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	*January 1, 2025 through March 31, 2025*
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	*DY2Q1 (January 1, 2025 through March 31, 2025)*

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	DY2Q1 (January 1, 2025 through March 31, 2025)

[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.

Enter the executive summary text here.

The State continues to identify ways to support both mental health and substance use providers in adopting and adhering to best practices in their respective fields. The Billing and Service Review continues to monitor SUD provider alignment with the American Society of Addiction Medicine (ASAM) criteria, and updates to the Comprehensive Substance Treatment and Rehabilitation (CSTAR) manual will ensure that policy guidance aligns with best practices. The State expanded access to naloxone by leveraging opioid settlement funding to distribute naloxone to first responders and stock vending machines.

Beneficiaries with SUD and mental health (MH) needs should benefit from upgrades to MOConnect, which will function as a point in time bed registry that will support providers and managed care organizations in identifying and placing beneficiaries in need of residential or inpatient care.

The State added a third coordinated specialty care team that has been trained in the NAVIGATE model and has begun work to add another Behavioral Health Crisis Center focused on serving beneficiaries ages 10 years and older. Coverage for depression screening Healthcare Common Procedure Coding System codes in beneficiaries ages 12 years and older was added for fee-for-service effective January 1, 2025, and will become effective in managed care as of October 1, 2025.

The State has expanded Prescription Drug Monitoring Program (PDMP) users by granting delegate-level access to psychologists and is researching adding professional counselors, licensed master social workers, and marital and family therapists.

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:			**DY2Q1 (January 1, 2025 through March 31, 2025)** Providers continue to receive technical assistance on meeting expectations via annual billing and service reviews and through certification reviews**.**
	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)			
	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		
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			**DY2Q1 (January 1, 2025 through March 31, 2025)** Providers continue to receive technical assistance on meeting expectations via annual billing and service reviews and through certification reviews**.**
	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			**DY2Q1 (January 1, 2025 through March 31, 2025)** Providers continue to receive technical assistance on meeting expectations via annual billing and service reviews and through certification reviews**.**
3.2.2	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
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 met in DY1Q1.*
4.2.1.b Review process for residential treatment providers' compliance with qualifications.	X		
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.			**DY2Q1 (January 1, 2025 through March 31, 2025)** The State has begun updating the CSTAR manual and will retire the previous/current CSTAR manual effective July 1, 2025.

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.			**DY2Q1 (January 1, 2025 through March 31, 2025)** The directory layout is complete. Data integrity cleanup is ongoing and the directory will be made available when this is complete.
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:	X		*Milestone met in DY1Q1.*
	6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			
	6.2.1.b Expansion of coverage for and access to naloxone	X		*Milestone met in DY1Q1.*
6.2.2	The state expects to make other program changes that may affect metrics related to Milestone 5.			**DY2Q1 (January 1, 2025 through March 31, 2025)** Additional naloxone became available for distribution through opioid settlement funding focusing on first responders and vending machines.

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.	X		
7.2.2	The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

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:			**DY2Q1 (January 1, 2025 through March 31, 2025)**
	8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD			The Joint Oversight Task Force voted to move forward with the addition of psychologists as delegate-level users of the PDMP. The request to add professional counselors, licensed master social workers and marital and family therapists was tabled until more research can be done.

A proposed amendment to the rule was submitted to legal, and the PDMP team was able to add the psychologists to that process. At this point, there is no deadline for when the amended rule may be final.

The State is in the process of negotiating enhancements to the PDMP with the vendor. During this quarter, functionality was expanded to include adding, altering, and removing alerts. |
| | 8.2.1.b How health IT is being used to treat effectively individuals identified with SUD | X | | |

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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			**DY2Q1 (January 1, 2025 through March 31, 2025)** The State has begun to explore upgrading MOConnect to function as a point in time bed registry, which would allow providers to pull current bed availability and help transition individuals.
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	X		
8.2.2	The state expects to make other program changes that may affect SUD metrics related to health IT.	X		
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 met in DY1Q1.*
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 met in DY1Q1.*
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		
1.2.1.d	The program integrity requirements and compliance assurance process	X		*Milestone met in DY1Q1.*

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		
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.			**DY2Q1 (January 1, 2025 through March 31, 2025)** The State implemented a post payment audit for Psychiatric Residential Treatment Facilities during this quarter.

