



**Missouri**  
**Department**  
**of Social Services**

**2015**  
**Annual**  
**Report**



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

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

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

December 2016

Dear Fellow Missourians:

As the Director of the Department of Social Services, I am keenly aware of how a crisis or hardship can impact an individual's life. Missouri men, women, and children rely on the Department for safety, support, guidance, and encouragement so they can survive and rebuild their lives. I am so proud of the work our devoted Department of Social Services professionals perform each day to help Missourians lift themselves out of adversity and transform their lives. As a Department, we must always be immediately responsive to those needs to assure Missourians are safe, productive and can live up to their full potential. I am truly inspired by the hope and determination of these Missourians to have a better life and I am honored to serve these individuals and our great state.

It is imperative that the Department of Social Services also lives up to its full potential to best serve our state. I would like to take this opportunity to share with you some of our achievements and highlights of our performance that demonstrate our commitment to excellence and maximizing the return on every tax dollar invested in our department.

- The Children's Division became reaccredited through the Council on Accreditation (COA) in March 2015. Missouri is one of only five states in the nation to meet COA's high performance standards to achieve accreditation. The reaccreditation process took over two years and every Missouri county had to be in compliance with COA's high standards. This is a reflection of the exceptional work our CD staff performs each day to ensure the safety and wellbeing of children in Missouri.
- MO HealthNet Division launched a new program, Show-Me Healthy Babies, this year to expand health care coverage to low-income pregnant women and their babies with a household income up to 300 percent of the federal poverty level. Each year we anticipate over 1,800 pregnant women will benefit from this program which promotes a healthy pregnancy, labor, delivery and birth. Show-Me Healthy Babies includes postpartum coverage for sixty days for the pregnant woman and health coverage for their child during their first year.
- The Family Support Division (FSD) reorganization continues to mature and progress as we modernize our operation. We took steps to transition back to a state-staffed call center to better serve the needs of those calling about their benefits. We created a specialized statewide office devoted to assisting those who are blind or visually impaired to better meet their unique needs. We moved forward with development and implementation of additional facets the new Missouri Eligibility Determination and Enrollment System (MEDES) that further reduced processing time and the number of pending applications. An online eligibility tool was launched so clients can enter basic information about their household and learn what benefits they may be qualified to receive.
- The Division of Youth Services' (DYS) emphasis on youth giving back to others and learning to be positive leaders and role models was very evident in 2015. Two DYS youth were selected as inaugural members of the Annie E. Casey Foundation Youth Advisory Board, a 14-person advisory council of young persons with a juvenile justice history to help reshape the youth justice system. Via teleconferencing, DYS youth also presented at the annual National Juvenile Detention Alternatives Initiative on what works best to help youth become productive community members. And throughout the year, DYS youth leaders around the state led facility site tours to leaders of juvenile justice organizations from other states and the BBC.

I hope you find the Department of Social Services Annual Report helpful and I look forward to serving you and our state in the coming year. Thank you for your interest in our work.

Sincerely,

Brian Kinkade  
Director



RELAY MISSOURI

FOR HEARING AND SPEECH IMPAIRED

1-800-735-2466 VOICE; 1-800-735-2966 TEXT PHONE



# INTRODUCTION

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:

- Family Support Division;
- Children's 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.
- **INCLUSIVNESS** – We will value our differences and celebrate the contributions of all.
- **STEWARDSHIP** – We will wisely manage all resources entrusted to us.
- **ACCOUNTABILITY** – We will own our actions and their impact.

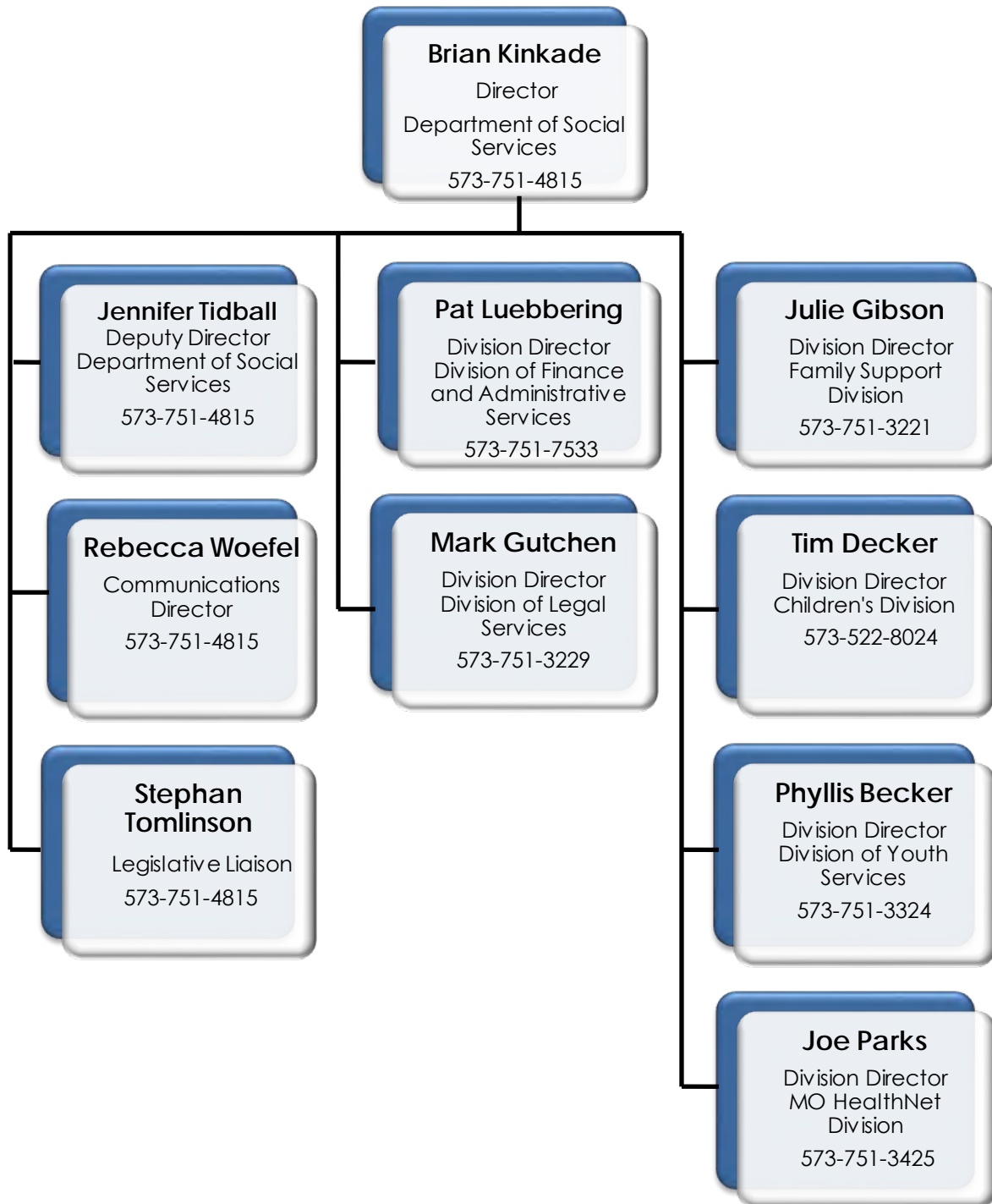
### Core Functions

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



# DEPARTMENT LEADERSHIP

(DECEMBER 2015)

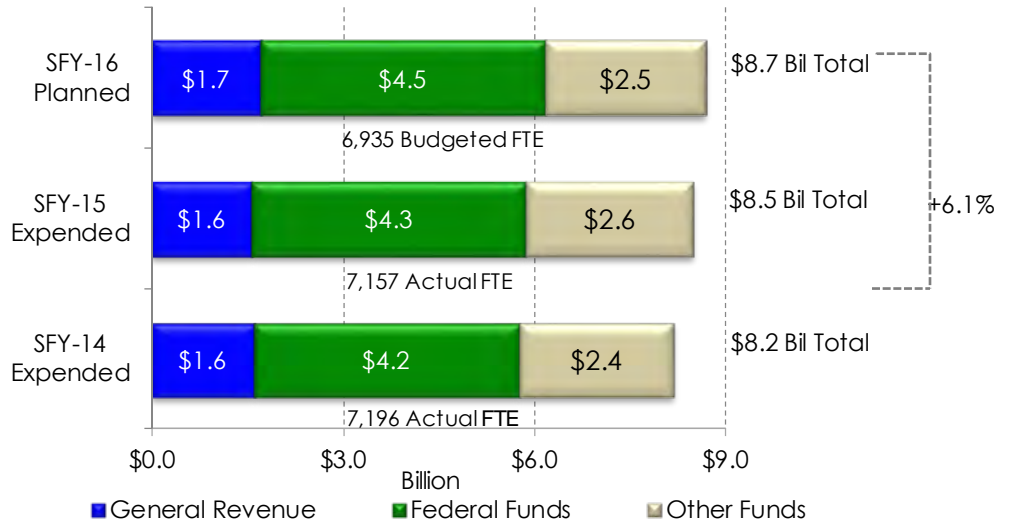




# FINANCING

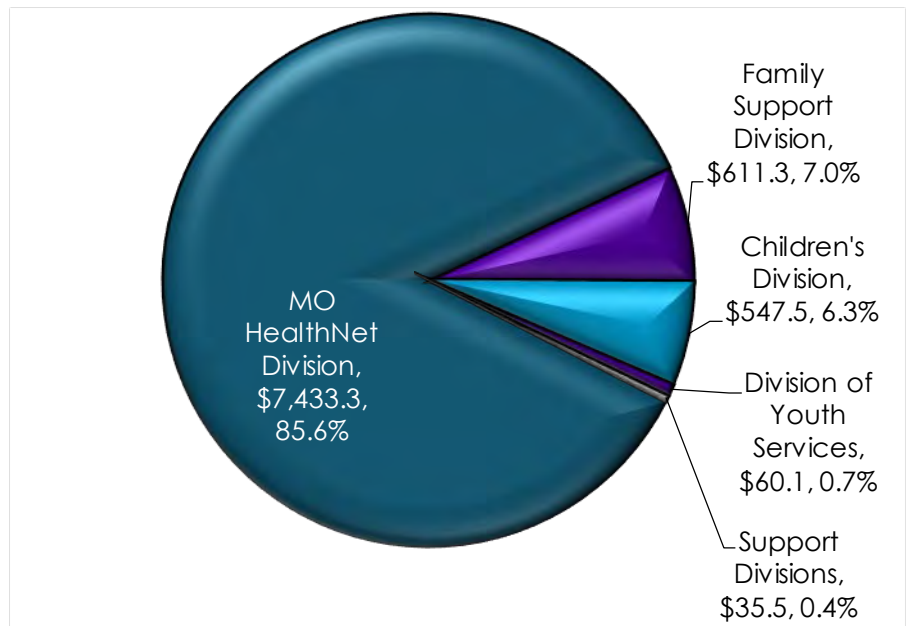
- Total spending has increased 6.1% (\$498.5 million) between SFY-14 and SFY-16 planned.
- General Revenue spending (GR) has increased by 6.5% (\$104.1 million). Federal fund spending has increased 7.5% (\$309.9 million) and Other fund spending has increased 3.5% (\$84.5 million).

## Department Expenditures SFY-14 to SFY-16 Planned With Fund Source Comparison (in billions)



- Most department expenditures continue to be from Federal and Other fund sources in SFY-16. GR spending will account for only 19.7% of planned spending.
- Between SFY-14 and SFY-16 full time equivalent (FTE) staff has declined 3.6%, or 261 FTE.

## SFY-16 Planned Expenditures Total Funds by Division





# 2015 QUICK FACTS ABOUT DSS IN MISSOURI



## MO HealthNet<sup>1</sup>

Number of people enrolled for MO HealthNet services	883,672
MO HealthNet dollars spent in state fiscal year 2015 <sup>2</sup>	\$7,791.4 mil
Estimated federal portion of MO HealthNet dollars spent	\$4,752.3 mil
MO HealthNet dollars for inpatient hospital services	\$641.1 mil
MO HealthNet dollars for physician services	\$557.0 mil
MO HealthNet dollars for nursing home services	\$1,065.7 mil
MO HealthNet dollars for pharmacy services	\$1,254.9 mil
MO HealthNet dollars for managed care payments	\$1,052.3 mil

## Family Support

Child support collections (IV-D and non-IV-D)	\$882.9 mil
Average monthly temporary assistance families <sup>3</sup>	31,053
Total temporary assistance payments <sup>3</sup>	\$80.9 mil
Average monthly food stamp benefit recipients	840,642
Total food stamp benefits distributed	\$1,245.3 mil

## Child Protection and Permanency

Children involved in completed hotline reports <sup>4</sup>	96,941
Children with substantiated abuse or neglect	6,244
Children with family assessments <sup>5</sup>	55,019
Average monthly children in foster care <sup>6</sup>	13,033
Children adopted	1,312
Total Children's Services expenditures <sup>7</sup>	\$222.1 mil
Average monthly children receiving subsidized child care <sup>8</sup>	33,772
Child care expenditures	\$124.9 mil

## Youth Services

Youths Committed <sup>9</sup>	713
Average monthly youths in DYS custody	1,286

### 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 (TEB) cases
4. Children's Division Annual Report, Table 2, total children less unable to locate, inappropriate report and located out of state
5. Children based on completed investigations/assessments
6. Children's Division Management Report, Table 25, legal status 1 only point-in-time end of month average for July 2014-June 2015
7. Excludes all Child Care payments; Performance Based Contractor payments included only at the statewide level
8. Any child receiving a payment during the month in the state, as reported on Child Care Monthly Management Report, Table 4, July 2014-June 2015
9. Includes dual jurisdiction cases



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## Programs & Services

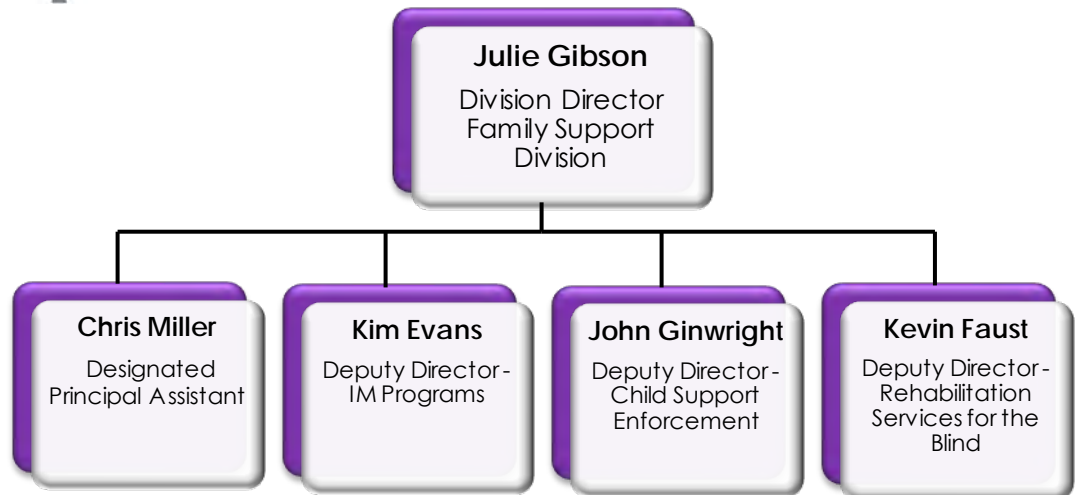
### NEEDS BASED PROGRAMS

- TEMPORARY ASSISTANCE
- FOOD STAMP
- 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.*



