Missouri Department of Mental Health
DIVISION OF DEVELOPMENTAL DISABILITIES

All Provider Updates

September 18, 2026

Missouri Department of Mental Health
DIVISION OF DEVELOPMENTAL DISABILITIES

Agenda

- Carrie Williams
  - Bureau of Special Health Care Needs
  - DHSS Referrals & Managed Care Reminder
  - MOVERS
  - CRD Updates
- Dr. Kaufman
  - HAC updates
- Kim Buckman
  - Benefits Planning
- Dr. Tim Weil
  - ABA Service Updates
- Leslie DeGroat
  - Mortality Review Process
- Jade Byrd & Elizabeth Giboney
  - DD Health Home
- James Newman & Nici Hayes
  - Due Process Updates
- Tricia Parker
  - HRST
- Holly Reiff
  - MO Health Net News
  - Remote Support & AT Codes
  - Technology Summit
  - AI reminders

Missouri Department of Mental Health
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Bureau of Special Health Care Needs Program Name Changes

- Effective July 1, 2026, the Department of Health and Senior Services (DHSS), Bureau of Special Health Care Needs (BSHCN) is renaming two of its programs.
- Healthy Children and Youth (HCY) Program is now Medically Complex Children and Youth (MCCY) Program
- Medically Fragile Adult Waiver (MFAW) is now Medically Complex Adult Waiver (MCAW)
- Programmatic name changes only.
- 20260728-Bureau-of-Special-Health-Care-Needs-Program-Name-Changes-49-07.docx

DHSS Referrals and Managed Care Reminders

- DHSS is reporting receiving referrals from our Support Coordinators on people who have Managed Care.
- Individuals receiving Managed Care are not eligible for DHSS services.
- Referrals for individuals receiving Managed Care go directly to their Managed Care company.

MissouriBUYS powered by MOVERS

Missouri is in the process of moving to a new electronic system for purchasing, payments and other tasks.

All entities that wish to receive payments from the state of Missouri (including DMH) must be fully registered in MissouriBUYS, powered by MOVERS.

MissouriBUYS powered by MOVERS is different than the former MissouriBUYS (WebProcure by Proactis).

You can register at MissouriBUYS powered by MOVERS Registration.

Registration can take 3 months or longer to complete.

For more information, email MissouriBUYS@mo.gov.

CRD Updates

- **The CRD is getting updates!**
  - **Due to go live 10/22**
  - **The CRD will be down the afternoon of 10/21**
  - **Tier 2 will have office hours and training available**
  - **FileBound process for Referrals also coming soon**
- Changes include:
  - Most* Unhandled errors fixed
  - Easier to turn on and off notifications
  - Reminders sent regarding open referrals
  - Will look and work so much better

Contact: Katherine.Earll@dmh.mo.gov or Transitions@dmh.mo.gov

StationMD
Telemedicine for Individuals with Intellectual & Developmental Disabilities

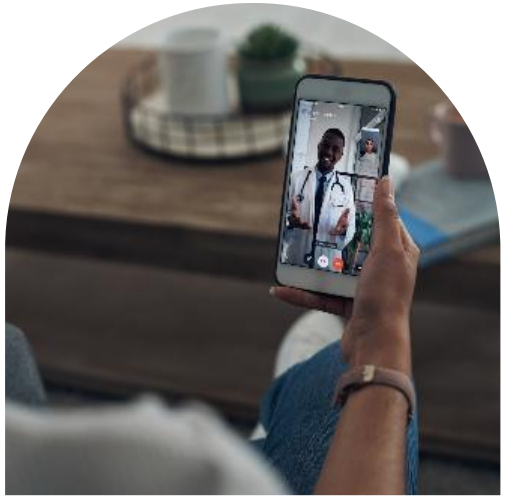
Specialized Healthcare for People with Intellectual and/or Developmental Disabilities (I/DD)

Dr. Matthew Kaufman
Jill Shoemate

HAC Waiver Service

THROUGH RURAL HEALTH
TRANSFORMATION FUNDS

Station MD is Immediate Medical Support for Individuals, Families, Providers, and Support Staff



- **Immediate Access**
- **24 hours a day, 7 days a week**
- **365 days a year**
- **For any medical concern**

StationMD doctors have extensive training and experience working with individuals with I/DD

- Understand the needs of people with high-risk, complex medical needs
- Understand challenges of congregate settings, DSPs, nurses, and families caring for people with I/DD
- Available when primary doctor is not, or when there's limited access to medical care otherwise

StationMD

Who's Eligible

Available in All Four DD Waivers

- Comprehensive
- Community Support
- Partnership for Hope
- MOCDD/Sarah Lopez

What to Expect with StationMD

- **Access to Care**: Connect with a doctor **anytime**, day or night, even on holidays, via computer, tablet, or phone.
- **Specialized Expertise**: StationMD doctors are **specially trained** to work with individuals with IDD
- **Person-Centered Approach**: Doctors listen carefully, explain clearly, and support all your health questions or concerns.
- **Complementary Care**: The service **does not** replace your regular doctor but provides extra support whenever you need it.

