MMDL: Balancing Incentive Program

Report Date

	mation regarding the Balancing Incentive Program as of the following date:
12/31/2012	
acts	
Please enter contact inform State Medicaid Director	nation for key individuals responsible for the State's Balancing Incentive Pr
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Lead Staff for No Wrong Door / Single Entry Point System (if different from project director)

Name:	
Title:	
Organization:	
Address 1:	
Address 2:	
City:	
State:	
Zip:	$\overline{\mathbf{v}}$
Phone:	
Fax:	
Email:	
Lead Staff for Core Standardized	
Assessment (if different from project director)	
Name:	
Title:	
Organization:	
Address 1:	
Address 2:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Email:	
Lead Staff for Conflict-Free Case Manag	gement (if different from project director)
Name:	
Title:	
Organization:	
Address 1:	
Address 2:	
City:	
State:	

Zip:		
Phone:		
Fax:		
Email:		
Report Pr	eparer	
_	Balancing Incentive Program Project Director	
0		or / Single Entry Point System (if different from project director)
0		lized Assessment (if different from project director)
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0		, ,
	Name:	
	Title:	
	Organization:	
	Address 1:	
	Address 2:	
	City:	
	State:	<u></u>
	Zip:	
	Phone:	
	Fax:	
	Email:	
Structural Cl	hanges	
	anized according to the Work Pl	progress toward implementing the State's previously submitted Work Planan Template, Appendix E of The Balancing Incentive Program:
General No Wrong	g Door/Single Entry Point (NWI	D/SEP) Structure (page 1 of 2)
		als that NWD/SEPs provide to individuals: IS approval to change the date this deliverable will be submitted.
Wh	nen does the State anticipate do	eliverables for this task will be submitted? (mm/dd/yyyy)
	The State intends to seek CM task.	IS approval to amend what will be submitted as deliverables for this
Del	liverables:	
	<u> </u>	▼

- This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- This task is not yet complete.

Estimated percentage complete:	45	%
Estimated percentage complete:	45	%0

Describe progress for this task during the reporting period:

A single Medicaid eligibility determination already exists in Missouri. No changes are anticipated to the Medicaid eligibility system at this time.

Information regarding community based LTSS is housed within the Department of Mental Health (DMH) and the Department of Health and Senior Services (DHSS) systems. An analysis has been completed to determine the content of the materials, availability either electronically or in paper format and whether material is up to date.

Describe experienced or anticipated challenges to completing this task:

Because information and referral services can be fragmented in Missouri, a major challenge exists in ensuring that individuals accessing services through one of the delivery systems is aware of all LTSS and can make an informed choice that best meets their needs in the community. Funding is limited.

Describe the State's plan to address the challenges described above:

Missouri is creating a Balancing Incentive Program (BIP) website that will be used by each No Wrong Door/Single Entry Point (NWD/SEP) entity to provide consistent, comprehensive information regarding community LTSS. A toll free number will be created to provide information regarding all community LTSS in Missouri. Materials currently being used are being reviewed for accuracy.

A summary of all available LTSS will be highlighted on the BIP Website. Links to the BIP website will be established on the NWD/SEP agency websites. Links on other community websites will be explored.

An informational brochure is being developed and will be placed on the BIP website. The brochure will be available for download/printing by any NWD/SEP entity, service provider, and advocacy groups.

Standardized information will be available to all NWD/SEP entities as well as all stakeholders and providers of services to ensure accessibility by all individuals seeking community based LTSS.

- 2. Train all participating staff on eligibility determination and enrollment processes:
 - ▼ The State intends to seek CMS approval to change the date this deliverable will be submitted.

05/15/2013	(mm/dd/yyyy)
The State intends to seek CMS task.	s approval to amend what will be submitted as deliverables for th

This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan. This task was completed after the Program application was submitted, and its status remains current. This task is not yet complete. Estimated percentage complete: 15 % Describe progress for this task during the reporting period: Missouri is currently identifying staff within each agency to be trained and will begin work on the content of the training material once the standardized information material is developed. A web based training option is being explored to ensure consistency of the message delivered. Describe experienced or anticipated challenges to completing this task: Challenges exist in ensuring that all staff receives the same training in a timely manner. Describe the State's plan to address the challenges described above: Missouri is exploring the creation of an automated training module that will ensure consistency of training to all DSS/DMH/DHSS staff. 3. Detailed system design for the process to guide a person through assessment and eligibility determination (i.e., single eligibility coordinator, case management system, or otherwise coordinated process): **▼** The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted? 05/15/2013 (mm/dd/yyyy) The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.

Deliverables: (Please note any variance from Deliverables in the Work Plan)

Detailed technical specifications of system

- This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- This task is not yet complete.

Estimated percentage complete: 50 %

Describe progress for this task during the reporting period:

Data is shared between agencies both electronically and in a paper format. All NWD/SEP agencies have access to Medicaid eligibility information through the MMIS system. Participant service information is available to all agencies through MHD's Cyber Access system. Communication between the operating agencies and FSD regarding Medicaid applications is conducted using a paper IM-54 referral form which is stored in the participant individual records maintained by each agency.

Progress in the last quarter on the Missouri Health Information Network include:

• DSS and Missouri Health Connection (MHC) drafted a participation agreement to govern State Agency participation in the HIN. This agreement is being sent to DMH and DHSS for review.

- MO HealthNet and MHC held technical meetings between the MMIS vendor and the HIN vendor to develop a strategy for connecting the MMIS to the HIN for the purpose of sharing Medicaid claims data.
- MO HealthNet met with the State's Information Technology Services Division to work on an overall State strategy for sharing information between the State Agencies and connecting those agencies to the HIN. After a strategy has been ascertained, funding required to implement the strategy will be secured.
- MO HealthNet received approval for an updated IAPD for the HITECH programs. MO HealthNet submitted an updated SMHP for approval.
- MHC has deployed Direct Secure Messaging for some Missouri Health Systems. MHC will deploy for the State Agencies after the participation agreement is finalized.
- MHC has received approval from the ONC to start implementation of Phase II patient query function.

Describe experienced or anticipated challenges to completing this task:

No single automated system exists that will capture functional assessment data which can be shared electronically across agencies.

Challenges with the Missouri Health Information Network include:

- Reaching an agreement on a consent policy and what data Medicaid will share has been a challenge that has delayed the participation agreement.
- From a technical perspective, reaching an agreement between the MMIS and HIN vendors on the strategy for connecting the MMIS to the HIN.