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 met in DY1Q1.*
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 met in DY1Q1.*
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 met in DY1Q1.*

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)	X		
2.2.1.e	Other state requirements/policies to improve care coordination and connections to community-based care)	X		
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:	X		
	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			
	3.2.1.b Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	X		
3.2.2	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
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:	X		*Milestone met in DY1Q1.*
	4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			
	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			**DY2Q1 (January 1, 2025 through March 31, 2025)** The Primary Care Health Home initiative continues to deliver integrated behavioral health and primary care throughout the State and continues to expand through natural growth.

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	**DY2Q1 (January 1, 2025 through March 31, 2025)** The State trained the third Coordinated Specialty Care (CSC) team (Clubhouse Model in St. Louis) in NAVIGATE. NAVIGATE is a Substance Abuse and Mental Health Services Administration and DMH endorsed CSC model. Missouri's Early Psychosis Care Center (EPC) provided monthly Psychosis 101, Assessment 101, and Assessment 101b trainings. EPC's Youth Advisory Council (YAC) developed and distributed a Holiday Resource Guide – How to Hurdle the Holidays. EPC participated in the Department of Mental Health (DMH) in-service training for Schizophrenia Spectrum Disorders in Missouri — Understand Prevalence/Support Best Practice. LifeLaunch is a website designed to support adolescents and young adults as they transition to adulthood. LifeLaunch not only creates a community where adolescents can share their experience, they can also access resources addressing wellness, life skills, find resources for crisis support as well as education, employment, housing, finances, transportation, nutrition, well-being, pet support, and legal support. There is also a section for professionals supporting older youth and young adults through their transition to adulthood. This section includes information on early psychosis care in Missouri, peer support, substance use, where to find Narcan in Missouri, life skills, and much more. EPC

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			presents and promotes LifeLaunch and Early Psychosis Care at various conferences across Missouri. These conferences have included, but are not limited to, the Division of Youth Services Annual Conference, First Annual Peer Summit, NAMI Missouri Mental Health Conference, and MO Substance Use Prevention Conference DMH anticipates an additional Behavioral Health Crisis Center (BHCC) opening in fall of 2025 in Kennett that will serve ages ten years and older, which will bring the total to eight BHCCs that serve young people.

| 4.2.1.d | Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people | | | **DY2Q1 (January 1, 2025 through March 31, 2025)**
Effective for dates of service on or after January 1, 2025 for Fee For Service participants and on or after October 1, 2025 for participants in a Managed Care Plan, the MO HealthNet Division (MHD) will accept the following procedure codes for depression screening for participants ages 12 and older.
• G8431: Screening for Depression is documented as being positive and follow-up plan is documented.
• G8510: Screening for Depression is documented as negative, a follow-up plan is not required.
Providers must use an age-appropriate, standardized, and validated depression screening tool and document results as positive or negative in the participant's medical record. The participant's medical record must also include the name of the age-appropriate standardized depression screening tool utilized.
Documented follow-up for a positive depression screening must include one or more of the following:
• Referral to a practitioner who is qualified to diagnose and treat depression.
• Psychotherapy and/or pharmacological interventions.
• Other interventions or follow-up for the diagnosis or treatment of depression.
If a depression screen is positive, a clinician should opt to complete a suicide risk assessment when appropriate and based on individual patient characteristics. However, a suicide risk assessment or additional screening using a standardized tool is not sufficient to qualify as a follow-up plan.
MO HealthNet is working on policy development related to primary care visits for children and youth during the |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			first 72 hours and 30 days of entering foster care in order to improve the ability to track and incentive these visits and promote early identification of health care needs. MHD anticipates implementing this in the specialty plan managed care contract on October 1, 2025.
4.2.2 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
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			**DY2Q1 (January 01, 2025 through March 31, 2025)** The Joint Oversight Task Force voted to move forward with the addition of psychologists as delegate-level users of the PDMP. The other positions (professional counselor, licensed master social worker, and marital and family therapists) were tabled until more research can be done. A proposed amendment to the rule was submitted to legal, and the PDMP team was able to add the psychologists to that process. At this point, there is no deadline for when the amended rule may be final.
	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			**DY2Q1 (January 01, 2025 through March 31, 2025)** The MO HealthNet Division updated the MCO contract to include a requirement for the MCOs to submit annual SMI/SED electronic care plan access reports. This will go into effect on October 1, 2025.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
5.2.1.d Individual consent being electronically captured and made accessible to patients and all members of the care team	X		*Milestone marked as met on the Implementation Plan.*
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		
5.2.1.f Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care			**DY2Q1 (January 01, 2025 through March 31, 2025)** The Rural Citizens Access to Telehealth (RCAT) project is ongoing. The RCAT project is a partnership between the Missouri Telehealth Network and the Department of Social Services, MO HealthNet Division. They will provide funding, education, and training opportunities to eligible partners to introduce or enhance existing telehealth services for rural providers accepting Medicaid patients. The aims of the program include: Increase Access - Reduce barriers to care, such as time and distance Better Outcomes - Patients receive consistent, timely, appropriate care Patient Recruitment and Retention - Increase patient volume while maintaining existing patients
5.2.1.g Alerting/analytics	X		
5.2.1.h Identity management	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.			**DY2Q1 (January 1, 2025 through March 31, 2025)** Maryland Heights Center for Behavioral Health is a psychiatric hospital that recently added four new beds.