This service provides a doctor until you can see your doctor.

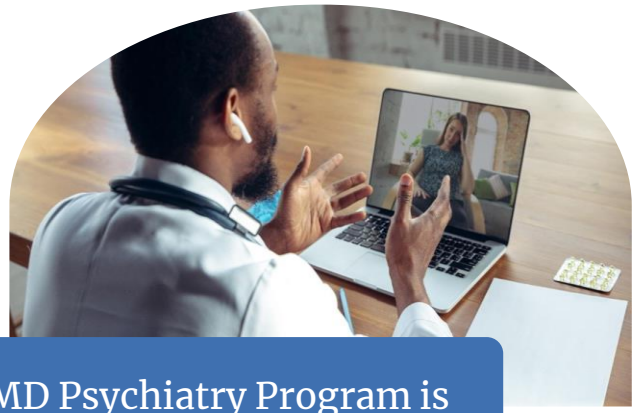
StationMD

The Addition of psychiatric

THROUGH RURAL HEALTH
TRANSFORMATION FUNDS

StationMD offers I/DD-Specialized Psychiatry

- **Integrated with 24/7 service for crisis management**
- **Specialized Psychiatrists**
- **Involves Family, Staff, all stakeholders**
- **Access to frequent follow ups for close management**



StationMD Psychiatry Program is I/DD Specialized

- Psychiatrists have specialization in IDD treatment
- Understand challenges of group homes, DSPs, nurses & families caring for people with I/DD
- Receive input from entire care team, including family, nurses, DSPs, PCP, case managers

StationMD

Specialized Aspects of Telepsychiatry

Medication management & optimization

Development of an escalation plan for those at high risk of destabilization

Early, unplanned appointments as needed

Discussion with care team and loved ones

Who is Eligible for StationMD Psychiatry

Individuals are pre-identified by DMH-DDD and meet the following criteria:

- Live in a rural county,
- Approved StationMD (HAC) authorization on waiver,
- AND have had at least one of the following:
  - Prescriptions to psychotropic medications
  - BH diagnosis
  - Major Psychiatric Event

If you believe you have individuals who meet these criteria but are not currently on the eligibility list, please contact Rebecca Keller at rebecca.keller@stationmd.com. While we cannot guarantee a spot, we will review for potential inclusion.

Thank You

Learn More at
www.StationMD.com

Dr. Matthew Kaufman
CEO
Matthew.kaufman@StationMD.com

Rebecca Keller
Account Executive - Missouri
Rebecca.Keller@StationMD.com

Jill Shoemate
Product Manager/Client Implementation
Jill.shoemate@StationMD.com

StationMD

Benefits Planning (H0038 SE)

- Services to inform, educate, and consult regarding public assistance benefits, with individuals seeking competitive integrated employment, career advancement, or individuals who need financial problem-solving assistance to maintain competitive integrated employment.
  - Not to exceed 60 units of services within an annual PCSP without approval for exceptional circumstances
- Intended Outcome: Benefits Summary and Analysis and a Work Incentive Plan supporting an informed choice on employment and earned income.
- Delivery of the service can be in person or virtual
- May include activities done with or on behalf of the individual

Accessing Benefits Planning

- Is a referral to Vocational Rehabilitation (VR) Required before requesting Benefits Planning through the waiver?
  - Benefits planning is not a service offered through VR
- Does a referral to a Certified Work Incentives Counselor (CWIC) have to be sought prior to requesting Benefits?
  - Benefits planning may be provided if services were sought and were not available, services were not accessible, or services were not applicable.
    - Individuals not yet working and who do not have a job offer
    - Individuals who are found ineligible
    - Individuals who are placed on a waitlist that would result in services not being available within 30 calendar days
  - Individuals access WIPA supports through the Ticket to Work Helpline at 866-968-7842.

Benefits Planning Required Training

- Benefits Planning staff must maintain current national certification as a Certified Work Incentive Planning Counselor
  - Certification Course available through Cornell
    - 20% discount for course cost
    - 50% reimbursement stipend for one staff per agency
      - **Contact Sandy.keyser@dmh.mo.gov prior to registration**

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For More Information

- Resources
  - Sandy.Keyser@dmh.mo.gov
  - Kim.Buckman@dh.mo.gov
  - Employment Support Coordination for HCBS Technical Assistance and Guidance | dmh.mo.gov
  - Employment Services Map | dmh.mo.gov

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Mortality Review - What to Expect as a Provider

- All Providers Meeting
- September 18th, 2026
- Presenter: Leslie DeGroat, RN, DDD Statewide Clinical Coordinator

What We Will Review Today:

- Purpose of a Mortality Review
- Criteria For a Mortality Review
- Parts of the Mortality Review Process

Purpose of the Mortality Review Process

- To meet assurance to CMS for people receiving services
- What can we learn? How can we improve service delivery?
- Tracking patterns and common themes for DDD system-wide changes

