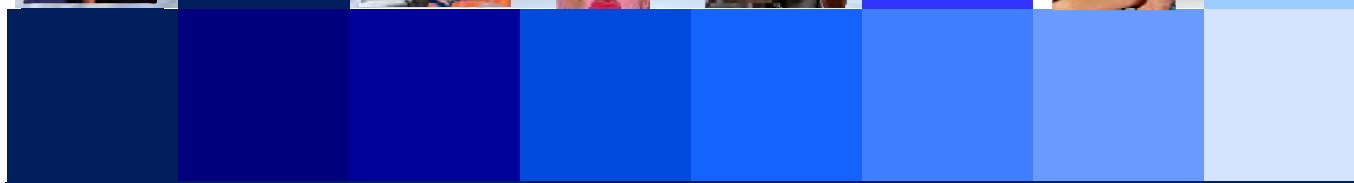
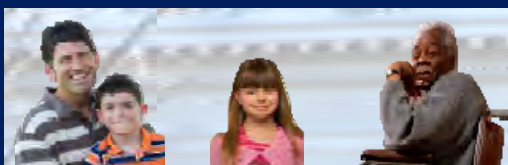
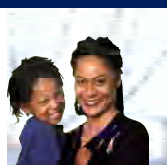


 *Missouri Department of*
SOCIAL SERVICES
Your Potential. Our Support.

ANNUAL REPORT 2011



221 W High • PO Box 1527 • Jefferson City, MO 65102-1527 • Phone: 573-751-4815

www.dss.mo.gov/

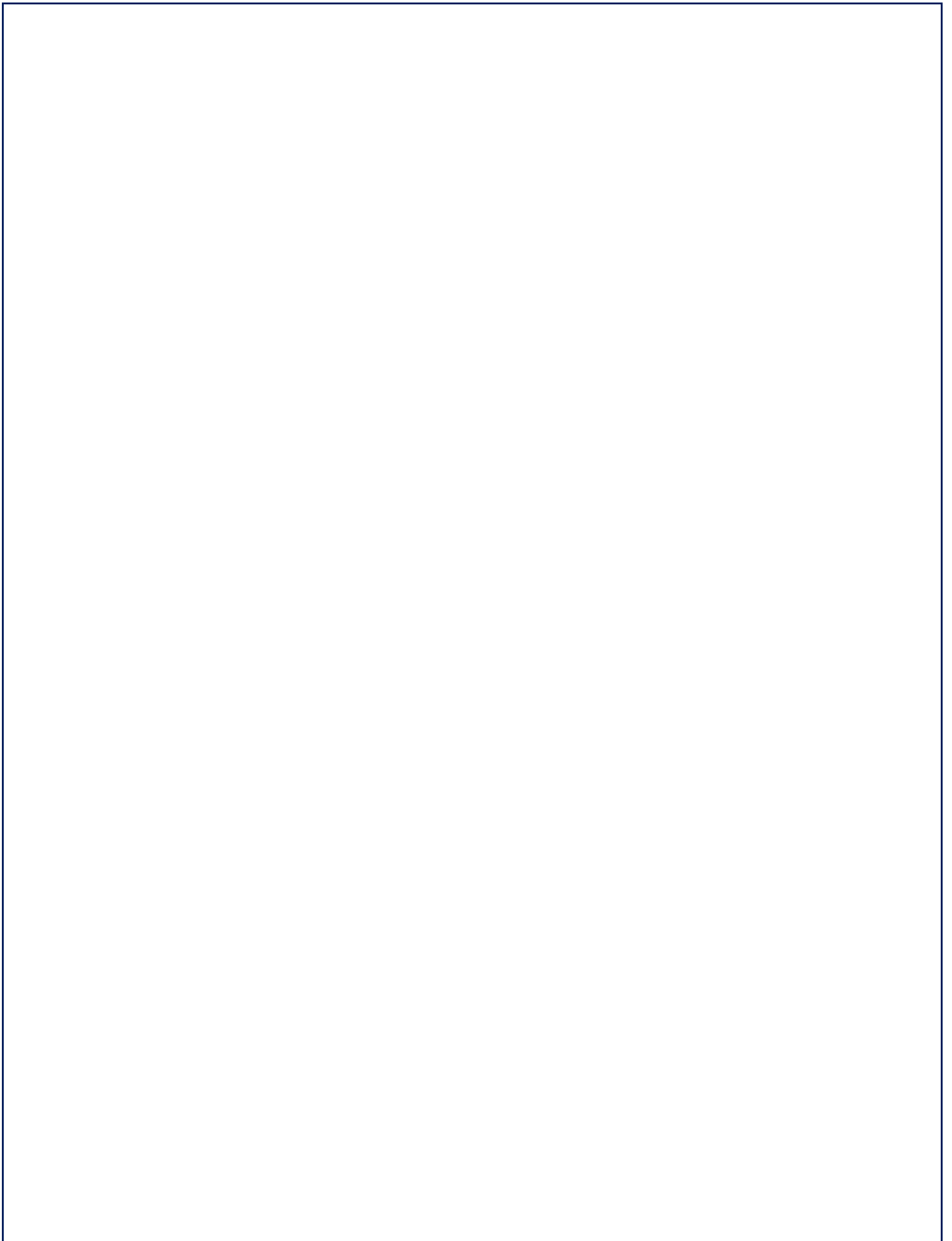
An Equal Opportunity Employer, services provided on a nondiscriminatory basis

*Cover photo credits: State capitol – Department of Social Services;
all other photos ©JUPITERIMAGES 2009*



CONTENTS

Director's Letter	<i>ii</i>
Department of Social Services Mission, Vision, Guiding Principles, Core Functions	1
Department Leadership	2
Financing	3
2010 Quick Facts About DSS in Missouri	4
Program Divisions	5
Family Support Division	5
Children's Division	13
Division of Youth Services	21
MO HealthNet Division	31
Missouri Office of Health Information Technology	41
Support Divisions	43
Division of Finance and Administrative Services	45
Division of Legal Services	51
Top DSS News Stories of 2011	56
DSS in the Community	57
Toll-Free Informational Phone Numbers	



Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

JEREMIAH W. (JAY) NIXON, GOVERNOR • BRIAN KINKADE, INTERIM DIRECTOR

P.O. BOX 1527 • BROADWAY STATE OFFICE BUILDING • JEFFERSON CITY, MO 65102-1527
WWW.DSS.MO.GOV • 573-751-4815 • 573-751-3203 FAX

August 28, 2012

Dear Fellow Missourians:

I am honored to lead the dedicated men and women of DSS that work every day to improve the quality of life of Missourians. The department's third annual report highlights how DSS embraces change to achieve greater levels of child protection and permanency, youth rehabilitation, health care access and family security:

- Family Support Division is adapting its services and operations to be more accessible to Missourians, increase resource capacity and maximize economies of scale.
- Children's Division is positioning itself to place more data in the hands of frontline workers so they are equipped to make better informed child safety and permanency decisions.
- Division of Youth Services is strengthening its system so there are more opportunities for troubled youth transitioning to being productive citizens.
- MO HealthNet Division is employing increased levels of technology, quality assurance and cost saving measures to ensure access to health care.
- Division of Finance and Administrative Services is centralizing and streamlining operations to strengthen management of the department's finances.
- Division of Legal Services is adapting to meet the department's complex needs.



Brian Kinkade
Interim DSS Director

With continuing innovation, I am confident DSS will help more Missouri families reach their potential.

Sincerely,

A handwritten signature in black ink, appearing to read 'BKinkade'.

Brian Kinkade
Interim Director

RELAY MISSOURI
FOR HEARING AND SPEECH IMPAIRED
1-800-735-2466 VOICE • 1-800-735-2966 TEXT PHONE

An Equal Opportunity Employer, services provided on a nondiscriminatory basis.



The Missouri Department of Social Services (DSS) was constitutionally established in 1974. It is charged with administering programs to promote, safeguard and protect the general welfare of children; to maintain and strengthen family life; and, to aid people in need as they strive to achieve their highest level of independence.

The department is organized into 4 program divisions:

- Children's Division;
- Family Support Division;
- MO HealthNet Division; and,
- Division of Youth Services.

The Divisions of Finance and Administrative Services and Legal Services provide department-wide support services.

Mission

To maintain or improve the quality of life for Missouri citizens

Vision

Safe, healthy and prosperous Missourians

Guiding Principles

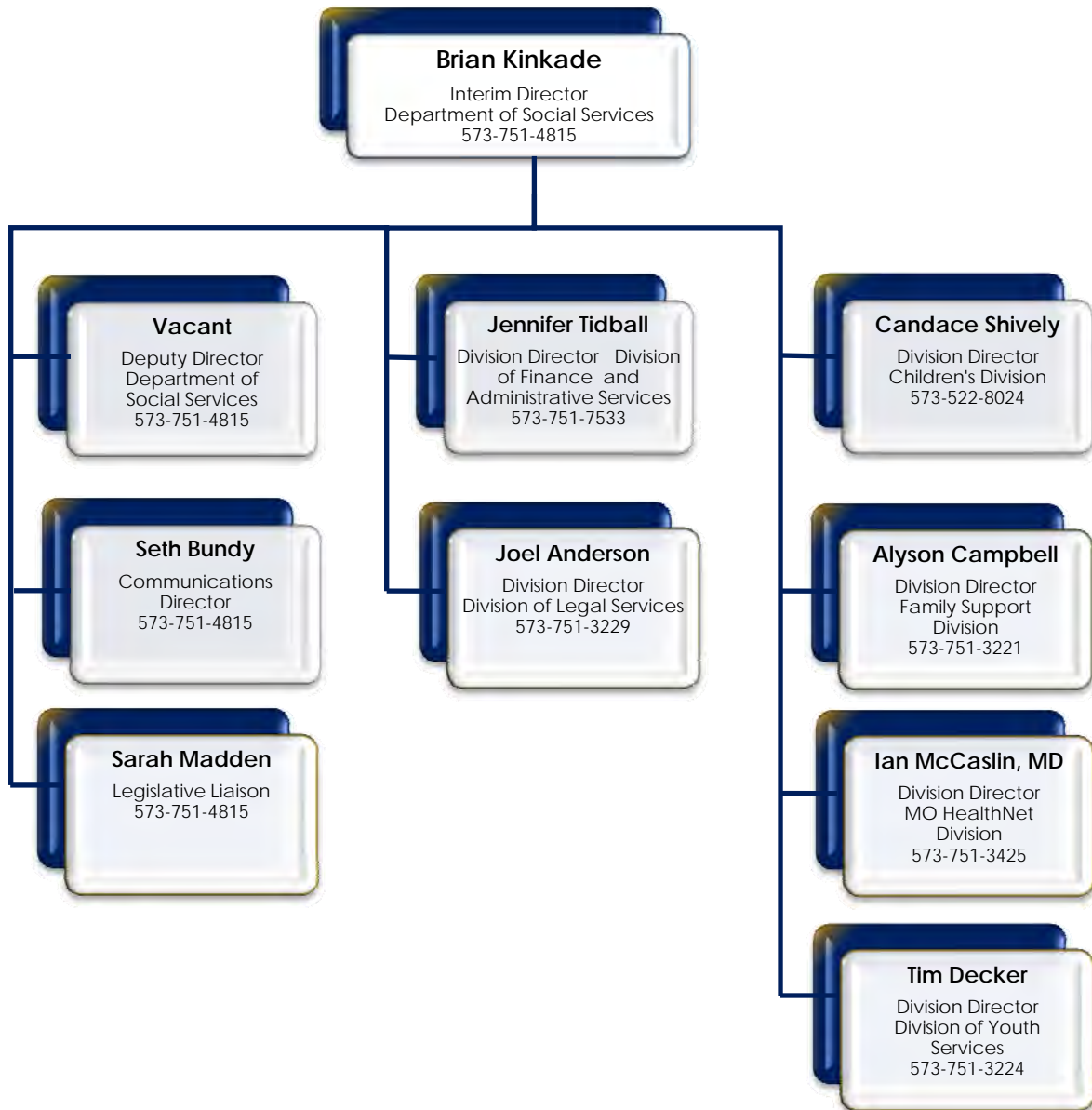
- **RESULTS** -- We will make a positive difference in the lives of Missourians.
- **SERVICE** – We will help others with honor, dignity and excellence.
- **PROFICIENCY** – We will provide quality services with skill, creativity and innovation.
- **INTEGRITY** – We will uphold the public trust.
- **STEWARDSHIP** – We will wisely manage all resources entrusted to us.
- **ACCOUNTABILITY** – We will own our actions and their impact.

Core Functions

- Child protection and permanency
- Youth rehabilitation
- Access to quality health care
- Maintaining and strengthening families



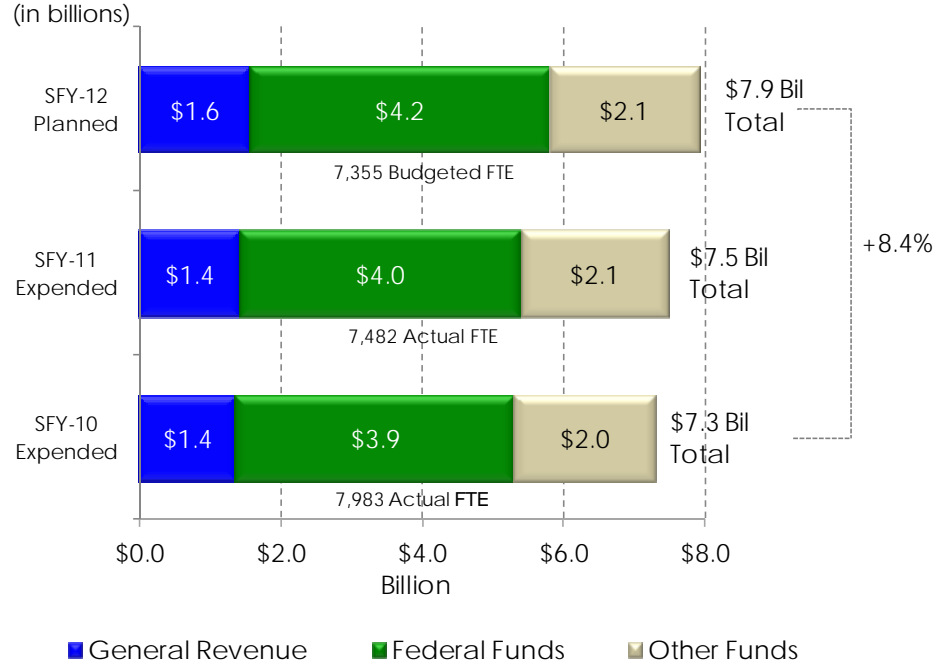
DEPARTMENT LEADERSHIP



Additional Contacts

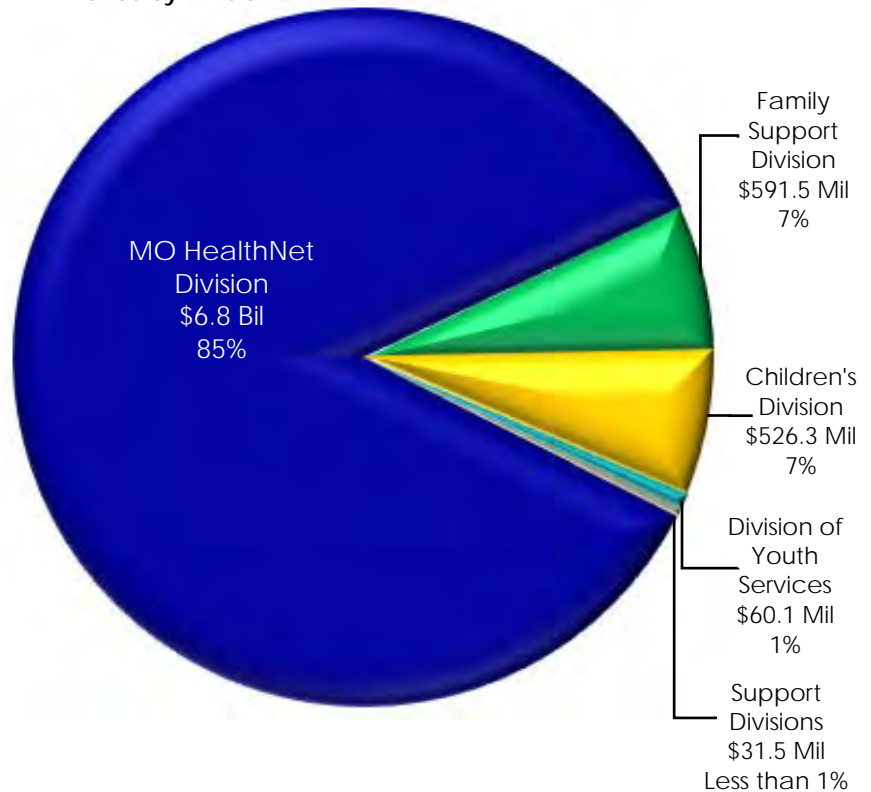
- Karen Meyer, Director, Human Resource Center, 573-751-4244
- Rodney Jones, Chief, State Technical Assistance Team, 573-751-5980 or 800-487-1626

Department Expenditures SFY-10 to SFY-12 Planned With Fund Source Comparison



- Total spending has increased 8.4% (\$616.2 million) between SFY-2012 planned and SFY-2012 actual while General Revenue (GR) has increased by 14.4% (\$198.0 million).
- Federal and Other fund spending increased 7.3% (\$287.4 million) and 6.6% (\$130.8 million) respectively.
- The majority of Total and GR growth has been in the Medicaid program (MO HealthNet).
- The majority of department expenditures are from Federal and Other fund sources in SFY-2012. GR spending will account for only 19.9% of planned spending).
- Between SFY-2010 and SFY-2012 full time equivalents (FTE) have declined 7.9% (628 FTE).