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.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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.			**DY2Q1 (January 1, 2025 through March 31, 2025)** All initial funding for the Treatment Foster Care (TFC) Capacity Building Grant has been paid out to each of the eight agencies. The Children's Division (CD) has been reimbursing training for some of the agencies and has started to receive invoices for the Outcomes Based Grants. On a recent Stakeholder Survey, the TFC program got two specific positive comments from resource providers. MO Alliance is still transitioning their homes to TFC and working on internal structure. MO Alliance is open to some possible relative referrals at this time, but is not yet at the point to take outside referrals. MO Alliance has had some youth admitted to inpatient, and they have been using the reporting forms to show when the youth are out of placement. CD has been in discussion with Faith Foundation, and they are working on becoming a TFC Agency. They are a residential facility with a focus on relative TFC for the youth who transition out of their residential program for the purpose of strengthening and encouraging permanency in family homes after discharge. Faith Foundation has been working on the contractual components and has been in contact with CD regularly.

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			**DY2Q1 (January 1, 2025 through March 31, 2025)** The State received an updated annual assessment of the availability of mental health services template from CMS. The assessment is in progress towards completion and submission for June 30, 2025.
	7.2.1.b Strategies to improve state tracking of availability of inpatient and crisis stabilization beds			**DY2Q1 (January 1, 2025 through March 31, 2025)** The State has begun to explore upgrading MOConnect to function as a point in time bed registry, which will allow providers to pull current bed availability and help transition individuals.

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:	X		
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			
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			**DY2Q1 (January 01, 2025 through March 31, 2025)** The Missouri Alliance enrolled to become a TFC Agency. TFC Capacity Building Contract was signed by eight TFC Agencies in Missouri. Missouri Alliance is the newest TFC agency to come on board, and MO will continue to reach out to other child placing agencies who might be interested in developing this program. Missouri Alliance is currently serving 40 of 46 judicial circuits in the state. There has been a 7% increase in the number of youth receiving TFC statewide during this quarter.

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.		**DY2Q1 (January 01, 2025 through March 31, 2025)** The State is still awaiting a corrected Budget Neutrality Excel template from CMS as of March 31, 2025. Given this, the State will need to request an extension for the quarterly Budget Neutrality Report.
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.		**DY2Q1 (January 1, 2025 through March 31, 2025)** The State prepared to meet with psychiatric hospital IMDs providing care to individuals with SU to provide training related to ASAM 4th Edition Level 4 criteria in order to ensure compliance with ASAM and the 1115 SUD demonstration special terms and conditions. The meeting has been scheduled for April 25, 2025.
11.2.2 The state is working on other initiatives related to SUD, OUD and/or SMI/SED.	X	

Prompts	State has no update to report (place an X)	State response
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).	X	
11.2.4 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
11.2.4.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)		
11.2.4.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)		**DY2Q1 (January 1, 2025 through March 31, 2025)** The State is working on amending the Primary Care Health Home State Plan Amendment to create additional flexibility in the model due to workforce issues.
11.2.4.c Partners involved in service delivery	X	
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.		**DY2Q1 (January 1, 2025 through March 31, 2025)** The State continues to work on the Monitoring Protocol Part A and Part B and will submit to CMS for review and feedback prior to the May 2025 deadline.
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.	X	
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.		**DY2Q1 (January 1, 2025 through March 31, 2025)** The State has requested updated STCs that reflect changes discussed during meetings with CMS that include an update to the per member per months in budget neutrality to align with the current demonstration years.
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	
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		**DY2Q1 (January 1, 2025 through March 31, 2025)** CMS has indicated agreement with extending the due date for OUD death data to 180 days after the end of Quarter 4.
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	
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	

Prompts	State has no update to report (place an X)	State response
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.		**DY2Q1 (January 1, 2025 through March 31, 2025)** The annual public forum will be scheduled for May 30, 2025. A summary and any resulting action items or issues discussed during the forum will be posted in the DY2Q2 report.

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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