Criteria For a Mortality Review

- The decedent has residential services through the comprehensive waiver
- The decedent has a waiver and dies during receipt of a paid DDD service
- The Regional Office Director can request a mortality review

Parts of the Mortality Review Process

- Provider
- Columbus Organization Review
- Local Mortality Review Committee
- Regional Director
- Executive Mortality Review Committee
- Mortality Review Case Closed

Provider Part

- Person dies
- The QPRN Team and Columbus Org get an automatic email notification
  - The email is generated after the death Event Report has been entered into CIMOR
- Email sent to residential service provider letting them know what to expect
- Res service provider
  - Enters information into mortality review report in database
  - Submits requested documentation via email to Regional Office

Res Provider Enters Info into Report

- Mortality Review Database will house the report
- Res Provider will open a new record in database for decedent
- Complete Provider Parts 1 and 2 and submit
  - Enters in general information about decedent
    - Name, address, guardianship info if applicable, agency name and contact info
    - Background information about the decedent's support needs like with mobility, eating, other aspects of daily life
  - Medications, diagnoses, recent medical history
  - Summarize events that lead up to the death event and death event itself
  - Any immediate interventions by the res service provider put into place to protect other individuals from similar events
  - Any other factors identified or associated with the death, provider recommendations, any other actions taken by the provider

Submits requested documentation

- Physician Orders and Medication Administration Records for current and previous 3 months
- All staff documentation & progress notes (3 days prior to death/transfer)
- Most recently completed Community RN Monthly Summary, and previous 3 months
- All health monitoring records being completed by agency staff for the decedent, current and previous 3 months
- All medical and behavioral consult records for 6 months prior to death or transfer of care
- Staff training, training logs, and/or delegations.
- If ordered, a copy of DMH Non-Hospital DNR documentation or Alternative to CPR document
- Hospital, Emergency Room, and/or Emergency Response reports occurring within 12 months prior to death event or transfer of care.
- Individual Support Plan (Person-Centered Support Plan)
- All documents specifically requested by DDD

Columbus Org Part of the Review (1/4)

- A Registered Nurse or Advanced Practice RN and a physician reviews the following information:
  - The Provider portion of the mortality review report
  - Documentation submitted by the res service provider
  - Death Certificate information
  - Autopsy information, if applicable
  - Event Reports occurring within the last 6 months

Columbus Org Part of Review (2/4)

- Was emergency response implemented based on current standards and expectations?
- If a DNR was implemented, was there an approved DMH Non-Hospital DNR in place (or hospice order with accompanying notification paperwork)
- Was this an expected death?
- Were all known medical issues currently being addressed/evaluated by medical professional?
- If nursing tasks were delegated, is there documentation for training, delegation, and supervision?
- If alternative to CPR was ordered, were necessary supports in place?
- Does the current Person Centered Support Plan address medical/hospital issues and define supports needed?
- Was tobacco exposure a risk factor in this death event?

Columbus Org Part of Review (3/4)

- Questions for Expected Deaths:
  - Was there evidence of preparation of consumer, staff, family, and/or housemates?
  - Were the appropriate palliative measures taken?
  - Did the death event occur consistent with the decedent's desires and/or specified in the PCSP or treatment plan?
  - Was there anything unusual in manner, timing, or circumstances?

Columbus Org Part of Review (4/4)

- The Columbus Org RN and physician provide a summary of all of the information
  - Summary
  - Positive Aspects
  - Concerns
  - Recommendations

Local Mortality Review Committee (1/3)

- Quality Programs Registered Nurse Leads review and discuss the mortality review contents
- Consult with Provider Relations or TCM TACs or Inquiry Management team if needed
- Answer the following questions:
  - If Abuse/Neglect was suspected, was an inquiry completed?
  - Was the death event handled per policy and procedure?
  - Were notifications carried out appropriately and timely?

Local Mortality Review Committee (2/3)

- Did error possibly contribute to the death?
- Did a defect, malfunction, misuse of, or absence of equipment appear to contribute to the event?
- Did a lack of medical care contribute to death?
- Were there any controllable factors noted that contributed to the death?
- Were there any incidental findings?

Local Mortality Review Committee (3/3)

- Determine if findings through review require a plan for remediation
  - IQMFD - these are typically incidental findings that come up through the review
  - Plan of Action – may be requested on a finding that is tied directly to the death event – entered into the event in CIMOR

Regional Director Part

- Reviews contents of report
- Can require action steps or prevention strategies
- Can recommend closing the case

Executive Mortality Review Committee Part

- Final review of report
- Determine if there are any findings that require remediation that were not already requested
- Ensure that if there was ever suspicion of abuse or neglect that an inquiry was completed
- If there was an inquiry and further indication of possible abuse or neglect, then ensure that an investigation was requested

Mortality Review Case Closed

- Plan of action closed in event report, if applicable
- IQMFD entries resolved, if applicable
- Any inquiry and/or investigation is completed, if applicable
- Death certificate information available
- Autopsy report available, if applicable

Resources

- Quality Programs RN Roster
- Division Directives | dmh.mo.gov
  - Go under Quality Assurance accordion
  - Links for Mortality Review and Do Not Resuscitate, hospice notifications, and Alternative to CPR Order directives and their forms and attachments
  - Mortality Clinical Review Procedure

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SERVING, EMPOWERING AND SUPPORTING MISSOURIANS TO LIVE THEIR BEST LIVES.

https://dmh.mo.gov/dev-disabilities

DD Health Home & You

Working together for those we serve

Provider partnership

Jade Byrd, MSN, RN
Director, Developmental Disabilities Health Home

What can DD Health Home Do For My Team?