- Compliance and Quality Review
- Critical Planning and Analysis
- Call Center

- Income Maintenance (IM) Program and Policy
- Community Services Block Grant
- Low Income Home Energy Assistance Program
- Refugee Assistance
- Grants
- EBT/Food Distribution
- Field Operations

- Child Support Program and Policy
- Training
- Automated System
- Financial Resolutions Section
- Field Operations
- Outreach
- Customer Relations
- Call Center

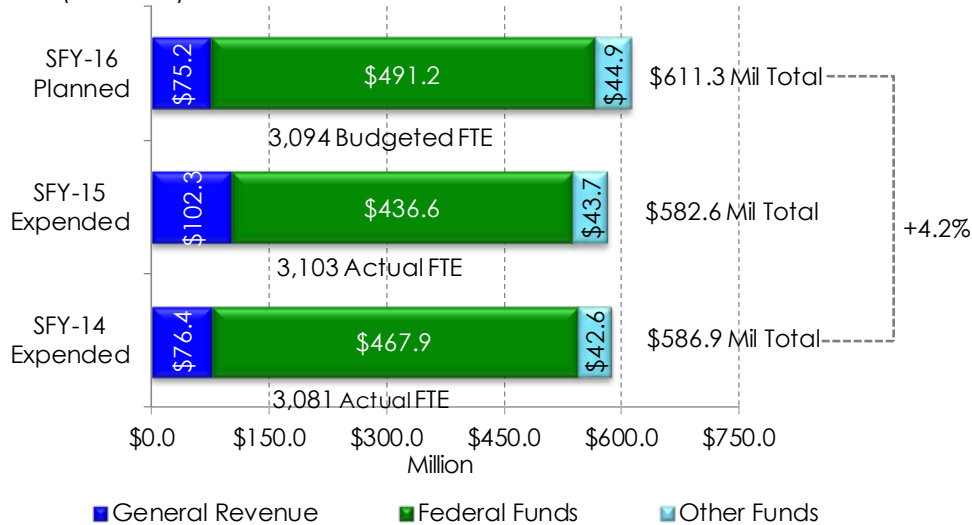
- Rehabilitation Services for the Blind

Find the Family Support Division on the web at [www.dss.mo.gov/fsd/](http://www.dss.mo.gov/fsd/)



# FINANCING

FSD Expenditures SFY-14 to SFY-16 Planned  
(in millions)



- Total spending increased by 4.2% (\$24.4 million).
- Between SFY-14 and SFY-16, GR expenditures decreased by 1.6% (\$1.2 million). Significant contributing factors to this change are:
  - In FY-15, the FAMIS core was reduced \$0.5 million for the transition to the new eligibility and enrollment system.
  - In FY 16, there was a 6% GR reduction in FSD Admin, IM Field, Family Support Staff Training, Electronic Benefits Transfer, FAMIS, Eligibility and Enrollment System, Community Partnerships, Temporary Assistance, Adult Supplementation, Supplemental Nursing Care, Blind Administration, Services for the Visually Impaired, Child Support Field Staff and Operations and Child Support Enforcement Reimbursement to Counties.
  - Supplemental Nursing Care had a core reduction of \$0.5 million due to projected lapse in FY 16.
  - In FY 15 and FY 16 there was a pay plan increase.
  - In FY 16, there was an increase of \$0.5 million to assist victims of sexual assault.
  - Missouri Mentoring Partnership had a new decision item to fund the St. Louis Mentoring Program for \$75,000 in FY 16.
  - There was a \$2.3 million GR pick-up for Blind Pension due to a shortfall in revenues in FY 16.
- Between SFY-14 and SFY-16, Federal spending increased by 5.0% (\$23.2 million). Significant contributing factors to this change are:
  - Appropriations which saw an increase in authority for FY 16 included Community Partnerships (\$120,000), Temporary Assistance Summer Jobs (\$250,000), Community Service Block Grant (\$4,500,000), Emergency Solutions Program (\$1,500,000), and Business Enterprises (\$5,000,000).

## Each Day

in Missouri

**2,293**  
Food Stamp applications  
are processed

**134**  
Temporary Assistance  
applications  
are processed

**1,894**  
Medicaid applications  
received

**\$2,419,051**  
in Child Support is collected  
and distributed to families

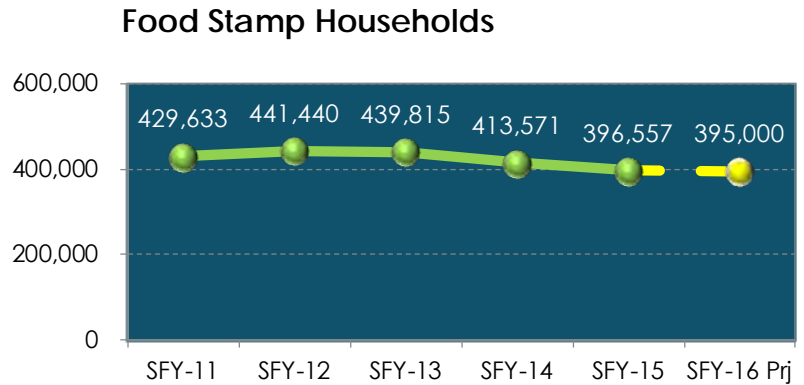
**3,730**  
visually impaired people  
have either Blind Pension or  
Supplemental Aid to the  
Blind to help meet their living  
expenses

- In FY-15, \$1.8 million was transferred from DED to Food Nutrition and Employment Training for the Missouri Employment and Training Program.
  - In FY-15 and FY-16 there was a pay plan increase.
  - FSD Admin realized a reduction of \$3 million, FAMIS had a reduction of \$2 million and Energy Assistance had a reduction of \$37 million in FY 16 for excess federal authority.
  - IM Field had a reduction of \$1,611,442 for vacant positions.
  - TANF had a reduction of \$1,440,000 for Work Assistance Programs.
  - In FY 16, \$500,000 of Ferguson Community Funding was transferred to HB 12 from Community Services Block Grant.
- Between SFY-14 and SFY-16, Other Funds increased by 5.4% (\$2.3 million). Significant contributing factors to this change are:
    - In FY-15, the Child Support Enforcement Collections fund was reduced \$2.3 million due to empty authority.
    - Utilicare spending increased from FY-14 to FY-16 by \$4.0 million.
    - In FY-15, there was an increase of \$350,000 for Blind Pension.
    - In FY-15 and FY-16 there was a pay plan increase.
  - FSD full time equivalent (FTE) staff increased by .4%, or 13 FTE.



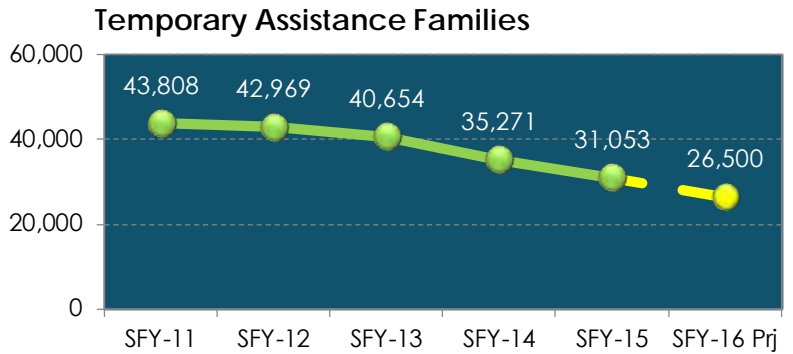
### Food Stamp Households

- There has been a decrease in the number of Food Stamp households since SFY-12.
- 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.
- The national target for timeliness is 95% and above. Missouri's timeliness rate is currently 80% (based on state reported data for FFY-16, Oct. 2015 –Dec. 2015).
- Missouri's preliminary Food Stamp payment error rate is 1.46% based on the first three months of FFY-16. Missouri is currently better than the national average of 3.64%.



## Temporary Assistance Families

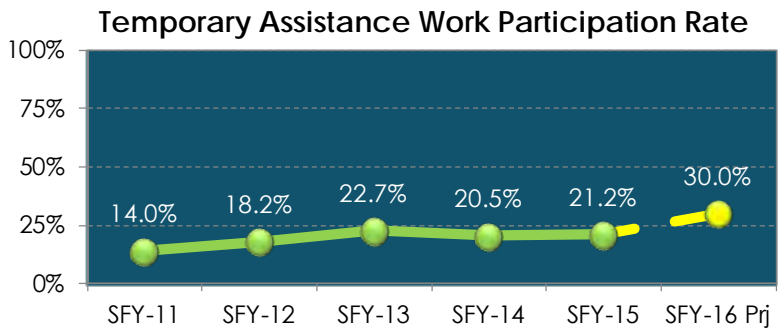
- The number of families receiving Temporary Assistance (TA) benefits has declined since SFY-11.
- Missouri has one of the lowest Temporary Assistance for Needy Families (TANF) eligibility levels in the nation, leading to fewer people being eligible. A family of 3 qualifies for a maximum of \$292 per month in assistance.
- TANF families must participate in training or job related activities.
- The average number of months families receive TANF benefits is 23.6 months.



This measure includes Transitional Employment Services (TEB) cases that began to receive services in November 2008. The TEB caseload was 1,387 for SFY-11; 1,569 for SFY-12; 1,887 for SFY-13, 1,810 for SFY-14, 1,852 for SFY-15 and a projected 1,500 for SFY-16.

## Temporary Assistance Work Participation Rate

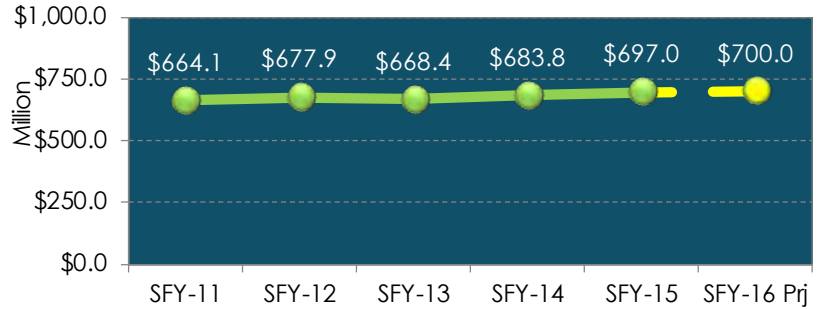
- The federal government requires states to meet a 50% work participation rate for adults receiving benefits under the TANF program. Missouri receives credit for maintenance of effort spending that will help the state meet its work participation rate.



## Child Support Distributed Collections (IV-D Cases)

- SFY- 15 Child Support collections and credits increased \$13.2 million (1.9%) over SFY-14. This was achieved despite a 3.5% decrease in IRS refund intercepts and a 44.2% decrease in unemployment compensation withholdings.
- Through enhanced employer database and member maintenance programs, employment data is more recent and viable. As a result, income withholding orders increased and collections from employers increased \$22.5 million (6.26%) over SFY-14.
- Re-engineering of work processes and stratification of the caseload promotes better case management, operating efficiencies and enhanced productivity.

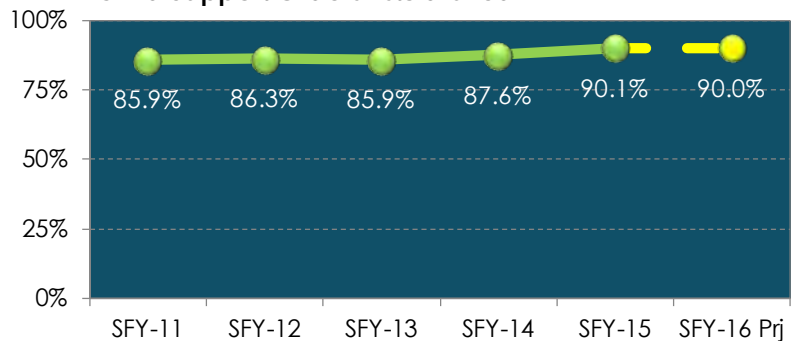
Child Support Distributed Collections (IV-D Cases)



## Child Support Orders Established

- The percentage of child support cases with orders has increased to 90.1%. Missouri performs well in this federal performance measure.
- Establishment of paternity continues to improve based on staff specialization and streamlined business processes.

Child Support Orders Established





## Income Maintenance Programs

- Missouri's preliminary Food Stamp payment error rate is 1.46% based on first three months of the FFY-16. This compares to .44% for this time in FFY-15. Missouri is currently better than the national error rate of 3.64%.
- Income Maintenance has increased coordination with the Departments of Mental Health and Health and Senior Services to provide FSD program services and on-site staffing to those with disabilities and seniors.
- In 2015, Missouri ended their contract for the Income Maintenance Call Center with YoungWilliams and began preparing to stand up a merit-staffed call center upon the termination of the Young Williams Contract. Several initiatives were implemented to ensure the success of the new Family Support Division Call Center.
- Preparation for Senate Bill 24 implementation included:
  - Temporary Assistance (TA) – changes effective August 28, 2015:
    - Required Orientation and Personal Responsibility Plan prior to TA approval
    - 50% sanctions for non-compliance with work activities – 8,502 imposed
    - Full family sanctions
    - New spouse's income is disregarded for 6 months
    - Hours from jobs.mo.gov count towards required participation
  - Preparation for Temporary Assistance changes going into effect - January 1, 2016:
    - Required participation in work activities prior to TA approval
    - Lifetime limit decreased from 60 to 45 months
    - Diversion payments allowed
  - Preparation for Food Stamp Program changes effective - January 1, 2016:
    - Able-Bodied Adults without Dependents have a work/training requirement of 80 hours per month
- The Workforce Innovation and Opportunity Act (WIOA) continued to evolve in 2015:
  - Helping transform federally funded job training programs across the country to ensure everyone can get the skills and training they need to improve their economic status.
  - Missouri opted to have TA as a required partner.
  - Partners: Second Chance, YouthBuild, Title V Older Americans Act Adult, Department of Secondary and Elementary Education, Division of Workforce Development.
- In 2015, FSD initiated restructuring the Missouri Employment and Training Program (METP) to create more opportunities for food stamp participants:
  - FSD partnered with the Division of Workforce Development (DWD) and University of Missouri (MU).
  - DWD serves Food Stamp recipients in 32 Job Centers in Missouri.
  - MU receives referrals on specified groups of individuals in need of services beyond DWD services.

## Child Support (CS) Program

- In 2015, Missouri was again one of the leading states in the nation in cost effectiveness of the Child Support Program, collecting \$8.34 in child support for every dollar spent.
- The Child Support Program includes 310,499 active orders for support. Of the families with orders, 71.6% receive child support payments.