SFY-12 Planned Expenditures Funds by Division





2011 QUICK FACTS ABOUT DSS IN MISSOURI



MO HealthNet¹

Number of people enrolled for MO HealthNet services	899,113
MO HealthNet dollars spent during the state fiscal year ²	\$6,547.5 mil
Estimated federal portion of MO HealthNet dollars spent ²	\$4,109.0 mil
MO HealthNet dollars for inpatient hospital services	\$672.4 mil
MO HealthNet dollars for physician services	\$501.0 mil
MO HealthNet dollars for nursing home services	\$891.0 mil
MO HealthNet dollars for pharmacy services	\$988.8 mil
MO HealthNet dollars for managed care payments	\$964.1 mil

Family Support

Child support collections (IV-D and non-IV-D)	\$846.0 mil
Average monthly temporary assistance families ³	43,808
Total temporary assistance payments ³	\$121.7 mil
Average monthly food stamp benefit recipients	937,013
Total food stamp benefits received	\$1,427.8 mil

Child Protection and Permanency

Children involved in hotline reports ⁴	82,467
Children with substantiated abuse or neglect ⁴	6,202
Children with family assessments ⁴	39,552
Average monthly children in foster care ⁵	10,301
Children adopted	1,168
Total Children's Services expenditures ⁶	\$155.9 mil
Average monthly children receiving subsidized child care ⁷	49,256
Child care expenditures ⁷	\$176.7 mil

Youth Services

Youths committed ⁸	951
Average monthly youths in DYS custody	1,568

Notes

1. Does not include Women's Health Services
2. Medicare Buy-In premiums are reported at the statewide level, but not at the county level
3. Includes Transitional Employment Benefit cases
4. Children based on completed conclusions during the state fiscal year
5. Methodology changed in SFY-2010; do not compare SFY-2010 and 2011 to prior years
6. Methodology changed in SFY-2011 to exclude all Child Care payments; do not compare to prior years; includes Foster Care, Intensive In-Home Services, Residential Treatment, Children's Treatment, Adoption Subsidy, Psychiatric Diversion, KIDS, Independent Living, Rehab Option for Residential Treatment only; Performance Based Contractor payments included only at the state level
7. Methodology changed in SFY-2011; do not compare to prior years; includes ARRA
8. 9 dual jurisdiction cases, which occur across the state, are not included in the commitment data

615 Howerton Court • PO Box 2320 • Jefferson City, MO 65102-2320 • Phone: 573-751-3221

Programs & Services

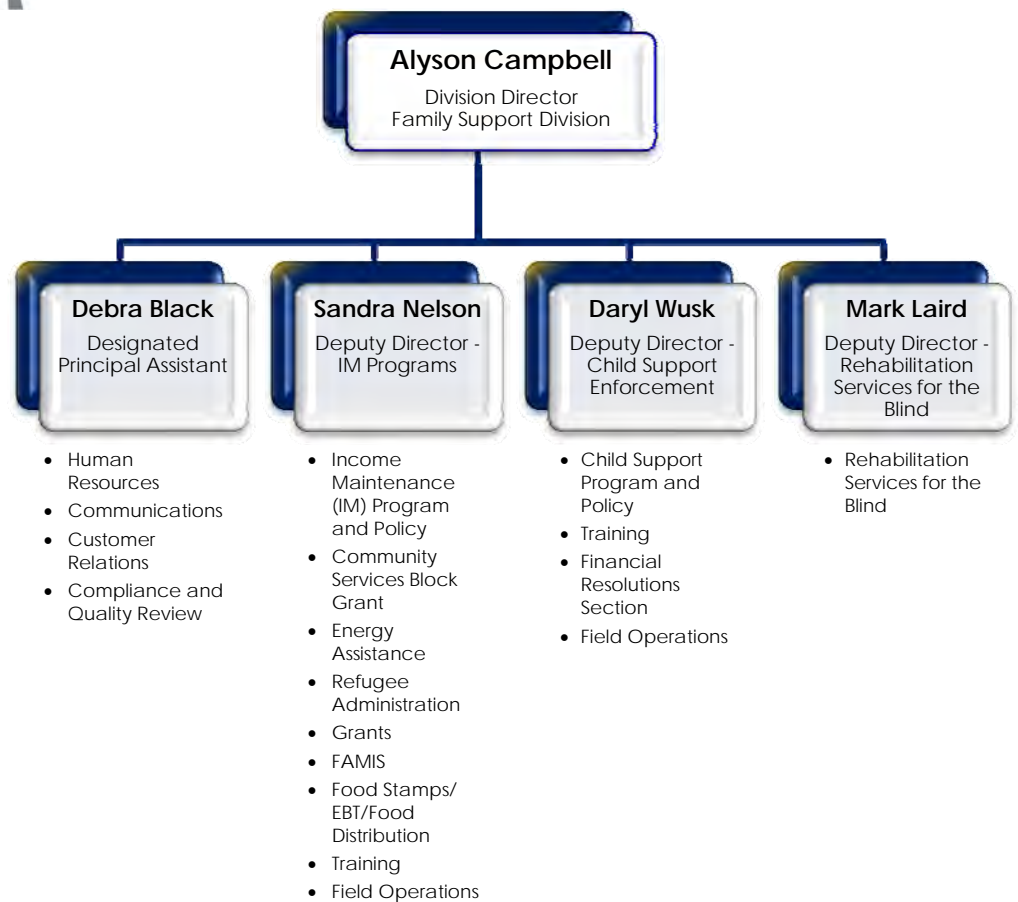
NEEDS BASED PROGRAMS

- TEMPORARY ASSISTANCE
- FOOD STAMPS
- LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
- MO HEALTHNET ELIGIBILITY
- SUBSIDIZED CHILD CARE ELIGIBILITY

CHILD SUPPORT

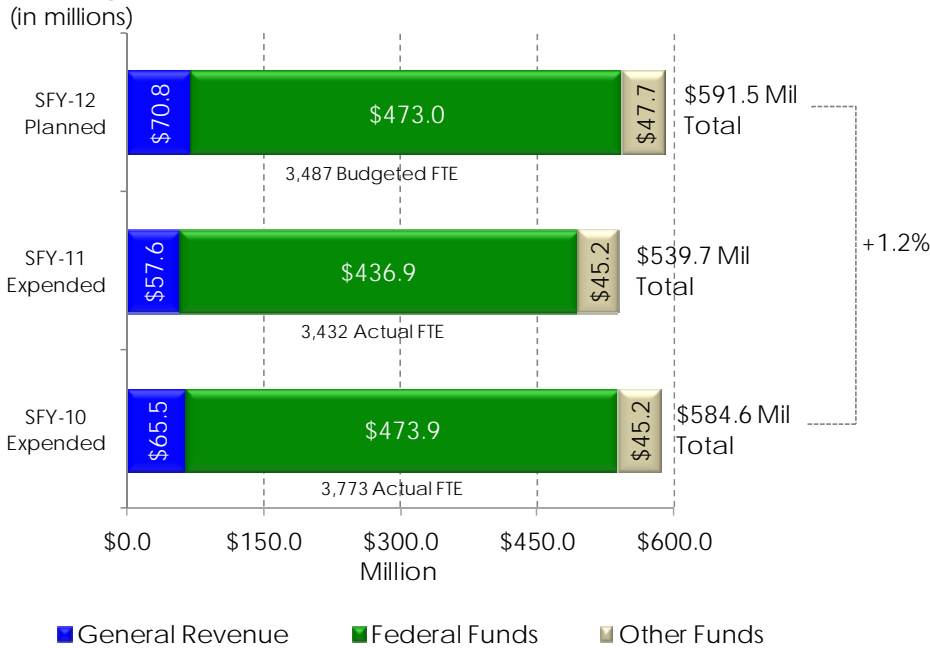
REHABILITATION SERVICES FOR THE BLIND

Family Support Division (FSD) maintains and strengthens Missouri families, helping people achieve an appropriate level of self-support and self-care through needs based services.



Find the Family Support Division on the web at www.dss.mo.gov/fsd/

FSD Expenditures SFY-10 to SFY-12 Planned



- Total spending increased by 1.2% (\$7.0 million).
- While Federal spending remained steady, General Revenue (GR) spending increased by 8% (\$5.3 million) and Other fund spending increased by 5.7% (\$2.6 million).
- GR cost increases occurred during this time in Supplemental Nursing Care Program (\$850,000) and Electronic Benefit Transfer (EBT) – the cost to deliver Food Stamp and Temporary Assistance for Needy Families (TANF) benefits by card (\$1.5 million). The EBT cost trend will reverse with the award of a new contract effective in the spring of 2012. While these program costs increased, funding for Income Maintenance staff and expenses decreased by \$1.1 million GR (\$3.5 million Total decrease).
- In FY-2010 and FY-2011, the Department of Social Services was able to expend in the Child Support program one-time Federal funds made available through the American Recovery and Reinvestment Act (ARRA) of 2009 in lieu of GR. The GR savings allowed other state programs to be funded during this time. The GR funds are projected to be expended in FY-2012 since the ARRA funds are no longer available. During this time appropriated GR funds for the child support program actually decreased by \$1.9 million.

Each Day
in Missouri

2,635

Food Stamp applications are processed

234

Temporary Assistance applications are processed

212

refugee families are being helped toward economic self sufficiency

\$2,300,000+

in Child Support is collected and distributed to families

3,908

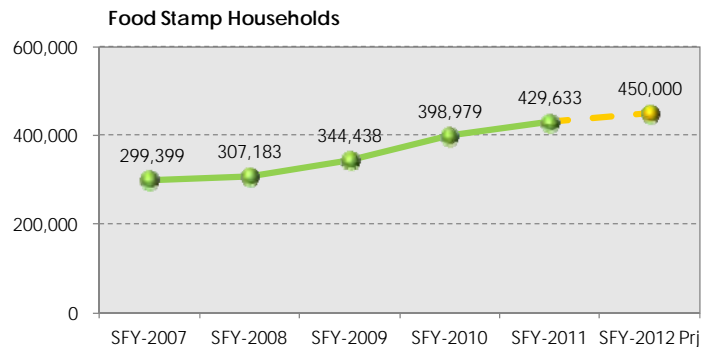
visually impaired people have either Blind Pension or Supplemental Aid to the Blind to help meet their living expenses

- Although the Federal spending remained steady, there were 2 areas of Federal spending with significant variances:
 - Federal funds to support heating and cooling assistance programs through the Low Income Home Energy Assistance Program (LIHEAP) decreased by \$48.2 million from FY-2010 to FY-2012; \$35.0 million of that decrease was realized between FY-2010 and FY-2011.
 - In FY-2012, there was \$30.0 million of new Federal funds appropriated in the Blind Enterprise section to support the department's facilitation of a contract arrangement on behalf of the blind vendor providing food services for Fort Leonard Wood.
- The Other fund spending increase is attributed to increases in the Blind Pension cash benefit.
- FSD full time equivalent (FTE) staff declined by 7.6%, or 286 FTE.

FSD PERFORMANCE

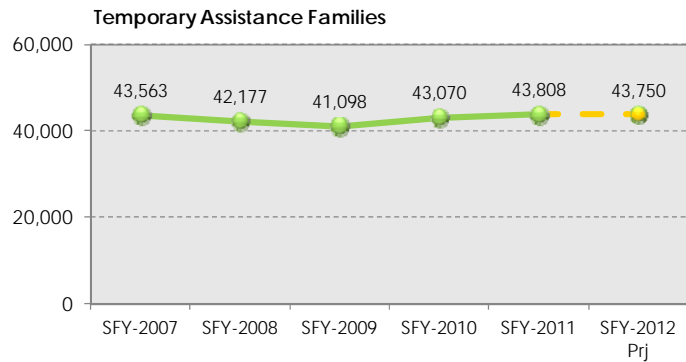
Food Stamp Households

- Economic conditions are contributing to an increase in Food Stamp households.
- FSD is managing the increased caseload without increasing staff.
- The US Department of Agriculture has established state standards for case processing timeliness and payment accuracy. Poor performance can result in sanctions and superior performance may earn bonuses.
- For FFY-2010, the national average for timeliness was 86.0%, while Missouri's timeliness rate was 94.8%.
- For FFY-2010, the national average payment accuracy rate was 96.2%, while Missouri's rate was 94.4%.



Temporary Assistance Families

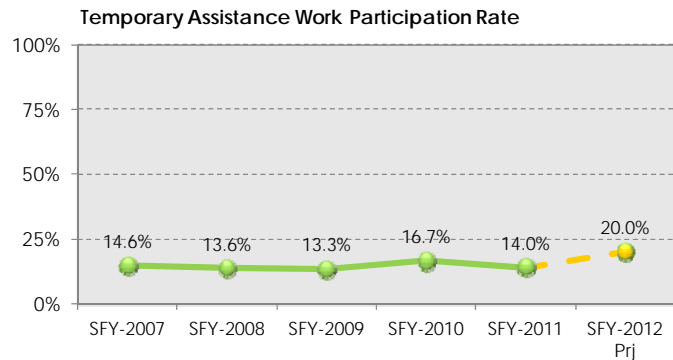
- The general downward trend in the number of families receiving Temporary Assistance for Needy Families (TANF) cash assistance has reversed in a weakened economy.
- Missouri has one of the lowest TANF eligibility levels in the nation, leading to fewer people being eligible. A family of 3 qualifies for a maximum of \$292 per month in assistance.
- TANF families must participate in training or job related activities.
- 2,630 individuals met the 60-month lifetime limit for TANF benefits in SFY-2011.



This measure includes Transitional Employment Services (TEB) cases that began to receive services in November 2008. TEB cases number 1,218 for SFY-2009; 1,393 for SFY-2010; 1,387 for SFY-2011 and a projected 1,750 for SFY-2012.

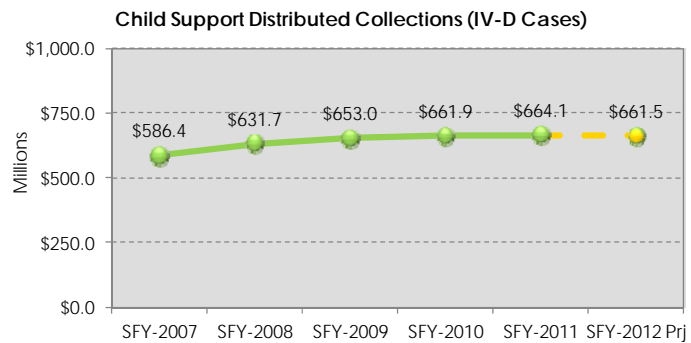
Temporary Assistance Work Participation Rate

- The federal government requires states to meet a 50% work participation rate for adults receiving benefits under the TANF program.
- In FFY-2009, after a caseload reduction credit of 35.1%, Missouri's work participation target was 14.9%. Missouri's actual work participation rate was 13.2% for FFY-2009. The federal government has assessed Missouri a \$35.9 million penalty, which has been appealed.
- In SFY-2010, responsibility for work assistance programs was transferred from the Division of Workforce Development to the Department of Social Services.



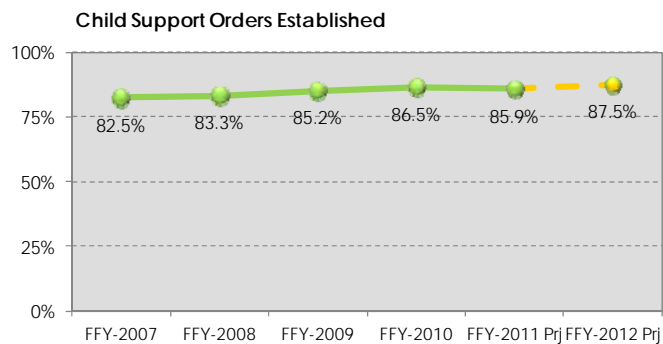
Child Support Distributed Collections (IV-D Cases)

- Child Support collections have increased despite a 17.5% reduction in staff since SFY-2007.
- Reengineering of work processes and stratification of the caseload promotes better case management, operating efficiencies and enhanced productivity.
- Nearly flat collections in SFY-2012 reflect the impact of a weakened economy.



Child Support Orders Established

- Growth in the percentage of Child Support cases with orders established continues to increase steadily.
- Growth in FFY-2012 and beyond is expected with efficiencies gained in establishing Child Support Enforcement offices where staff focuses on paternity and support order establishment.



Income Maintenance Programs

- FSD implemented provisions of Senate Bill 583 by providing MO HealthNet information to 178,000 uninsured households that indicated an uninsured child on their free and reduced school lunch program application.
- For the first time in 18 years, FSD implemented a Disaster Food Assistance program, when Joplin was hit by a massive tornado in May 2011. Through this program, 2,228 individuals in new applicant households and 2,341 individuals in ongoing recipient households were provided food assistance.
- On July 1, 2011, FSD implemented an automated system for Missouri Work Assistance, enabling contracted case management providers and FSD staff to assist Temporary Assistance participants in preparing and obtaining employment.

- In 2010, FSD introduced a regionalized approach to Nursing Home workload management in Kansas City and St. Louis. In 2011, the approach was expanded to southwest and northwest Missouri by implementing a vendor specialization office in Ozark and Livingston counties. This approach provides a greater capacity to monitor the complexities of the Nursing Home program and enhances customer service to nursing facilities and residents in these regions.

Child Support Program

- In 2010, 39.5% of children born in Missouri were out of wedlock. FSD is initiating a paternity campaign with Missouri hospitals with high out-of-wedlock birth rates to educate unmarried parents about the importance of legally establishing paternity.
- The Child Support program is measured at the federal level in 5 categories. As part of the division's strategic plan, efforts are underway to improve performance in all 5 measures.

Federal Measure	Needed to Earn Maximum Incentive	FFY-2008	FFY-2009	FFY-2010	FFY-2011
Paternity Establishment	90%	90.5%	90.1%	90.6%	93.4%
Order Establishment	80%	84.6%	85.2%	86.4%	85.9%
Current Collections	80%	56.5%	56.6%	56.7%	56.8%
Arrearage Payment	80%	57.6%	56.7%	58.2%	58.6%
Cost Effectiveness	\$5.00	\$6.77	\$6.28	\$6.71	\$7.46

Rehabilitation Services for the Blind Programs

- In FFY-2010, out of the 24 states with separate blind agencies, Missouri's Rehabilitation Services for the Blind (RSB) was in the top 7 in terms of meeting the federal performance requirements under standard 1 and standard 2.
- FSD/RSB assisted 269 blind and severely visually impaired Missourians in reaching their employment goals in FFY-2011.
- Of the blind and severely visually impaired Missourians leaving the program after receiving services, 83.54% achieved a successful employment outcome.



Reorganization of Income Maintenance County Offices

- In SFY-2011, the division reorganized its work processes and service delivery model in 9 counties resulting in increased resource capacity and economies of scale.
- FSD plans to continue reorganization efforts throughout the coming year.

Child Support Arrearage Reduction

- In FFY-2010, Missouri had 2.2% of the national Child Support program's caseload and 1.8% of the national program's arrears (as compared to 2.3% of the caseload and 2.1% of the arrearages in the preceding year).
- In SFY-2010, FSD made it a goal to use managed reports, case closure policy and the existing statutes of limitation to reduce the arrearage balance.
- In SFY-2011, a focused effort to reduce Child Support arrearage balances was implemented. These efforts are ongoing. As of November 30, 2011, arrearage balances were reduced by \$242 million.

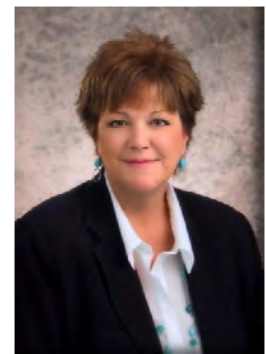
RSB Automated System

- RSB began its web-based case management system in FFY-2011. This system houses an interpretive engine that is being used to build a comprehensive information management system for the Vocational Rehabilitation, Independent Living, Older Blind Services and Children's Services programs. RSB is in the end user implementation and debugging phase of implementation.
- RSB plans to transition its Business Enterprise program and the Prevention of Blindness programs to the automated case management system in FFY-2012.
- The system includes client case information, administrative management, fiscal management, reference and planning.
- The outcomes include:
 - Drastic reduction of state and federal audit exceptions;
 - Significant decrease in data entry allowing more staff time for direct client and employer customer services;
 - A dramatic improvement in case management quality assurance;
 - A greatly enhanced integration of the fiscal and program aspects; and,
 - Increased capacity to generate tax revenue through successful employment and an associated reduction in dependency and costs to state programs.



Child Support Program Case Intake and Mail Processing Center

- In 2012, FSD intends to implement a Child Support case intake and mail processing center.
- This center will manage all incoming mail and image the mail to reduce paper in local offices. Eventually, all Child Support program history files will be imaged. This technology will eliminate paper, improve efficiencies in case processing and realize significant savings in postage and leasing associated with case record storage.
- This center will also accept all new Child Support applications and perform the case opening activities in the Missouri Automated Child Support System (MACSS) in a paperless environment at the local level.