"Is this duplication?"

ROLE CLARITY

"Will this create more work?"

WORKFLOW

"What value will my client see?"

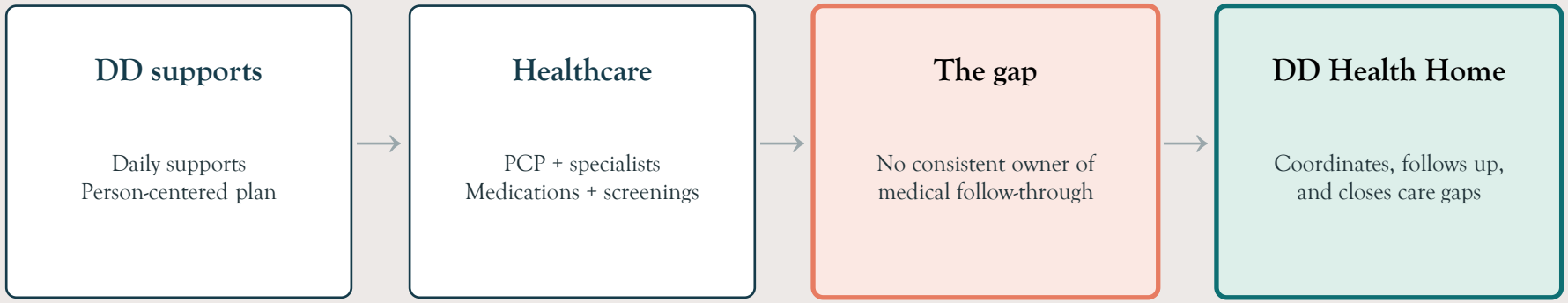
OUTCOMES

"Where do people you support fall through the cracks in the healthcare system?"

"What is something you wish you had more time for your team to spend on?"

The gap: DD supports and healthcare do not automatically connect

A person may have excellent DD services and still experience fragmented medical care.



DD Health Home is the bridge between disability services and the healthcare system.

What DD Health Home adds

An additional healthcare-focused team member, not another waiver service.

Coordinate

PCP and specialist follow-up
Hospital transitions
Information across the team

Close gaps

Preventive screenings
Medication reconciliation
Unmet health needs

Manage risk

Chronic condition monitoring
HRST-informed follow-up
Early escalation

Support goals

Plain-language education
Person-centered wellness goals
Community resources

Role clarity: complementary, not competitive

A simple way to explain who leads what.

DD service provider

Daily implementation
Residential, employment, or day supports
Observation and reporting
Supporting appointments and recommendations

Support Coordinator

Person-centered planning
Waiver and DD services
Authorization and monitoring
Cross-service coordination

DD Health Home

Chronic condition management
Medical care coordination
Care-gap monitoring
Hospital and medication follow-up

Shared responsibility: communicate changes, elevate risk, and center the person's goals.

Population Health: See the Whole Group, Support Each Person

DD Health Home uses information across the enrolled population to identify risk, close care gaps, and target support before needs become crises.

1 Identify

Use HRST risk, chronic conditions, utilization, and care-gap information to find who may need attention.

2 Stratify

Group needs by urgency and pattern so resources are focused where they can have the greatest impact.

3 Act

Coordinate screenings, follow-up, education, referrals, and communication with the person's support team.