Federal Measure	Needed to Earn Maximum Incentive	FFY-11	FFY-12	FFY-13	FFY-14	FFY-15 (preliminary)
Paternity Establishment	90%	93.4%	97.7%	95.5%	94.4%	93.1%
Order Establishment	80%	85.9%	86.3%	85.9%	88.1%	90.2%
Current Collections	80%	56.8 %	57.4%	57.7%	57.9%	59.5%
Arrearage Payment	80%	58.6%	59.4%	59.2%	59.4%	60.9%
Cost Effectiveness	\$5.00	\$7.46	\$7.43	\$7.43	\$7.72	\$8.34

## Rehabilitation Services for the Blind (RSB) Programs – Investing in Missourians

- FSD/RSB assisted 272 blind and severely visually impaired Missourians in reaching their employment goals in FFY-15 with an average hourly wage of \$14.66 for those in gainful employment.
- For every dollar of state general revenue spent on the Vocational Rehabilitation for an eligible blind and severely visually impaired Missourian, FSD/RSB will earn \$3.69 of federal funds.
- The individuals who completed their vocational rehabilitation service plans in FFY-15 and obtained gainful work will earn an average of \$21,809 in wages during their first year of work. During that first year, each of these new wage earners will pay approximately \$2,810 in Federal taxes and \$1,624 in State income taxes. These individuals will be able to pay back the cost of their rehabilitation services, through taxes, in just 3.8 years.

## Statewide Office to Assist Blind and Visually Impaired Income Maintenance Program Applicants and Participants

- In calendar year 2015, the Warren County office began serving all blind and visually impaired applicants and participants. Having one statewide office dedicated to serving this target population improves customer service and responsiveness to these participants. This office will offer alternative forms of correspondence to these participants to better meet their needs and have dedicated staff available to contact with questions or concerns.



### FSD Merit Call Center

- In 2015, FSD took major steps in preparation for a successful transition from its contracted call center to a fully state-staffed MERIT call center. Feedback was gathered from other states who have successfully implemented a state-staffed call center to handle calls on their public assistance programs.



- Additionally, a call center consultation group was awarded a Request For Proposal (RFP) to assist in call center model design and recommendations on best practices. Managers and supervisors allocated to call center received professional call center certification from the Resource Center for Call Center Professionals to prepare for the new direction of the agency. Front line staff received specific call center and customer service training to answer questions and do case processing. The call center is a three tiered model with Tier 1 answering basic questions and demographic updates, Tier 2 answering more complex policy questions and processing complex case issues and Tier 3 completing Food Stamp, Child Care and Temporary Assistance interviews. This model allows more calls to be handled in the most efficient manner while providing the customer a thorough and positive experience.

## **FSD IM Online Pre-Eligibility Tool (MO PET)**

- In 2015, FSD developed and implemented the Missouri Pre-Eligibility Tool (MO PET) that applicants can access via myDSS.mo.gov. The MO PET allows clients to enter basic information about their household and see if they may be eligible for benefits. The MO PET links the applicant directly to fillable PDF applications that applicants can complete, print and mail to FSD. Starting in the summer of 2016, the MO PET will be linked directly to the FSD online application system (MO Web APP) and applicants will have the option to apply for SNAP, TANF, Child Care, and MHABD benefits using the MO Web APP. The MO Web APP will send applicants' applications for benefits electronically to FAMIS minimizing paper applications and providing applicants the option to apply for benefits at their convenience.

## **Eligibility and Enrollment System**

- The Missouri Eligibility Determination and Enrollment System (MEDES) project encompasses the design, development and implementation of a federally certified system for the MO HealthNet, Food Stamp, Temporary Assistance, Child Care Assistance, and Low Income Home Energy Assistance (LIHEAP) programs. MEDES is being designed to meet the present and future needs of DSS and its clients.
- Family MO HealthNet applicants can create web based user accounts and apply for benefits online through myDSS.mo.gov. Applications can also be processed by eligibility specialists through the Caseworker Portal. Inbound and outbound account transfers for the federally-facilitated marketplace have been automated.
- During 2015, DSS continued development and improvements to MEDES. Improvements have resulted in an increase of applications processed; a reduction in the number of pending applications; and reductions in application processing time.
- The DSS continues to implement an Enterprise Content Management (ECM) system for integrating document imaging of case records with the MEDES system. The MEDES and ECM will allow the Family Support Division to streamline workflows and business processes to improve program performance and efficiencies.
- A change in contractor for MEDES occurred in May, 2015. Since that time, there has been significant progress in MEDES development and improvements in functionality. Highlights include: records can be amended when there is a change in circumstance; new eligibility indicator for Show Me Healthy Babies; security enhancements, such as database encryption and password complexity; automated federal poverty level adjustments; redesign of the underlying database to prevent previously occurring data issues between MEDES and Missouri Medicaid Information System (MMIS); and improvements and updates to the mydss.mo.gov citizen portal.
- To ensure MEDES project success, DSS and Information Technology Services Division (ITSD) came together to increase project capacity and expertise. Key to this has been a more robust project

governance structure; increased staff capacity by reassigning key staff, subject matter experts and front-line end users, and introduction of Organizational Change Management (OCM) to the Project.

## ON THE FSD HORIZON . . .

### Technology Investments

- In the coming year, the Family Support Division (FSD) will take major steps in preparation for technology enhancements that will allow customers to receive information and have their application for benefits processed in a more efficient manner. We obtained a waiver through Food and Nutrition Service (FNS) that allows customers to call, at their convenience, to complete the required interview for Food Stamps instead of waiting for a meeting and having to work around their schedule. In order to meet the call volume demand and enhance processing times the FSD will be implementing a Predictive Dialer. Using current case management systems and CISCO technologies, the Predictive Dialer will utilize a list of Food Stamp applicants who recently submitted an application and are in need of an interview and get the client connected to an Eligibility Specialist immediately who can complete the interview and authorize benefits. This will satisfy the federal cold call requirement and allow FSD to complete a large portion of interviews needed earlier in the application process allowing clients to receive benefits sooner. To improve the customer experience a brand new Interactive Voice Response (IVR) system is being redeveloped with the assistance of call center experts, research from other states, and vendor consultation. The new IVR will have the capability of providing case status for all non-MAGI programs at the beginning of the call and will allow the customer the option of getting detailed case information, information on how to apply, information about local resources and the option to speak to a live Eligibility Specialist, if more complex issues arise. In addition to creating a predictive dialer and upgrading the IVR, FSD is enhancing their web presence with the implementation of the Missouri Benefits Center and MO Web App. Missouri Benefits Center is a user-friendly website that will allow customers to create their own personal account to check the status of their case, report changes, and provide documentation to meet requested verification requirements. The MO Web App will allow the customers to apply for any benefits from the comfort of their home using their Smart Phone. These innovative technologies will reduce foot traffic in the Resource Centers and call volume to the Call Center, while providing a better customer experience.



Julie Gibson  
FSD Director

### FSD IM Online Pre-Eligibility Tool (MO PET)

- Starting in the summer of 2016, the MO PET will be linked directly to the FSD online application system (MO Web APP) and applicants will have the option to apply for SNAP, TANF, Child Care, and MHABD benefits using the MO Web APP. The MO Web APP will send applicants' applications for benefits electronically to FAMIS minimizing paper applications and providing applicants the option to apply for benefits at their convenience.

### Rehabilitation Services for the Blind-Vocational Transition Services to Improve Positive Employment Outcomes for Youth with Disabilities

- Employment and a career is a goal for everyone, including youth with visual disabilities. Such services include hands-on work experience; obtaining post-secondary training, certifications and credentials; mentoring from trusted experienced peers and adult workers; career awareness (labor market information) and identification of students' skills, abilities and interests); and, workplace readiness

- training including alternative techniques of blindness to prepare youth with visual disabilities as they transition to work. Rehabilitation Services for the Blind will develop and implement a best-practices guideline for the Vocational Rehabilitation program staff to improve positive employment outcomes for eligible transition age blind individuals.

## **Rehabilitation Services for the Blind-Improving Positive Employment and Independent Living Outcomes for Deaf-Blind Missourians**

- Rehabilitation Services for the Blind (RSB), in partnership with the Helen Keller National Center (HKNC), completed a statewide deaf-blind needs assessment in FY-13. These results will be used to develop and implement a best practices guideline to enhance vocational and independent living services for the Missouri deaf-blind population and improve positive employment and independent living outcomes. Data analysis was completed by HKNC in the 4th quarter of FFY-15. The results have shown a significant need in the working age population, in particular the 40-60 year old population.
- In 2015, RSB made preparations to sponsor the first Confident Living Program specific to the Deaf-Blind who are at least 55 years of age. The program will be held in April, 2016. RSB has been successful in the initial implementation of the Deaf-Blind Cooperative Agreement with core partner Missouri Vocational Rehabilitation, and is now developing more targeted Deaf-Blind training for the staff of both agencies with the assistance of HKNC.

## **FSD Merit Call Center**

- In 2015, the Family Support Division took major steps in preparation for a successful transition from its contracted call center to a fully state-staffed call center. Through these initiatives, all staff, from the highest level down to front line staff, were prepared and excited to take on this new challenge. The call center will provide customers with necessary information about benefit applications and program inquiries; and will ensure their needs are met at the first point of contact. The call center will strive to offer the best customer service experience in the most efficient way.

## **Risk Analysis Unit**

- The Risk Analysis Unit (RAU) started operations in August, 2015. The RAU collects and evaluates field operations metrics for all IM programs in an effort to minimize field operation risks to improve program outcomes. The RAU is responsible for ensuring that program performance measures are within defined federal minimum requirements.
- In 2016, this unit will begin the process of researching, developing, implementing interactive dashboards using Tableau. The RAU provides decision makers with field operations risk metrics used to manage each IM program's field operations risks. Since the development and use of these field operations risk metrics, all IM programs' overdue and pending applications counts are at or near all-time lows.
- The RAU is in the process of developing innovative tools to manage field operations risks that decisions makers will use to ensure that programs' timeliness exceed minimum levels and overdue applications remain at record lows. These new innovative tools will have a major positive impact on how FSD processes applications.

## **SNAP to Skills**

- Missouri was chosen as 1 of 10 states to participate in SNAP to Skills beginning in February 2016.
- SNAP to Skills is a federal initiative to increase training opportunities for Food Stamp recipients by increasing the amount of 50/50 funds a state uses.
- The 50/50 funds allow for contracted providers to leverage non-federal funds for 50% of the funding and then the other 50% of the funding is federal funding.
- The Seattle Jobs Initiative (SJI) and the Food and Nutrition Service (FNS) will provide providing assistance through the process.
- Missouri was one of 10 states chosen to receive technical assistance from the Seattle Jobs Initiative.
- The FSD will begin contracting with partners to increase the employment and training opportunities for Food Stamp recipients in middle-class jobs.

## **Missouri Work Assistance (MWA)**

- The FSD will issue RFPs with required employment and training outcomes for TA recipients while continuing to meet the Work Participation Rate.

## **Healthcare Industry Training and Education (HITE)**

- HITE will enroll approximately 400 participants per year in identified healthcare industry sectors through a random selection process with the goal of achieving employment at \$12 per hour or greater.
- HITE is federally funded at approximately \$3 million a year for 5 years.

## **Workforce Innovation and Opportunity Act (WIOA)**

- WIOA partnerships will continue to be built upon to develop streamlined referral systems and assessments while blending multiple funding sources.

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## Programs & Services

### CHILD SAFETY AND PERMANENCY

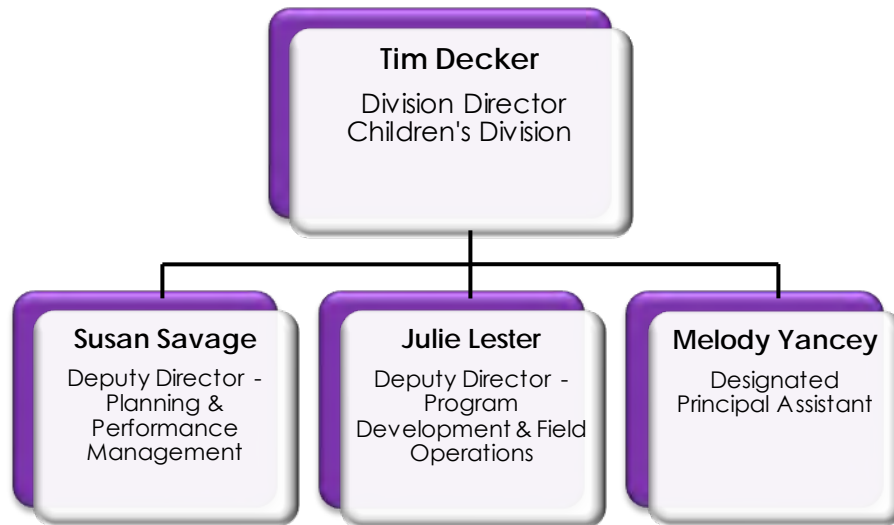
- CHILD ABUSE AND NEGLECT INVESTIGATIONS
- FOSTER CARE TREATMENT SERVICES
- ADOPTION/ GUARDIANSHIP
- INDEPENDENT/ TRANSITIONAL LIVING

### SUBSIDIZED CHILD CARE

### EARLY CHILDHOOD

### CHILD ABUSE PREVENTION

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



- Accreditation
- Quality Improvement
- Systems Development
- Residential Licensing
- Quality Assurance
- Foster Care Case Management Contract
- Other Inter-Departmental Initiatives
- Professional Development and Training
- Interstate Compact

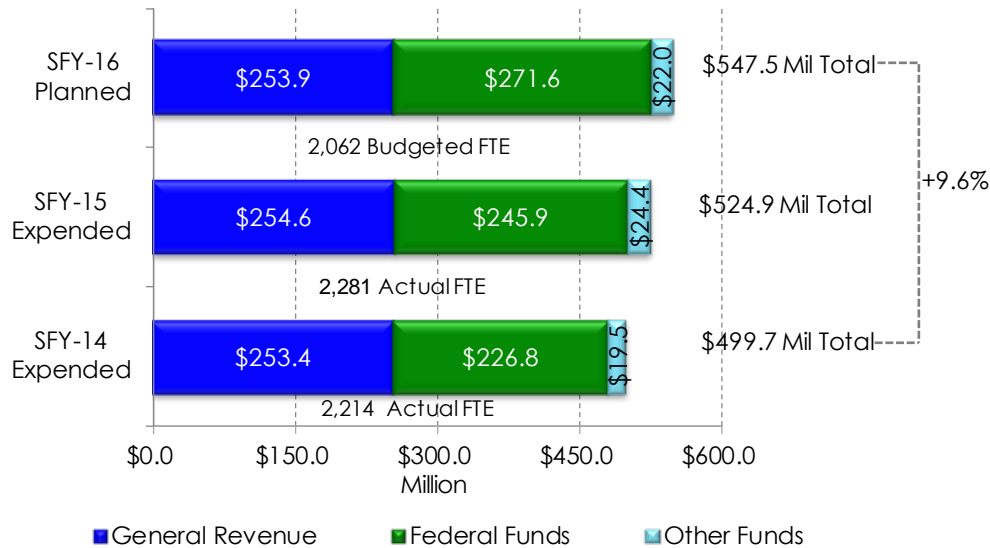
- Child Abuse and Neglect Hotline
- Child Abuse and Neglect Investigations and Assessments
- Foster Care Treatment Services
- Independent/ Transitional Living
- Adoption/ Guardianship