*Alyson Campbell
FSD Director*

Expanded Customer Service Center

- FSD currently operates a customer service call center in the Child Support program. FSD intends to expand the center to provide access to Income Maintenance services. Food Stamp, TANF and MO HealthNet customers often have difficulty reaching their caseworker because of busy switchboards and full voicemails. The customer service center will allow better customer access and improve information exchange.

Online Applications

- FSD will launch an online application for Food Stamps in early 2012. Information contained in an application will be electronically uploaded into the Family Assistance Management Information System (FAMIS) case management. This will eliminate paper applications and manual data entry, resulting in improved customer service and streamlined efficiencies for staff.
- FSD also intends to launch an online application for Child Support services in 2012.

Kiosk Access to DSS Services

- FSD will study the feasibility of using kiosks as a consumer-friendly, cost effective way to provide additional access for clients. Kiosks would not replace local offices, but rather provide access in the communities where customers shop or obtain health care.
- Kiosks could begin by providing an additional way for citizens to apply for benefits, check case status, receive case information, check Child Support payments/history and possibly make payments. Kiosks then could expand to include other state services.

Customized DSS Client Web Pages

- DSS is studying ways to coordinate and simplify web content on a client-specific basis.
- Through use of the department client number, case information from disparate systems could be linked.
- A secure customized web page would create a single internet location for all information related to a customer's case(s) and display it in a user friendly way.
- Customized web pages will:
 - Promote use of web-based services by making relevant information more conveniently accessible;
 - Encourage client self-service of some case functions;
 - Drive innovation to provide web-based service alternatives to clients;
 - Provide an opportunity for secure communication with clients; and,
 - Create a platform to engage families in a more holistic fashion.

205 Jefferson Street • PO Box 88 • Jefferson City, MO 65102-0088 • Phone: 573-522-8024

Programs & Services

CHILD SAFETY AND PERMANENCY

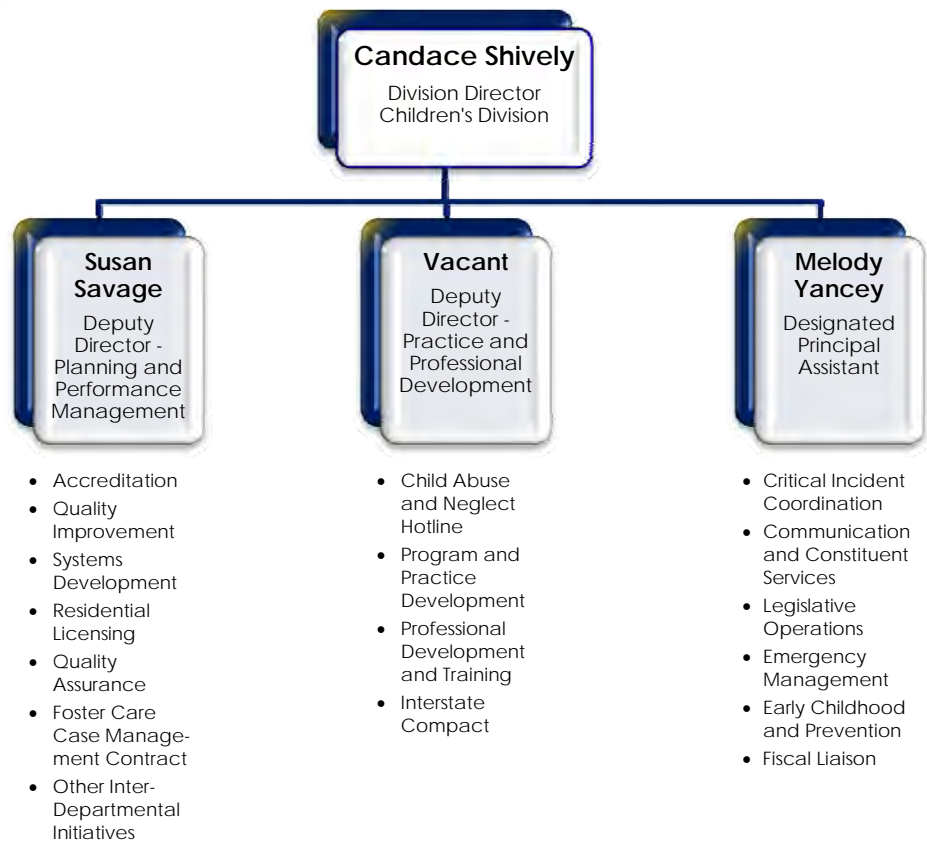
- CHILD ABUSE AND NEGLECT INVESTIGATIONS
- FOSTER CARE TREATMENT SERVICES
- ADOPTION/ GUARDIANSHIP
- INDEPENDENT/ TRANSITIONAL LIVING

SUBSIDIZED CHILD CARE

EARLY CHILDHOOD

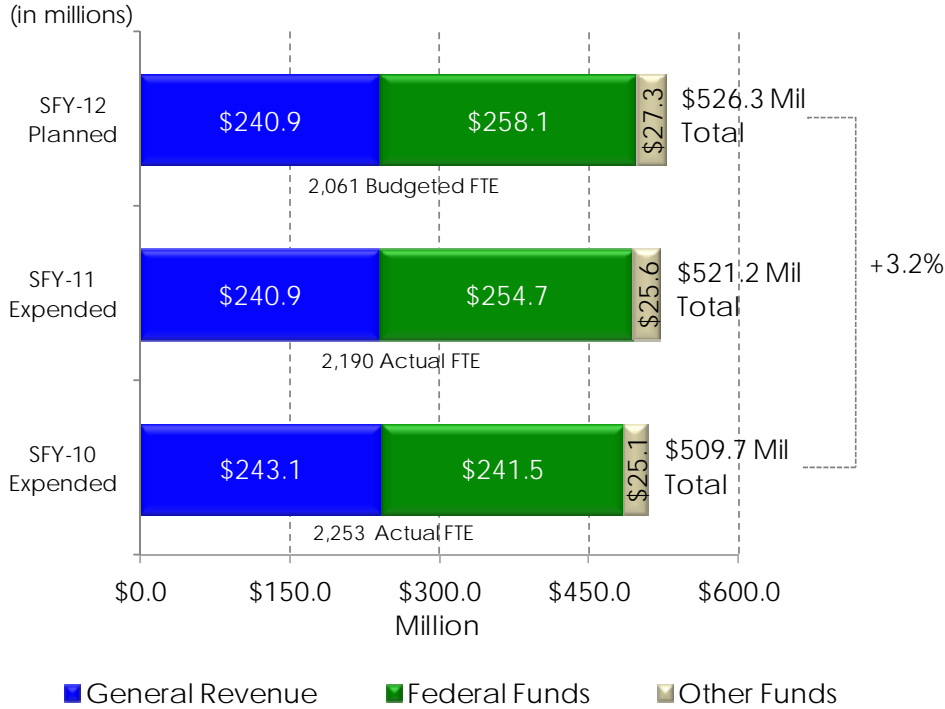
CHILD ABUSE PREVENTION

Children's Division (CD) focuses on child safety, permanency and wellbeing.



Find the Children's Division on the web at www.dss.mo.gov/cd/

CD Expenditures SFY-10 to SFY-12 Planned



- Total expenditures have increased 3.3% (\$16.6 million) over the last 3 years.
- Federal and Other fund spending has increased by 7.0% (\$18.8 million).
- During the same time period, GR spending declined by 0.9% (\$2.2 million).
- Child Care GR spending has decreased by \$1.0 million while total Child Care spending has increased by \$10.0 million. This increase is attributed to caseload growth.
- Child welfare placement and treatment GR spending decreased by \$300,000 while total spending increased by \$5.3 million.
- A GR spending decline of \$2.0 million in field staff/operations and program administration (equating to an overall decline of \$1.2 million) is offset by marginal GR spending increases in tuition reimbursement programs for foster children (\$183,000) and crisis care expenditures (\$700,000).
- CD full time equivalent (FTE) staff declined by 8.5% or 192.0 FTE

164
child abuse and neglect incidents are reported

12
child abuse and neglect incidents are substantiated on 17 children

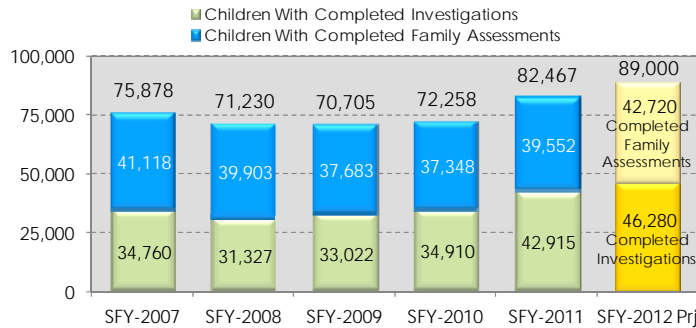
3
adoptions are finalized

49,256
children from low-income families receive subsidized Child Care

Children With CAN Hotline Reports Completed

- The Child Abuse and Neglect (CAN) Hotline was automated in 2005 resulting in a more objective manner of screening and assigning reports.
- The screening process has remained the same since SFY-2006.
- Missouri is one of a few states using the automated decision screening process.

Children With CAN Hotline Reports Completed*

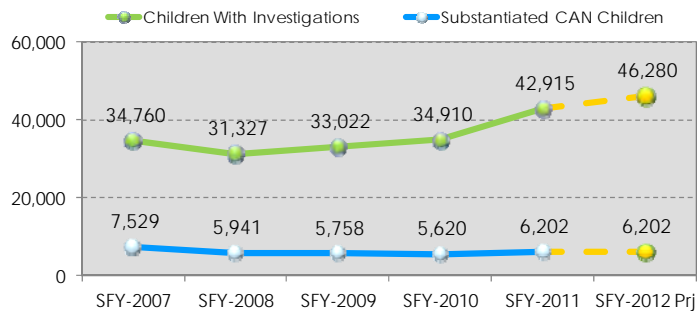


*Includes only substantiated, unsubstantiated and family assessment conclusions

Children With Completed CAN Investigations and Concluded Substantiated CAN

- Legal training for staff resulted in fewer overturned reports during the appeal process.
- To sustain and/or maintain this level, legal in-service training is required for new staff.
- Evidentiary standards were changed in 2007 to preponderance of evidence.

Children With Completed CAN Investigations and Concluded Substantiated CAN

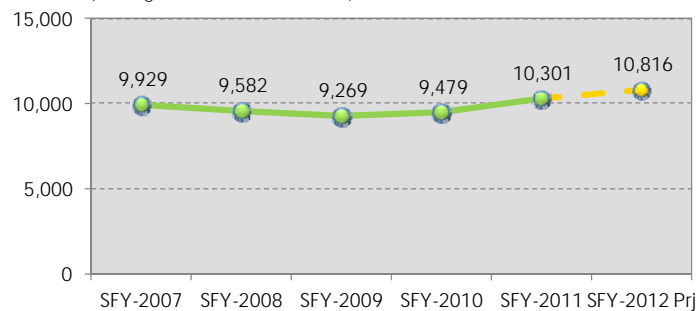


Children in Foster Care

- Fewer children are exiting than entering Foster Care.
- Over the last 2 years, Missouri has been experiencing an increase in the Foster Care population while most states have seen a decline. The Children's Division has been working with Casey Family Programs to conduct a review to determine the reasons for this increase.
- Manageable caseloads need to be sustained to expedite permanency for children.

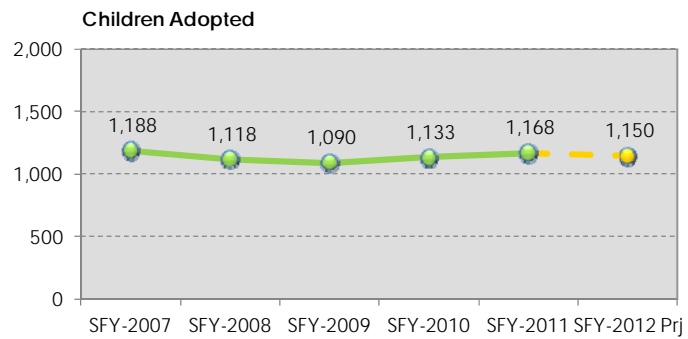
Children in Foster Care

(Average of Month End Numbers)



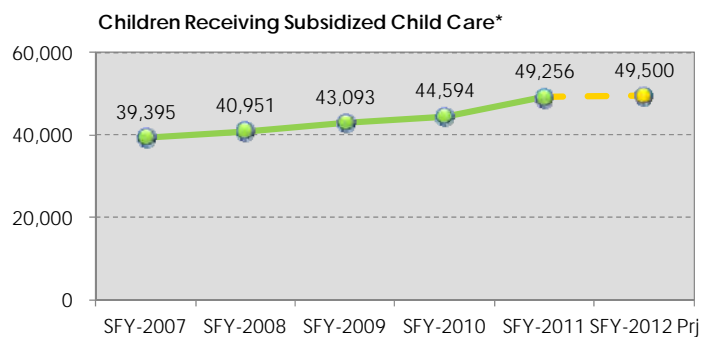
Children Adopted

- Increased average age and level of special needs of children awaiting adoption reduces the potential for adoption.
- Increasing adoptive resources for children who are older or have special needs and continuing Adoption Subsidy underpin future success.



Children Receiving Subsidized Child Care

- In SFY-2009, an expanded Child Care subsidy program was established allowing family eligibility to continue beyond the traditional income eligibility limits, which is set at 125% of the federal poverty level (FPL) for a family of 4. This expanded eligibility is called Transitional Child Care (TCC) and is only available to families who are already receiving traditional Child Care subsidy and whose income does not exceed 139% of FPL for a family of 4.
- Increased utilization since SFY-2008 is attributed to the economic downturn. Additionally, short term American Recovery and Reinvestment Act funded programs attributed to growth. As the economy recovers and these programs end, the caseload should stabilize.



*SFY-2011 and 2012 includes all children that received Child Care.



CFSR and PIP

- The Child and Family Services Review (CFSR) is federally mandated to improve child welfare services through an assessment of safety, permanency and wellbeing outcomes for children and families as established in the Adoption and Safe Families Act.
- The CFSR has 3 three phases: the statewide assessment conducted in March 2010, the on-site review completed in June 2010 and the Program Improvement Plan (PIP), which was approved by the federal government on October 1, 2011.
- The Children's Division has 2 years from October 1, 2011, to complete the negotiated PIP action steps and meet agreed upon goals.

Results Oriented Management

- CD collaborated with the University of Kansas to develop the Results Oriented Management (ROM) data reporting system, which allows managers and staff to identify CFSR and other child and family outcomes quickly.
- The first phase of ROM production was completed in July 2011 and includes reports for:
 - Concluded Child Abuse and Neglect Investigations and Family Assessments;
 - Foster Care caseload information;
 - Practice exceptions; and,
 - All of the CFSR composites, including timely reunification, timely adoption and placement stability.
- Statewide, in-person supervisory and management training on ROM was completed in July-September 2011. Frontline staff training is under development and should be complete in 2012.
- The second phase of ROM development is underway. Additional reports will include pending Child Abuse and Neglect information, Family-Centered Services caseload data and additional Foster Care outcome data.

Heart Gallery

- Missouri adopted the Heart Gallery concept in 2006 to help Foster Care children needing adoptive families.
- The Missouri Adoption Heart Gallery's adoption awareness efforts are successful in raising awareness of the need for permanent adoptive homes for children, as well as the need for additional temporary Foster Care families.
- The 2011 Missouri Heart Gallery is presented as video/DVD and the online Missouri Heart Gallery in addition to the traveling Heart Gallery. Details for gallery appearances are available at <http://dss.mo.gov/cd/adopt/pdf/heart-gallery-schedule.pdf>.

Youth Independence Interdepartmental Initiative

- In August 2008, the Blue Ribbon Panel on Youth Aging Out of Foster Care was appointed to study ways to maximize resources to support youth in or exiting from Foster Care and transitioning to successful adult roles and responsibilities.
- Findings and recommendations were presented to Governor Nixon in August 2009.
- Representatives of the Departments of Social Services, Mental Health, Health and Senior Services, Higher Education, Economic Development and Elementary and Secondary Education participate in the Youth Independence Interdepartmental Initiative workgroup to actively address education, employment, auto insurance for older youth and youth empowerment recommendations made by the Blue Ribbon Panel:
 - The Department of Elementary and Secondary Education and DSS collaborated to remove educational barriers, including efforts to maintain foster youth in their original school district. The workgroup continues to address graduation barriers that exist when moving between school districts. Materials are being drafted to educate high school counselors on educational opportunities for youth in Foster Care.
 - \$188,000 was appropriated in the SFY-2012 budget to fund MissouriReach, the tuition waiver program for foster youth. MissouriReach is now available to eligible current and former foster youth in Missouri.

- The Department of Insurance, Financial Institutions and Professional Registration is exploring insurance programs for older youth in Foster Care.
- The Children's Division and the MO HealthNet Division are co-facilitating a Health Care Coordination Committee to develop a plan to coordinate the physical and mental health needs of youth in Foster Care.

Early Childhood and Prevention Services

- ARRA funding is being used to increase the availability of subsidized Child Care assistance to families.
 - The Up Front Job Search program provides up to 8 weeks of Child Care for income eligible non-Temporary Assistance for Needy Families (TANF) during job search.
 - The Displaced Worker program allows families with a parent engaged in a sponsored work activity through the Department of Economic Development/Division of Workforce Development an income deduction when their eligibility for Child Care Assistance is determined.
- Child Care Development Fund (CCDF) ARRA funding ended September 2011. It provided:
 - Grants to licensed Child Care programs to improve physical structures;
 - Missouri scholarships for early childhood professionals to advance education toward an early childhood degree or nationally recognized certification;
 - The development of a Training Quality Assurance System, which includes standard training approval and an enhanced system of approval with trainer authorization;
 - Research based professional development opportunities for infant/toddler teachers, coaches and trainers; and,
 - The development of early learning guidelines for infants and toddlers.
- On August 1, 2010, CD implemented a claims and restitution system to support the Child Care subsidy program. This integrated system streamlined the identification, collection and management of Child Care provider claims. It is also a way to improve program efficiency and increase program accountability. Staff is able to track potential claims from discovery through claim satisfaction. Management staff has the ability to review various reports including the reasons for overpayments, areas where overpayments occur with more frequency as well as recovery amounts.
- On August 1, 2010, CD implemented the interface with the Family and Children Electronic Services (FACES) and the Family Assistance and Management Information System (FAMIS). This interface streamlines the Child Care system by processing eligibility, authorizations and payments through one system for both Family Support Division and CD children, thus improving efficiency and accountability. It also provides child welfare workers with enhanced features in determining eligibility and authorizing Child Care for children receiving services through the child welfare system.

Social Security Administration Review

- In May 2011, the Children's Division underwent a review by the Social Security Administration to examine instances when the Children's Division acts as a representative payee for individuals who receive Social Security and/or Supplemental Security Income (SSI benefits). This review included financial and record keeping reviews, beneficiary interviews and a review of annual representative payee reports and resulted in no findings.



Racial Equity

- In 2008, CD began reviewing the disproportionate representation of children and youth of color in the child welfare system both nationally and in Missouri.
- In the 2009 Census, African American children accounted for 15% of the total population in Missouri and 29% of the children in Foster Care.
- Because of this disparity, CD partnered with Casey Family Programs to raise staff awareness of disproportionality and disparity in the child welfare system.
- Revisions were made to CD's mission, vision and guiding principles to reflect the efforts to achieve racial equity in child welfare.
- Racial awareness training has been conducted at the Children's Division Central Office and in several regions throughout the state. Training for field staff and partners to provide opportunities for discussion and progress toward reducing disparate outcomes continues statewide.