Describe the State's plan to address the challenges described above:

Missouri is creating an automated Level I assessment and referral process, accessible on the Website and through a toll free number.

The Missouri Health Information Network (MHIN) contracted InterSystems to establish a statewide HIN to facilitate the exchange of health information between State Departments and connect to the statewide HIE to facilitate the exchange of health information with providers. The MHIN should improve communication between the operating agencies and FSD.

Challenges are being addressed as follows:

- MHD and MHC have sought advice from attorneys and consultants and queried other States for their policies.
- MHD and MHC have facilitated technical sessions to resolve the technical issues.

Structural Changes

General No Wrong Door/Single Entry Point (NWD/SEP) Structure (page 2 of 2)

- 4. Selection of vendor to develop the automated system for the process to guide a person through assessment and eligibility determination (i.e., single eligibility coordinator, case management system, or otherwise coordinated process):
 - The State intends to seek CMS approval to change the date this deliverable will be submitted.

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☐ The State intends to seek CN	MS approval to amend what will be submitted as deliverables for	u

Deliverables: (Please note any variance from Deliverables in the Work Plan)

6	The task is not applicable because the system will not be automated or state staff will develop the system.
0	This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
0	This task was completed after the Program application was submitted, and its status remains current.
0	This task is not yet complete.
	Estimated percentage complete: \\%
	Describe progress for this task during the reporting period:
	Describe experienced or anticipated challenges to completing this task:
	Beserve experienced of underputed chancings to completing this task.
	Describe the State's plan to address the challenges described above:
(i.e., single	mentation and testing of the process to guide a person through assessment and eligibility determination eligibility coordinator, case management system, or otherwise coordinated process): The State intends to seek CMS approval to change the date this deliverable will be submitted.
Wh	en does the State anticipate deliverables for this task will be submitted? 11/15/2013 (mm/dd/yyyy)
	11/15/2013 (mm/dd/yyyy)
	The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.
Deli	verables: (Please note any variance from Deliverables in the Work Plan)
0	This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
0	This task was completed after the Program application was submitted, and its status remains current.
6	This task is not yet complete.
	Estimated percentage complete: 45 %
	Describe progress for this task during the reporting period:

Missouri will roll out the NWD/SEP system upon completion of the Level I screening tool. The Level I screening tool will be incorporated into the BIP website and the toll free phone line. All SEP's will test the system prior to roll out to ensure referrals are made appropriately for the Level II assessments.

Describe experienced or anticipated challenges to completing this task:

Integration of the Level I screening tool into both the BIP website and the toll free number has proved to be more complicated than expected.

Describe the State's plan to address the challenges described above:

Missouri is working with ITSD staff to ensure that the integration of the screening tool is seamless and the individuals are referred to the most appropriate SEP to meet their needs. The screening tool will be piloted prior to adding to the BIP website. Additional time is being requested to ensure systems operate correctly.

- 6. Process to guide a person through assessment and eligibility determination (i.e., single eligibility coordinator, case management system, or otherwise coordinated process) is implemented statewide:
 - **▼** The State intends to seek CMS approval to change the date this deliverable will be submitted.

08/15/2014	(mm/dd/yyyy)
•	approval to amend what will be submitted as deliverables for this
task.	
iverables: (Please note any variance	e from Deliverables in the Work Plan)
This task was completed by the t information can be found in the	time the Program application was submitted. Supporting application and/or Work Plan.
This task was completed after the current.	ne Program application was submitted, and its status remains
This task is not yet complete.	
Estimated percentage complet	te: 15 %
Describe progress for this task d Missouri will submit a mer major system changes from	mo to CMS indicating the system is fully operational and describe any
	noted shallowers to completing this tools
Describe experienced or anticipated No challenges anticipated	ated chanenges to completing this task:

7. System updates for the process to guide a person through assessment and eligibility determination (i.e., single eligibility coordinator, case management system, or otherwise coordinated process).

The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.
Deliverables: (Please note any variance from Deliverables in the Work Plan)
Describe changes to the system that were implemented:
Describe experienced or anticipated challenges: Work on Level I assessment tool progressing slower than anticipated.
Describe the State's plan to address the challenges described above: Extension requested to timeline for adding Level I to the BIP website.
Structural Changes
General No Wrong Door/Single Entry Point (NWD/SEP) Agencies
 Develop and implement a Memorandum of Understanding (MOU) across the Medicaid Agency, Operating agencies, and the NWD/SEPs: The State intends to seek CMS approval to change the date this deliverable will be submitted.
When does the State anticipate deliverables for this task will be submitted? (mm/dd/yyyy)
☐ The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.
Deliverables: (Please note any variance from Deliverables in the Work Plan) Copy of completed MOU's included with this quarterly submission.
 This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan. This task was completed after the Program application was submitted, and its status remains
current. This task is not yet complete.
Estimated percentage complete:
Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

	Describe the Castele along to address the shellowers described above.
	Describe the State's plan to address the challenges described above:
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2. Identify so	ervice shed coverage of all NWD/SEPs: The State intends to seek CMS approval to change the date this deliverable will be submitted.
w	hen does the State anticipate deliverables for this task will be submitted?
	(mm/dd/yyyy)
Г	The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.
De	liverables: (Please note any variance from Deliverables in the Work Plan) Percentage of state population covered by NWD/SEP
	information can be found in the application and/or Work Plan.
	This task is not yet complete.
	Estimated percentage complete: \\%
	Describe progress for this task during the reporting period:
	Describe experienced or anticipated challenges to completing this task:
	Describe the State's plan to address the challenges described above:
3. Ensure N	WD/SEPs are accessible to older adults and individuals with disabilities: The State intends to seek CMS approval to change the date this deliverable will be submitted.
W	hen does the State anticipate deliverables for this task will be submitted?
	(mm/dd/yyyy)

П	The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.
Del	iverables: (Please note any variance from Deliverables in the Work Plan) Description of NWD/SEP features that promote accessibility
6	This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
0	This task was completed after the Program application was submitted, and its status remains current.
0	This task is not yet complete.
	Estimated percentage complete: \%
	Describe progress for this task during the reporting period:
	Describe experienced or anticipated challenges to completing this task:
	Describe experienced of anticipated chanenges to completing this task.
	Describe the State's plan to address the challenges described above:
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Structural Ch	nanges
NWD/SEP System	Website
	domain name, which provides the right to link content to a Uniform Resource Locator (URL): The State intends to seek CMS approval to change the date this deliverable will be submitted.
Wh	en does the State anticipate deliverables for this task will be submitted? (mm/dd/yyyy)
п	The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.
Del	iverables: (Please note any variance from Deliverables in the Work Plan) The URL for the website will be www.dss.mo.gov/BIP
6	This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan. This task was completed after the Program application was submitted, and its status remains current. This task is not yet complete.