- Critical Incident Coordination
- Communication and Constituent Services
- Legislative Operations
- Emergency Management
- Early Childhood and Prevention Services
- Fiscal Liaison
- Human Resources

Find the Children's Division on the web at [www.dss.mo.gov/cd/](http://www.dss.mo.gov/cd/)



## CD Expenditures SFY-14 to SFY-16 Planned (in millions)



- Between FY-14 and FY-16, Total funds increased by \$47.8 million (9.6%). During this same time period General Revenue (GR) increased \$0.5 (0.2%). These changes are attributable to these areas:
  - The FY-2016 budget included an additional \$7.7 million to support a 3% provider rate increases in Children's Treatment Services (\$292,524 general revenue), Foster Care (\$359,608 general revenue and \$249,897 federal funds), Residential Treatment (\$845,574 general revenue and \$750,736 federal funds), Foster Care Case Management (\$255,000 general revenue and \$255,000 federal funds), Adoption/Guardianship Subsidy (\$1,093,105 general revenue and \$177,947 federal funds) and Purchase of Child Care (\$3.5 million federal funds).
  - The FY-15 budget included \$2.3 million (\$760,000 federal funds) to create a career ladder for Children's Service Workers.
  - The department took a core reduction in the Purchase of Child Care \$17.3 million general revenue which was restricted funds and an additional core reduction of \$10.9 million (\$8 million federal funds). Additional funding was granted for the new transitional levels for income thresholds \$9.4 million federal funds and a 3% provider rate increase of \$3.5 million federal funds.
  - The FY-2016 budget experienced a \$1.2 million (\$600,000 federal funds) reduction for one-time funds for a Mobility Project.
  - Adoption Resources Centers received an increase in funding of \$300,000 federal funding for Extreme Recruitment in Southwest Missouri.

## Each Day

in Missouri

**188**

child abuse and neglect incidents are reported

**12**

child abuse and neglect incidents are substantiated on 17 children

**4**

adoptions are finalized

**33,772**

children from low-income families receive subsidized Child Care

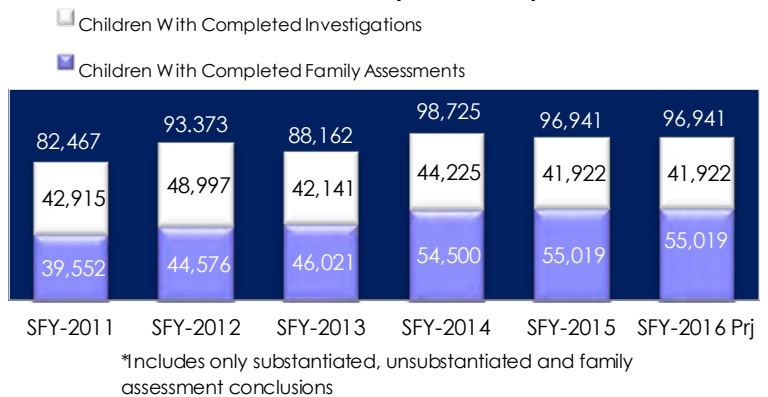
- Additional funding was granted to continue child welfare services \$12.9 million (\$5.0 million federal funds) for an anticipated shortfall of approximately 635 additional children entering the care and custody of the Children's Division.
  - The FY-2016 budget contained funding for the FY-2015 pay plan. In FY-2015, 11 of the 24 pay periods were funded. The FY-2016 budget contains \$434,182 (\$261,359 federal funds) to continue the 1% pay plan.
- Children's Division increased staff in the Field Staff and Operations by \$200,000 General Revenue (5 FTE).



### Children With CAN Hotline Reports Completed

- The Child Abuse and Neglect (CAN) screening process has remained the same since SFY-06 when a more objective manner of screening and assigning reports was developed.
- Missouri is one of a few states using the automated decision screening process.

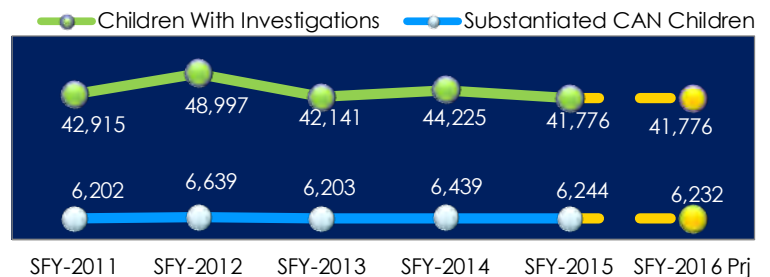
### Children With CAN Hotline Reports Completed\*



### Children With Completed CAN Investigations and Concluded Substantiated CAN

- Legal Aspects training has taught staff to more effectively apply the legal elements of abuse and neglect to the facts of the investigation in deciding to find abuse or neglect by preponderance of evidence.
- To sustain and/or maintain this level, legal aspect training is required for new staff.
- Staff participate in forensic interviewing training which improves one's ability to effectively and reliably investigate child abuse.

### Children With Completed CAN Investigations and Concluded Substantiated CAN



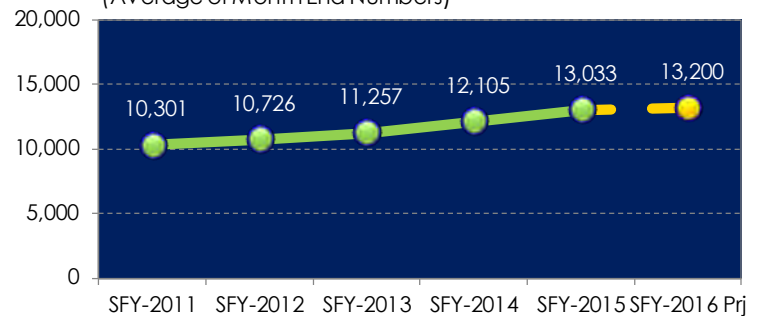


## Children in Foster Care

- Fewer children are exiting than entering Foster Care.
- Over the last four years, Missouri has been experiencing an increase in the Foster Care population.
- Manageable caseloads need to be sustained to expedite permanency for children.

### Children in Foster Care

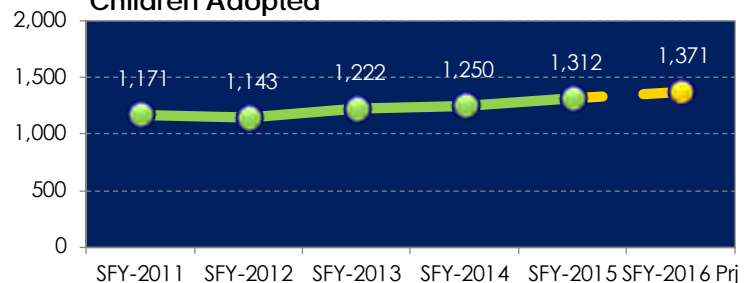
(Average of Month End Numbers)



## 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.

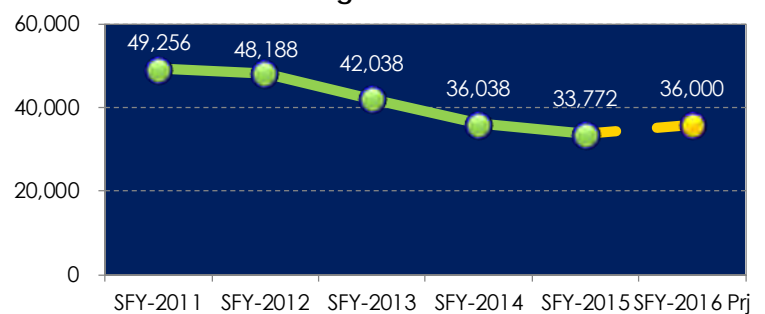
### Children Adopted



## Children Receiving Subsidized Child Care

- Currently for Child Care assistance, the eligibility for full benefits for a family of 4 is 123% of the Federal Poverty Level (FPL). The eligibility for a transitional benefit Level 1 is 150% FPL and Level II is up to 175% FPL. Each year the eligibility level falls as a percent of poverty if the levels are not increased.

### Children Receiving Subsidized Child Care\*



\*SFY-11-14 includes all children that received Child Care



## Child and Family Service Review (CFSR) and Program Improvement Plan (PIP)

- The 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 three phases: the statewide assessment, the on-site review, and the PIP.

- The Children's Division completed the negotiated action steps and met all agreed upon goals for the last PIP in October 2014.
- Missouri Children's Division is scheduled to participate in the third round of the Child and Family Services Review in FFY 2017. The process of conducting the statewide assessment, participating in an on-site review, and developing the Program Improvement Plan will be similar to the second round initiated in 2010.
- The Statewide Assessment is currently being drafted.
- The On-Site Review is scheduled for July 2017. Selection of the three review sites will be made after further discussion with the Federal Region VII Children's Bureau office.

### Missouri Customer Services Partnership

- The Department of Social Services is partnering with the Department of Economic Development, Division of Workforce Development to create the Missouri Customer Service Partnership. This project brings together business, government and young people aging out of foster care to introduce them to meaningful careers with opportunities for advancement.
- The initial two pilot cycles were completed November 2014 with St. Louis Community College and Ozarks Technical College, Springfield. A third site will begin in Kansas City in the Spring of 2016 with the Metropolitan Community Colleges in Kansas City.
- Supportive, community-based services and community and faith based volunteers are linked with individual youth beginning with the training sessions to be followed through the first year of employment.

### Workforce Recruitment and Retention

Governor Nixon recommended and the Legislature supported a number of recruitment, retention, and workforce support initiatives for State Fiscal Year 2015. These supports provide a historic opportunity for strengthening our workforce and improving performance and outcomes.

- **Mobility Project** – Children's Division began a mobility pilot project in 2014 and issued iPads to frontline workers. Over 1400 workers are now equipped with iPads. ITSD developed four apps that directly sync data entered by the caseworker back to the FACES system. These new apps, in addition to other functionality offered by the iPad, will provide workers the opportunity for real-time information and more efficient and accurate data entry while in the field.
- **Secondary Traumatic Stress** – Professionals are routinely exposed to the trauma experienced by children and families, Children's Division staff, particularly Children's Service Workers and Children's Service Supervisors, and are at risk for developing secondary traumatic stress. The Children's Division is committed to mitigating the impact of secondary traumatic stress experienced among staff by adopting multi-level prevention and intervention strategies which include consultation, training, and support components. Training and follow-up activities and supports for staff to increase understanding and ability to cope with secondary traumatic stress are being provided in order to more effectively support the workforce in managing the day-to-day challenges and trauma encountered by child welfare staff. In the FY15 budget, the Division was given dollars for secondary traumatic stress training for staff. As a result, the Division awarded a contract for secondary traumatic stress training and consultation services for staff. Implementation of this training began in 2015.

- **Team Forensic Investigations** – Training for investigative staff and supervisors was provided in 2015. The training focuses on enhancing interview skills, collection of evidence, and stronger collaboration with team members such as law enforcement and prosecuting attorneys, resulting in more thorough investigations and promoting safety for children.
- **Career Ladder** – The Career Ladder was implemented July 1, 2014, for Children's Service Workers. Based on competency and performance, 368 staff members were promoted to Children's Service Worker III and 27 to Children Service Worker IV. This initiative is designed to increase retention and effectiveness of Children's Service Workers and Supervisors, provide opportunities for advancement, increase teamwork and shared responsibility, and provide a framework for ongoing professional and leadership development tied to proven core competencies (knowledge, skills.)
- **Leadership Academies** – Leadership academies are being implemented for all supervisors and managers. Curriculum is based on best practice research and focused on the knowledge and skills required of child welfare leaders. Participants must design and lead a change or improvement project to graduate the program.



## KEY CD PROJECTS

### Reaccreditation and Completion of Federal Program Improvement Plan (PIP) Goals

- The Children's Division became fully reaccredited through Council on Accreditation (COA) in March 2015, which remains effective through January 2018. The reaccreditation process included an extensive agency self-assessment, and site visits throughout the state over a two year period by 15 external COA review teams. The process included an extensive review of best practice standards and performance and included interviews with over 200 community stakeholders. The Missouri Children's Division first achieved accreditation January 14, 2010.
- The Children's Division completed a 2011 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) in October 2014. The CFSR is a federally mandated review designed 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 PIP addressed four broad areas of CFSR measures including: increasing safety for children; increasing accountability and oversight to align policy with practice; supporting staff with enhanced training, tools, guides, data and educational materials using case consultations, coaching, mentoring and modeling; and collaborating with other agencies to improve practice through establishing and sharing of service resources.
- During October 2015, the Council on Accreditation implemented an additional maintenance requirement for accredited child welfare agencies. On an annual basis each of the agency's service providing regions will complete a Maintenance of Accreditation (MOA) Regional Report ensuring each region's attention to ongoing implementation of specific standards.
- The Children's Division is anticipated to begin the next round of reaccreditation site visits between April and June 2017 beginning with the Central Office. Each subsequent on-site visit

- will occur approximately every six to eight weeks until each region has been evaluated by COA approved review teams.

## Federal Compliance of FACES

- The Children's Division developed a Family and Children's Electronic System (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. 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. The final, formal SACWIS review was held in September 2013.
- The final report from the full SACWIS review was received in February 2015. Children's Division has two years to submit Action Plans to address any areas of concern. Children's Division has recently focused on several large enhancement projects in FACES. These enhancements are geared towards system usability, reducing duplicate data entry and streamlining processes to ensure more timely and accurate data. Many of these enhancements resolve known issues included in the final SACWIS report. Children's Division is in the process of reviewing the new proposed federal CCWIS regulations which will replace SACWIS if approved and its impacts on the current FACES system.

## Crossover Youth Initiative

- The Crossover Youth Initiative is an integrated continuum of care which more effectively serves Missouri's youth by reducing crossover between child welfare and juvenile justice systems. The Multi-system Crossover Youth Policy Team identifies system improvements and implements trauma informed policies and practices and strategic treatment enabling youth to successfully transition into a safe, stable and productive adulthood.
- Crossover youth generally require a more intense array of services and supports than other youth known to each system individually. Crossover youth tend to have more extensive trauma histories, less family and social support, fewer community placement options and more complex mental health, educational and transition challenges.
- DSS agencies and partners work with the Juvenile and Family Courts and four court circuits encompassing nine counties (Greene, Jefferson, Cass, Johnson, Camden, Laclede, Miller, Moniteau and Morgan) to more effectively address the unique issues presented by crossover youth through implementation of a Crossover Youth Practice Model (CYPM) including data-driven decision-making, trauma awareness training, coordinated case management, mentoring, educational partnerships, risk assessment and crossover prevention.
- The state policy team in partnership with the Center for Juvenile Justice Reform and pilot site coaches is working on a plan for statewide implementation.