FACES

- In 1994, Children's Division began to develop FACES, a Statewide Automated Child Welfare Information System (SACWIS), to provide an automated, integrated case management tool for staff and take advantage of enhanced federal funding.
- The initial efforts did not produce a usable product, but a renewed effort gained federal approval and development of the current product began.
- Development and implementation of FACES components were completed as follows:
 - November 2004 - Eligibility Determination (Version 1);
 - June 2005 - Child Abuse/Neglect Intake;
 - May 2006 - Investigation and Assessment;
 - December 2007 - Case Management; and,
 - July 2010 - Resource Management and Financial Management.
- Following implementation of the final SACWIS component, a preliminary SACWIS review by the Administration for Children and Families/Children's Bureau was held in March 2011.
- In 2011, the Children's Division began addressing issues raised during the preliminary SACWIS review.
- The final, formal SACWIS review is scheduled for the spring of 2013.
- When the final report from the full SACWIS review is received, the Children's Division will have 2 years to address all areas of concern.

Missouri School Violence Hotline

- The School Violence Hotline (SVH) continues to expand program awareness and student-friendly options for anonymously reporting school violence. Missourians can report by telephone, online or by texting. Reported school violence information is forwarded to the appropriate law enforcement and school officials for investigation. To begin the tenth year of this proactive and progressive program, the

SVH will offer a free downloadable application (app) for iPhone and iPad users. This app will allow youth and concerned citizens to have 24/7 mobile access to report school violence. Missouri will be the first state to provide an app for reporting bullying and other school violence concerns. The SVH texting program is a model for other school districts in the nation.



Reaccreditation

- In 2004, the General Assembly established a goal to have the Children's Division attain accreditation by the Council on Accreditation (COA) within 5 years.
- COA rigorously reviewed Missouri's child welfare system, measuring it against more than 800 nationally recognized standards that address the entire organization including its policies, procedures, programs and practices.
- Statewide accreditation was achieved on November 13, 2009.
- In 2011, the Children's Division began readying for re-accreditation, which will occur in late 2013, by engaging staff at a variety of levels within the organization to develop the statewide self study, which will encompass all of the COA standards. The self study is due to be completed in April 2012.



*Candace Shively
CD Director*

Program Improvement Plan (PIP)

- The CFSR helps states improve child welfare services and achieve safety, permanency and child and family wellbeing.
- Based on the 2010 CFSR final report, areas out of conformity are addressed in the negotiated PIP.
- 4 broad areas addressed in the PIP to improve the CFSR measures include:
 - Increase safety for children;
 - Increase accountability and oversight to align policy with practice;
 - Support staff with enhanced training, tools, guides, data and educational materials using case consultations, coaching, mentoring and modeling; and,
 - Collaborate with other agencies to improve practice through establishing and sharing of service resources.

Online Invoicing

- Over the course of 2011, Children's Division program staff has been partnering with Office of Administration/Information Technology Services Division, as well as the provider community to develop online invoicing for Residential Treatment (RT) and Children's Treatment Services (CTS).
- Implementation of online invoicing will eliminate the current manual and paper process. Providers will be able to receive service authorization letters and complete invoices via a secure internet site.
- Provider testing of the online invoicing system is expected to occur in 2012. When testing is complete, 4 providers will pilot the new system for 2 months. If the pilot is determined to be successful, all RT and CTS providers will be offered the opportunity to participate.

3418 Knipp, Suite A-1 • PO Box 447 • Jefferson City, MO 65102-0447 • Phone: 573-751-3324

Programs & Services

- CASE MANAGEMENT
- RESIDENTIAL TREATMENT
- DAY TREATMENT
- JUVENILE COURT DIVERSION

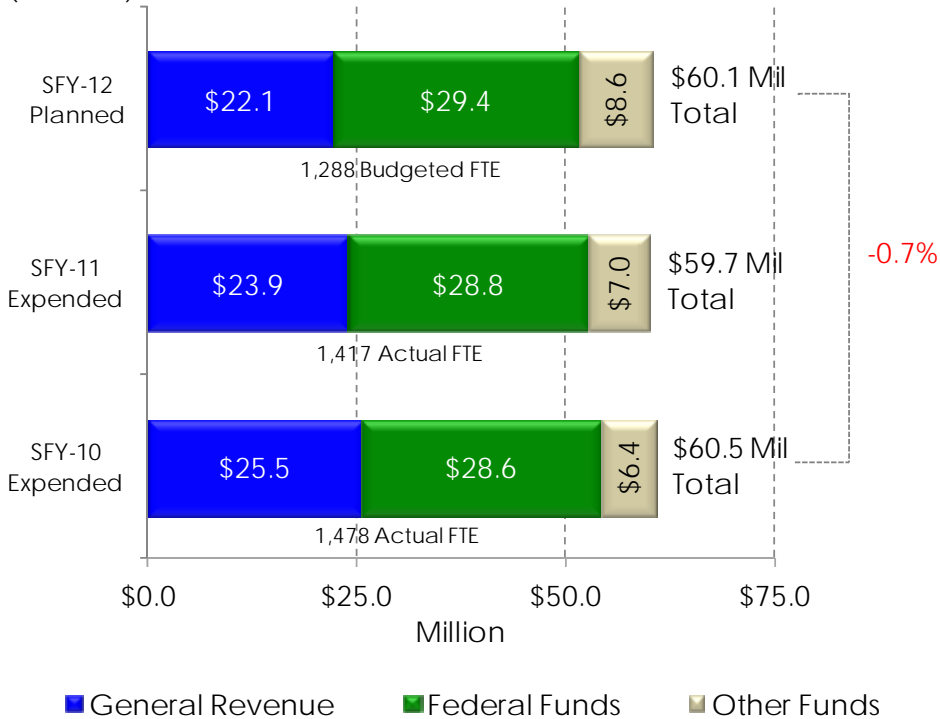
Division of Youth Services (DYS) treats youth that have encountered the juvenile justice system.



Find the Division of Youth Services on the web at www.dss.mo.gov/dys/

DYS Expenditures SFY-10 to SFY-12 Planned

(in millions)



- Although Total funding has been stable over the 3-year period, GR has declined by 13.4% (\$3.4 million) while Federal and Other funds have increased by 8.6% (\$3.0 million).
- Significant contributors to the GR decline include:
 - Staffing efficiencies (\$850,000 GR);
 - Replacing GR with DSS Education Funds (\$300,000GR);
 - Transforming a secure care facility to a moderate care facility, eligible for Federal matching funds (\$300,000 GR); and,
 - Transferring maintenance staff and functions to Office of Administration (\$1.6 million).
- In addition to the Federal and Other fund increases used to offset GR declines, \$1.1 million was appropriated in FY-2012 from the DSS Education fund as a one-time source to upgrade classrooms and to implement technology driven learning initiatives.
- During this time period, full time equivalent (FTE) staff decreased by 12.9% (190 FTE).

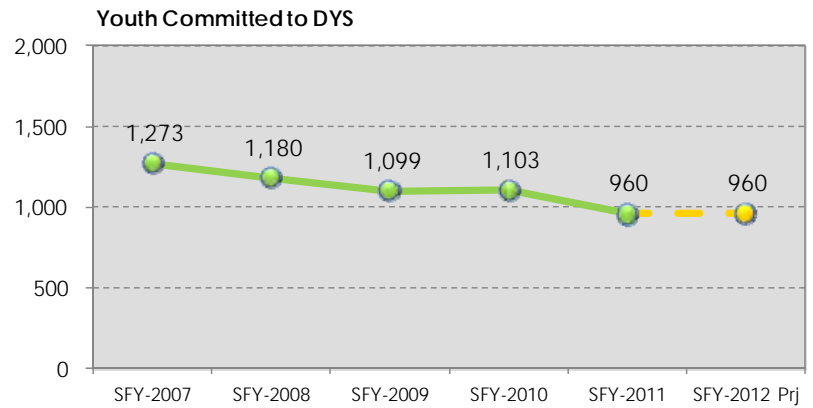
3
youths are committed to DYS custody

21
youths are diverted from DYS custody and are served in the community

1,568
youths are in DYS group homes, moderate care facilities, secure care or aftercare

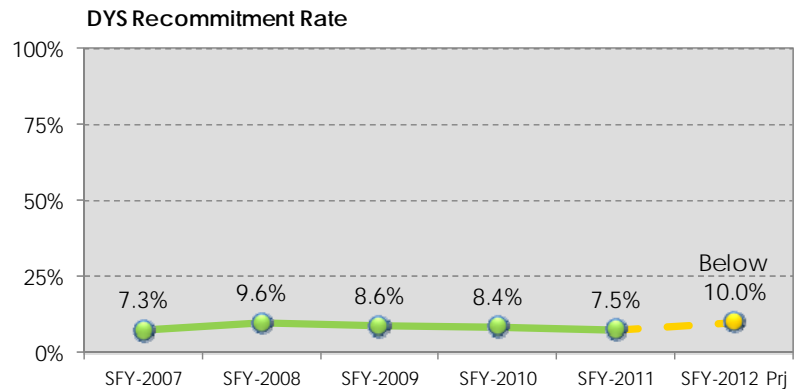
Youth Committed to DYS

- The downward commitment trend is a result of fewer referrals to Missouri's Juvenile Courts, increased emphasis on Juvenile Court diversions and greater collaboration between DYS and the courts.
- This trend allows DYS resources to be focused on the youth most in need of intervention and most at risk for future offenses.
- DYS is continually monitoring commitment trends and intervening where courts are experiencing increased commitments.



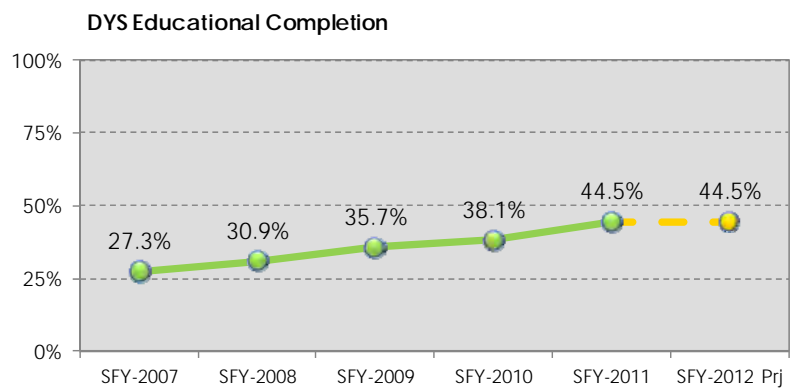
DYS Recommitment Rate

- Recommitments remain stable due to DYS' comprehensive and individualized approach to treatment and education.
- Youth are discharged from care when they are ready to succeed at home and in the community without further intervention by the state juvenile justice system.



DYS Educational Completion

- School completion is a predictor of law-abiding behavior.
- DYS students awarded a diploma or general education diploma (GED) increased significantly from SFY-2007 to SFY-2011. Focus areas include:
 - The DYS credit recovery program was expanded, resulting in a significant increase in high school graduates.

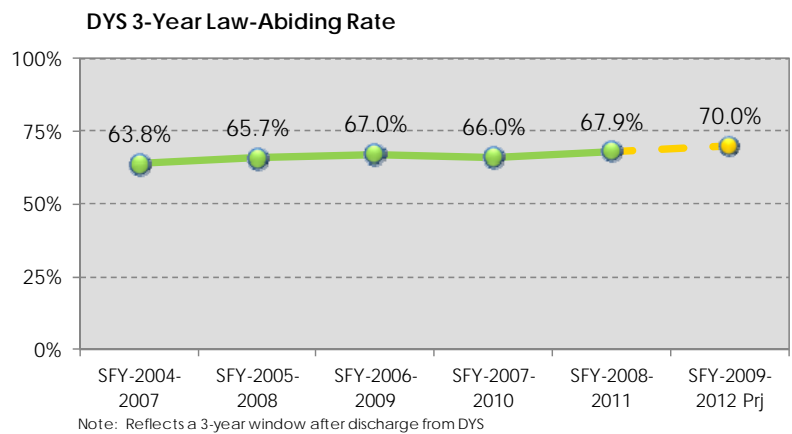


Note: Data is based on youth age 17 and older.

- DYS committed increased resources and established standards and goals focused on education achievement and completion.
- Teachers were provided increased professional development opportunities in instructional improvement.

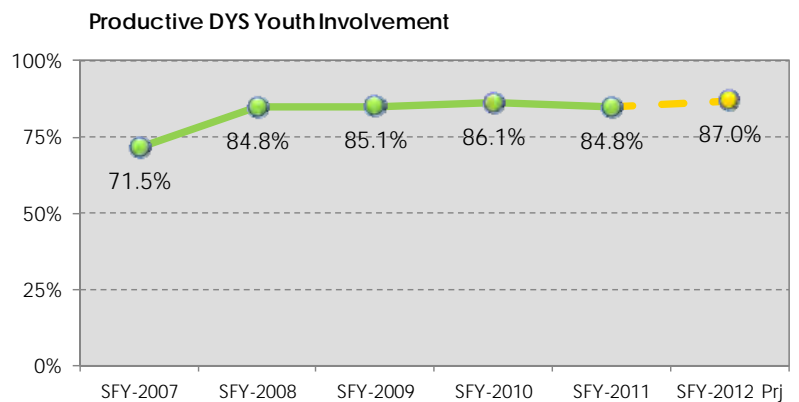
DYS 3-Year Law-Abiding Rate

- The law-abiding rate measures the percentage of youth discharged from DYS custody avoiding future system involvement including recommitment to DYS, adult probation or adult incarceration.
- Youth are followed for 3 years after discharge from the DYS while services cease, one of the most rigorous standards in the nation.



Productive DYS Youth Involvement

- Productive involvement entails contributing to community and involving oneself in positive activities such as school, work and service.
- Productive involvement, measured at the time of discharge from DYS custody, is a strong indicator of agency proficiency in preparing youth for success, youth motivation and engagement of family and community.





Increases in Rates of Educational Completion and Academic Progress

- DYS 17-year-olds achieving a high school diploma or GED prior to discharge increased from 38.1% to 44.5% between SFY-2010 and SFY-2011.
- DYS educators and students set all-time agency records for GEDs (336), high school diplomas (82) and total secondary school completion (418).
- The GED passage rate of 78.5% (percentage of attempts resulting in a passing score) was the best rate in agency history.

Safe and Humane Approaches for Missouri Youth and Communities

- 2/3 of Missouri DYS youth avoid recommitment, re-incarceration or adult correctional programs for more than 36 months after discharge from custody. The rate increased from 63.8% to 67.9% in the past 5 years, reflecting a positive long-term trend.
- At the time of discharge, 84.8% of DYS youth are productively involved in their communities through school, work or service.
- Missouri DYS programs are safer for staff and youth. In other states operating correctional models, staff members are 13 times and youth are 4½ more likely to be assaulted and injured than in Missouri.

Reductions in DYS Commitments Have Been Maintained Through Stronger Partnerships with the Courts

- Consistent communication and collaborative planning with local courts have brought a greater focus to state and local juvenile justice efforts.
- The DYS Juvenile Court Diversion program, an extremely low recommitment rate of 7.5%, juvenile court system reforms and enhanced partnerships with the courts around the state have decreased DYS commitments from 1,103 in SFY-2010 to 960 in SFY-2011.
- DYS has partnered with Juvenile and Family Courts to strengthen non-residential services:
 - Case management and non-residential services located at the Innovative Concept School in St. Louis City; A Day Treatment program opened at the MET Center in Wellston, Missouri, with redirected resources from DYS and St. Louis County; and,
 - Day Treatment programs in St. Charles, Hillsboro, Cape Girardeau, Sikeston, Springfield, Joplin and Kansas City serve both DYS and non-DYS at-risk students to prevent further deep-end contact with the juvenile justice system.

Expanded Non-Residential Services and Supports

- DYS' Day Treatment programs are gradually evolving to family and community resource centers with expanded hours beyond the school day to cover 4-8 pm, the peak hours for juvenile crime, adding extended learning opportunities and increasing parental engagement.
- DYS initiated collaborative arrangements and contracts with Missouri's Community Partnerships in St. Louis, Kansas City, Springfield, Joplin, Cape Girardeau and southeast Missouri to provide enhanced transition supports, intensive supervision, mentoring and more effective use of community resources to support success for DYS youth and families.

Improvements in Continuity of Medical Care and Psychiatric Services

- MO HealthNet coverage for DYS youth is now seamless from commitment to discharge, without the interruptions in coverage that frequently occurred as youth were transitioning to the community and in need on ongoing services.
- On-site medical space, equipment and technology have been upgraded to allow for expanded outreach services at DYS sites, reducing the need for outside transportation for medical or psychiatric care services.

Sustainability and Replication of Successful DYS Principles and Practices Within Missouri and the Nation

- DYS continues to be a national leader in juvenile justice.
 - The Annie E. Casey Foundation released a publication entitled *"The Missouri Model: Reinventing the Practice of Rehabilitating Juvenile Offenders"* in October 2011. The publication was the result of extensive study of the Division of Youth Services and promotes replication of the principles and practices of Missouri's system to achieve conditions that are more humane, long-term cost savings and significantly better results for young people, families and communities.
 - DYS conducted a number of national and state presentations. Visitors were interested in replicating Missouri's approach and outcomes. Visiting states and jurisdictions included Maryland, New York, California, Texas, the Cayman Islands and many others.
 - A Missouri DYS Case Study and other materials continue to be used by the Harvard University Government Innovators Network and schools of public policy, social work and law.
- In September 2011, Missouri DYS was featured during a meeting of the US Department of Justice Coordinating Council on Juvenile Justice and Delinquency Prevention, chaired by US Attorney General Eric Holder, and including participants from multiple federal agencies and jurisdictions from around the country.



KEY DYS PROJECTS

Increase Safety and Quality of Residential Care Programs

- DYS operates a very sophisticated and nationally recognized approach to residential treatment services. Maintaining the approach requires constant attention to safety, quality and best practice interventions. DYS activities addressing this goal include:
 - Expanding best practices for DYS *Safety Building Blocks* implementation;
 - Mobilizing experienced coaching/intervention teams in sites requiring additional support and direction;
 - Developing quality standards and an ongoing improvement process focused on DYS core practices and approaches, including extensive coaching and capacity building with leaders;
 - Converting selected professional development sessions to team-based and competency-based formats; and,
 - Implementing *Enhanced Personal Boundaries* training sessions throughout all regions and exploring value-added options such as engaging in a *Trauma-Informed Assessment Process* demonstration sites in partnership with the Missouri Department of Mental Health.

Strengthen Treatment Planning, Case Management and Transition Services

- Youth committed to the care and custody of DYS often have extensive histories with other agencies and have progressed to the deep end of the juvenile justice system. Over 46% have received prior mental health services, 20% have previously been in an out-of-home placement with the Children's Division and 34% have an educational disability (over 3 times the average in Missouri's schools). Because of these complex needs, DYS operates a continuum of individualized services for youth, strives for significant involvement of families and promotes effective community reintegration focused on law-abiding and productive citizenship. Youth come to the agency with multiple treatment models and ambitious goals. DYS has taken numerous steps to improve case management practices and develop more effective rehabilitative treatment plans including:
 - Revamping treatment planning and coordination systems to more fully integrate continuum of care focuses on positive youth outcomes and developmental assets, the 5 domains of impact and family engagement;
 - More fully integrating various plans and strategies into a single individual treatment plan covering the full continuum of services for a youth and family; and,
 - Implementing transition services and continuum of supports and opportunities through Missouri's Community Partnerships.