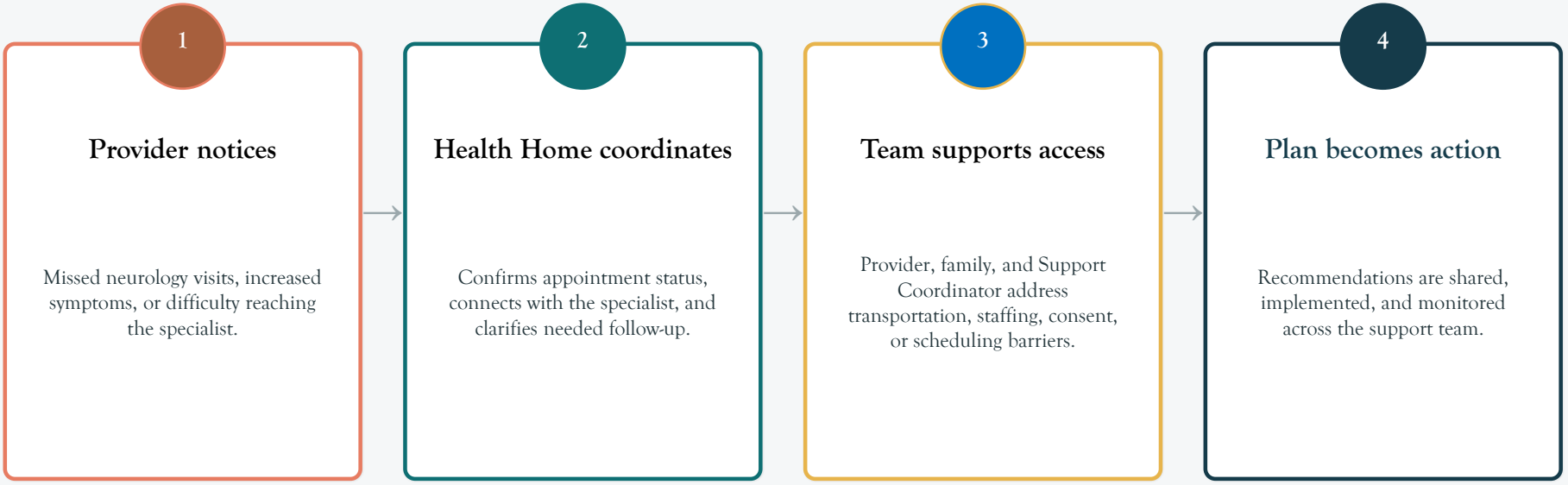
4 Monitor

Track completion and changes over time, then adjust support when new risks or barriers emerge.

Population health does not replace individualized care. It helps the team know who needs what, and when.

What Partnership Looks Like: The Specialist Appointment Gap

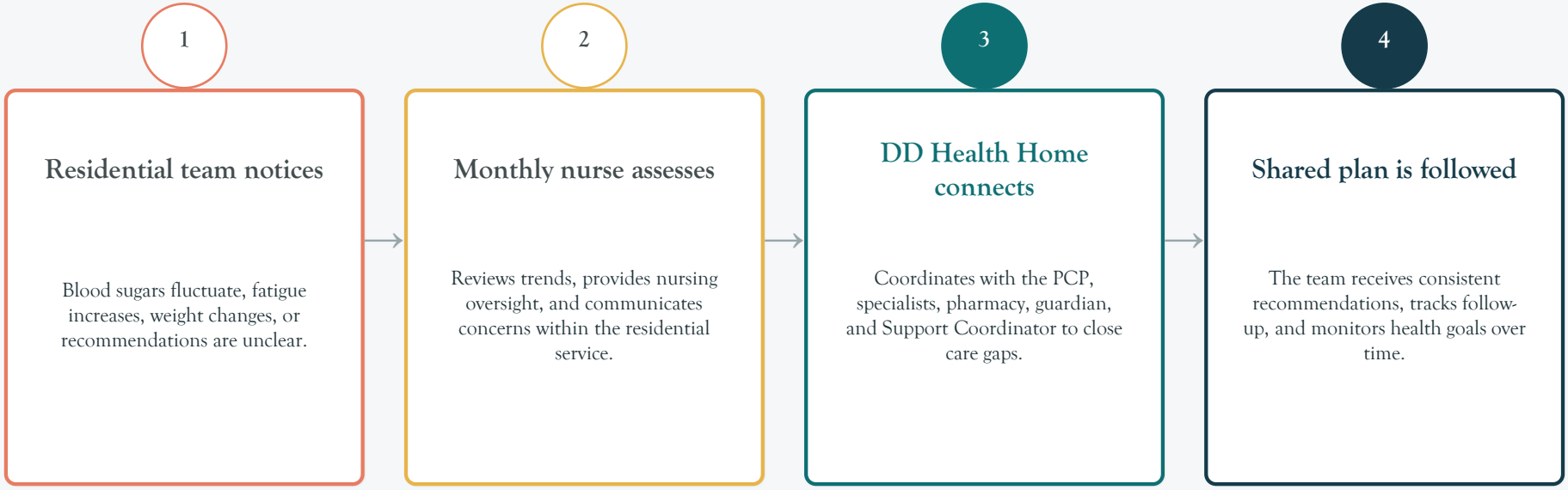
A common healthcare barrier becomes manageable when each partner has a clear role.



The goal is not for DD Health Home to take over healthcare. The goal is to make sure healthcare actually happens.

What Partnership Looks Like: Chronic Health Management

The person already has daily residential care and monthly nursing. DD Health Home adds coordination across the healthcare system.



Key distinction: Residential nursing manages nursing care within the provider organization. DD Health Home coordinates healthcare across providers and systems.

Be transparent about evidence

Missouri's program began July 1, 2024. Statewide DD-specific outcome evidence is still developing.

