monitoring protocol documents, the Mid-point Assessment could be impacted, as the State will likely not have data for the first two and a half years of the demonstration due to lack of an approved monitoring protocol. The State has brought this concern up during meetings with CMS (October 29, 2024) and via email and is awaiting CMS guidance. Also, the State requested an updated BN template that reflects CYs to align with the reporting timeframe approved in the STCs but has not yet received the updated template from CMS. Therefore, the State cannot complete the quarterly BN deliverable. **DY1Q2 (April 1, 2024 through June 30, 2024)** • Mid-Point Assessment due date: The STCs contains an incorrect Mid-Point Assessment due date of 60 days after April 1, 2025. CMS agreed this date was incorrect and should be updated to December 6, 2026, to align with the due date in the PMDA System, which allows the State to account for claims runout and completeness. CMS and the State agreed to move forward with the December 6, 2026, due date for the Mid-Point Assessment. • BN DY1Q1: The State requested an extension for the BN DY1Q1 reports, and CMS approved this extension. The State requested an updated BN template that reflects CYs to align with the reporting timeframe approved in the STCs. CMS reported that the State will receive an updated report by the end of July 2024.

Prompts	State has no update to report (place an X)	State response
		• Interim Evaluation Report: The State believes the date for the draft Interim Evaluation Report is wrong in the STCs. The State STCs currently indicate the Interim Evaluation Report is due no later than December 31, 2028, or with an extension application. The demonstration expires on December 31, 2028. The State believes the due date for the Interim Evaluation Report should be December 31, 2027. **DY1Q1 (December 6, 2023 through March 31, 2024)** The State anticipates experiencing a barrier to submitting the BN template to CMS by June 30, 2024. The BN template provided by CMS is set on a federal fiscal year, and the State has requested the template to reflect CYs to align with the reporting timeframe approved in the STCs. Upon receipt of a corrected BN template, the State will coordinate with CMS to determine an updated timeline for BN submission.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	X	

Prompts	State has no update to report (place an X)	State response
13. **Other demonstration reporting**		
13.1 **General reporting requirements**		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.		**DY1Q4 (October 1, 2024 through December 31, 2024)** On November 21, 2024, the State sent CMS an STC document with various issues identified that needed to be revised/corrected. **DY1Q2 (April 1, 2024 through June 30, 2024)** The State is working on reviewing STCs and identifying additional potential edits to be submitted to CMS. **DY1Q1 (December 6, 2023 through March 31, 2024)** The State has requested that any language related to Qualified Residential Treatment Programs be removed from the Implementation Plan and STC documents.
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	**DY1Q3 (July 1, 2024 through September 30, 2024)** The State continues to closely review the STCs and determine whether additional requirements will need amending due to the delay in being issued and developing a monitoring protocol. The State has informed CMS via email and in monthly meetings of potential amendments as they are identified.

Prompts	State has no update to report (place an X)	State response
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	**DY1Q3 (July 1, 2024 through September 30, 2024)** The State requested an extended due date for the SUD Monitoring Metrics #26 Overdose Deaths (count) and #27 Overdose Deaths (rate). These annual metrics are due 90 days following the end of DY1Q4. However, the overdose data will not be available for a given CY until after DY2Q1 of the following year. To allow time to gather the data and report accurately, the State requested these metrics be due 180 days after the end of DY1Q4 (or July 1, 2025). The State is awaiting feedback from CMS. **DY1Q1 (December 6, 2023 through March 31, 2024)** The State requested and was approved by CMS to submit quarterly/annual reports 90 days following the quarter end and has received confirmation of this modification via CMS's approval of the State's acceptance letter.
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified current or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	**DY1Q3 (July 1, 2024 through September 30, 2024)** Due to CMS delays in providing an updated monitoring protocol template, the State has been unable to work on this deliverable and has been unable to begin collecting data metrics. There is concern that this will have a direct impact on the current Mid-point Assessment deliverable date. The State has informed CMS of this concern during meetings, as well as via email and is awaiting guidance. Also, the State requested an updated BN template that reflects CYs to align with the reporting timeframe approved in the STCs but has not yet received the updated template from CMS. Therefore, the State cannot complete the quarterly BN deliverable.

Prompts	State has no update to report (place an X)	State response
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	X	
13.2 **Post-award public forum**		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.	X	**DY1Q2 (April 1, 2024 through June 30, 2024)** The post-award public forum was held on May 30, 2024. During the forum, the State discussed the objectives of the SUD/SMI waivers, milestones, implementation plan, and timeline. One participant attended the forum and engaged the State with questions related to housing resources. The participant was a provider affiliated with a facility that provides services to Medicaid participants with SUD. The State followed up with the provider and offered technical assistance and information. The provider discussed in detail the need for technical support for housing resources. DMH offered technical assistance and information to the provider. **DY1Q1 (December 6, 2023 through March 31, 2024)** The State scheduled the first post-award public forum on May 30, 2024.

Prompts	State has no update to report (place an X)	State response
14. **Notable state achievements and/or innovations**		
14.1 **Narrative information**		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD and SMI/SED (or if broader demonstration, then SUD- or SMI/SED-related) demonstration components or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms (e.g., number of impacted beneficiaries).	X	

*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

SUD measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] and SMI/SED measures MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

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