Expand and Strengthen Non-Residential Continuum of Care

- When youths return to their families, schools and communities, they become less reliant on the formal structure provided by DYS staff and residential care environments. Community-based supports and opportunities play a vital role in ensuring a transition to productive citizenship. Because the current environment is far too reliant on formal supports and residential services, DYS has become more deliberate in developing stronger non-residential services and more fully engaging natural support networks through extended family, neighbors, faith communities and mainstream community resources. Some initial steps include:
 - Implementing community-based mentoring and a continuum of supports and opportunities through direct engagement with Missouri's Community Partnerships in communities around the state;
 - Transforming existing Day Treatment into Family and Community Support Centers offering a wider array of services; and,

- Fully engaging families and communities in every aspect of the treatment process through:
 - Ensuring that all DYS youth have established a long-term caring relationship with a positive adult;
 - Implementing multi-family groups, parent support services and family engagement activities;
 - Engaging parents and family members in advisory, program improvement and governance activities; and,
 - Strengthening DYS family therapy training, supervision and support.

Maximize Revenue Opportunities and Efficient and Effective Use of Agency Resources

- The current economic climate has caused a reduction in supports and services at the state and local levels and from public and private institutions. All systems are challenged to maximize efficiencies and generate sufficient revenue to support core services. DYS has been proactive and assertive in increasing efficiencies. Examples include:
 - Streamlining and integrating support functions, ensuring maximum efficiency and focusing the most resources possible on core services for youth and families;
 - Implementing MO HealthNet Rehabilitative Services billing for behavioral health services, which maximizes revenue earned from both residential and non-residential treatment programs;
 - Developing a more effective system for local school district bill back, ensuring revenues for education services provided by DYS are collected in a timely and efficient manner; and,
 - Developing staff scheduling guidelines, resource materials and training materials to increase staff productivity and job satisfaction, while minimizing overtime costs.

ON THE DYS HORIZON . . .

More Effectively Prepare Youth for Work, Education and Careers

- DYS has achieved very significant school progress and completion for its students, with school completion rates at least 3 times better than the national average. While many students are now achieving a high school diploma or GED, the lack of available post-secondary options is a growing concern. DYS has set a multi-year goal of ensuring that over 50% of students complete their secondary education prior to discharge. Achieving this goal will require:
 - Implementation of a new school information system;
 - Strengthening reading and basic skills instructional practices to ensure a firm foundation for every student;
 - Implementing a distance learning/online school component in the DYS continuum of care;
 - Expanding the National Career Readiness Certificate career program and other post-secondary education options;
 - Upgrading classroom furnishings to support best practices in education; and,
 - Integrating the DYS Work Experience program with vocational and career goals.



*Tim Decker
DYS Director*

Improvements in Primary Medical Care and Psychiatric Continuum of Care

- Over 46% of DYS youths have received prior mental health services and have histories that include episodic health care and untreated illnesses. Treatment has included an over reliance on psychotropic medications and other interventions that may not represent best practices or be based on their current condition. DYS is implementing a more comprehensive approach that includes:
 - Utilizing a cross-agency health policy and practice workgroup to assess the current system and recommending improvements and best practices;
 - Implementing telepsychiatry services at 10-12 pilot sites throughout the state through a partnership with the University of Missouri Telehealth Network and School of Medicine Psychiatric Unit, MO HealthNet and the Missouri Department of Mental Health;
 - Expanding access to psychiatric services through strategic partnerships with local mental health providers; and,
 - Developing assessment tools and practice guides leading to more effective and appropriate use of psychotropic medications.

Strong and Collaborative Non-Residential Continuums of Care to Support Youth and Family Success

- DYS is engaged in a multi-year effort to strengthen the non-residential continuum of care, more fully engage and strengthen families and connect to natural support networks and mainstream community resources. Some important next steps for DYS include:
 - Continuing to strengthen Juvenile Court Diversion initiatives and programs;
 - Implementing multi-family groups, parent support services and family engagement activities; and,
 - More fully integrating DYS supports and opportunities with local continuums of care coordinated by Missouri's Community Partnerships, the courts, schools and community organizations.

Increase Use of Data and Technology to Improve Agency Performance and Increase Efficiency and Effectiveness of Internal and External Communications

- DYS will make greater use of technology to increase efficiency and improve outcomes including:
 - A new student information system for DYS' school district functions as well as electronic document sharing software for Interstate Compact cases;
 - Data dashboards specific to organizational units and functions;
 - Online critical incident reporting, an enhanced customer survey process and other streamlined input systems and processes;
 - A web-based resource library including publications, videos, data reports, links and interactive applications; and,
 - Developing enhanced capacity for webinars and other technological supports.

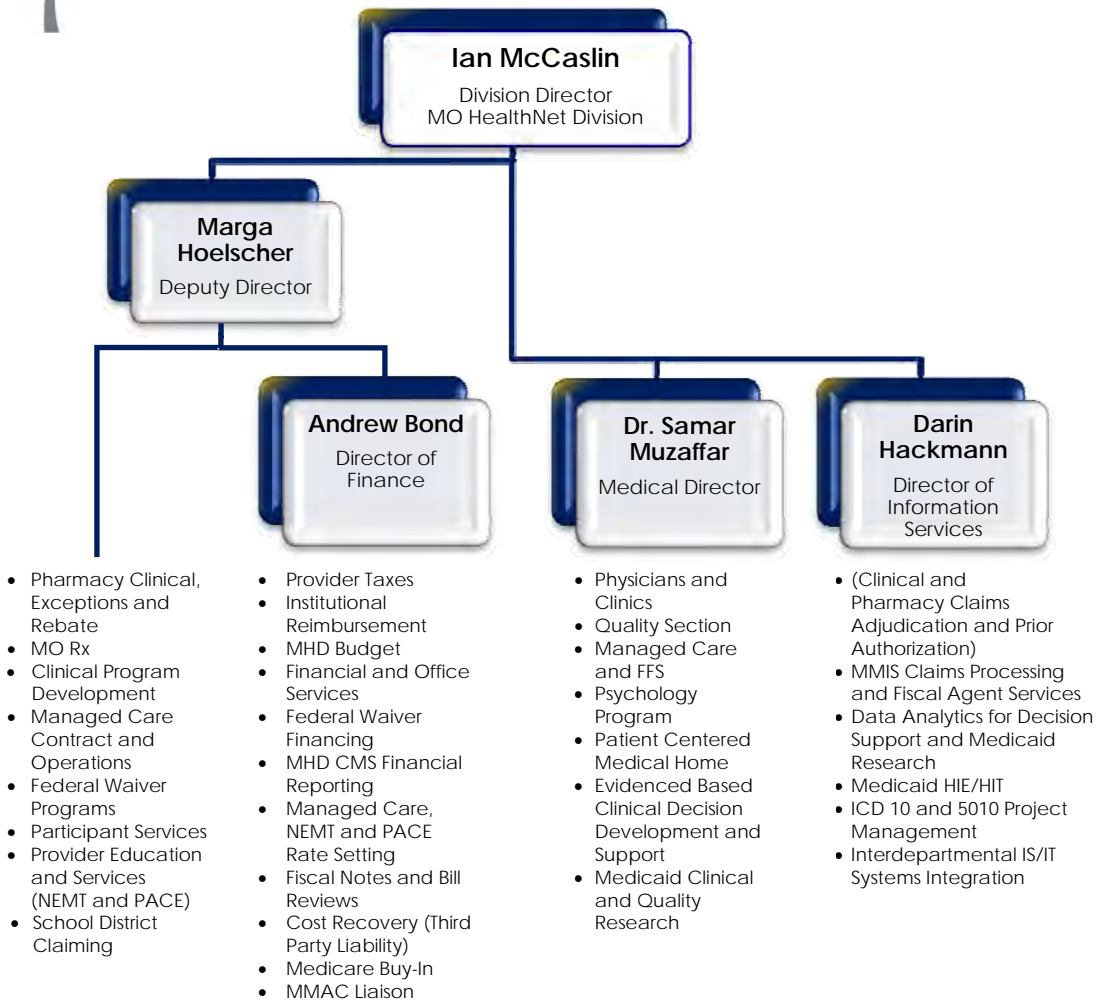
This page is intentionally blank.

615 Howerton Court • PO Box 6500 • Jefferson City, MO 65102 • Phone: 573-751-3425

Programs & Services

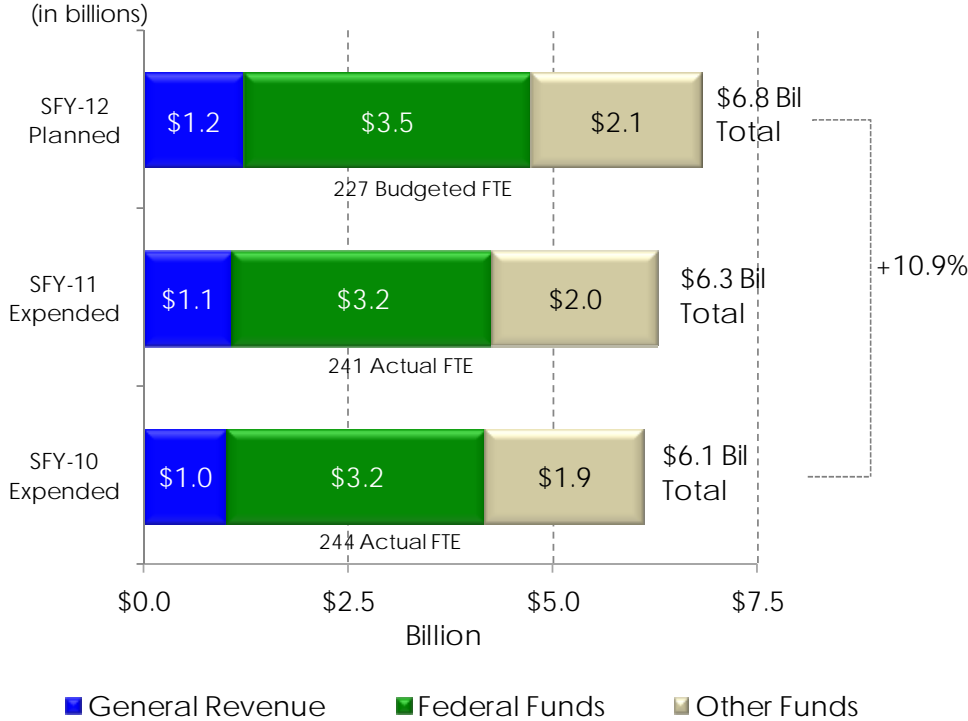
- MO HEALTHNET
- MISSOURI RX (MORX) PLAN

MO HealthNet Division (MHD) administers publicly financed health care programs for lower income Missourians.



Find the MO HealthNet Division on the web at www.dss.mo.gov/mhd/

MHD Expenditures SFY-2010 to SFY-2012 Planned



- MO HealthNet Total expenditures increased by 10.9% (\$666.4 million) from FY-2010 to FY-2012, with General Revenue (GR) increasing \$196.6 million, Federal funds increasing by \$345.8 million and Other funds increasing by \$124.0 million.
- MO HealthNet caseloads increased from 846,000 (beginning of FY-2010) to 949,000 (estimated FY-2012 year end caseload), a 12% growth. The majority of this growth occurred in FY-2010 and the earlier part of FY-2011. The caseload began to stabilize in the latter part of FY-2011 and is expected to remain stable in FY-2012.
- Major expenditure increases occurred in the following program lines:
 - \$74.2 million GR for Clawback payments due to the federal government for assuming administration of the Pharmacy benefit for dual eligibles. This increase accounts for over 1/3 of the GR increase between FY-2010 and FY-2012.
 - \$48.8 million Total funds for Medicare premiums and copayments made to the federal government for Medicaid/Medicare dual eligibles. It is more cost effective to make this payment and have Medicare cover the health care costs than to pay all costs under Medicaid.

893,449

(January 2012)
people have access to
medical treatment through
MO HealthNet

263,500+

MO HealthNet claims
are processed

\$343,000+

are recovered and reinvested
in MO HealthNet through third
party liability and pharmacy
rebate collection

\$3,200,000

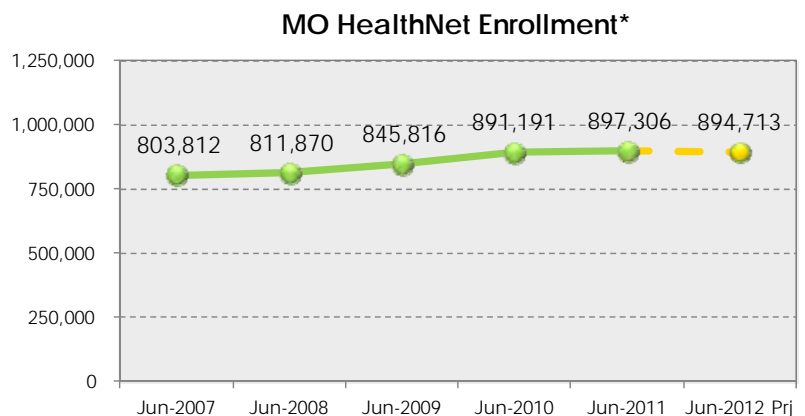
in provider taxes are collected
from hospitals, nursing facilities
and pharmacies

- \$20.6 million increase in Federal funds to school districts for Medicaid allowable costs. The school districts are responsible for the state match.
 - \$26.3 million increase in Child Health Insurance Program (Total funds) attributed to caseload growth and increases in pharmacy costs.
 - \$148.9 million increase in Pharmacy (Total funds) attributed to caseload growth and increases in medication costs.
 - \$107.3 million increase in Physicians (Total funds) attributed to caseload growth.
 - \$78.8 million increase in Managed Care (total funds) attributed to caseload growth. During this same period, DSS implemented \$115.0 million in Managed Care cost containment initiatives, maintaining contract rates at the bottom of the rate range and implementing administrative reviews.
 - \$78.6 million increase in Hospital costs (Total funds) attributed to caseload growth. While total costs increased, GR costs decreased by \$11.4 million. During this same time, DSS implemented nearly \$250.0 million in Hospital cost containment initiatives including changes in outpatient rate structures, limiting trend payments, repricing Medicare Part B outpatient services claims and implementing a management system for high cost imaging services.
 - \$31.0 million increase in Rehab and Specialty costs (Total funds) attributed to caseload growth.
 - \$145.0 million increase in Intergovernmental transfer appropriations to support payments to hospitals and Department of Mental Health providers.
 - \$60.0 million Federal funds for Electronic Health Record incentive payments to providers under the American Recovery and Reinvestment Act of 2009. These funds were appropriated in separate budget bills in prior years.
 - \$20.0 million to implement a health care home model, providing care coordination to MO HealthNet participants with mental illness diagnoses or multiple chronic conditions.
- During this time, Nursing Home costs decreased by \$12.4 million and supplemental costs by \$148.0 million.



MO HealthNet Enrollment

- From June 2007 to June 2011, there was an 11.6% increase in the number of MO HealthNet enrollees.
- This 11.6% growth in participants reflects national trends related to the recession.
- Most of the growth has been for persons with disabilities and children.

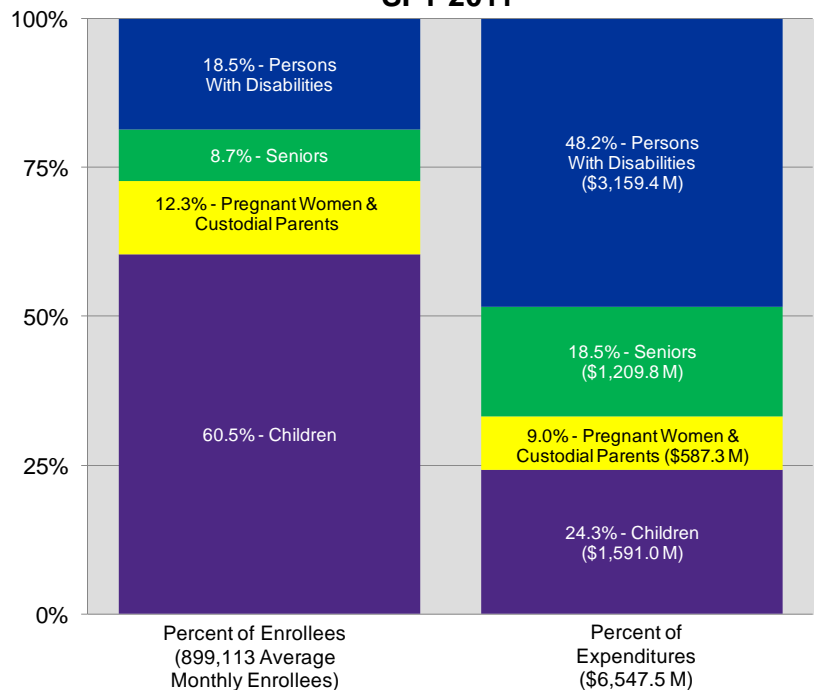


*Counts represent a point in time and do not include Women's Health Services

MO HealthNet Enrollees and Expenditures

- Seniors and persons with disabilities comprise 27% of MO HealthNet enrollees while accounting for nearly 67% of expenditures.
- Nearly 73% of MO HealthNet enrollees are children, pregnant women and low-income parents – many of which are covered by managed care.
- Managed care results in savings to the state, enhanced accountability, improved access and higher quality standards as reported through Healthcare Effectiveness Data and Information Set (HEDIS) standards.

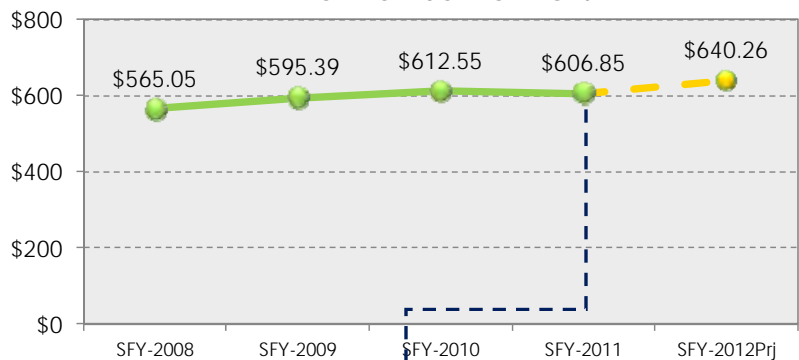
MO HealthNet Enrollees and Eligibles SFY-2011



MO HealthNet Claims Expenditures Per Member Per Month

- From SFY-2008 to SFY-2011, there was a cumulative per member per month (PMPM) spending increase of 7.4%.
- SFY-2011 PMPM costs have declined for all large eligibility groups except persons with disabilities.
- Drivers of the SFY-2012 PMPM increase are mental health services (\$15.50), pharmacy utilization and inflation (\$7.25), managed care (\$4.85) and home and community based services (\$2.89).

MO HealthNet Claims Expenditures** Per Member Per Month



**Does not include Women's Health Services

SFY-2011 PMPM Cost	
Persons With Disabilities	\$1,579.47
Seniors	\$1,293.01
Pregnant Women and Custodial Parents	\$441.92
Children	\$243.85



Pursuit of Waste, Fraud and Abuse

- The MHD/Cost Recovery Unit is responsible for recovering the cost of health care from other liable third party payers.
- This unit helped MO HealthNet avoid \$187 million in costs and recovered \$53.6 million in expenditures for SFY-2011.
- The Department of Social Services/Missouri Medicaid Audit and Compliance (MMAC) Unit (previously known as the MO HealthNet Division Program Integrity Unit) is responsible for conducting participant and provider reviews to determine compliance with MO HealthNet program policy and regulations.