Access

PCP visits
Specialist follow-up
Preventive screenings

Safety

Medication reconciliation
Hospital follow-up
HRST risk response

Utilization

Emergency visits
Admissions
30-day readmissions

Experience

Individual and guardian feedback
Provider confidence
Care-team communication

HEALTH HOME PROVIDERS

Our Health Home Providers are ready to partner with you – together, let's improve health outcomes for Missouri's DD population

Contact: Kimberly Marple
Email: kmarple@abilitiesfirst.net
Phone: 417-886-0404
Areas Served: Rolla, Springfield

Abilities First

Contact: Rachel Bangert
Email: rachel@skillsetllc.org
Phone: 573-837-9063
Areas Served: Central, Poplar Bluff, Rolla, Sikeston, Springfield

SKILLSET

Contact: Kerry Dyer
Email: Kerry.Dyer@esmw.org
Phone: 1-800-200-2119
Areas Served: All Regions

Compass Health Network

easterseals Midwest

Contact: Jade Byrd
Email: Jade.byrd@fireflyservices.org
Phone: 417-221-4588
Areas Served: Joplin, Kansas City, Springfield

firefly™
Supported Living and Employment Services
A CENTERSTONE AFFILIATE

The ask

Bring us one healthcare barrier.

- A missed follow-up
- A medication concern
- A recurring ER pattern
- A preventive-care gap
- A difficult specialist connection

Let DD Health Home show what partnership can look like.

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Quality Programs Specialist Updates

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National Core Indicator (NCI) Survey/Quality of Service Review (QSR)

- NCI is completed in conjunction with the QSR process Guideline 54
- Quality Programs Specialist (QPS) complete 403 surveys per year split between all 11 Regional Offices
- Survey is scheduled with the individual
- QPS will notify service provider and SC of the date and time of the survey
- Must be completed in person unless at the request of the individual
- QSR results/findings will be shared with individual, service provider and SC. If there are findings requiring resolution, a plan will be developed to determine who will resolve finding and timelines
- QSR results and findings (if applicable) are entered in IQMFD

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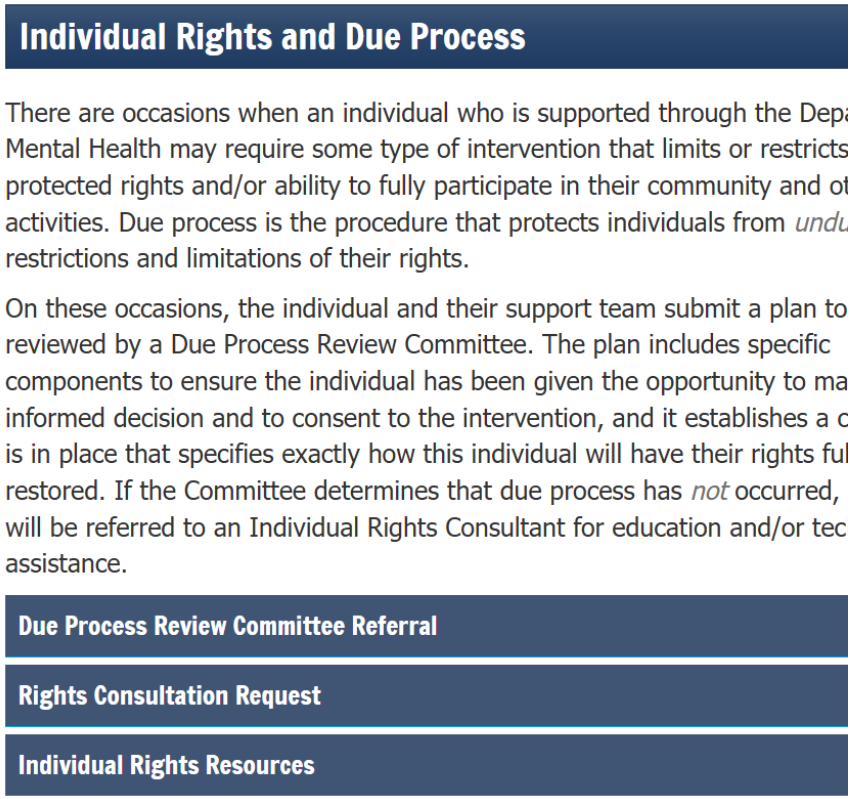
Individual Rights & Due Process Resources



- Individual Rights and Due Process | dmh.mo.gov
- Individual Rights Consultation: Individual Rights Consulation Request

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Individual Rights Resources

- Appendix B - Individual Rights
- Due Process Handout for Individuals and Families
- Due Process Handout for SCs and Providers
- MODD Content Self Registration Portal Information—Due Process Review Trainings (under Relias Self-Registration Portals)
- FAQ May 2025
- Due Process Workshop Presentation
- Due Process Decision Tree
- Due Process Component Guide
- Due Process Decision Tree: PRN Medications for Behavioral Interventions

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Beyond Compliance: Making Due Process Meaningful Workshop

Hosted by: Quality Programs Specialist and Tier III

September 22, 2026, 10am-12pm: Kansas City, MO

October 1, 2026, 10am-12pm: St. Louis, MO

October 15, 2026, 10am-12pm: Springfield, MO

Question: If you have any questions, please reach out to Rachelle Moffat at rachelle.moffat@dmh.mo.gov