## Early Childhood and Prevention Services

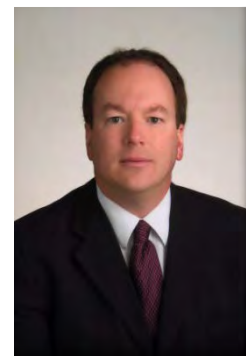
- The Child Care and Development Block Grant (CCDBG) Act of 2014 requires that states submit a state plan every three years with the next state plan due March 1, 2016. The passage of this act has brought about a new era for early childhood care and education. The new law (Pub.L. 113-86) not only reauthorizes the Child Care and Development Fund (CCDF) program, but makes expansive changes that will greatly improve child care services for children and families. The majority of the changes resulting from the reauthorization act will be implemented October 1, 2016 with additional changes implemented in 2017.
- The law includes a number of substantive changes to program requirements, some of which include statutorily mandated effective dates. Legislation enacted in Missouri will allow the Children's Division to strengthen the child care subsidy program by:
  - Improving health and safety requirements for non-licensed child care providers.
  - Provider accountability for compliance with health and safety requirements through on-site inspections.
  - Improving the quality of child care by requiring the completion of specified training for providers;
  - Allowing for greater parental choice when selecting a child care provider. and
  - Allowing for continued enhancements in the area of program integrity.
  - Youth with Problem Sexual Behaviors.

## Youth with Problem Sexual Behaviors

- Implementing SB 341 family assessment process beginning August 28, 2015 for child abuse and neglect hotline calls related to youth with problem sexual behaviors under age 14.
- Specialized training, consultation, and support provided by partners and members of the Task Force on the Prevention of Sexual Abuse of Children.

## National Child Welfare Workforce Institute (NCWWI)

- The Children's Division is partnering with two universities – Missouri State and University of Missouri Kansas City and the National Child Welfare Workforce Institute (NCWWI) through an innovative university-agency partnership grant from the federal Children's Bureau to develop Bachelors in Social Work and Masters in Social Work traineeship programs, local child welfare agency engagement strategies, and specialized child welfare curriculum that are evidence based and trauma informed.
- Missouri Children's Division is one of three jurisdictions selected nationally as a Workforce Excellence Project – a proactive, strategic, collaborative, and sustainable initiative designed to address critical workforce challenges through implementation of:
  - Leadership academies for supervisors and managers with curriculum and implementation projects based on best practice research and focused on the knowledge and skills required of child welfare leaders.
  - Organizational intervention strategy in four demonstration sites designed to strengthen the child welfare workforce, implement a specific change initiative, and improve practices and effectiveness.
- Expansion of competency-based training and professional development.



Tim Decker  
CD Director

## Family-Centered Services Model

- The Children's Division recognized a need to examine the current Family-Centered Services (FCS) philosophy and organizational culture regarding engaging families.
- A workgroup was established and charged with developing a new FCS model for the Children's Division. The goal is to improve the current model, enhance family engagement, and reduce the number of children entering foster care.
- The workgroup developed a framework, recommended a new FCS model, and developed the core training to implement the new model. The new approach is expected to be implemented in 2016 with pilots in all five regions.

## Trauma-Informed System

- Research suggests exposure to trauma can impact children's physical health, emotional health, learning, behavior, and social skills.
- As an agency which provides child welfare services, CD and its contractors should be aware of the impact trauma has on children and families and should educate partners about the impact of trauma. The Division is committed to becoming a trauma informed agency.
- In 2015, staff began training on the Child Welfare Trauma Toolkit utilizing trauma specialists who are providing training to staff across the state.
- During calendar year 2015, staff began receiving training and consultation for secondary traumatic stress. As helping professionals, Division staff are routinely exposed to the trauma experienced by children and families which puts them at higher risk for developing secondary traumatic stress.
- A committee has been formed to bring the Resource Parent Curriculum developed by the National Child Traumatic Stress Network (NCTSN) to all resource parents in Missouri. This training will occur by using champions to recruit potential trainers from their local communities.

## Health Care Homes for Foster Children

- The Children's Division and MO HealthNet began working in 2015 with partners in the St. Louis Region to develop a Health Care Home Pilot Project to coordinate health and mental health services for foster children.
- Cardinal Glennon serves children 12 and under who enter care in the St. Louis Region and provides entry to care health exams, comprehensive health assessments, standardized developmental screenings, mental health evaluations, counseling recommendations, referral and treatment, and

- education regarding normal child development and issues specific to children in foster care. They also provide ongoing primary care throughout placement, extending into reunification.
- The Washington University Supporting Positive Opportunities with Teens (SPOT) drop-in center serves youth 13 and over from St. Louis. Youth within these ages can access health and prevention services and can obtain educational health information. In addition, youth have continuous access to medical care, psychiatric services, dental services, and case management until age 25.
- Children's Division maintains and supports a Health Care Coordination Committee composed of many partners from around the state who are invested in improving the health and well-being of children in foster care.

## Signs of Safety

- In the last year, the Children's Division began implementing a new practice model for child welfare practitioners. Signs of Safety is a child protection framework built upon solution-focused therapy which stresses the importance of relationships, critical thinking, and workers as change agents.
- Signs of Safety provides a framework for continuous focus on the reasons the Division became involved and on assessment of safety throughout the life of a case. Signs of Safety also emphasizes building family's natural support systems.
- The implementation of Signs of Safety began in Jackson County in the spring of 2015. In December 2015, St. Louis City held a kickoff event to announce the beginning of Signs of Safety rollout.
- In 2016, three additional sites will begin the process of implementing Signs of Safety. In each of the five sites, champions will be identified to expand training statewide.

## Promoting & Researching Opportunities for Making Permanency Timely (PROMPT)

- PROMPT is a Children's Division action team focused on timely permanency. The approach utilizes data, research, and focused strategies to decrease time to permanency and prevent disruptions in permanency and stability for children either in CD custody or at risk of entering or re-entering custody.
- Expanded judicial engagement, court, and community partnerships to support timely reunification, guardianship, or adoption are an emphasis of this team, as well as working to remove legal or procedural barriers.
- The development of community-based resource networks to support children remaining in or returning to family-based settings ensures sustained permanency outcomes.

## Supporting Healthy Development and Normalization for Foster Children

- Prompted by the need to support healthy development and normalization for foster children and federal legislation, *H.R. 4980 Subtitle B: Improving Opportunities for Children in Foster Care and Supporting Permanency*, the Children's Division formed a Youth Empowerment Task Force to envision and facilitate culture and practice changes in areas such as increasing youth voice and choice, normalcy, financial capacity, wellbeing, and healthy transitions.

- Young people in foster care have significant strengths and are often extremely resilient; however, the needs of older youth are unique as they experience significant developmental milestones away from their natural family settings, often in congregate care.
- Policy, procedure, and practice changes are needed throughout the child welfare system to ensure that young people have the opportunity for 'normal' life experience where they can develop meaningful connections to supports, develop skills for a successful adulthood and have the same life experiences as their peers.



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# DIVISION OF YOUTH SERVICES

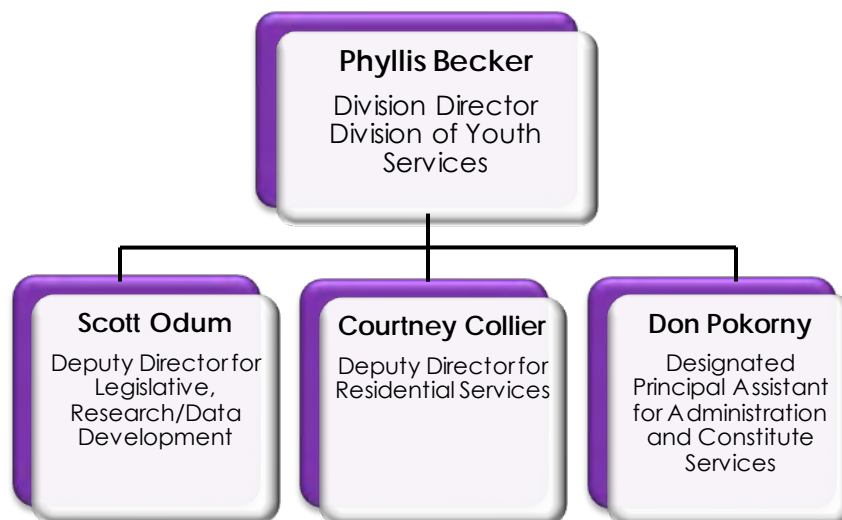
# 2015

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## 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.*



- Oversees Interstate Compact, Dual Jurisdiction
- Fiscal and Legislative matters
- Research, technology and data development

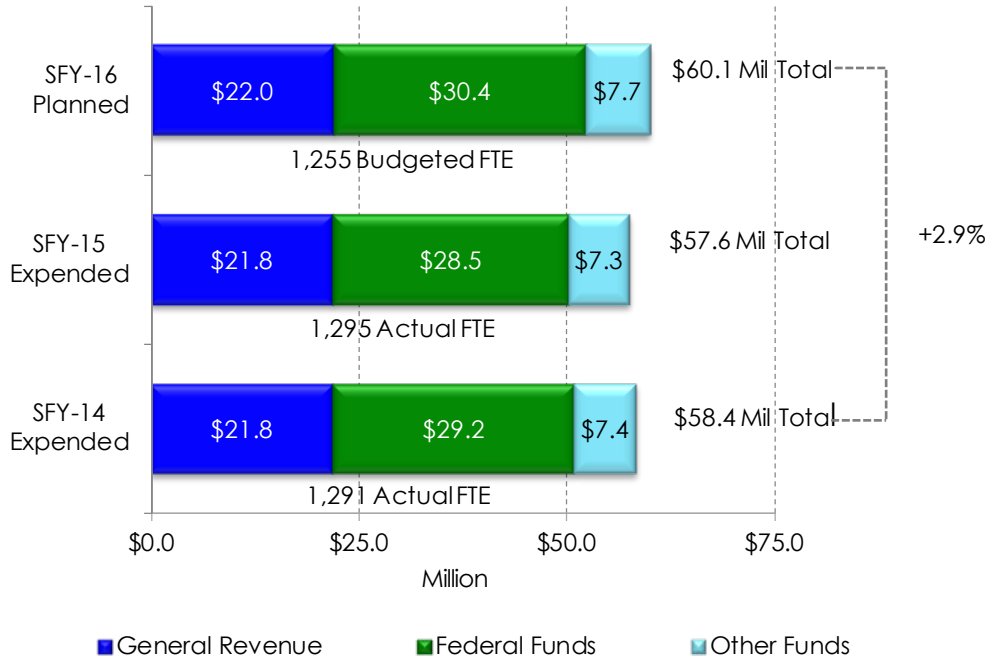
- Regional Supervision
- Quality, Safety Residential Programs
- DYS buildings and maintenance
- Specialized services for youth including older youth/ gang involved youth/families

- Administrative and Constituent Services
- Partnership development
- Juvenile Court Diversion
- Human Resources and Educational services
- Regional Supervision

Find the Division of Youth Services on the web at [www.dss.mo.gov/dys/](http://www.dss.mo.gov/dys/)



**DYS Expenditures SFY-14 to SFY-16 Planned**  
(in millions)



- Between SFY-14 and SFY-16, General Revenue (GR) increased by \$0.2 million (0.8%).
- In SFY-16 there was a reduction in Administration Services of \$87,158 (GR) and \$31,702 (FF) due to a 6% percent reduction (GR only) and dues fees related to Office of Community Engagement and Statewide Dues.
- In SFY-16 there was a 1% provider rate increase of \$22,429 to General Revenue (GR).
- SFY-16 planned expenditures include a 1% pay increase cost to continue and cost to continue increases for certain classifications as recommended by the Personnel Advisory Board (*only 11 of the 24 pay periods were funded in SFY-15*).
- During this three-year time period, full time equivalent (FTE) staff decreased by 2.8%, or 36 FTE, mainly due to the closing of the Northeast Community Treatment Center and one group at the Hillsboro Secure Treatment Center (24 FTE).

# Each Day

in Missouri

**2**  
youths are committed to DYS custody

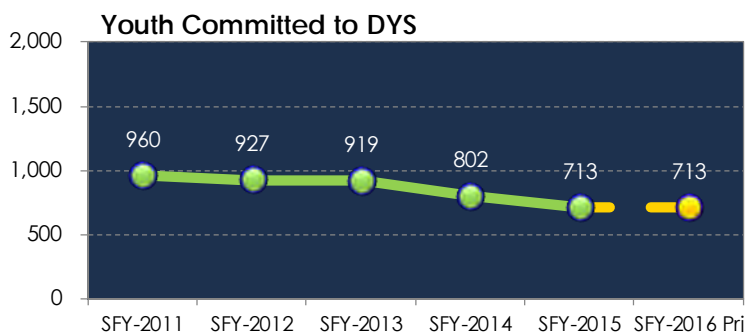
**18**  
youths are diverted from DYS custody and are served in the community

**1,286**  
youths are in DYS group homes, moderate care facilities, secure care or aftercare

# DYS PERFORMANCE

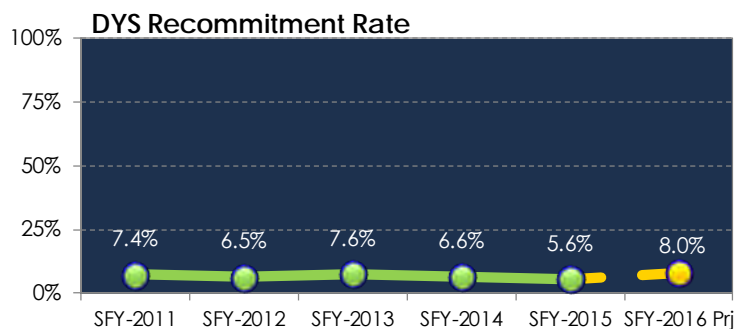
## Youth Committed to DYS

- 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.



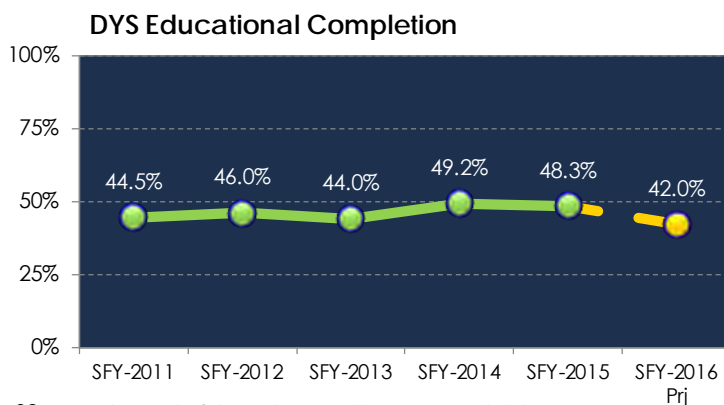
## DYS Recommittment Rate

- Recommittments 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 (HiSet) increased significantly from SFY-08 to SFY-14. Focus areas include:
  - The DYS credit recovery program was expanded, resulting in a significant increase in high school graduates.