Enhanced Clinical Editing and Participant Management

- CyberAccessSM is a web-based Health Insurance Portability and Accountability Act compliant tool allowing health care providers:
 - Access to MHN patient data;
 - With prescribing privileges to submit electronic prescription and have access to the clinical rules engine to request precertification of medical procedures and prior authorization for prescription drugs;
 - To view the MHN participant's claims history from all providers to determine the most appropriate course of treatment (Recently, Early Periodic Screening, Diagnosis and Treatment information was also integrated for provider online access.); and,
 - Precertification and retrospective review of hospitalization admission and length of stay criteria for the MO HealthNet fee for service population, which is a critically important component of effective program management. (Approximately 200,000 certification requests were processed during SFY-2011.)
- Use of the web tool has continued to increase since its implementation in 2010. Currently 72% of requests are being electronically submitted. Of that 72%, 44% result in transparently approved days.
- MHD continues the quality-based Imaging Benefits Management program for outpatient services. The goal of the program is to achieve cost savings, while maintaining or increasing the quality of high tech (MR, CT, and PET), nuclear cardiac and expanded cardiac imaging services rendered to participants.
- Protecting patient safety in the Pharmacy program includes assessing utilization of psychotropic medications. 4 psychotropic clinic edits (atypical antipsychotics, selective serotonin reuptake inhibitors, selective norepinephrine reuptake inhibitors and polypharmacy) were implemented to reduce the inappropriate use of these medications and to improve patient outcomes and quality of care.
- Effective February 2011, MO HealthNet Division covers smoking cessation for all eligible participants. MO HealthNet covers 2 quit attempts of up to 12 weeks of intervention per lifetime, including behavioral and pharmacologic interventions.

MMIS Reengineering

- Wipro Infocrossing, Inc., is transforming the MO HealthNet Medicaid Management Information System (MMIS) into a dynamic, rule-based system with increased functionality, performance and internet accessibility. During 2011, Wipro Infocrossing, Inc., and MO HealthNet implemented a rules engine for claims processing, ad hoc reporting and surveillance and utilization review reporting tools.
- The project is expected to be completed by summer 2014.



Missouri Gateway to Better Health

- The MO HealthNet Division partnered with the St. Louis Regional Health Commission to establish a Section 1115 demonstration project to preserve and improve primary and specialty care access for uninsured residents in St. Louis City and County.
- In July 2010, Missouri's Gateway to Better Health was approved by the Centers for Medicare and Medicaid Services (CMS). This approval is effective July 28, 2010, through December 31, 2013.
- Under the Section 1115 demonstration, the St. Louis region will continue to receive up to \$30 million annually to pay for otherwise uncompensated care costs at primary and specialty care clinics. The demonstration project is funded from local, state (FRA) and federal resources.
- MHD submitted the Final Operational Plan on December 31, 2011.

DSH Payments

- Disproportionate Share Hospital (DSH) payments are made to Missouri hospitals that serve low-income uninsured patients. Beginning in 2011, states must base DSH payments on the federal DSH audit definition and standards to receive federal financial participation for DSH expenditures.
- MHD received approval from CMS to redistribute \$232.1 million from 65 long fall hospitals (payments exceeded costs) to 72 shortfall hospitals (costs exceeded payments). Rather than use outdated cost information, MHD worked with CMS to approve the use of a hospital survey to reflect recent costs.

Cost Containment

- Effective October 1, 2011, MO HealthNet began reimbursing outpatient radiology procedures from a Medicaid fee schedule rather than a percentage of charge ratio. This change was approved during the FY-2012 budget process and is estimated to yield \$54.7 million annually (\$20 million in state savings).

Ambulance Provider Tax

- CMS approved the ambulance provider tax in June 2011. Funds generated from the tax are used to provide enhanced reimbursements to ambulance providers.

Missouri State Medicaid Health Information Technology Plan

- The Department of Social Services/MO HealthNet Division, Department of Health and Senior Services (DHSS) and the Department of Mental Health (DMH) have a collaborative agreement to implement health information technology and health information exchange (HIE) for their shared client base. The main feature of Missouri's technical infrastructure is the Medicaid Management Information System (MMIS) enhancement, offering integrated electronic health records across the 3 departments and providing access to patient information.
- Missouri is in the early stages of implementing a statewide HIE to support improved patient outcomes, system efficiency, robust data exchange and accountability. Integration of MO HealthNet is essential to the success of future efforts and presents an opportunity to enhance MO HealthNet's current efforts to leverage health information technology for improved care and efficiency.
- Governor Jay Nixon created the Missouri Office of Health Information Technology (MO-HITECH) in 2009 to oversee a statewide, public-private planning initiative under the State HIE Cooperative Agreement Program. Governor Nixon also appointed an advisory board to oversee the MO-HITECH initiative's workgroups and provide recommendations to the Governor's Office.
- The Missouri Health Connection (MHC) was formed to administer the HIE. MO HealthNet is developing a strategy for Missouri Medicaid participation in the HIE.
- During 2011, MO HealthNet implemented the HITECH Medicaid Electronic Health Record Incentive Program to provide incentive payments to eligible hospitals and professionals for adopting electronic health records. The first year of the incentive program is focused on financial incentives for implementation of an electronic health record in hospitals and professional practices serving the Medicaid population. The second year will focus on financial incentives for hospitals and professionals achieving meaningful use of the electronic health records.
- The State Medicaid Health Information Technology Plan is available at http://www.dss.mo.gov/mhd/general/pdf/smhp_final.pdf.

Managed Care Quality and Rates

- MO HealthNet increased improvement activities to ensure quality services are provided to participants:
 - National Committee for Quality Assurance (NCQA) health plan accreditation is the nation's most trusted independent source for driving health care quality improvement that results in tangible value for health care purchasers. Accreditation enables health plans to distinguish themselves by demonstrating a commitment to improving the quality of health care and the quality of life for members.
 - The health plans are required to obtain NCQA health plan accreditation at a level of accredited or better for the MO HealthNet product and must maintain accreditation throughout the duration of the contract.
 - As of September 30, 2011, all MHN health plans achieved an accreditation status of accredited or better.

- Rate adjustments were introduced in the rate setting process as MHD focused on value-based purchasing.
 - The Low-Acuity Non-Emergency adjustment lowered rates by identifying instances when MO HealthNet eligibles would not have needed to make a trip to the emergency room if they had received effective outreach, care coordination and/or access to preventive care.
 - Potentially Preventable Hospital Admissions lowered rates by identifying inpatient admissions that could have been avoided with high-quality medical care through an alternative setting to inpatient services and/or reflects conditions that could be less severe and would not have warranted an inpatient level of care if treated early and appropriately.
 - The Risk Adjusted Efficiency adjustment identifies health plans whose regional financials reflect higher costs than other health plans in the region after considering the risk burden of their enrollees.

- In FY-2013, MHD will implement risk-adjusted rates. Risk adjusted rates are intended to prevent health plans from preferentially reaching out to healthier participants.



ON THE MHD HORIZON . . .

Patient Protection and Affordable Care Act

- The passage of national health insurance reform will build on the state Medicaid platform, bringing significant eligibility expansion beginning in 2014.
- New administrative challenges will be considerable; however, there are significant opportunities to better manage high cost populations including dual eligibles, simplification of eligibility rules, streamlining of enrollment policies and closing the many gaps in the health care safety net, etc.



*Ian McCaslin, MD
MHD Director*

Program Improvements

- Physician Services, Laboratory Services and Home Health
 - MO HealthNet is expanding CyberAccesssm to include certain Physician, Laboratory and Home Health Services. The precertification process allows providers to electronically request and receive approval for medically appropriate services/procedures in the most expeditious and effective manner.
- Provider Preventable Conditions
 - Effective July 2012, MO HealthNet will implement a policy for denial of payment for services provided by an acute care hospital or ambulatory surgical center that resulted in a preventable serious adverse event (health care-acquired condition also known as provider preventable conditions) in accordance with National Quality Forum principles and CMS precedent.
- Health Home
 - In partnership with the Department of Mental Health, the MO HealthNet Division submitted a health home initiative for the behavioral health component to CMS on July 19, 2011. The State Plan amendment was submitted in response to Section 2703 of the Affordable Care Act. This amendment was approved by the CMS on October 20, 2011. Missouri was the first state to submit an application and the first to receive approval.
 - MO HealthNet developed a parallel primary care health home initiative in response to Section 2703 of the Affordable Care Act. CMS approved MO HealthNet's State Plan Amendment, the first primary care application to receive approval. MO HealthNet is currently working on developing the logistics and infrastructure for the health home program. The primary care health home program began January 2012.
 - The MO HealthNet Health Home initiative will focus on patients with high cost chronic diseases. The goals of the initiative include improving care management and care coordination and attaining a reduction in emergency department visits and inpatient admissions for this high risk, high cost patient population.

This page is intentionally blank.

PO Box 6500 • Jefferson City, MO 65102 • Phone: 573-751-6961

Missouri Office of Health Information Technology (MO-HITECH) is promoting the development and application of an effective health information technology (HIT) and health information exchange (HIE) infrastructure for the state of Missouri.

- The federal Health Information Technology for Economic and Clinical Health Act provides an opportunity for states to access federal funds to plan, design and implement health information exchange (HIE) and to encourage the adoption and use of electronic health records.
- The Missouri Office of Health Information Technology (MO-HITECH) was created to promote the development and application of an effective health information technology (IT) and health information exchange (HIE) infrastructure for the state of Missouri that will:
 - Improve the quality of medical decision-making and the coordination of care;
 - Provide accountability in safeguarding the privacy and security of medical information;
 - Reduce preventable medical errors and avoid duplication of treatment;
 - Improve the public health;
 - Enhance the affordability and value of health care; and,
 - Empower Missourians to take a more active role in their own health care.

Planning and Development

- The MO-HITECH Advisory Board appointed by Governor Nixon recommended the creation of a new, public-private not-for-profit, 501c3 organization called the Missouri Health Connection (MHC) to govern a statewide health information exchange (HIE).
- Created in July 2010, MHC is overseen by a 17-member Board of Directors that reflects diverse stakeholder representation, including both providers and consumer advocates. The board began meeting in August 2010 and has continued to meet monthly to oversee and actively participate in the development of Missouri's HIE Operational Plan and overall strategies relative to HIE governance, technology and operations, privacy and security and consumer engagement.
- The state of Missouri and MHC received grant approval from both Centers for Medicare & Medicare Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) for strategic and operational plans to implement a technology solution for exchange of health information across providers throughout the state.

Find MO HI-TECH on the web at <http://www.dss.mo.gov/hie/index.shtml>

- Missouri has made significant progress on its phase one implementation plans. Phase 1 includes the implementation of a secure messaging system allowing unaffiliated health care service providers to exchange laboratory results and patient care summaries. Phase 1 also includes the implementation of an electronic prescription solution for health care service providers allowing the providers to communicate prescriptions electronically to pharmacies. Accomplishments and current or planned activities include:
 - Developed detailed phase 1 technology requirements;
 - Engaged in contract negotiations for a technical services partner;
 - Identified health care service providers to participate in alpha and beta pilot implementations of phase 1;
 - Developed and published security and patient consent policies;
 - Convened a Consumer Advisory Council to provide consult on key work products;
 - Conducted initial consumer research to assess understanding of and support for statewide health information exchange;
 - Proposed a framework for sustainability by modeling and testing fee structures for participating qualified organizations; and,
 - Participant agreements will be developed and negotiated in the first and second quarters of 2012 to roll out phase one services through qualified organizations.

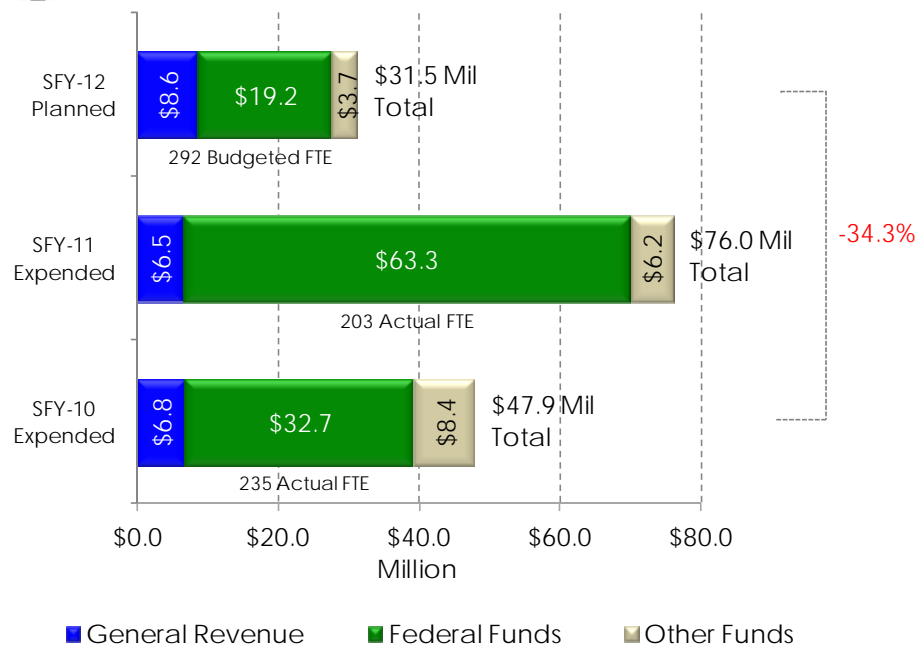
Supports

- OFFICE OF THE DIRECTOR
- HUMAN RESOURCE CENTER
- MISSOURI MEDICAID AUDIT AND COMPLIANCE
- DIVISION OF FINANCE AND ADMINISTRATIVE SERVICES
- DIVISION OF LEGAL SERVICES

Support divisions provide enterprise-wide financial, human resources, legal and statistical support services.



FINANCING



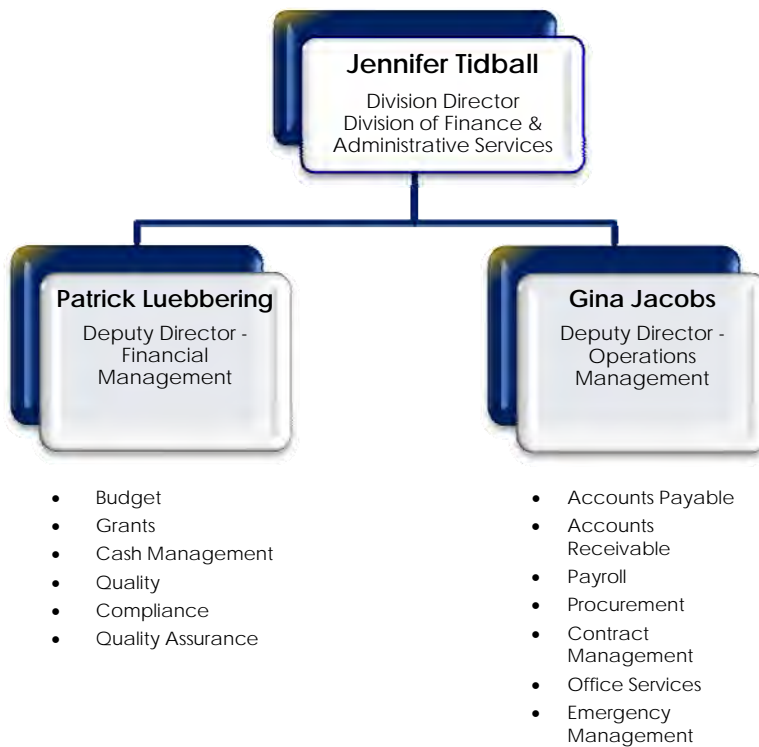
- Although Support expenditures show a decrease of 34.3% (\$16.4 million) overall from SFY-2010 to SFY-2012, actual and planned expenditures for core support services have been steady. The exception was the transfer of resources from the MO HealthNet Division, the Department of Mental Health and the Department of Health and Senior Services to create the Missouri Medicaid Audit and Compliance (MMAC) Unit, consolidating all Medicaid audit and compliance functions under one entity. The majority of the decrease over the 3-year period is the result of substantial changes in Federal fund spending discussed below.
- Between SFY-2010 and SFY-2012, General Revenue (GR) increased by \$1.8 million (26.5%). MMAC and case management funding related to its operations increased Supports GR by \$2.1 million. At the same time, there were other administrative reductions of \$300,000.
- Federal expenditures have fluctuated from \$32.7 million in SFY-2010 up to \$63.3 million in SFY-2011, decreasing to a planned amount of \$19.2 million in SFY-2012. One-time expenditures attributed to the Federal spending variance include:
 - Pass through payments of \$19.5 million (FY-2010) and \$27.6 million (FY 2011) for Fort Leonard Wood food services to support the Blind Enterprise Program were made from the Federal Grants and Donations Program – an increase of \$8.1 million over these 2 years. For SFY-2012 a new Family Support Division budget section was added for these payments so no payments are planned from the Supports budget for SFY-2012.
 - Additionally, during SFY-2011, one-time payments of \$24.6 million from American Recovery and Reinvestment Act monies were made to food banks, domestic violence shelters, homeless shelters and work assistance contractors.

221 W High • PO Box 1082 • Jefferson City, MO 65102-1082 • Phone: 573-751-7533

Services

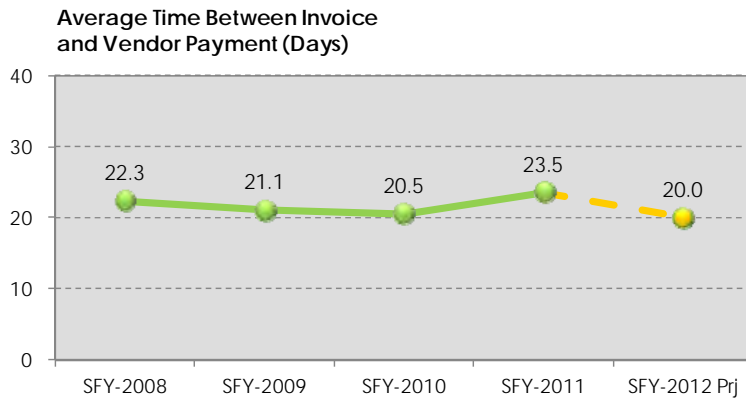
- ACCOUNTS PAYABLE
- AUDIT SERVICES
- BUDGET
- EMERGENCY MANAGEMENT
- FLEET VEHICLE MANAGEMENT
- OFFICE HEALTH AND SAFETY
- PAYROLL
- PURCHASING
- RECEIPTS AND GRANTS MANAGEMENT
- SUPPLIES/WAREHOUSING/INVENTORY CONTROL
- TAX CREDITS (ADMINISTERED BY THE DEPARTMENT OF SOCIAL SERVICES)
- VOICE TELE-COMMUNICATIONS

Division of Finance and Administrative Services manages financial resources, coordinates emergency management and provides enterprise support services.