	Describe progress for this task during the reporting period:	
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	Describe experienced or anticipated challenges to completing this task:	_
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	Describe the State's plan to address the challenges described above:	<u> </u>
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Del	liverables: (Please note any variance from Deliverables in the Work Plan)	<u></u>
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Ent	ter the web site address (a.k.a. URL): ww.dss.mo.gov/BIP	
Ent	ter the web site address (a.k.a. URL): ww.dss.mo.gov/BIP This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan. This task was completed after the Program application was submitted, and its status remains current.	**************************************
Ent	ter the web site address (a.k.a. URL): ww.dss.mo.gov/BIP This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan. This task was completed after the Program application was submitted, and its status remains current. This task is not yet complete.	**************************************
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Describe experienced or anticipated challenges to completing this task:

The scope of the website content has grown as a result of the analysis of the work group and will not be operational until May 1, 2013.

Describe the State's plan to address the challenges described above: Continue working on expanded website content.

	e the Level I screen (recommended, not require The task is in the Work Plan.	red):
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Wh	nen does the State anticipate deliverables fo	
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Del	liverables: (Please note any variance from De	liverables in the Work Plan)
•	current.	on and/or Work Plan. m application was submitted, and its status remains
	Estimated percentage complete: 25	%
	assist in completing a decision tree f	reporting period: ow for the Level I assessment tool. Missouri's ITSD will for the automated Level I screen which will be housed on the ool has been developed, the specific URL for the Level I
	Describe experienced or anticipated chall The major challenge has been ensur- concise and referrals to the operating	ing that the questions contained in the Level I screen are
	processes. The automated Level I so monitored thereafter to ensure partic	have been reviewed for content and decision tree creen will be tested prior to live implementation and cipants are linked to the most appropriate BIP functional exity of automating the Level I screen, the assessment should

Structural Changes

NWD/SEP System 1-800 Number

- 1. Contract 1-800 number service:
 - **▼** The State intends to seek CMS approval to change the date this deliverable will be submitted.

2. Train

task.

When does the State anticipate deliverables for this task will be submitted? 11/15/2013 (mm/dd/yyyy)
☐ The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.
Deliverables: (Please note any variance from Deliverables in the Work Plan)
J
Enter the 1-800 number:
This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
This task was completed after the Program application was submitted, and its status remains current.
This task is not yet complete.
Estimated percentage complete: 10 %
Describe progress for this task during the reporting period: Missouri's ITSD is assisting in the creation of an automated toll free number for the BIP with TTY access. The automated script will mirror the Level I assessment and ensure referral to the most appropriate operating agency for a functional assessment. Missouri's ITSD is assisting in the creation of an automated toll free number for the BIP. The automated script will mirror the Level I assessment and ensure referral to the most appropriate operating agency for a functional assessment. TTY access for the hearing impaired and translation services for non-English speaking individuals will be available. If the caller is unable to navigate the automated script, the call will be directed to an operator for assistance. If the operator is unavailable, the individual will have the option to leave a voice message and the operator will return their call. Stakeholders are also available to assist individuals who have accessibility issues.
The only anticipated challenge will be lack of funding to operate a call center. Funding has been identified for 1.5 FTE to respond to inquiries through the toll free number.
Describe the State's plan to address the challenges described above: Missouri plans to automate the toll free number to include the Level I assessment and make automated referrals directly to the NWD/SEP agencies. For inquiries for information outside of the automated Level I assessment there will be 1.5 FTE's to handle the call volume with a voicemail option. Due to automation of the toll free number, the projected date for implementation is September 28, 2013.
staff on answering phones, providing information, and conducting the Level I screen: The State intends to seek CMS approval to change the date this deliverable will be submitted.
When does the State anticipate deliverables for this task will be submitted?
11/15/2013 (mm/dd/yyyy)
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Deliverables: (Please note any varian	nce from Deliverables in the Work Plan)
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This task is not yet complete.	
Estimated percentage comp	elete: 0 %
the materials are availab	k during the reporting period: creation of a Level I screen and standardized information materials. Once le a training package can be developed and staff trained. Web based d to ensure consistency of message across NWD/SEP agencies.
	cipated challenges to completing this task: ring that all staff receives the same training in a timely manner.
	ddress the challenges described above: e creation of an automated training module that will ensure consistency of H/DHSS staff.
Structural Changes	
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NWD/SEP System Advertising	
 Develop advertising plan: The State intends to seek CMS 	S approval to change the date this deliverable will be submitted.
When does the State anticipate del	iverables for this task will be submitted? (mm/dd/yyyy)
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Estimated percentage comp	lete: %

	Describe progress for this task during the reporting period:	
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	Describe experienced or anticipated challenges to completing this task:	
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	Describe the State's plan to address the challenges described above:	
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	t advertising plan:	
 	The State intends to seek CMS approval to change the date this deliverable will be submitted.	
Wł	hen does the State anticipate deliverables for this task will be submitted?	
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	The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.	\$
	task.	
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0	information can be found in the application and/or Work Plan. This task was completed after the Program application was submitted, and its status remains	
	current.	
•	This task is not yet complete.	
	Estimated percentage complete: 10 %	
	Describe progress for this task during the reporting period: A workgroup is developing advertising materials that will be ready for distribution in	
	coordination with the BIP website debut May 1, 2013. Copies of materials will be provided to	
	CMS upon completion.	
	Describe experienced or anticipated challenges to completing this task:	
	Funding for advertising materials is a major challenge.	
	Describe the State's plan to address the challenges described above:	
	Missouri is exploring no-cost advertising options including the Missouri Website Homepage,	αъ
	Medicaid provider bulletins, DMH division directives, and DHSS provider memorandums. FS offices as well as stakeholders, such as grass roots organizations and provider associations, wil	
	encouraged to advertise through their local channels.	