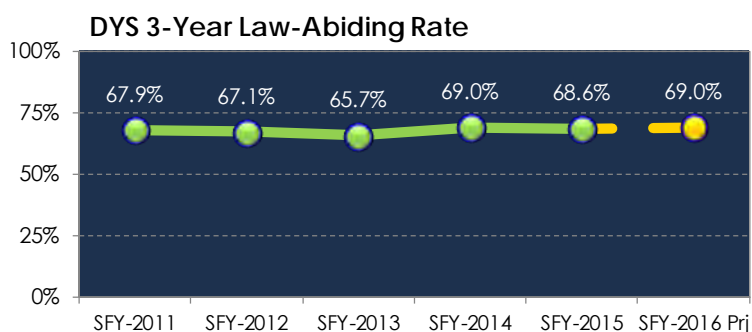


32 Note: Data is based on youth age 17 and older.

- 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.
- An enhance teacher and instructional evaluation tool has been implemented to improve student academic performance.

### DYS 3-Year Law-Abiding Rate

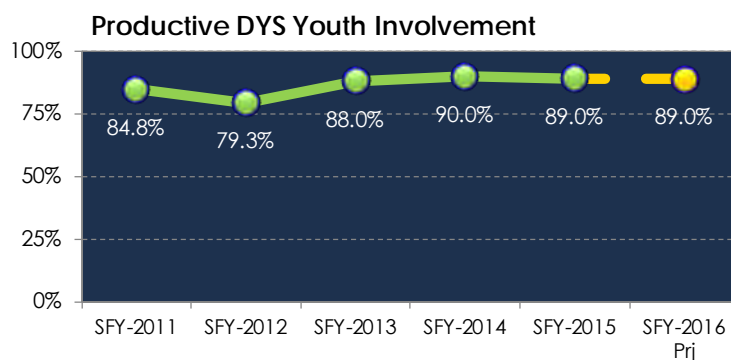
- The law-abiding rate measures the percentage of youth discharged from DYS custody avoiding future system involvement including recommitment to DYS, adult probation or adult incarceration.
- Youth are followed for three years after discharge from the DYS (when services ceased.) This is one of the most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



Note: Reflects a 3-year window after discharge from DYS

### 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.





## **DYS Youth are Leaders in National and Statewide Events to Improve Outcomes for Youth in the Juvenile Justice System**

- A critical component of the DYS youth treatment program is giving back to others and learning to be positive leaders and role models in their program, with their families, and in the community. Towards that end:
  - Two Missouri Division of Youth Services youth were chosen to be a part of the Annie E. Casey Foundation inaugural Youth Advisory Board. In 2015, the foundation launched a 14-person advisory council of young people who have experience in juvenile justice. The advisory council was chosen from a pool of more than 100 young people dedicated to reshaping the youth justice system. The council members are focused on supporting Casey's reform work by sharing their insight and expertise in areas such as probation transformation and successful reentry.
  - In a recent nation-wide read-a-thon called "Unbound", youth at the division's Riverbend Treatment Center won first place in the category of Secure Care Juvenile Justice Facilities and youth at Montgomery City Youth Center placed 4th. Sixty-five schools participated in this category. Youth from the division's Hillsboro Treatment Center won 2nd place in the category of Medium Care Juvenile Justice Facilities with 25 participating schools. The program was sponsored by the Center for Educational Excellence in Alternative Settings (CEEAS) along with Scholastic. It encouraged students to read for enjoyment, offering them the opportunity to read in the evenings, on weekends and in their dorms. Scholastic donated new books to the winning sites.
  - DYS youth participated through tele-conferencing at the annual National Juvenile Detention Alternatives Initiative (JDAI) held in Phoenix, Arizona. They presented to leaders from JDAI communities across the nation on the topic of what works best to help youth become productive members of our communities.
  - DYS youth participated in a panel discussion on disproportion minority contact at the Missouri Juvenile Justice Association statewide conference in St. Louis.
  - DYS youth leaders across the state led sites tours of their facilities with visitors from the Oregon State Youth Authority, Youth First Initiative, state leaders of Juvenile Justice organizations, youth advocates and the Children's Division. Tours included a walk-through of the facility and youth sharing what they have learned while being there, educating visitors about the treatment and education program, and answering their question.

## **Successful Implementation of Prison Rape Elimination Act (PREA) Standards in all DYS Residential Sites**

- The Prison Rape Elimination Act of 2003 (PREA) is a federal law developed to prevent, detect and eliminate incidents of sexual abuse and harassment. This year DYS successfully completed the following:
  - Conducted readiness reviews and additional training with DYS sites for year 2 audits.
  - Contracted with the Department of Justice certified Auditor for the audit of all contracted facilities and completed the 2015 audit schedule.
  - Successfully met PREA standards at all 31 DYS residential sites.

## Contributing to Best Practices in Juvenile Justice

The Division of Youth Services has been honored to contribute nationally in regard to optimal practices in the Juvenile Justice Field. Contributions include the following:

- Presented about the DYS Missouri approach and participated in a consultative session regarding the critical intersection of wellbeing, race, culture and oppression. This invitational session was sponsored by the Full Frame Initiative in Boston, Massachusetts and included other leaders from across the nation.
- Participated in a panel discussion regarding closing youth prison at the National Juvenile Detention Alternatives Initiative (JDAI) held in Phoenix, Arizona.
- DYS leaders facilitated a daylong session and discussion with members of the Juvenile Services Committee of the Nebraska Children's Commission in regards to Missouri's therapeutic approach to juvenile justice.
- DYS was invited by the Annie E. Casey Foundation to participate in a roundtable discussion on alternatives to incarceration for justice-involved youth with juvenile justice leaders and senior and state officials for the National Governors Association.

## Educational Highlights

The GED High School Equivalency Test changed in Missouri on January 1, 2014 to the HiSET assessment. During this transition period changes and increased standards were implemented as a part of HiSet. The following are DYS educational results in 2015:

- 48% of Discharged 17+ year old students completed their Secondary Education while in DYS care.
- DYS students who attempted the HiSET test passed at an 80% rate – 288/358.
- 106 DYS Students graduated with a High School Diploma in FY 15. The highest ever recorded total.
- 78% of DYS Discharged students improved in Math, 70% in Reading, 77% in Writing and 75% overall from entry to completion of their treatment program.
- 125 DYS students were actively pursuing their post-secondary education in college online courses or training programs in FY-15.
- DYS students were very successful in FY-15 achieving WorkKeys certificates applicable to apply toward future occupations in the job market. 191 students earned these certificates.
- DYS educational programs were featured in the Summer Issue of *Teaching Tolerance* magazine which gives educators resources and tools to bring knowledge into the classroom.



## Building Capacity and Skills of Frontline Leaders and Treatment Staff

- The division has expanded and enhanced its treatment planning process to better customize and meet youth and family needs. The comprehensive treatment plan has been professionalized and updated to meet Medicaid requirements. In 2015, several strategies were employed to further sustain optimal practices including intensive training, support, and capacity building with front line leaders and treatment staff in the following areas:
  - A train the trainer (TTT) in Advanced Five Domains of Well Being curriculum was delivered to leaders, staff and professional development teams across the state.
  - A roll-out of a new training package for all front-line staff and leaders in *Effective Advocacy*.

- Completion of quarterly coaching calls with Regional teams to support quality implementation of the enhanced comprehensive treatment planning process.
- Piloted a TTT in the Southeast region utilizing a *Significant Moments Reflection Process* with DYS families. This family focus group process was developed and the TTT facilitated by the Full Frame Initiative.
- Four DYS staff have become nationally certified Families and Schools Together® (FAST) trainers under the supervision of a FAST National Trainer Supervisor. This has increased the Division's capacity to provide multi-family groups, support services and family engagement activities. Families and Schools Together® is an evidence-based, parental involvement, and prevention/intervention program.

## Successful Implementation of PREA standards with Contracted Juvenile Courts

- The Prison Rape Elimination Act (PREA) is a federal law developed to prevent, detect and eliminate incidents of sexual abuse and harassment and audits occur in 3 year rounds. DYS has successfully implemented standards in all residential programs. In 2015, DYS focused on building capacity of contracted juvenile courts to be prepared for 2016 audits, and be PREA Compliant and including:
  - Provided training to the juvenile courts on PREA standards and PREA compliance.
  - Provided ongoing technical assistance to the juvenile courts in regards to PREA compliance.

## Addressing the Changing Needs of DYS Youth Population

- Due to changes and trends in the DYS youth population, assessments and plans to best address and meet the needs of youth committed to DYS is ongoing. Effectively addressing these needs improves youth outcomes. In 2015, the division did the following to positively impact population needs:
  - Redistribution of Dual Jurisdiction beds to St. Louis and Northwest regions. The redistribution will support better opportunities for family engagement and for youth from those areas to successfully transition out of DYS care.
  - In response to increased commitments of girls, the Division made more bed space available for girls in the Southeast Region. A comprehensive plan to welcome more girls into the program and train staff to address the special needs of girls was implemented.
  - In 2015, assessment and planning took place to expand day treatment resources in the Southwest region at the Excel Community Resources Center. This plan will address the needs and provide resources to youth and families to more counties in 2016.

## Medicaid Time Study

- Missouri DYS is one of a handful of juvenile justice organizations designated as a provider of Rehabilitative Behavioral Services per the Center for Medicaid Services (CMS). Because of the DYS comprehensive integrated treatment approach and through rigorous specialized training all front line staff have been designated as treatment providers in addition to DYS Group Leaders, Family Specialists, Service Coordinators, and Clinical Coordinators. In 2015, all participating employees were provided training and successfully completed the time study to set rates for the next three years.



## ON THE DYS HORIZON . . .

### **Educational Technology**

- The landscape of technology in education continues to shift rapidly to prepare young people for higher education systems as well as a vocational and employment world that demand this skill set. The Division of Youth Services is partnering with the Center for Educational Excellence in Alternative Settings (CEEAS) and the Kansas City Local Investment Commission (LINC) to deliver a blended learning opportunity for students in DYS facilities. Blended learning is intended to complement our current instructional approach through the use of instructional technology and content via digital and online media. Entering into this initiative is a step toward DYS strengthening youth's capacity to safely utilize technology tools and resources to better meet their educational goals, successfully transition into public schools and other community learning opportunities, and to learn marketable skills.



Phyllis Becker  
DYS Director

### **Focusing on Positive Youth Outcomes and Well-being**

- The Division is very proud of its work in providing a humane, therapeutic, treatment approach that improves outcomes for youth. In 2015, DYS started the development of a systemic plan to evaluate DYS statewide outcomes and program results focusing on measures of wellbeing, positive youth development, trauma informed indicators, family engagement, and program and treatment quality. This is being done in partnership with the Full Frame Initiative.

# MO HEALTHNET DIVISION

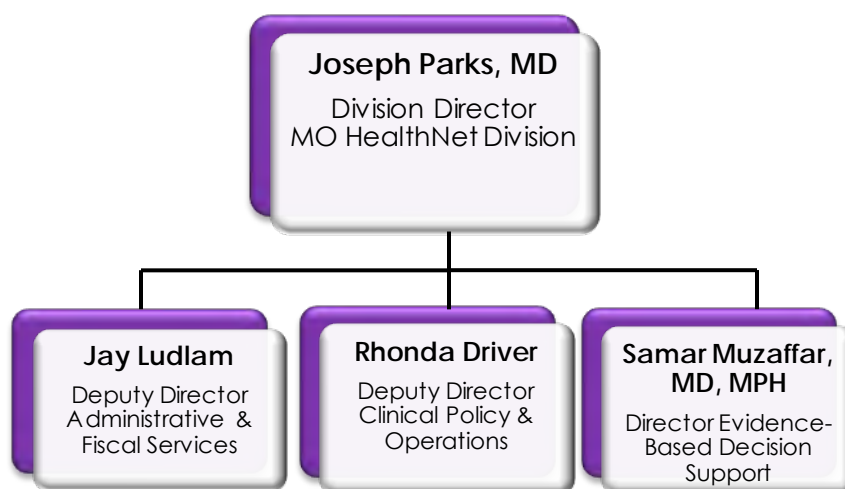
# 2015

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## Programs & Services

- MO HEALTHNET
- MISSOURI RX (MORX) PLAN

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

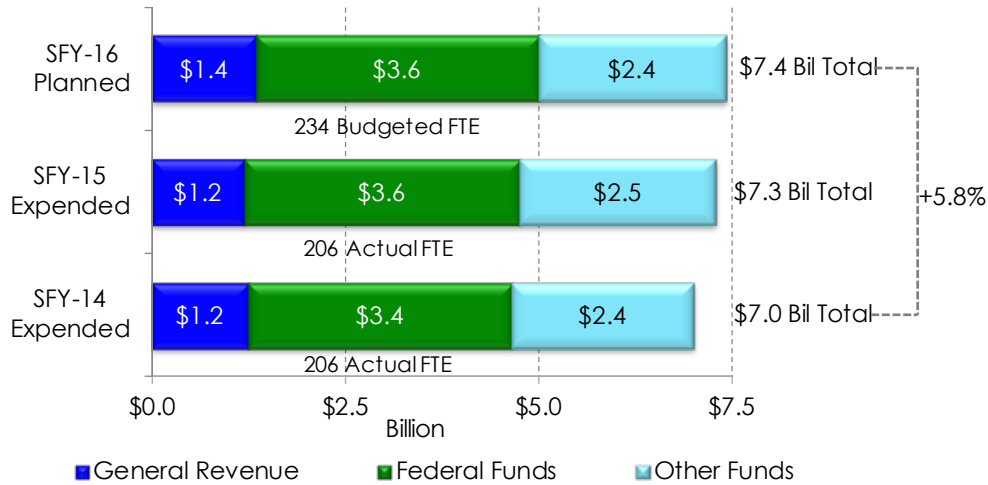


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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• MMIS/Fiscal Agent Operations and Reprocurement</li> <li>• Budget &amp; Financial Services</li> <li>• Post-payment Recovery and Cost Avoidance</li> <li>• Outpatient, Hospital, Nursing Home Policy &amp; Reimbursement</li> <li>• Premium Collections</li> <li>• Human Resources</li> <li>• Provider Education</li> <li>• Participant Services</li> </ul> | <ul style="list-style-type: none"> <li>• Pharmacy Services Management</li> <li>• Clinical Services Management and Operations</li> <li>• Managed Care Administration</li> <li>• Non-Emergency Medical Transportation</li> <li>• Waivers</li> <li>• Money Follows the Person</li> </ul> | <ul style="list-style-type: none"> <li>• Evidence-Based Medical Policy Development</li> <li>• Health Home Program</li> <li>• Fee For Service (FFS) Case Management Pilot Program</li> <li>• Managed Care and FFS Clinical and Quality Review</li> <li>• Physician Consultation, Utilization Review and Prior Authorization</li> <li>• Quality Program</li> <li>• Behavioral Health Program</li> </ul> |
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Find the MO HealthNet Division on the web at [www.dss.mo.gov/mhd/](http://www.dss.mo.gov/mhd/)

# FINANCING

## MHD Expenditures SFY-14 to SFY-16 Planned



- In FY-2015, an increase in Pharmacy expenditures was driven by increased specialty drug costs. The specialty drug sector is a growing percentage of overall MHD Pharmacy expenditures, from 44.5% in FY-15, to an estimated 52.5% in FY-17.
- MO HealthNet caseload increased from 842,888 in FY-14 to 883,672 in FY-15.
- In FY-15 the Blind Pension Medical program was reallocated from MHD to the Family Support Division. In FY-16 the Blind Pension Medical program was reallocated back to MHD.
- FY-16 planned MHD total expenditures are estimated to increase \$96.3 million or 1.3% over FY-15 actual expenditures.
- FY-16 planned MHD expenditures are estimated at \$7.4 billion, which includes supplemental funding of \$285 million in MHD program costs and an additional \$64.4 million in General Revenue to replace tobacco settlement funds.
- FY-16 planned MHD expenditures include \$578.4 million in additional funding for Managed Care inflation, pharmacy Per Member Per Month (PMPM), the Show-Me Healthy Babies program and provider rate increases for Physician, Dental, Rehabilitation and Specialty Services, Home Health, Nursing Facilities, Complex Rehabilitation Technology devices, and Federally Qualified Health Centers (FQHCs). In addition, it includes costs to implement system changes to comply with Federal requirements. FY-16 planned MHD expenditures include \$137.8 million in increased transfer authority necessary to operate MHD transfers in FY-16.
- In FY-16 \$72.2 million reduction of federal funds in the Physician Related Services program for the expiration of the primary care rate increase funded by the Affordable Care Act at the end of calendar year 2014.