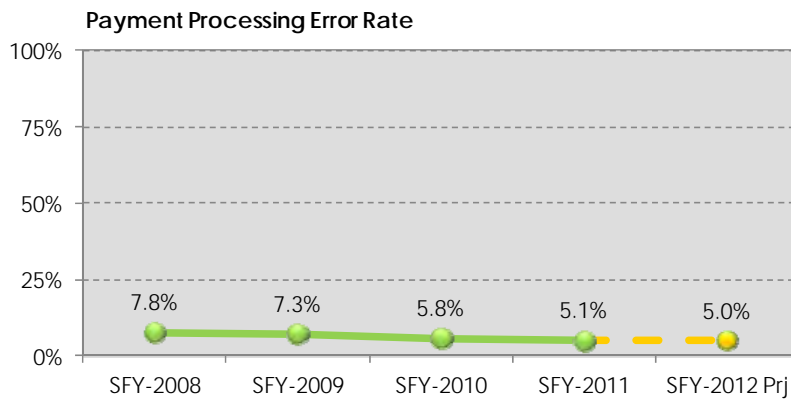
Find the Division of Finance and Administrative Services on the web at <http://www.dss.mo.gov/dfas/>

Average Time Between Invoice and Vendor Payment



- Since SFY-2008, the time taken for the Department of Social Services (DSS) to process a vendor invoice has increased by 1.2 days. There appears to be an inverse relationship between accuracy and timeliness based on improved accuracy noted in the next graph.
- 1 division chose to eliminate sending invoices overnight for payment. That cost savings initiative increased processing time.
- DFAS' goal is to process payments within 20 days, an industry standard. To achieve timeliness and accuracy, DSS accounts payable activities will be streamlined with the restructure of DSS financial operations.

Payment Processing Error Rate



- Payment processing accuracy has improved by 2.7% since SFY-2008.
- Most payments are issued in the correct amount and to the correct vendor.
- Errors are usually related to data entry used for tracking expenditures or failures to follow internal control procedures.



DSS Financial Operations Structure

- DFAS, with the support of DSS financial management staff and DSS executive leadership, led an initiative to centralize, restructure and create capacity in the department's financial management and administrative operations to achieve the following goals:
 - Streamline financial operations to improve efficiency and effectiveness;
 - Build bench strength to develop future financial operations leaders; and,
 - Create opportunities for cross training, where applicable, to strengthen core financial functions.
- The new department financial operations structure is budget neutral, maximizes efficiencies and better allocates appropriate resources to financial functions.
- Under the centralized structure, more resources have been allocated to compliance/quality assurance and grants/cash management.

Transparency Reporting

- Provisions of the Federal Funding and Transparency Act (2006) required states to report federal grant expenditures on a monthly basis beginning in November 2010.
- DFAS met that deadline, reporting on contract subrecipients to the federal government. DFAS continues to report any new federal fund obligations made to these subrecipients on a monthly basis, as applicable, under federal guidance.
- DFAS has completed contract review work with the divisions using a subrecipient tool to determine if additional contractors should be considered subrecipients and reported on the transparency website.
- DFAS has issued amendments, sponsored training and provided technical assistance for contractors transitioning from a vendor to subrecipient relationship with DSS.
- DFAS continues to transition contractors to subrecipients.



Strengthening DSS Audit/Compliance Initiatives

- Restructuring DSS Financial Operations has enabled DFAS to reallocate eight FTE from other financial functions to compliance and quality assurance initiatives.
- In the next few months, DFAS Compliance/Quality Assurance Unit management will
 - Educate DSS staff and external stakeholders on the DFAS Compliance/Quality Assurance Unit and its intent to supplement and enhance current program and fiscal management initiatives;
 - Solidify a DSS monitoring plan that will serve as the framework to direct DFAS activities;
 - Increase the number of compliance reviews and subrecipient monitoring reviews; and,
 - Monitor DSS corrective action plans to reduce the number of repeat audit findings

Procurement and Contract Management

- Under DSS's new consolidated Financial Operations structure, all staff performing contract management and procurement activities are under the supervision of one unit.
- Central management standardizes activities and lessens the potential for duplication of responsibilities.
- Procurement and Contract Management staff are now:
 - Assigning workloads under the new structure to ensure timely renewal and/or rebid of all DSS contracted services;
 - Developing standardized contract templates so that procurement and contract management, program and legal staff can more easily review contracts and locate certain contract components (e.g., pricing, penalties, etc.);
 - Finalizing a financial assessment for each request for proposal/draft contract, identifying estimated budget impact, subrecipient determination, federal grant allocation and accounting codes prior to award; and,
 - Working with the Office of Equal Opportunity to maximize agency minority/women business enterprise participation commitments.

Review of Grants and Cash Management Functions

- DFAS began a comprehensive review of major Federal grant programs to ensure that it is maximizing the use of federal funds in coordination with state matching and maintenance of effort requirements.
- DFAS is working with DSS program staff and federal grantee agencies to ensure it is claiming and reporting federal grants according to grant requirements. Activities include:
 - Reviewing payment coding and federal grant reporting processes to validate a sufficient audit trail from the payment to the federal claim;
 - Ensuring adequate written documentation to support claimed expenditures reported to respective grants; and,
 - Ensuring State Plans that govern the use of federal grants are updated and consistent with DSS claiming activities.
- Additionally, DFAS is developing cash management controls to ensure a more direct link between cash draws and program expenditures and periodic cash reconciliation procedures.

Maximizing Electronic Payments

- DFAS continues to identify opportunities to streamline operations and increase efficiencies. Over the next year, one area where DFAS will concentrate efforts is increasing electronic payments and exploring opportunities to deliver remittance advices in an electronic format. Today, even if a contractor or vendor elects to receive payment via electronic fund transfer (EFT), they still receive a mailed remittance advice. Although less paper check handling ensures better control of payments, DSS continues to incur postage and mailing costs to mail remittance advices.
- During 2012, DFAS will:
 - Assess the rate of EFT payments in DSS program areas and work with program staff to determine the level of opportunity to increase EFT;
 - Prioritize programs and vendors to develop plans (including outreach, systems changes, contract changes, etc.) to increase and/or require receipt of payments by EFT; and,
 - Review systems to determine capability to support electronic delivery/accessibility of remittance advices.



*Jennifer Tidball
DFAS Director*

Standardizing and Strengthening Management of DSS Accounts Receivables

- Today, DSS has numerous program areas and units managing accounts receivables. Although federal program guidance varies on how DSS must manage receivables when the initial payment DSS involves federal funds, there are common elements and best practices in management of receivables. DFAS, in coordination with the Division of Legal Services, will be working with DSS programs to develop common policies and procedures to oversee and manage DSS receivables.
- During 2011, a group of DSS staff formed a workgroup and completed a comprehensive assessment of its current receivables and receivable management.
- During 2012, DFAS will use the report from the workgroup to:
 - Select one or more program areas as a pilot for streamlining accounts receivable processes;
 - Develop policies and procedures to ensure consistency in application of debt write-off and debt collection efforts, as allowable under federal program guidance; and,
 - Analyze program collection processes for receivables to determine if the agency should take a more aggressive position in its collection efforts.

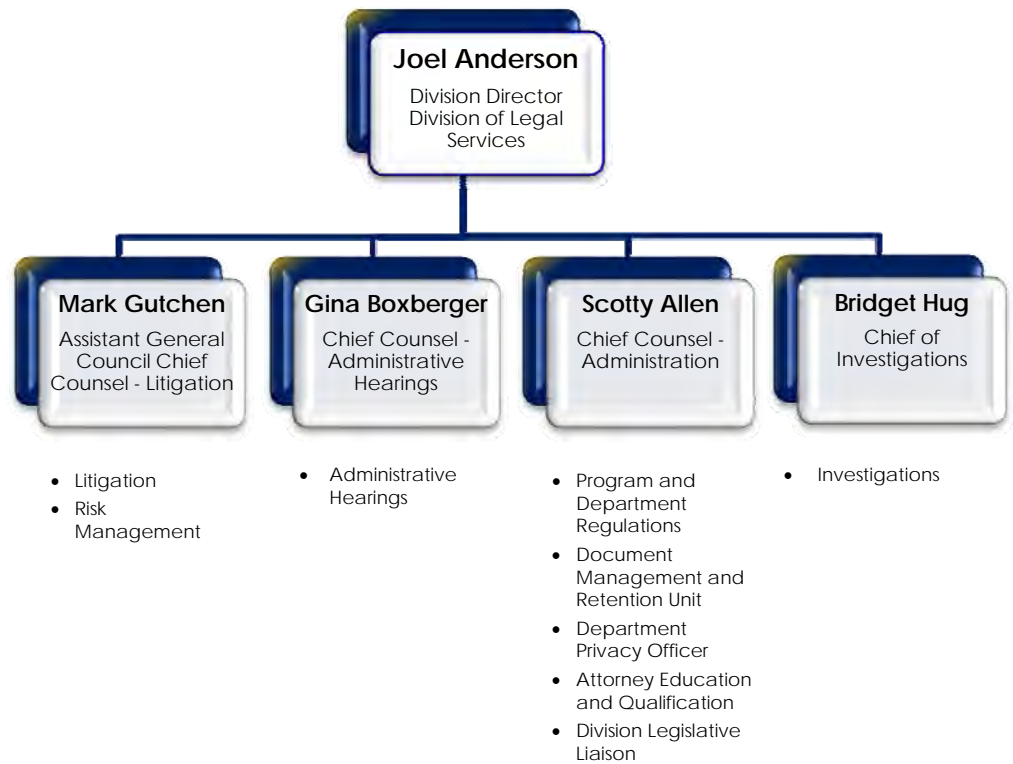
This page is intentionally blank.

221 W High • PO Box 1527 • Jefferson City, MO 65102 • Phone: 573-751-3229

Services

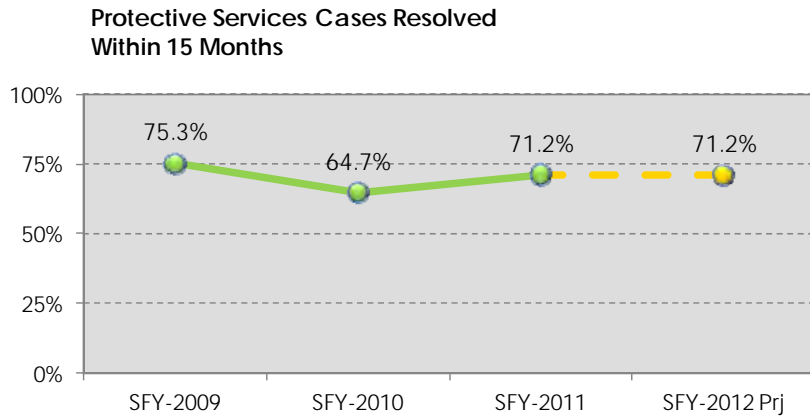
- CASE LITIGATION
- ADMINISTRATIVE HEARINGS
- INVESTIGATIONS
- STATE TECHNICAL ASSISTANCE TEAM

Division of Legal Services (DLS) is the counsel of the department and its divisions.



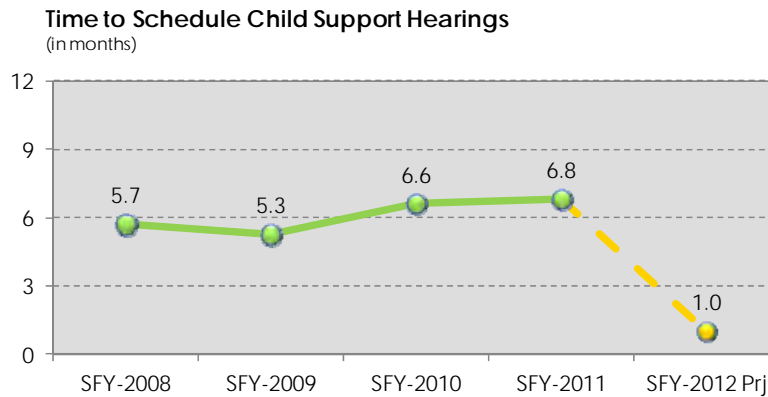
Find the Division of Legal Services on the web at <http://dss.mo.gov/dls/>

Protective Services Cases



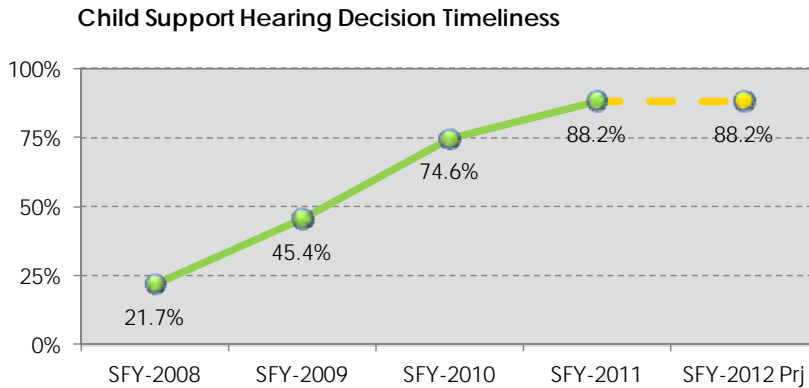
- Division of Legal Services (DLS)/Litigation closed 951 protective services cases in fiscal year 2011.
- 71.2% of the cases were closed within 15 months of being assigned to an attorney.

Time to Schedule Child Support Hearings



- The Child Support Hearing Unit is scheduling 4 to 5 hearings per day per Hearing Officer, which is the maximum number of hearings a Hearing Officer can hold and still be able to do other necessary work (research, writing, reviewing) to get decisions issued timely. In addition to holding hearings, the Hearing Officer is responsible for writing decisions and orders as well as reviewing another Hearing Officer's decisions and orders. Since 2011, time to schedule Child Support hearings has been reduced from 7 months to less than 30 days.

Child Support Hearing Decision Timeliness



- Decision timeliness has been a focus since a 2008 State Auditor's report.
- Hearings are timelier due to better organization, tighter controls and performance reviews.



Maintaining Significant Collections in Fraud Cases

- The DLS/Welfare Investigations Unit (WIU) investigates reports of fraud resulting from recipients who have intentionally received public assistance benefits. WIU also investigates DSS contract providers who have submitted falsified and/or incomplete records.
- WIU collections totaled \$2.5 million in SFY-2011, an increase of \$400,000 over the prior fiscal year.
- The Claims Accounting Restitution System (CARS) has recently undergone a number of changes. Programming was enhanced to allow certification of multiple responsible household members to the Treasury Offset program. It is expected this will increase collections, which in turn increases the amount the state may retain. This dramatic increase is expected to continue.

Litigation

- DLS attorneys completed and closed 4,703 cases of various types during SFY-2011. During SFY-2011, DLS closed 951 permanency planning cases involving abused and neglected children, completed the handling of 244 terminations of parental rights and obtained guardianships for over 126 foster children and young adults.
- DLS/Litigation closed 63 appeals of hotline decisions to the circuit court, provided 96 formal and numerous other informal legal opinions to the department and its divisions. DLS/Litigation responded to 350 subpoenas.

- DLS/Litigation provided legal advice and direct legal services to the department and its divisions on issues ranging from the drafting and enforcement of contracts, drafting administrative regulations, implementing new legislation, risk management, providing information to legislators in response to inquiries, training DSS staff on a wide range of legal issues involving department operations, preparing fiscal notes and complying with the requirements of federal law so that Missouri can continue to receive federal funding for the foster care system, MO HealthNet, Temporary Assistance for Needy Families, Food Stamp and other state-federally funded programs.

Sunshine Requests

- DLS processed 97 sunshine requests in SFY-2011, which is on par with the 98 sunshine requests processed in SFY-2010, but significantly higher than the 56 sunshine requests processed during SFY-2009.
- Sunshine requests primarily resulted from interest in changes in health care legislation by the media and various advocacy groups and child fatalities involving children and families that had received services from the Children's Division

Administrative Hearings

- To eliminate the Child Support hearing backlog of 5,726, pending Child Support hearings were transferred to a private contractor. As of December 31, 2011, the backlog was eliminated.



Departmental Redaction Project

- The department is routinely requested to provide records of various kinds, particularly related to Children's Division activities and medical reports. Due to the rights of privacy, as well as various laws restricting the kinds of information that may be released and to whom such information may be released, the redaction of sensitive information from documents has become a monumental task. Such information is not limited to easily identifiable data, such as a social security number. It also includes any information that may reveal or suggest confidential information. Record redaction requires experience and significant time.
- An internal DSS workgroup studied the issue and, among other things, recommended the creation of a Redacting Unit based in Jefferson City supervised by the Division of Legal Services. This plan was approved by the department and DLS developed an implementation plan accordingly.
- On May 10, 2011, DLS opened the Documents Management Unit (DMU). Currently, DMU consists of 6 employees and is accepting referrals from the northeast and southwest regions of the state. It is anticipated that the DMU will begin accepting referrals from the remainder of the state in early 2012 and will expand its workforce to handle the increased workload.

Administrative Regulations and Policies

- DLS lawyers worked with the program divisions to improve programs by assisting in the review, drafting and updating of administrative regulations and policies in a number of key areas including:
 - Contracted case management;
 - Family Support Division (FSD)/Income Maintenance programs;
 - Medicaid Audit and Compliance unit
 - Administration of the Child Abuse and Neglect Hotline; and,
 - MO HealthNet Division programs.

Administrative Hearings

- The DLS/Administrative Hearings Section continues to ensure timely scheduling and completion of both Child Support and benefits hearings. Internal time deadlines for completion of major steps in the Child Support administrative decision process have been met and these processes have been stabilized.
- Benefit hearing requests have increased significantly in the current fiscal year, requiring a new look at procedures and staffing. Additional hearing officers required to meet this increase were in place by January 31, 2012.



Departmental Redaction Project

- DLS will continue to develop the most efficient and accurate system of processing the large number of document requests requiring redacting received by the department each year. With the department's Redaction Unit established and successfully addressing the needs of 75% of the state, DLS looks forward to adding in the rest of the state later this spring and to monitoring the unit's effectiveness.



*Joel Anderson
DLS Director*

Training Family Support and MO HealthNet Personnel on Due Process and Administrative Hearings Process

- DLS is continuing its work with FSD to develop a training curriculum on procedural due process and compliance with federal and state administrative and judicial review requirements. DLS worked with FSD to implement the first modules in SFY-2011. The second module is being implemented and the plan is to implement the remaining 3 modules during SFY-2012.
- Training will cover constitutional procedural due process rights of program participants and preparation for and presentation of information to administrative tribunals.

Missouri Medicaid Audit and Compliance Administrative Regulations

- DLS attorneys are drafting administrative regulations to ensure that the Missouri Medicaid Audit and Compliance Unit is fully enabled to implement programs to eliminate waste, fraud and abuse in the Medicaid program.



TOP DSS NEWS STORIES OF 2011

Missouri Legislature Passes TANF Drug Testing

The Missouri General Assembly passed House Bill 73. This legislation directs the DSS to develop a program to screen certain TANF recipients or applicants for possible illegal drug use were prominent in the news in 2011. House Bill 73 suspends the direct payment of benefits from the TANF program to recipients that test positive for illegal drug use. Additionally, the legislation requires that TANF electronic benefit transfer cards include a photograph of the cardholder, much like an identification card.

Missouri Rx Program Reauthorized

The Missouri General Assembly passed House Bill 412, which reauthorizes Missouri Rx, the state program that helps more than 212,000 low-income Missouri seniors and persons with disabilities afford essential prescription medicine. Missouri Rx pays 50% of out-of-pocket costs for medications that are covered by a senior's Medicare Part D plan, including the cost of the deductible and co-payments. Without reauthorization, the program would have expired in August 2011.