Structural	Changes
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Core Standard

e S	tandardized	ed Assessment	
1.		questions for the Level I screen: The State intends to seek CMS approval to change the date this deliverable will be submitted.	ed.
	Wh	Then does the State anticipate deliverables for this task will be submitted? 05/15/2013	
		(num/ da/ yyyy)	
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	Deli	eliverables: (Please note any variance from Deliverables in the Work Plan)	<u>^</u>
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	0	This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.	
	0	This task was completed after the Program application was submitted, and its status remain current.	ns
	6	This task is not yet complete.	
		Estimated percentage complete: 50 %	
		Describe progress for this task during the reporting period: Missouri is committed to creating an initial Level I standardized assessment tool, used act disability populations, for determining eligibility for Medicaid and non-institutionally bast term services and supports. The initial assessment tool will be used in a uniform manner throughout the State to determine a beneficiary's needs for training, support services, medicare, transportation, and other services. Missouri's ITSD will assist in completing a decifor the automated Level I screen which will be housed on the BIP website. A workgroup made significant process in designing the Level I assessment tool.	sed long- dical ision tree
		Describe experienced or anticipated challenges to completing this task: Ensuring the automation process for the Level I screen on the BIP website and the toll fre number results in an accurate referral to the most appropriate NWD/SEP entity is more complicated than originally anticipated.	ee
		Describe the State's plan to address the challenges described above: Additional time is being requested to achieve goal.	
2.	Incorporate	ate additional domains and topics into assessments if necessary: The State intends to seek CMS approval to change the date this deliverable will be submitted.	e d.
	Wh	hen does the State anticipate deliverables for this task will be submitted?	
		(mm/dd/yyyy)	

This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan. This task was completed after the Program application was submitted, and its status remains current. This task is not yet complete. Estimated percentage complete: Describe progress for this task during the reporting period: Describe experienced or anticipated challenges to completing this task: Describe the State's plan to address the challenges described above: The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted? [08/15/2013]	D_{α}^{-1}	iverables: (Please note any variance from Deliverables in the Work Plan)
information can be found in the application and/or Work Plan. This task was completed after the Program application was submitted, and its status remains current. This task is not yet complete. Estimated percentage complete: Describe progress for this task during the reporting period: Describe experienced or anticipated challenges to completing this task: Describe the State's plan to address the challenges described above: in staff members at NWD/SEPs to coordinate the CSA: The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted?	Dei	iverables. (Flease note any variance from Denverables in the Work Flan)
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Describe the State's plan to address the challenges described above: In staff members at NWD/SEPs to coordinate the CSA: The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted?		Describe progress for this task during the reporting period:
Describe the State's plan to address the challenges described above: In staff members at NWD/SEPs to coordinate the CSA: The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted?		
Describe the State's plan to address the challenges described above: In staff members at NWD/SEPs to coordinate the CSA: The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted?		,
n staff members at NWD/SEPs to coordinate the CSA: ▼ The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted?		Describe experienced or anticipated challenges to completing this task:
staff members at NWD/SEPs to coordinate the CSA: The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted?		
staff members at NWD/SEPs to coordinate the CSA: The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted?		Describe the State's plan to address the challenges described above:
▼ The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted?		
▼ The State intends to seek CMS approval to change the date this deliverable will be submitted. When does the State anticipate deliverables for this task will be submitted?		
When does the State anticipate deliverables for this task will be submitted?		
08/15/2013 (mm/dd/yyyy)		
	▽	The State intends to seek CMS approval to change the date this deliverable will be submitted. en does the State anticipate deliverables for this task will be submitted?
	▽	The State intends to seek CMS approval to change the date this deliverable will be submitted. ten does the State anticipate deliverables for this task will be submitted? (mm/dd/yyyy)
task.	▽	The State intends to seek CMS approval to change the date this deliverable will be submitted. ten does the State anticipate deliverables for this task will be submitted? (mm/dd/yyyy) The State intends to seek CMS approval to amend what will be submitted as deliverables for the
task.	Wh	The State intends to seek CMS approval to change the date this deliverable will be submitted. nen does the State anticipate deliverables for this task will be submitted? [08/15/2013] (mm/dd/yyyy) The State intends to seek CMS approval to amend what will be submitted as deliverables for the task.
——————————————————————————————————————	Wh	The State intends to seek CMS approval to change the date this deliverable will be submitted. nen does the State anticipate deliverables for this task will be submitted? [08/15/2013] (mm/dd/yyyy) The State intends to seek CMS approval to amend what will be submitted as deliverables for the task.
task.	Wh	The State intends to seek CMS approval to change the date this deliverable will be submitted. nen does the State anticipate deliverables for this task will be submitted? [08/15/2013] (mm/dd/yyyy) The State intends to seek CMS approval to amend what will be submitted as deliverables for the task.
Deliverables: (Please note any variance from Deliverables in the Work Plan)	What Del	The State intends to seek CMS approval to change the date this deliverable will be submitted. ten does the State anticipate deliverables for this task will be submitted? (mm/dd/yyyy) The State intends to seek CMS approval to amend what will be submitted as deliverables for the task. iverables: (Please note any variance from Deliverables in the Work Plan)
task.	What Del	The State intends to seek CMS approval to change the date this deliverable will be submitted. ten does the State anticipate deliverables for this task will be submitted? 08/15/2013
task. Deliverables: (Please note any variance from Deliverables in the Work Plan) This task was completed by the time the Program application was submitted. Supporting	Wh	The State intends to seek CMS approval to change the date this deliverable will be submitted. ten does the State anticipate deliverables for this task will be submitted? (08/15/2013 (mm/dd/yyyy)) The State intends to seek CMS approval to amend what will be submitted as deliverables for the task. iverables: (Please note any variance from Deliverables in the Work Plan) This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan. This task was completed after the Program application was submitted, and its status remains

Describe progress for this task during the reporting period:

Training is conducted on an ongoing basis within each operating agency to ensure timeliness of assessment and coordination of data collected. Training materials for the BIP are being developed to include all aspects of the eligibility determination and enrollment processes. The Level II initiation and coordination process will be included in this training material. Training materials and schedules will be provided to CMS upon completion.

Describe experienced or anticipated challenges to completing this task:

Challenges exist in ensuring that all staff receives the same training in a timely manner.