# Each Day

in Missouri

## 883,672

people have access to medical treatment through MO HealthNet

## 273,973

HealthNet claims are processed

## \$231,539

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

## \$3,306,624

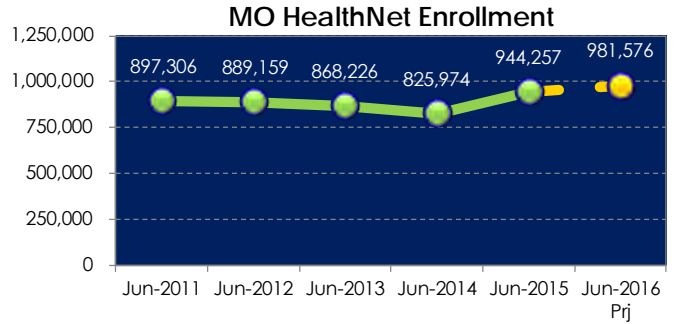
in provider taxes are collected from hospitals, nursing facilities ambulances and pharmacies



# MHD PERFORMANCE

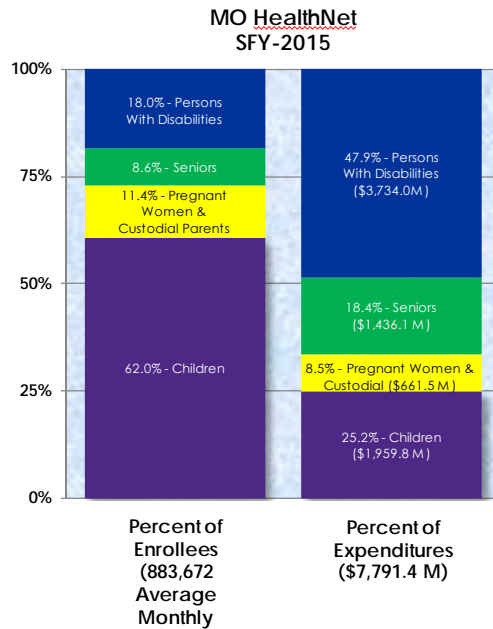
## MO HealthNet Enrollment

- From June 2011 to June 2014, the change in MO HealthNet enrollment shows a decline of 7.9%. Enrollment increases 14.3% from June 2014 to June 2015.



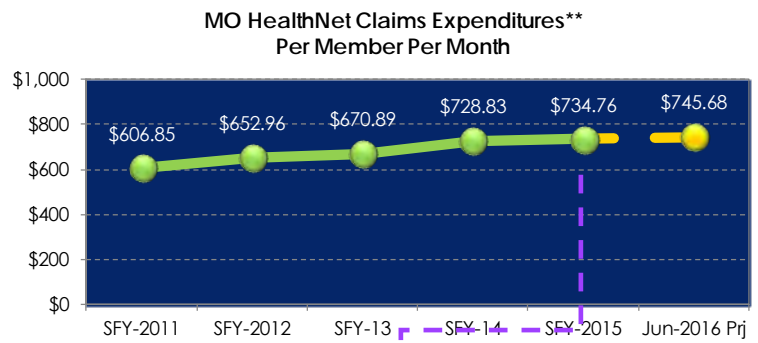
## MO HealthNet Enrollees and Expenditures

- Seniors and persons with disabilities comprise less than 27% of MO HealthNet enrollees while accounting for more than 66% of expenditures.
- More than 73% of MO HealthNet enrollees are children, pregnant women and low-income parents – many of which are covered by managed care. This group accounts for the other 34% of expenditures.



## MO HealthNet Claims Expenditures Per Member Per Month

- From SFY-11 to SFY-15 there was an average annual spending increase of 5.3% per member per month (PMPM).



\*\* Does not include Women's Health Services

SFY-2015 PMPM Cost	
Persons With Disabilities	\$1,961.17
Seniors	\$1,565.89
Pregnant Women and Custodial Parents	\$546.76
Children	\$298.16



## Medicaid Managed Care Reform and Transformation

On July 1 2015, MO HealthNet awarded new Managed Care contracts. The new managed-care contracts will require the following Medicaid reforms and transformation:

- Member Incentives** - To promote responsible behavior and encourage efficient use of services, Healthcare Services plans are required to offer member incentive programs to encourage and incentivize members who are seeking early preventive care, adopting healthier personal lifestyles and promoting appropriate use of the emergency room.
- Provider Pay-for-Performance** - To incentivize providers to improve member's health outcomes and decrease inappropriate utilization of services and decrease the health risk factors in the people they serve, plans will be required to implement pay-for-performance contracting with providers.
- Expand Health Homes** - To improve care coordination and disease management, plans are required to implement local community care coordination programs utilizing the health care providers where patients actually receive their care. This can include implementing Health Homes, Primary Care Case Management, Person Centered Medical Homes (PCMH), Accountable Care Organizations (ACO), or other similar models.
- Assure Adequate Access** - To improve access to care the adequacy of the health care provider panels will be monitored using a secret shopper surveys.
- Improve Accountability and Transparency** - Data is now available comparing cost, utilization of services and quality of care.
- Managed Care Plan Pay-for-Performance** - To incentivize successful performance of the above new requirements, plans will have a portion of their capitation withheld until successful performance is demonstrated.

## Show-Me Healthy Babies (SMHB) Program

- Throughout 2015, MHD worked on implementing a new program entitled Show-Me Healthy Babies (SMHB). SMHB was established under Section 208.662 of the Revised Statutes of Missouri (RSMo) and the Federal Children's Health Insurance Program (CHIP). SMHB is a separate CHIP for any low-income pregnant woman and baby with household income up to 300% of the federal poverty level (FPL). The purpose is to provide pregnant women with access to ambulatory prenatal care and an opportunity to connect individuals to longer-term coverage options. Targeted low-income pregnant women and unborn children will receive a benefit package of essential, medically necessary health services identical to the MO HealthNet for Pregnant Women benefit package.
- To be eligible for SMHB, pregnant women must meet the following guidelines:
  - Pregnancy;
  - Household income must be at or below 300% of FPL;
  - No access to employer insurance or affordable private insurance which includes maternity benefits; and
  - Pregnant woman cannot be eligible for any other MO HealthNet programs (with the exception of Uninsured Women's Health services, Extended Women's Health Services, or Gateway to Better Health).
- The unborn child's coverage period will be from date of application to birth. For targeted low-income pregnant women, postpartum coverage will begin on the day the pregnancy ends and extend through the last day of the month that includes the sixtieth (60<sup>th</sup>) day after pregnancy ends.
- Presumptive eligibility is provided to targeted low-income pregnant women with a household income of up to 300% of the FPL who do not otherwise qualify for another MO HealthNet program, except for Uninsured Women's Health Services (UWHS), Extended Women's Health Services (EWHS) and Gateway to Better Health. Self-attestation of pregnancy will be accepted when making determinations and there will be no waiting period for benefits to begin. The purpose is to provide pregnant women with access to ambulatory prenatal care and an opportunity to connect individuals to longer-term coverage options. Targeted low income pregnant women are limited to one presumptive eligibility coverage period per pregnancy. Presumptive eligibility coverage is provided through the fee for service program only. The program is set to begin on January 1, 2016.

## Expanding Health Homes and Care Management

- The MO HealthNet Health Home initiative continues to focus on patients with complex and high cost chronic conditions. In 2014, MHD expanded both the Primary Care Health Home (PCHH) and Community Mental Health Center (CMHC) Health Home programs. This resulted in the following:
  - The PCHH program added 10 new Health Home organizations with 26 sites and 13 new sites to existing PCHHs, bringing the total to 34 Health Home organizations with 112 sites statewide.
  - With expansion, the PCHH population has grown by nearly 20,000 patients.
  - The CMHC Health Home program, which maintains 28 CMHC Health Homes operating at 120 locations, expanded the CMHC population to roughly 25,000 patients.
- In 2015, MHD continued the process of integrating the new Health Homes and their populations with the existing ones. MHD also proposed opening the application to additional PCHHs in 2016 as well as amending the patient eligibility criteria in its State Plan Amendment (SPA). To that end, MHD began the internal process of revising the PCHH SPA to include the following eligibility criteria:

- Asthma as a stand-alone condition for children
  - Obesity as a stand-alone condition for children and adults
  - Depression and anxiety for children and adults
  - Substance Use Disorder for children and Adults
- Similarly, MHD began the work of updating the PCHH application for practices that would like to become PCHHs. The application will be reopened in early Spring 2016.
  - As per the prior trends, evaluation of clinical and utilization measures continues to demonstrate improvements in glycated hemoglobin (blood sugar levels), Low-Density Lipoprotein (LDL) cholesterol, and blood pressure.
    - Reduction of blood pressure and cholesterol is linked to reductions in heart attacks and stroke.
    - Improved blood sugar control is linked to lower rates of diabetes and complications due to diabetes.
  - Evaluation of utilization continues to demonstrate:
    - Reductions in avoidable emergency department use,
    - Reductions in avoidable hospital inpatient use, and
    - Cost savings.

## **International Statistical Classification of Diseases and Related Health Problems (ICD-10)**

- The federal government mandated the industry-wide implementation of the International Classification of Diseases Version 10 (ICD-10) code sets on October 1, 2015. The ICD-10 code sets replaced the current ICD-9 diagnosis and inpatient service code sets.
- Effective on October 1, 2015, MHD successfully implemented the ICD-10 code sets and required all providers to submit ICD-10 codes in their claim transactions with a date of service on or after October 1, 2015. MHD will continue to require all providers to submit ICD-9 codes in their claim transactions with a date of service prior to October 1, 2015.

## **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 \$352.5 million in costs and recovered \$51.9 million in expenditures for 2015.
- The Department of Social Services/Missouri Medicaid Audit and Compliance (MMAC) Unit is responsible for conducting participant and provider reviews to determine compliance with MO HealthNet program policy and regulations.



## KEY MHD PROJECTS

### Missouri State Medicaid Health Information Technology Plan

- MHD, DHSS and DMH have a collaborative agreement to implement health information technology and health information exchange for their shared client base. The main feature of Missouri's technical infrastructure is the CyberAccess<sup>sm</sup> web portal allowing state staff and providers access to Medicaid claims data and care management tools to improve patient outcomes and coordination of care. The CyberAccess web portal was connected to the statewide Health Information Network (HIN) during 2014 for the purpose of sharing Medicaid claims data electronically with members of the HIN.
- MHD launched its Medicaid Electronic Health Record (EHR) incentives program in June 2011, under the HITECH provisions of the American Recovery and Reinvestment Act (ARRA) to encourage provider adoption of EHR technology. In the first year of participation, providers can qualify for incentive payments if they adopt, upgrade or implement certified EHR systems. To qualify for payments in subsequent years, providers must demonstrate meaningful use of their technology, in a phased approach requiring enhanced capabilities and performance over time for data capture and sharing, advanced clinical processes, and improved outcomes. Through a web portal maintained by MHD, the providers must submit documentation to support their attestation of implementing EHR and achieving meaningful use. After review of the provider's attestation and supporting documentation for compliance with program requirements, MHD makes the incentive payment to the provider. During the first four and a half years of the program, 6,101 payments were made to 3,270 unique participating professionals and hospitals that have implemented EHRs with specific functionalities. Of those receiving payments to date, 55% of professionals and 78% of hospitals have used their systems to demonstrate meeting at least one year of meaningful use requirements. Incentive payments to all providers from June 2011 through December 2015 totaled \$326 million.

### Business Intelligence Solution and Enterprise Data Warehouse

- MHD intends to purchase and deploy a Business Intelligence Solution (BIS) with an Enterprise Data Warehouse to provide a comprehensive, scalable, and secure healthcare information solution to meet the administrative and program decision support, reporting, and analytics needs of the Missouri Medicaid Enterprise.
- The BIS will provide business users with tools that are powerful and intuitive. It has the ability to store, analyze, aggregate, and visualize large, complex data from multiple data sources with the objectives of providing answers to queries, creating summarized data, identifying trends, and predicting future behavior.
- The Enterprise Data Warehouse will aggregate data from multiple data sources establishing a secure, single "source of truth" for information regarding the MO HealthNet Program. It will establish more effective management of program data and data integrity, ensuring that the programs' financial, clinical reporting, and analytic needs of the business users are met while managing the dissemination of MO HealthNet data to external partners.

### Fiscal Agent/MMIS Procurement

- The Medicaid Management Information System (MMIS) makes all Medicaid payments and provides the data analysis needed to manage the Medicaid program. The current MMIS has been in place



- since 1978 and needs replacing to meet current federal standards. MHD currently has contracts with vendors to serve as a fiscal agent to provide administrative services, such as call centers, and information technology services for developing and operating the MMIS.
  - The MMIS systems process approximately 100 million claims annually which are submitted by healthcare service providers for payment on services provided to Medicaid members.
  - All claims are processed through system edits within one day of receipt; over 96 percent of allowable claims are paid within 30 days of receipt.
  - The State receives enhanced federal funding for development and operation of the MMIS, but it must comply with federal MMIS guidance, rules, and regulations.
  - The federal government is in the process of issuing new MMIS guidance requiring the use of modern technologies to receive enhanced federal funding.
  - Replacement of an MMIS is typically a three to five year project.
  - MHD is in the process of developing a procurement strategy for the fiscal agent and MMIS services and developing the related RFPs for release.