Media Critical of Food Stamp and TANF Programs

From March through November, KMOV in St. Louis broadcasted a series of reports on the use of Food Stamp and TANF benefits outside the state. The reporter suggested that DSS should increase its investigations of possible misuse of benefits. The articles were picked up by other media outlets and gained legislative interest.

State Audit Critical of State Agency Management of Recovery Act Funds

Missouri Auditor Tom Schweich released a report examining the state's use of federal economic stimulus money. The report suggested that several state departments, including Social Services, lacked procedures necessary to ensure that required federal quarterly reports on stimulus dollars were complete and accurate.

Assisting Families in Joplin

DSS had considerable staff assisting with recovery efforts in the Joplin area following the devastating May 22 tornado. The majority of the department's responsibilities were carried out through the Family Support Division, Children's Division, MO HealthNet Division and Division of Youth Services.

Missouri Establishes New Website to Help Collect Child Support

Missouri established a new website to increase Child Support collections by a projected \$7.8 million during 2012 by switching to a new electronic reporting system for businesses that hire new employees. Federal and state laws require businesses to tell the state when they hire employees that owe Child Support. Previously, the reporting process relied on paperwork and manual data entry. The new website allows businesses to report new hires more easily, quickly and efficiently.

DSS Audit Raises Questions About Mismanagement at St. Louis Nonprofit Agency

St. Louis area media covered closure of Human Development Corporation (HDC) following a DSS inquiry that found that HDC had mismanaged state contracts, overcommitted federal dollars to contractors and failed to meet payroll. The nonprofit had collected \$4.2 million in federal grants to pay utility costs for thousands of low-income St. Louis residents, but had not paid at least \$650,000 in pledges to the local utility provider. Ultimately, HDC closed its doors and the 2012 contracts were awarded to other local non-profit organizations.



Speeches and presentations of the department's leadership during SFY-2011 (sites are in Missouri unless otherwise noted).

Ronald J. Levy, Director, Department of Social Services

Date	Location	Topic	Audience
September 29	Kansas City	Health Care Reform	Grantee Forum on Health Reform – REACH and Health Care Foundation Representatives
October 17	St. Louis University (SLU) – St. Louis	Health Care Reform and Health Care Career Opportunities	SLU Students – Executive Management Speaker Series, Fall, 2010
October 14	St. Louis Airport Hilton	Reactor Panel Member at the Signature Health Foundation Community Forum - Health Care Reform	Health Care Executives, Providers, Business Leaders
October 21	Branson – Hilton Branson Convention Center	HIT/HIE	Mo. Primary Care Assn. Board of Director's Annual Convention
October 29	Columbia – Hilton Garden Inn	Panel Member for the UMC – Center for Health Policy Annual Mo Health Policy Summit - Health Care Reform	Healthcare Professionals
February 11	St. Louis	Overview of DSS Budget – Brian Kinkade did this presentation for Ron.	St. Louis Not-For-Profits
March 4	St. Louis	Health Symposium – Health Reform	SLU – School of Law Students
March 31	Jefferson City	Child Advocacy Day	Various Children's Agencies
April 13	Lake Ozark	Health Care/Medicaid	Missouri Association of Osteopathic Physicians and Surgeons
April 25	St. Louis	Meaningful Use & Health Information Exchange	Barnes Jewish Board Members
June 14	Jefferson City	Missouri Non-Profit Panel Member	Various Missouri Non-Profit Agencies

Alyson Campbell, Director, Family Support Division

Date	Location	Topic	Audience
July 21	Jefferson City	Child Support Initiatives/ Strategies	Child Support Office Managers
August 3	New Madrid and Mississippi Counties	Program Initiatives and Strategies	Income Maintenance Staff
August 4	Stoddard and Bollinger Counties	Program Initiatives and Strategies	Income Maintenance Staff

Date	Location	Topic	Audience
August 5	Perry and Ste. Genevieve Counties	Program Initiatives and Strategies	Income Maintenance Staff
August 9	Jefferson City	Child Support Program Issues	Child Support Staff Council
August 11	Chicago, IL	Missouri Initiatives and Best Practices	Regional Child Support Directors
August 26	Jefferson City	Divisional Updates	FSD Regional Managers
September 1	Warrensburg	Program Initiatives and Strategies	Income Maintenance and Child Support Staff
September 2	Lake of the Ozarks	Child Support Program	Missouri Office of Prosecution Services/Missouri Association of Prosecuting Attorneys
September 14	Columbia, MO	Child Support Program	Missouri Child Support Enforcement Association Conference
September 16	Jefferson City	Income Maintenance Program Issues	IM Staff Council
October 13	Jefferson City	RSB Program Issues	RSB Staff Council
December 15	Jefferson City	Divisional Updates	FSD Regional Managers
January 12	Jefferson City	FSD Program Initiatives	County and Circuit Managers
March 17	Jefferson City	Child Support	Staff Council
March 21	Sts. Joachim and Ann Care Services	Reorganization and Collaboration	St. Joachim's Staff
March 24	Warrensburg	Tenure Awards	Warrensburg CS Staff
April 13	Jefferson City	FSD Program Initiatives	County and Circuit Managers
April 21	Osage Beach	Child Support	Missouri Office of Prosecution Services Training Conference
May 19	Jefferson City	Needs Based Programs and FSD Initiatives	Staff Council
June 2	Joplin	Tornado	IM and CS Staff
June 12	Austin, TX	Federal Child Support Issues	National Council of Child Support Directors
June 21	Miller, Camden and Morgan Counties	FSD Reorganization and Other Initiatives	IM Staff
June 23	Maries County	FSD Reorganization and Other Initiatives	IM Staff
June 24	Callaway County	FSD Reorganization and Other Initiatives	IM Staff

Paula Neese/Candace Shively, Director, Children's Division

Date	Location	Topic	Audience
July 16	Ozark	Update on Child Welfare Issues	Cherish Kids Annual Luncheon Attendees
September 24	Jefferson City	Children's Division Update on current initiatives	Missouri Juvenile Justice Association members
November 2	Jefferson City	CD Director's vision of child welfare in Missouri and public/private partnerships)	MO Coalition of Children's Agencies Members
November 17	St. Louis	CD Director's vision of child welfare in Missouri	Family and Community Partnership Members
December 1	Jefferson City	State of Early Childhood in Missouri	Representatives from DESE, Dept. of Corrections, DHSS, ,DMH and CBEC
December 7	Kansas City	CD Director's vision of child welfare in Missouri	Partnership for Children staff and other local community partners
March 25	Jefferson City	Children's Division Update on current initiatives	Missouri Juvenile Justice Association members
March 29	Jefferson City	Children's Division update on budget and legislative issues	Missouri Task Force on Children's Justice Members
June 16	Lake Ozark	Children's Division initiatives, legislation and status of foster/adoptive population	MFCAA & Children's Division Conference Attendees (Foster Parents & CD Staff)

Tim Decker, Director, Division of Youth Services

Date	Location	Topic	Audience
July 20	St. Louis	Program visits, presentation and overview of Missouri's therapeutic treatment approach to delegates from the US Department of Justice	Members of the Review Panel on Prison Rape
July 30– August 1	Chicago, IL	Presentation and facilitation of break-out group discussions regarding positive youth development, juvenile justice measurement, best practices and current outcome and recidivism studies at Council of Juvenile Correctional Administrators Summer Business Meeting	Directors of state Youth Services and correctional agencies
August 5	Poplar Bluff	Keynote speaker at DYS Southeast Region Graduation	DYS youth, families, staff, community partners, juvenile court staff, local elected officials, and DYS Advisory Board members
August 16-18	St. Louis	Opening presentation to DYS St. Louis region senior leadership team providing setting of agency direction, goals, strategies and measures	DYS St. Louis senior leadership team

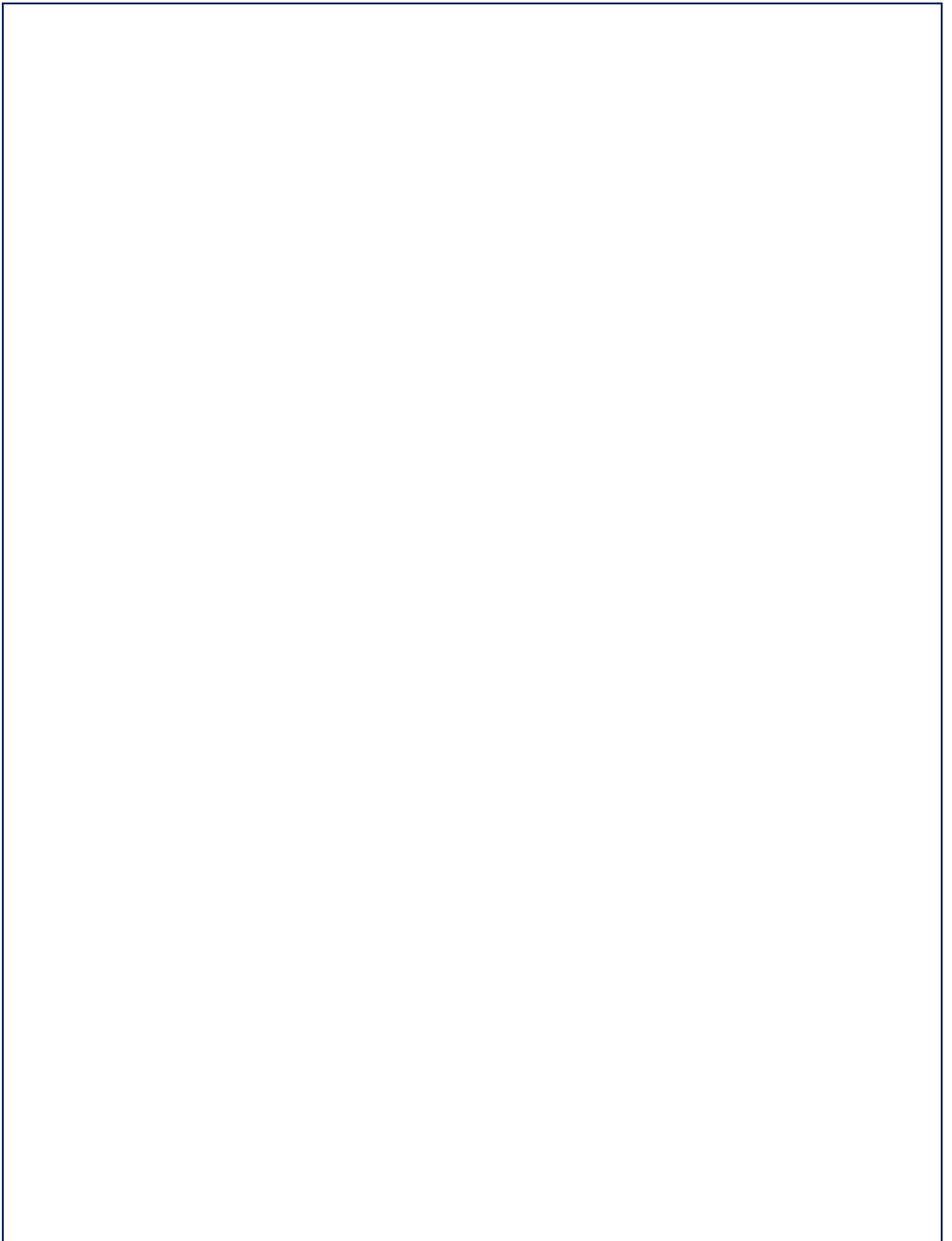
Date	Location	Topic	Audience
September 13-14	St. Louis	Program visits, presentation and overview of Missouri's therapeutic treatment approach to delegates from the State of Maryland	Key decision makers, policy makers, elected officials and child advocates from the State of Maryland
September 23-24	Washington, DC	Presentation to Coordinating Council on Juvenile Justice and Delinquency Prevention, chaired by US Attorney General Eric Holder	Members of the Coordinating Council on Juvenile Justice and Delinquency, general public and press
October 4-6	Kansas City	Host site for Juvenile Detention Alternatives Initiative conference - Provided program tours, panel presentations, facilitated youth panel during plenary session	Officials from the Annie E. Casey Foundation, juvenile court personnel, youth services personnel from Missouri and juvenile justice administrators, judges, and partners from across the nation
October 12-14	Washington, DC	Presentation at Juvenile Justice Leadership Network at Georgetown University - Presentation and discussion of incorporating evidence based approaches and cross systems work including juvenile justice, child welfare, education and behavioral health	Officials from the Center for Juvenile Justice Reform at Georgetown University, juvenile justice administrators, advocates and state and national policymakers.
October 19-20	Washington, DC	Participate in workshop of juvenile correctional administrators to discuss and provide recommendations on the second round of the National Survey of Youth in Custody required under the Prison Rape Elimination Act of 2003	US Department of Justice and juvenile correctional administrators from across the nation
November 4-5	Cambridge, MA	Guest lecturer at the Child Advocacy Program at Harvard University	Harvard Law School students and staff
November 19	Jefferson City	Opening presentation to DYS service coordinator supervisors providing setting of agency direction, expanding continuum of non-residential services	DYS service coordinator supervisors, treatment coordinators and clinical coordinators
December 2-4	Washington, DC	Presentation on the challenges to adopting evidence based approaches panel at the juvenile justice symposium sponsored by the Center for Juvenile Justice Reform	Center for Juvenile Justice Reform, Office of Justice Programs, and other national juvenile justice leaders and policymakers
December 15-16,	Washington, DC	Participation in Office of Juvenile Justice and Delinquency Prevention (OJJDP) National Center for Youth in Custody planning meeting	National juvenile justice experts

Date	Location	Topic	Audience
January 28-30	San Antonio, TX	Leading the Winter Business Meeting of the Council of Juvenile Correctional Administrators and provided presentation on trauma-informed care	Directors of state Youth Services and correctional agencies
March 9-11	Washington, DC	Presentation and panel discussion at the Juvenile Justice Leadership Network Meeting at Georgetown University - Focus around changing the culture of a juvenile justice agency and reinvestment strategies	Officials from the Center for Juvenile Justice Reform at Georgetown University, and juvenile correctional administrators from across the nation
March 25	Jefferson City	Presentation at Missouri Juvenile Justice Association Administrative Concerns Committee meeting	Chief Juvenile Court Personnel from across Missouri
March 28	New York, NY	Presentation and discussion regarding New York City's development of a continuum of residential placements in the juvenile justice system	Officials from the New York City Administration for Children's Services
April 12	Columbia	Opening presentation to DYS Northeast region senior leadership team providing setting of agency direction, goals, strategies and measures	DYS Northeast Region senior leadership team
April 20-21	Baltimore, MD	Participate in focus group to combine data driven decision making and implementation of evidence based programs	National representatives from education, juvenile justice, child welfare, drug and alcohol, behavioral health, law enforcement, philanthropic entities and others
May 10-11	Montgomery City, Fulton, Columbia	Program visits, presentation and overview of Missouri's therapeutic treatment approach to delegates from the State of California	Policy makers and child advocates from the State of California
May 12-13	Washington, DC	Panelist at the Family Engagement Symposium regarding juvenile justice and child welfare systems' engagement of youth, families and communities	National juvenile justice experts
May 26	Kansas City	Opening presentation to DYS Northwest region senior leadership team providing setting of agency direction, goals, strategies and measures	DYS Northwest Region senior leadership team
June 27-28	Washington, DC	Presentation at the National Center for Youth in Custody Planning Meeting regarding peer-to-peer technical assistance and resource sharing	National Juvenile Justice experts

Ian McCaslin, MD, Director, MO HealthNet Division

Date	Location	Topic	Audience
July 7	St. Louis	Impact of the Patient Protection and Affordable Care Act on children's health care in Missouri	Members of Cardinal Glennon Children's Foundation Advocacy Committee
July 30	Jefferson City	MO HealthNet Managed Care	Managed care plans; consumer advocates; provider groups
August 24	Kansas City	Hospital-specific issues	Representatives of Truman Medical Center and Children's Mercy Hospital
September 9	Columbia	Representative of the Department of Social Services	University of Missouri-Columbia Women's and Children's Hospital grand opening reception
September 25	Osage Beach	The Past, Present, and Future of Medicaid in Missouri	Members of the Missouri Chapter of the American College of Physicians
October 14	Chicago, IL	Advancing Primary Care: Providing Shared Practice Supports	Small group consultation sponsored by Center for Health Care Strategies
October 21	St. Louis	Panelist of Internship Preceptor Round Table	St. Louis University School of Public Health
November 18	Kansas City	MO HealthNet and the ACA: Current Status	Members of the Missouri Chapter of the American Academy of Pediatrics
December 9	St. Louis	Future of MO HealthNet	Break out session during Missouri Foundation for Health 2010 Health Summit
March 4	St. Louis	Commenter on Accountability and Medicaid Presentation	St. Louis University Center for Health Law Studies 23 rd Annual Health Law Symposium
March 11	Jefferson City	Medical home incentives webinar in collaboration with Missouri Hospital Association	MO HealthNet enrolled hospitals and clinics
March 25	Sacramento, CA	Implementation of the Affordable Care Act – A View from the States	Attendees at Healthcare Financial Management Association spring conference
March 31	Jefferson City	Electronic health record adoption in Missouri	Attendee and commentator of interested provider meeting sponsored by Missouri Health Information Technology Assistance Center
April 2	Springfield	Health Information Exchange and Implementation of the Affordable Care Act	Attendees of meeting sponsored by the Missouri Health Advocacy Alliance
April 29	St. Louis	Implementation of Health Reform in Missouri – Current Status	Faculty at the St. Louis University School of Public Health
May 20-21	Columbia	What Will Health Reform Mean for Missouri's Children	Attendees of the 33 rd Annual Conference: Common Childhood Problems sponsored by University of Missouri School of Medicine.

Date	Location	Topic	Audience
June 3	Kansas City	Children's health/MO HealthNet Update	Attendees of Child Abuse Roundtable Coalition Meeting
June 23	Kansas City	MO HealthNet Update	Attendees of meeting of the Metropolitan Medical Society



Toll-Free Informational Phone Numbers

Child Abuse/Neglect Hotline (MO only)	1-800-392-3738
Child Support Customer Service Call Center (enforcement calls only)	1-866-313-9960
Child Support Employer Information	1-800-585-9234
Child Support General Information	1-800-859-7999
Child Support Payment Information (IVR)	1-800-225-0530
Elderly Abuse/Neglect Hotline	1-800-392-0210
Food Stamp Case Information	1-800-392-1261
Foster Adoptline	1-800-554-2222
Missouri Rx Plan (MoRx)	1-800-375-1406
Missouri School Violence Hotline	1-866-748-7047
Missouri's Long-Term Care Ombudsman (DHSS)	1-800-309-3282
MO HealthNet Case Information	1-800-392-1261
MO HealthNet Exception Process	1-800-392-8030
MO HealthNet Participant Services	1-800-392-2161
MO HealthNet Service Center	1-888-275-5908
Office of Child Advocate	1-866-457-2302
ParentLink WarmLine	1-800-552-8522
	En Español 1-888-460-0008
Rehabilitation Services for the Blind	1-800-592-6004
STAT (State Technical Assistance Team)	1-800-487-1626
Temporary Assistance/SAB/BP Case Information	1-800-392-1261
Text Telephone	1-800-735-2966
TTD Voice Access	1-800-735-2466



221 W High Street / Suite 240 / Jefferson City, Missouri 65102-1527 / phone 573.751.4815 /
www.dss.mo.gov

Relay Missouri for hearing and speech impaired
1.800.735.2466 voice / 1.800.735.2966 text phone

An Equal Opportunity Employer, services provided on a nondiscriminatory basis