Describe the State's plan to address the challenges described above:

Missouri is exploring the creation of an automated training module that will ensure consistency of training to all DSS/DMH/DHSS staff.

	(mm/dd/yyyy)
	The State intends to seek CMS approval to amend what will be submitted as deliverables for the task.
Del	iverables: (Please note any variance from Deliverables in the Work Plan)
	Estimated percentage complete: \\%
	Describe progress for this task during the reporting period:
	Describe experienced or anticipated challenges to completing this task:

5. Updates to Core Standardized Assessment:

☐ The State int task.	tends to seek CMS approval to amend what will be submitted as deliverables for this	S
Deliverables: (Ple	ease note any variance from Deliverables in the Work Plan)	_
		$\overline{}$
Describe changes	to the Core Standardized Assessment that were implemented:	<u>^</u>
Describe experien	nced or anticipated challenges:	
Describe experien	iced of anticipated chantenges.	<u>_</u>
Describe the State	e's plan to address the challenges described above:	
		▲
Structural Changes		
Conflict-Free Case Management		
Establish protocol for rem	moving conflict of interest:	
☐ The State intends to	o seek CMS approval to change the date this deliverable will be submitted.	
When does the State ant	ticipate deliverables for this task will be submitted? (mm/dd/yyyy)	
☐ The State intends to	o seek CMS approval to amend what will be submitted as deliverables for this task.	
Deliverables: (Please note	e any variance from Deliverables in the Work Plan)	
		$\overline{\mathbf{v}}$
	pleted by the time the Program application was submitted. Supporting information collication and/or Work Plan.	an
_	pleted after the Program application was submitted, and its status remains current.	
This task is not yet	complete.	
Estimated percen	ntage complete:%	
Describe progress	s for this task during the reporting period:	
		~

Descr	ribe experienced or anticipated challenges to completing this task:
Desc	ribe the State's plan to address the challenges described above:
	<u></u>
Structural Cha	inges
Sustainability	
Develop sust	ainability plan:
▼ The Sta	te intends to seek CMS approval to change the date this deliverable will be submitted.
When does 1 11/15/2	the State anticipate deliverables for this task will be submitted? (mm/dd/yyyy)
☐ The Sta	te intends to seek CMS approval to amend what will be submitted as deliverables for this task.
	(Please note any variance from Deliverables in the Work Plan) g sources and estimated annual budget necessary to maintain structural changes after award period ends
	sk was completed by the time the Program application was submitted. Supporting information can d in the application and/or Work Plan.
	k was completed after the Program application was submitted, and its status remains current. k is not yet complete.
Estin	nated percentage complete: 20 %
] 1]	ribe progress for this task during the reporting period: Missouri is committed to maintaining the BIP infrastructure throughout the project and beyond 2015 with the use of state administrative dollars and grant funding wherever possible to enhance the community LTSS system. The ongoing costs will include maintenance of the BIP website, the toll free number, updating program materials, and staffing as needed. Once the HITECH grant expires, the HIN will become self-sustaining by charging a subscription fee.
	ribe experienced or anticipated challenges to completing this task: Unknown at this time.
	ribe the State's plan to address the challenges described above: Challenges will be addressed as they are identified and reported on the quarterly reports.

Structural Changes

2.

Archived 03/20/2015

1.	Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system:
	☐ The State intends to seek CMS approval to change the date this deliverable will be submitted.
	When does the State anticipate deliverables for this task will be submitted? (mm/dd/yyyy)
	☐ The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.
	Deliverables: (Please note any variance from Deliverables in the Work Plan) Description of plan of coordination
	This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
	This task was completed after the Program application was submitted, and its status remains current.This task is not yet complete.
	Estimated percentage complete:
	Describe progress for this task during the reporting period:
	Describe experienced or anticipated challenges to completing this task:
	Describe the State's plan to address the challenges described above:
2.	Updates on coordination with the Health Information Exchange IT system, including the technological infrastructure. The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.
	Deliverables: (Please note any variance from Deliverables in the Work Plan)

Describe changes to coordination between the NWD/SEP system and the HIE IT system that occurred: Progress Last Quarter:

- DSS and Missouri Health Connection (MHC) drafted a participation agreement to govern State Agency participation in the HIN. This agreement will be sent to DMH and DHSS for review.
- MO HealthNet and MHC help technical meetings between the MMIS vendor and the HIN vendor to develop a strategy for connecting the MMIS to the HIN for the purpose of sharing Medicaid claims data.
- MO HealthNet met with the State's Information Technology Services Division to work on an overall State strategy for sharing information between the State Agencies and connecting those agencies to the HIN. After a strategy has been ascertained, funding required to implement the strategy will be secured.

- MO HealthNet received approval for an updated IAPD for the HITECH programs. MO HealthNet submitted an updated SMHP for approval.
- MHC has deployed Direct Secure Messaging for some Missouri Health Systems. MHC will deploy for the State Agencies after the participation agreement is finalized.
- MHC has received approval from the ONC to start implementation of Phase II patient query function.

Describe experienced or anticipated challenges:

Challenges experienced during this quarter include:

- Reaching an agreement on a consent policy and what data Medicaid will share has been a challenge that has delayed the participation agreement.
- From a technical perspective, reaching an agreement between the MMIS and HIN vendors on the strategy for connecting the MMIS to the HIN.

Describe the State's plan to address the challenges described above:

Challenges addressed as follows:

- MHD and MHC have sought advice from attorneys and consultants and queried other States for their policies.
- MHD and MHC have facilitated technical sessions to resolve the technical issues.