Overview of Referral

- Planning Team determines that a modification of rights is necessary
- The Planning Team works through the 10 required components of due process
- The Planning Team determines which team member will enter the referral to be reviewed by the Due Process Review Committee (typically the Support Coordinator as they are the narrators of the PCSP)
- Once the referral is **submitted**, the Submitter will receive an automated email that will include the Referral Number
  - The Submitter should share this email/Referral Number with other members of the PCSP team

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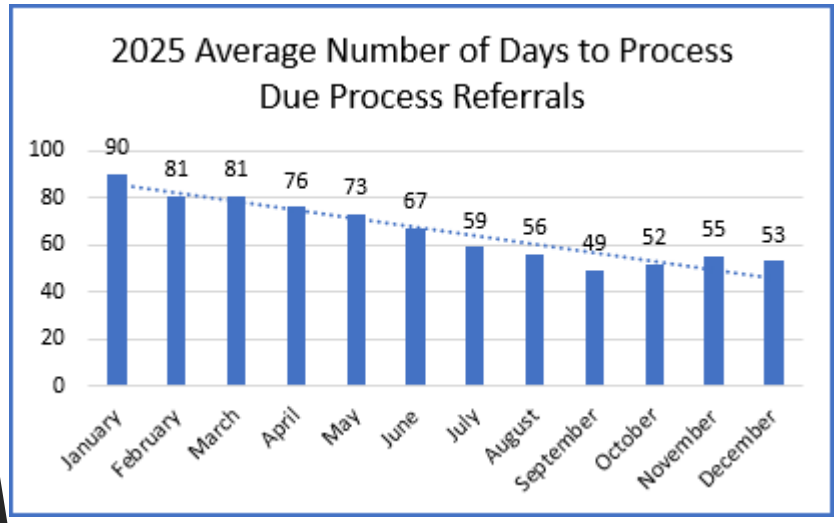
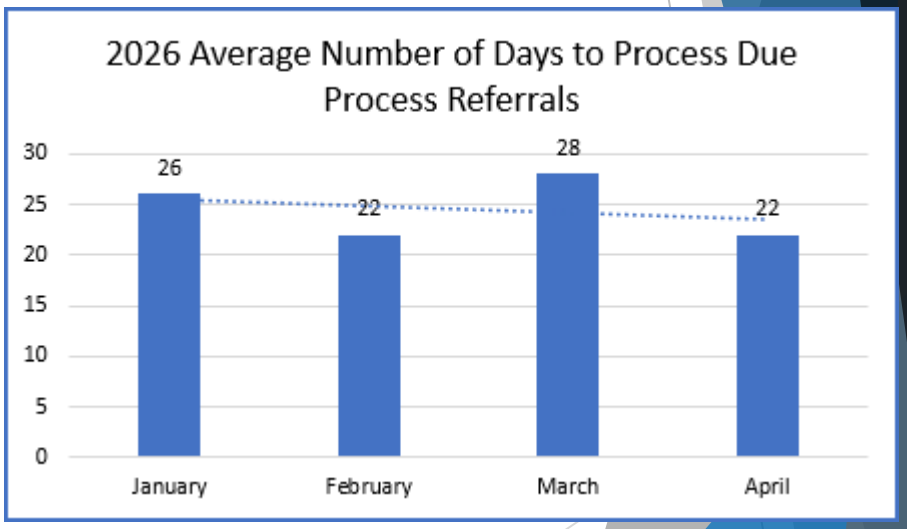
The average number of days to process a referral shows a decrease from 2025 to 2026.

- 2025 Average number of days: 66
- 2026 Average number of days: 24.5





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Due Process Helpful Reminders

- When you get the DPRC meeting invite, please be sure to communicate to all team members to ensure they have also received the invite

- Ensure that ALL elements of each of the 10 components are addressed
  - Refer to the Due Process Component Guide for what is required for each component and element

IRC Helpful Reminders

- A referral that requires an Individual Rights Consultation (IRC) must be resubmitted in the Due Process Referral Form database within five (5) business days per Procedure 12.8.2a
  - Once you have submitted the new referral form, please send the new referral number to the QPS that completed the IRC for the IQMFD to be resolved.

Coming Soon

Due Process Referral Form Database Enhancements

- SC and SC Supervisor Edit Roles
  - The SC and SC Supervisor(s) within the TCM will have access to edit referrals submitted
  - When additional information is needed for the Due Process Review Committee, the SC can go into the original referral and add the information instead of creating a new referral
- Option to copy and create a new referral
  - For annual reviews, SC can go into the past year's referral and click on the "Copy and Create a New Referral" button. The system will copy the information into a new referral. The SC then can edit to reflect current supports
- More information coming soon

- DD Due Process Mailbox: DDDueProcessCommittee@dmh.mo.gov

- Columbus DPRC Mailbox: modprc@columbusorg.com

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Expanded Clinical Review Overview

Presented by:

Tricia Parker, RN

DDD Community Clinical Coordinator

09/18/2026

Expanded Clinical Review Description

The expanded clinical review is a quality process that is completed by the regional office Quality Program Registered Nurse (QPRN). The process is an in-depth review of the person's current health status and related supports.