Data Collection - List of Measures

The Data Collection section documents the State's progress toward collecting the Service, Quality, and Outcome data the State agreed to collect as part of the State's Balancing Incentive Program application. Service Measures:

Measure Name	Start of Measure Description	Implementation	Withdrawn
CMS 64	Quarterly statement of actual program costs and administrative expenditures for which States are ent	Complete	No
BIP Participant Data	Gather participant LTSS data including:•Total expenditures for community LTSS •Total expenditures f	Complete	No

Quality Measures:

Measure Name	Start of Measure Description	Implementation	Withdrawn	
	Missouri has been approved for an Adult Quality Grant that will allow MHD to further develop its ana	Not Complete	No	

Outcome Measures:

Measure Name	Start of Measure Description	Implementation	Withdrawn
Customer Services Postcards	Measures outcomes related to Medicaid eligibility determination.	Complete	No
Adult Consumer Survey	The Adult Consumer Survey obtains responses to questions related to the following Core Indicators:	Complete	No
Adult/Family Survey	Consumer satisfaction with services delivered to individuals with Developmental Disabilities. Respo	Complete	No
Family/Guardian Survey	Consumer satisfaction with services delivered to individuals	Complete	No

Measure Name	Start of Measure Description	Implementation	Withdrawn
	with Developmental Disabilities. Respo		
Child/Family Survey	Consumer satisfaction with services delivered to individuals with Developmental Disabilities. Respo	Complete	No

Measure Detail
The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.
applicable populations.
Name of the measure:
CMS 64
Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)
Quarterly statement of actual program costs and administrative expenditures for which States are
entitled to Federal reimbursement underthe authority of Title XIX of the Act
Type of measure:
© Service
Quality
Outcome
Applicable populations: (select all populations for whom the measure is or will be used.) Elderly individuals (age 65 or older)
People with developmental disabilities
People with a serious mental illness or severe emotional disturbance
People with physical disabilities
☐ Other
Please specify:
V The State implemented the measure, i.e., it has the ability to report data for the measure
The state implemented the measure, i.e., it has the ability to report data for the measure
Estimated implementation percentage complete: %
Describe progress toward implementing this measure during the reporting period:
Y
Describe experienced or anticipated challenges to implementing this measure:
Describe the State's plan to address the challenges described above:
Describe the State's plan to address the chancinges described above.
The State no longer plans to implement this measure.
Explain the reason(s) the State no longer plans to implement this measure:
Describe how frequently the State calculates the measure for internal use and/or external reporting:
Quarterly

I ne State calculated the measure for internal use and/or external reporting during the
reporting period.
Populations for which the measure was calculated (select all that apply):
☑ Elderly individuals (age 65 or older)
People with developmental disabilities
People with a serious mental illness or severe emotional disturbance
People with physical disabilities
☐ Other
Please specify:
Describe the State's sampling approach:
100%
Representative sample
Stratified sample
Other
If the sampling approach is not 100%, explain the sampling approach below. Include
information such as confidence interval, margin of error, and variables used for
sample stratification, if applicable:
What data source(s) does the State use to collect the data (e.g., information system or
survey): MMIS
IVIIVIIS
Measure Detail
The State intends to seek CMS approval to amend the name, description, or type of measure, or the
applicable populations.
Name of the measure:
BIP Participant Data
Describe the measure: (Please note any variance from a similar measure submitted with the Work
Plan)
Gather participant LTSS data including: •Total expenditures for community LTSS •Total
expenditures for institutional LTSS •Total participants accessing community
LTSS •Total participants accessing institutional LTSS •Breakdown of community LTSS delivered
during the quarter and number of participants served
Type of measure: Service
Z
Outcome
Applicable populations: (select all populations for whom the measure is or will be used.) Elderly individuals (age 65 or older)
People with developmental disabilities
People with a serious mental illness or severe emotional disturbance
People with physical disabilities
Other
Please specify:
▼ The State implemented the measure, i.e., it has the ability to report data for the measure

	Estimated implementation percentage complete:
I	Describe progress toward implementing this measure during the reporting period:
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I	Describe experienced or anticipated challenges to implementing this measure:
Т	Describe the State's plan to address the challenges described above:
	Describe the State's plan to address the chancinges described above.
	The State no longer plans to implement this measure.
	Explain the reason(s) the State no longer plans to implement this measure:
I	Describe how frequently the State calculates the measure for internal use and/or external
r	reporting:
	Data is collected quarterly
	▼ The State calculated the measure for internal use and/or external reporting during the
	reporting period. Populations for which the measure was calculated (select all that apply):
	Elderly individuals (age 65 or older)
	▼ People with developmental disabilities
	People with a serious mental illness or severe emotional disturbance
	People with physical disabilities
	Other
	Please specify:
	r lease specify:
	Describe the State's sampling approach:
	100%
	© Representative sample
	Stratified sample
	Other
	If the sampling approach is not 100%, explain the sampling approach below. Include
	information such as confidence interval, margin of error, and variables used for
	sample stratification, if applicable:
	What data source(s) does the State use to collect the data (e.g., information system or
	survey): MMIS
Measure De	etail
	1.000
	ntends to seek CMS approval to amend the name, description, or type of measure, or the
applicable	populations.
Name of	f the measure:
	ult Quality Measures
,	e the measure:(Please note any variance from a similar measure submitted with the Work
Plan)	
	ssouri has been approved for an Adult Quality Grant that will allow MHD to further develop its
ana	lytic capacity to collect and analyze data on a comprehensive set of HEDIS measures for the

community LTSS population. MHD is developing the capacity to produce HEDIS data, analyze data in-house through a known standardized method across providers, conduct ad hoc analysis of claims data for a variety of quality-related purposes by augmenting its information technology infrastructure, acquire dual eligible data from CMS for the purpose of care coordination at the state and provider levels, and expand educational interventions and data sharing with service providers. Focus will be on development of process measures over time, collection and evaluation of at least fifteen (15) core measures over time, implementation and evaluation of the quality improvement initiatives for the community LTSS population, and evaluation and root cause analysis of goals not met with an emphasis on lessons learned. The core set of measures are currently under development and will be reported separately as measures when identified.

improvement initiatives for the community LTSS population, and evaluation and root cause analysis
of goals not met with an emphasis on lessons learned. The core set of measures are currently under
development and will be reported separately as measures when identified.
Type of measure:
Service
Quality
Outcome
Applicable populations: (select all populations for whom the measure is or will be used.) Elderly individuals (age 65 or older)
People with developmental disabilities
People with a serious mental illness or severe emotional disturbance
People with physical disabilities
Other
Please specify:
The State implemented the measure, i.e., it has the ability to report data for the measure
Estimated implementation percentage complete: 20 %
Describe progress toward implementing this measure during the reporting period: Adult Quality Grant awarded December 21, 2012. A core set of quality measures are
currently under development and will be reported separately on the quarterly report as
measures when identified.
Describe experienced or anticipated challenges to implementing this measure:
A challenge exists with quickly identifying Medicaid participants accessing community
LTSS so HEDIS measures specific to this population can be gathered and analyzed.
Describe the State's plan to address the challenges described above:
Missouri is exploring adding a BIP indicator to identify Medicaid participants accessing
community LTSS for ease of reporting.
☐ The State no longer plans to implement this measure.
Explain the reason(s) the State no longer plans to implement this measure:
Describe how frequently the State calculates the measure for internal use and/or external reporting:
The State calculated the measure for internal use and/or external reporting during the
reporting period.
Populations for which the measure was calculated (select all that apply):
☐ Elderly individuals (age 65 or older)
People with developmental disabilities
People with a serious mental illness or severe emotional disturbance
People with physical disabilities
Other
Please specify:

Describe the State's sampling approach:
© 100%
Representative sample
Stratified sample
Other
If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:
What data source(s) does the State use to collect the data (e.g., information system or survey):
Measure Detail
☐ The State intends to seek CMS approval to amend the name, description, or type of measure, or the
applicable populations.
Name of the measure:
Customer Services Postcards
Describe the measure:(Please note any variance from a similar measure submitted with the Work
Plan) Measures outcomes related to Medicaid eligibility determination.
Type of measure:
Service
Quality
© Outcome
Applicable populations: (select all populations for whom the measure is or will be used.) Elderly individuals (age 65 or older)
People with developmental disabilities
People with a serious mental illness or severe emotional disturbance
People with physical disabilities
Other
Please specify:
▼ The State implemented the measure, i.e., it has the ability to report data for the measure
Estimated implementation percentage complete: %
Describe progress toward implementing this measure during the reporting period:
Describe experienced or anticipated challenges to implementing this measure:
Describe the State's plan to address the challenges described above:
The State no longer plans to implement this measure.
Explain the reason(s) the State no longer plans to implement this measure:

Describe how frequently the State calculates the measure for internal use and/or external
reporting:
Customer Services Postcards are received by the local county Family Support Division (FSD) office on a monthly basis and action taken immediately by local staff. The FSD Income Maintenance Quality Assurance/Quality Control Unit (IM-QA/QC) receives the Customer Services Postcards, records the information from the card onto a spreadsheet, then compiles a summary report of the information at the Federal Fiscal Year-end. All cards received are reviewed and recorded as they are received. The State calculated the measure for internal use and/or external reporting during the
reporting period.
Populations for which the measure was calculated (select all that apply): Elderly individuals (age 65 or older)
People with developmental disabilities
People with a serious mental illness or severe emotional disturbance
People with physical disabilities
☐ Other
Please specify:
Describe the State's sampling approach:
100%
Representative sample
Stratified sample
6 Other If the compling enpressed is not 100% explain the compling enpressed below. Include
If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for
sample stratification, if applicable:
What data resumes(s) does the State was to called the data (s.g. information system on
What data source(s) does the State use to collect the data (e.g., information system or survey):
Customer Services Postcards
Measure Detail
The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.
Name of the measure:
Adult Consumer Survey
Describe the measure:(Please note any variance from a similar measure submitted with the Work
Plan) The Adult Consumer Survey obtains responses to questions related to the following Core
Indicators:
Community Inclusion
 Choice and Decision-Making Relationships
• Satisfaction
Service Coordination
• Access
SafetyHealth
• Wellness

 Medications 	
Respect and Rights	
• Self-Determination	
• Work Type of measure:	
© Service	
Quality	
© Outcome	
Applicable populations: (select all populations for whom the measure is or will be used.)	
Elderly individuals (age 65 or older)	
People with developmental disabilities	
People with a serious mental illness or severe emotional disturbance	
People with physical disabilities	
Other	
Please specify:	
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The State implemented the measure, i.e., it has the ability to report data for the measure	
Estimated implementation percentage complete: %	
Describe progress toward implementing this measure during the reporting period:	
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Describe experienced or anticipated challenges to implementing this measure:	
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Describe the State's plan to address the challenges described above:	
	<u> </u>
The State no longer plans to implement this measure.	
Explain the reason(s) the State no longer plans to implement this measure:	
Explain the reason(s) the state no longer plans to implement this ineasure.	<u>_</u>
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Describe how frequently the State calculates the measure for internal use and/or externa	.l
reporting:	
Annually - Last survey year 2011/2012 The State coloulated the management for intermed use and/or external monorting during the state coloulated the management for intermed use and/or external monorting during the state of th	tha
▼ The State calculated the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external reporting during the measure for internal use and/or external use and	ше
reporting period. Populations for which the measure was calculated (select all that apply):	
Elderly individuals (age 65 or older)	
▼ People with developmental disabilities	
People with a serious mental illness or severe emotional disturbance	
People with physical disabilities	
Other	
Please specify:	
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Describe the State's sampling approach:	
C 100%	
Representative sample	
Stratified sample	
Other	

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:

Sample size of 400 allows a 95% confidence interval with +/- 5% margin of error What data source(s) does the State use to collect the data (e.g., information system or survey):

survey): Adult Consumer Survey
Adult Collsumer Survey
Measure Detail
Picasure Detain
The State intends to seek CMS approval to amend the name, description, or type of measure, or the
applicable populations.
Name of the measure:
Adult/Family Survey
Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)
Consumer satisfaction with services delivered to individuals with Developmental
Disabilities. Responses to questions relate to the following Core Indicators:
 Information and Planning Choices and Control
Access and Support Delivery
• Community Connections
• Family Involvement
• Satisfaction
• Outcomes Type of measure:
Service
© Quality
Outcome Applicable populations: (select all populations for whom the measure is or will be used.) Elderly individuals (age 65 or older)
People with developmental disabilities
People with a serious mental illness or severe emotional disturbance
People with physical disabilities
Other
Please specify:
▼ The State implemented the measure, i.e., it has the ability to report data for the measure
Estimated implementation percentage complete:
Describe progress toward implementing this measure during the reporting period:
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Describe experienced or anticipated challenges to implementing this measure:
Describe the State's plan to address the shallonges described shares
Describe the State's plan to address the challenges described above:
The State no longer plans to implement this measure.
Explain the reason(s) the State no longer plans to implement this measure:
Enplain and Leason of and State no longer plans to implement this measure.

Describe ho	w frequently the State calculates the measure for internal use and/or external
reporting:	5 2 2 X
	om of every 3 years - Last survey year 2008/2009 Attention to the measure for internal use and/or external reporting during the
	ng period.
Popu	lations for which the measure was calculated (select all that apply): Elderly individuals (age 65 or older)
	▼ People with developmental disabilities
	People with a serious mental illness or severe emotional disturbance
	People with physical disabilities
	■ Other
	Please specify:
Desc	ribe the State's sampling approach: 100%
	Representative sample
	Stratified sample
	Other
	e sampling approach is not 100%, explain the sampling approach below. Include mation such as confidence interval, margin of error, and variables used for
	ble stratification, if applicable:
	Sample size of 400 allows a 95% confidence interval with +/- 5% margin of error t data source(s) does the State use to collect the data (e.g., information system or
surve	ey):
	Adult/Family Survey
Measure Detail	
The State intends to se	ek CMS approval to amend the name, description, or type of measure, or the
applicable populations	
Name of the measu	
Family/Guardi	
,	rre:(Please note any variance from a similar measure submitted with the Work
Plan)	6. Co. 24
	faction with services delivered to individuals with Developmental esponses to questions relate to the following Core Indicators:
 Information a 	nd Planning
Choices and Company	
	upport Delivery
• Community C • Family Involv	
• Satisfaction	Cincit
Outcomes	
Type of measure:	
© Service	
• Quality	
© Outcon	
	ions: (select all populations for whom the measure is or will be used.) individuals (age 65 or older)
People	with developmental disabilities

People with a serious mental illness or severe emotional disturbance	
People with physical disabilities	
Cther Other	
Please specify:	
	_
☐ The State implemented the measure, i.e., it has the ability to report data for the measure	
The state implemented the incustre, help it has the ability to report data for the incustre	
Estimated implementation percentage complete: %	
Describe progress toward implementing this measure during the reporting period:	
	_
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Describe experienced or anticipated challenges to implementing this measure:	
	<u> </u>
Describe the State's plan to address the challenges described above:	
	_
	$\overline{}$
☐ The State no longer plans to implement this measure.	
Explain the reason(s) the State no longer plans to implement this measure:	_
	_
Describe how frequently the State calculates the measure for internal use and/or external	
reporting:	
Minimum of every 3 years - last survey year 2010/2011	
▼ The State calculated the measure for internal use and/or external reporting during to	ne
reporting period. Populations for which the measure was calculated (select all that apply):	
Elderly individuals (age 65 or older)	
People with developmental disabilities	
☐ People with a serious mental illness or severe emotional disturbance	
People with physical disabilities	
☐ Other	
Please specify:	
	^
Describe the State's sampling approach:	
100%	
Representative sample	
Stratified sample	
Other	
If the sampling approach is not 100%, explain the sampling approach below. Incl	ude
information such as confidence interval, margin of error, and variables used for	
sample stratification, if applicable: Sample size of 400 allows a 95% confidence interval with +/- 5% margin of error	
What data source(s) does the State use to collect the data (e.g., information system	
survey):	
Family/Guardian Survey	
Measure Detail	

The State intends to seek CMS approval to amend the name, description, or type of measure, or the
applicable populations.
Name of the measure:
Child/Family Survey
Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)
Consumer satisfaction with services delivered to individuals with Developmental
Disabilities. Responses to questions relate to the following Core Indicators:
 Information and Planning Choices and Control
Access and Support Delivery
Community Connections
• Family Involvement
SatisfactionOutcomes
Type of measure:
© Service
© Quality
© Outcome
Applicable populations: (select all populations for whom the measure is or will be used.) Elderly individuals (age 65 or older)
People with developmental disabilities
People with a serious mental illness or severe emotional disturbance
People with physical disabilities
Other
Please specify:
☐ The State implemented the measure, i.e., it has the ability to report data for the measure
The State implemented the measure, i.e., it has the ability to report data for the measure
Estimated implementation percentage complete: %
Describe progress toward implementing this measure during the reporting period:
Describe experienced or anticipated challenges to implementing this measure:
Describe the State's plan to address the challenges described above:
■ The State no longer plans to implement this measure.
Explain the reason(s) the State no longer plans to implement this measure:
Describe how frequently the State calculates the measure for internal use and/or external
reporting: Minimum of every 3 years - Last survey conducted 2009/2010
The State calculated the measure for internal use and/or external reporting during the
reporting period.
Populations for which the measure was calculated (select all that apply):
☐ Elderly individuals (age 65 or older)
People with developmental disabilities
People with a serious mental illness or severe emotional disturbance

People with physical disabilities
☐ Other
Please specify:
Describe the State's sampling approach:
100%
Representative sample
Stratified sample
Other
If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:
Sample size of 400 allows a 95% confidence interval with +/- 5% margin of error
What data source(s) does the State use to collect the data (e.g., information system or survey): Child/Family Survey

Expenditures Reporting, Current Reporting Period

The State is using the methodology from Attachment C of the Balancing Incentive Program Application Announcement to report expenditures during this reporting period:

Enter the following information based on data the State will enter in the CMS 64 report for this reporting period. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.

Total non-institutional LTSS reported on the CMS 64 report: \$393954710.00 Total institutional LTSS reported on the CMS 64 report: \$327381039.00 Total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration: \$ 2499670.00 **Total LTSS:** \$723,835,419.00 54.77% Percentage of LTSS for non-institutional services and supports: Change in percentage of LTSS for non-institutional services and N/A (first report) supports from previous quarter (assuming no prior period adjustments): **Expenditures Reporting,**

Adjustments to Prior Reporting Periods

The State reports prior period adjustments to previously submitted reports for the following reporting periods:

Reporting Period End Date	
Reporting reriou End Date	

Assurances

Explain how the State used the additional Federal funds paid to the State under the Balancing Incentive Program during the reporting period for purposes of providing new or expanded offerings of non-institutionally-based LTSS, as required in Section 10202(c)(4) of the Affordable Care Act.

Missouri will use the enhanced funds to expand access to the Partnership for Hope Waiver and the Missouri Children with Developmental Disabilities Waiver. An additional 1,100 Medicaid participants will be eligible for community long term services and supports and an additional 150 children will become Medicaid eligible and remain in their homes as a result of receipt of community based long term services and supports. Both waiver amendments to add the additional slots have been approved by CMS. In addition, an amendment to the Comprehensive Waiver to serve an additional 166 participants is under development and should be submitted to CMS during November.

The State attests it has not restricted eligibility standards, methodologies, or procedures for LTSS during the reporting period.