Purpose

- Provide an opportunity to assess the quality of support services the person is receiving.
- Offer a way of gathering information through observations, record review, and interviews with individuals receiving services, guardians, their families and support staff on the quality of supports.
- Identify areas that are in need of follow-up to mitigate identified risk and addressed through a plan of action.
- Identify support services strengths, as well as areas in need of enhancement. This information can then be utilized in quality improvement planning and person-centered planning to enhance the quality of life for the person supported.
- Develop training and technical assistance resources, ensuring continued efforts in supporting persons with disabilities to have improved quality of life.

Process Criteria

Expanded Clinical Review is completed by the QPRN when:

- HRST Annual screenings conducted for individuals receiving residential services and supports indicate a Healthcare Level of 4 or higher or
- Throughout the course of the PCSP year, an individual has an increase from their previous healthcare level of 3 or higher by one healthcare level
- Must be completed within 45 business days of screening completion/submission and
- *By ECR Due Month assignment (coming at end of Sept)

Process Components

3 Components

- Desk Review
  - Data source review (CIMOR EMT, IQMFD database, RN Oversight Monthly documentation, HRST Medication and diagnoses, etc.)
- On-site Review
  - Review of current health related documentation in the home.
  - May also include observations of staff interaction with the individual or
  - Staff interviews regarding health and safety supports.
- Action Plan
  - Findings/concerns requiring agency follow up to mitigate risks or recurrence.
- Each component has its own form for documentation in the HRST system

Expanded Clinical Review Action Plan Details

- Description of the issue/concern to be addressed
- May consist of more than one finding/concern to be addressed
- Requires agency to indicate steps to be taken to address finding(s).
- All findings should be addressed within 90 days of action plan creation and agency notification
- Notifications of action plan will go to rater of record or
- Provider Representative
  - Requires agency gatekeeper to designate
  - Does not require any in-app training
- Any agency staff with rater or Provider Representative Role can complete action plan steps

Expanded Clinical Review Action Plan Review and Closure

- QPRN will monitor for completion and closure
- QPRN will review agency response to determine if action taken will provide for an appropriate resolution
- May require additional clarification
- All findings must be addressed and deemed reasonable before QPRN can close out action plan.

Helpful Resources

- Step by Step instructions for action plan completion
- Plan of Action Status Report
- Regional Office QPRN OR
- QPRN supervisor
- HRST Project Landing Page

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Thank you!

https://dmh.mo.gov/dev-disabilities

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MO HealthNet News | Missouri Department of Social Services

Hot Tips

- **Avoiding Common Documentation Errors for Behavioral Health Services**
- **Important Information for Documenting and Billing for Applied Behavior Analysis Services**
- **Department of Mental Health and Brain Injury Waiver Providers: Be Prepared for Electronic Visit Verification Hard Launch**
- To get important updates via email, subscribe to **MO HealthNet News**

Remote Support and Assistive Technology Codes

- All AT need the correct modifier:
  - A9999 UA Consultation
  - A9999 UB Equipment
  - A9999 UC Services
  - A9999 U9 Support
- Remote Support
  - A9999 GT Remote Support service and monitoring center
  - A9999 GT-SE Remote Support Equipment
- UDAT: TechnologyFirstAndUniversalDesign@dmh.mo.gov

Missouri Department of Mental Health
DIVISION OF DEVELOPMENTAL DISABILITIES

Technology Virtual Summit

National Disability AI & Enabling Technology Virtual Summit

Maximize the benefits of AI and enabling technology while minimizing the risks.

Presented by My Tech For All

www.mytechforall.com

November 17, 2026 | 1:00-4:00 p.m. Central Time | Virtual

Free Registration • Virtual • 1,000 Participants Expected

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AI and HIPAA

- Large Language Learning Platforms (like Chat GPT) are not HIPPA and PHI secure
- Be aware of AI Art and Deepfakes
- Acceptable Use for Artificial Intelligence policy that extends to DMH business partners and the below information shouldn't be shared in the AI tool.
  - Use of the below data items within State-approved AI services is governed by Section VI of the SP-19 Acceptable Use for Artificial Intelligence policy and requires specific legal approval and guardrails).
    - Personally Identifiable Information (PII)
    - Protected Health Information (PHI)
    - Criminal Justice Information (CJI)
    - Federal Tax Information (FTI)
    - Controlled Unclassified Information (CUI)
    - State Tax Information
    - Personnel Information
    - Driver Privacy Protect Act (DPPA) Data
    - Attorney-Client Privileged Communications
    - M365 Data Classification Guide (Missouri)
    - Statewide Intellectual Property
    - Any internal, non-public State information

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SERVING, EMPOWERING AND SUPPORTING MISSOURIANS TO LIVE THEIR BEST LIVES.