## Missouri Eligibility Determination Enrollment System (MEDES)

- MHD continues its work with FSD to implement Sections 1301-2201 of the Affordable Care Act (ACA) which, in part, establishes a single integrated process to determine client eligibility for all coverage options and subsidies to facilitate enrollment into health coverage. Missouri's solution includes the implementation of MEDES to meet the ACA requirements. The MHD assisted in continuing to improve and extend the efficiency of updating participant information and premium updates, thus allowing the State to serve citizens more effectively. The MHD also implemented key components of DSS initiatives such as the Show-Me Healthy Babies Program through the MEDES platform.

## Managed Care Quality and Rates

- The 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 NCQA offers six levels of health plan accreditation as follows (from lowest to highest): Denied, Interim, Provisional, Accredited, Commendable, and Excellent. The health plans are required to obtain NCQA health plan accreditation at a level of "Accredited" or better for the MO HealthNet program and must maintain accreditation throughout the duration of the contract.
  - On August 8, 2014, NCQA awarded Home State the accreditation status of Accredited for the period August 5, 2014 through August 5, 2017.
  - On August 12, 2014, NCQA awarded HealthCare USA the accreditation status of Commendable for the period August 12, 2014 through August 12, 2017.
  - On September 18, 2014, NCQA awarded Missouri Care the accreditation status of Accredited for the period September 11, 2014 through September 11, 2017.
- Managed Care health plans self-report a variety of quality outcome and performance measures for behavioral health services. These include: service utilization counts, timeliness of follow-up after critical care events, patient satisfaction, and a number of nationally-reported quality metrics. Many of these measures have undergone revisions in the past two years and detailed specifications have been produced for all measures to improve reliability of reporting across the health plans. New service

utilization measures and quality metrics pertaining to general physical health have been added to complement the historic focus on behavioral health. Beginning in 2013, the full set of measures has been assembled annually in a database for distribution to the health plans.

- The database includes an easy-to-use interface that permits health plans to review their performance trends over time for selected measures as well as compare their performance to that of other MO HealthNet Managed Care plans. Eventually, the database will house Fee for Service (FFS) and Managed Care data, allowing for easy comparison between the two programs on a variety of metrics.
  - The database is a useful tool for MHD and the health plans for analyzing trends, identifying areas of opportunity, and measuring the impact of new strategies and interventions. In addition, the database tool should lead to a more data-driven approach to development of quality improvement projects by the health plans.
- Rate adjustments were used 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 need 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 reflecting conditions that could be less severe. These visits 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.

## ON THE MHD HORIZON . . .

### **Managed Care Contract Re-Procurement**

- The State of Missouri is re-procuring the Managed Care contract which expires on June 30, 2015. The contract period is July 1, 2015, through June 30, 2016, and the Division of Purchasing and Materials Management has the right, at its sole option, to renew the contract for two (2) additional one-year periods, or any portion thereof.
- The Office of Administration, Division of Purchasing and Material Management is in the process of evaluating bid proposals from Amerigroup HealthCare USA, Home State Health Plan, and Missouri Care. The contract awards are expected to occur in early March 2015.
- The following groups are included in the Managed Care Program: MO HealthNet for Families (MHF), MO HealthNet for Pregnant Women and Newborns, Refugees, MO HealthNet for Kids, and Children in the care and custody of the State. As of January 2015, there are approximately 419,621 individuals enrolled in the Managed Care program in 54 counties.
- The program incorporates face-to-face care management, focuses on improving health outcomes, patient education, and impacting how patients utilize healthcare services. Eligible participants are being selected by specific diagnosis codes, utilization of services parameters such as frequent inpatient hospitalizations and emergency room use, and geographic location so the nurse care managers can travel to the participant for face-to-face visits.



Joe Parks, MD  
MHD Director

## **Restoration of Adult Dental Benefit**

- House Bill 11, passed by the 98th Missouri General Assembly, provides funding to add certain dental services for adults eligible for MO HealthNet benefits. Once implemented, MHD will cover the following: preventive services, restorative services, periodontal treatment, oral surgery, extractions, radiographs, pain evaluation and relief, infection control, and general anesthesia for adults.
- This added coverage is currently pending approval from CMS. When MHD receives approval, coverage of adult dental benefits will begin. Providers who are subscribed to GovDelivery notifications will be notified via an email to view the Provider Bulletin announcing the approval on MHD's website. MHD is prepared to begin reimbursing providers for the above-mentioned services as well as assisting with their questions and will also assist participants seeking information regarding MO HealthNet dental providers.

## **Medicaid Managed Care Geographic Expansion**

- Beginning on May 1, 2017, any low income women and children in FFS will be moved to coverage by Managed Care. This will impact low income women and children in the northern 1/3 and the southern 1/3 of Missouri. The new Managed Care RFP for the geographic expansion will be put out to bid on April 29, 2016, and awarded October 1, 2016.

## **Fee For Service Management Program**

- Currently, the FFS Care Management program has a case load of approximately 50 participants that are being managed by two internal nurses. All enrolled participants have an introductory face-to-face visit with the RN care managers and then have follow-up in person visits according to the individual needs. In between face to face visits, care is coordinated via telephone and email to assist with participant needs. The care managers assist the participants with activities such as: understanding and utilizing Medicaid covered services, clinical nurse care management, care coordination, and chronic disease education. The care managers have also formed partnerships with community resources to assist our participants with accessing and utilizing community resources for services not covered by Medicaid, and through the FFS Care Management pilot program, we have created a formal network of community partners that can help address issues such as housing and food security in the pilot areas. This program is also utilizing internal clinical resources by having multidisciplinary meetings to discuss the individual cases and gather information and ideas to assist the participants.
- A goal of the pilot program is to change and adapt over time so that the program can meet the needs of the Medicaid population and grow to a larger geographic area and corresponding case load of participants. The program will undergo evaluation at different times to look at parameters including: clinical outcomes, impact on avoidable hospitalization and emergency department use, and potential cost savings. In order to assist with future expansion, research is being done in order to explore the possibility of obtaining specific software to manage the care management population.
- In summary, the overall goal of the FFS Care Management Program is to identify and address the needs of the most medically complex and high risk FFS participants in order to improve their health status, reduce the use of avoidable healthcare services, and maintain or improve their quality of life.

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*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, 501(c)(3) organization called the Missouri Health Connection (MHC) to govern a statewide 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 convenes routinely 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.
- In 2009, the state of Missouri and the MHC received grant approval from both CMS and the 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. MHC utilized the grant funding to build its technical HIE platform that allows health care providers across the entire State of Missouri to exchange clinical information bi-directionally. The grant funding expired in 2014 and MHC sustains its operations with subscription fees paid by its members. As of 2016, MHC has more than 75 hospitals and hundreds of clinics connected to the HIE platform and more than 100,000 query transactions occur daily.

Find MO HI-TECH on the web at <http://assistancecenter.missouri.edu/>

- MHC provides direct, secure messaging services as part of a standard suite of services in order to promote the exchange of clinical results and patient care summaries among unaffiliated health care providers across the State of Missouri. Secure messaging remains a priority for MHC as it is part of the Meaningful Use program. The MHCs current or planned activities include the following:
  - Continue to offer and implement secure messaging to health care providers across the State, and
  - Continue to utilize a Consumer Advisory Council to provide consult on key work products, services, and patient engagement activities.
  
- Missouri has also made significant progress on its phase 2 implementation plans. Phase 2 includes the implementation of the patient query function allowing unaffiliated health care service providers to exchange continuity of care documents containing all health information for a patient for consumption into the provider electronic health records. The MHCs current or planned activities include:
  - Continue to increase the bi-directional HIE activities across the State by onboarding health care providers to MHC query-based exchange platform, and
  - Develop utilization and adoption strategies for MHC's participants to increase the care coordination activities for the benefit of Missouri patients.

# SUPPORT DIVISIONS

# 2015

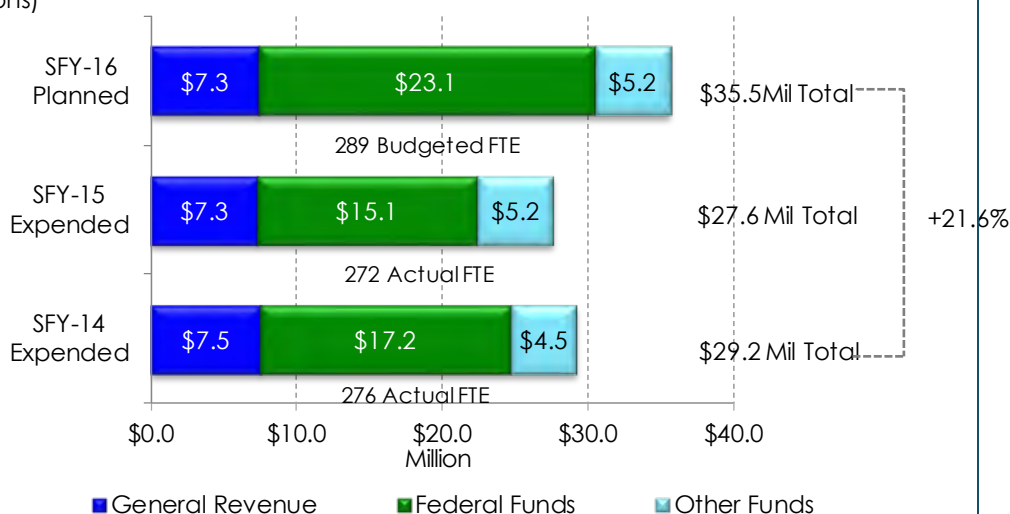
## Supports

- 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.



**Support Division Expenditures SFY-14 to SFY-16 Planned**  
(in millions)



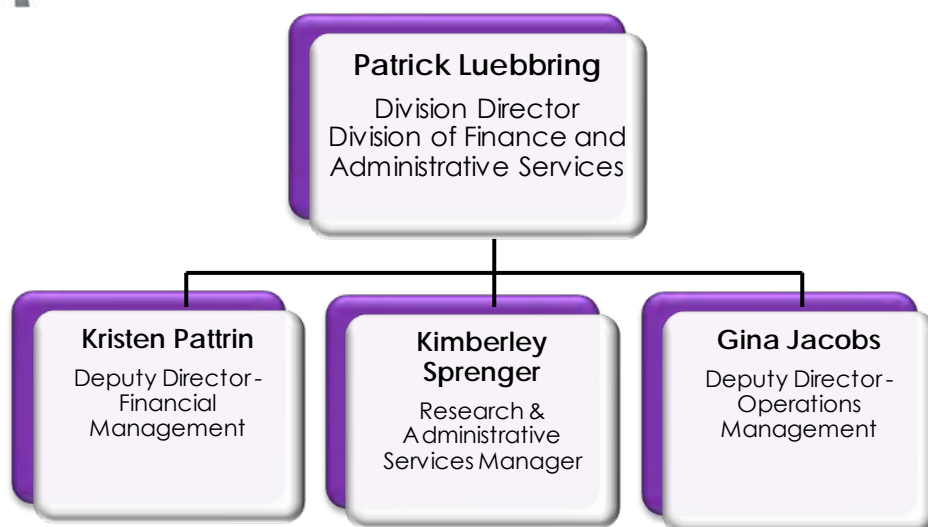
- Between SFY-14 and SFY-16, General Revenue (GR) decreased by \$.2 million (2.7%) due to the following core reductions in FY16:
  - 6% reduction in Office of the Director, Human Resources, Missouri Medicaid Audit and Compliance (MMAC), Systems Management, Finance and Administrative Services, Neglected & Delinquent Children and Legal Services.
  - Reduction in Neglected & Delinquent Children due to projected lapse.
- Between SFY-14 and SFY-16, Federal Funds (FF) Increased by \$5.9 million (34.2%) mostly due to appropriation increase in receipts and disbursements because of elimination of the estimated status.
- Between SFY-14 and SFY-16, Other Funds increased by \$.7 million (15%). This is due to an appropriation increase in Receipts and Disbursements because of elimination of the estimated status.
- SFY-16 planned expenditures include a 1% pay increase cost to continue and cost to continue increases for certain classifications as recommended by the Personnel Advisory Board.

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## Services

- ACCOUNTS PAYABLE
- AUDIT SERVICES
- BUDGET
- RESEARCH AND DATA ANALYSIS
- EMERGENCY MANAGEMENT
- FLEET VEHICLE MANAGEMENT
- FACILITIES MANAGEMENT/OFFICE SERVICES
- 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.*



- Budget
- Grants
- Cash Management
- Receipts
- Tax Credits
- Revenue Maximization
- Child Welfare Eligibility

- Emergency Management
- Fleet Vehicle Management
- Facilities Management/Office Services
- Research and Data Analysis
- Supplies/Warehouse/Inventory Control
- Voice Tele-Communications

- Accounts Payable
- Accounts Receivable
- Payroll
- Procurement
- Contract Management
- Child Care Subsidy Payments
- DFAS Regional Offices

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

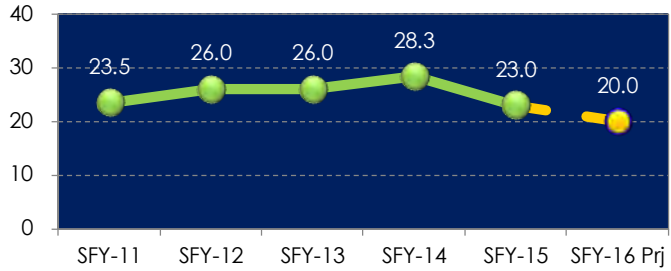


# PERFORMANCE

## Average Time Between Invoice and Vendor Payment

- DFAS Accounts Payable continues to process billings efficiently. During FY 16-17 an Electronic Content Management System (ECMS) will be implemented, which will create even more efficiencies.
- All payment processing functions are anticipated to be completely electronic by June 2017.

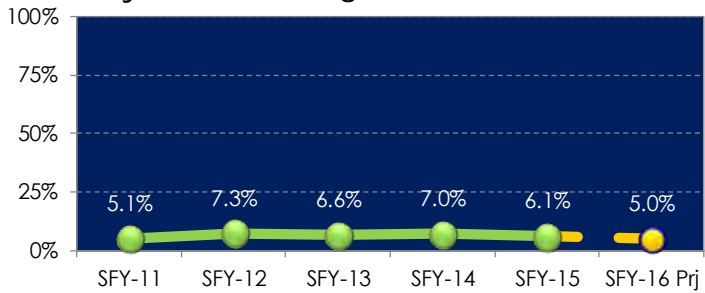
Average Time Between Invoice and Vendor Payment (Days)



## Payment Processing Error Rate

- Historically, many payment processing errors were caused by missing data or incorrect data entry prior to submission for processing. Centralized payment processing has impacted the error rate favorably.
- As DFAS implements its ECMS, the payment processing errors are expected to decline further.

Payment Processing Error Rate







## HIGHLIGHTS

### Procurement and Contract Management

- This year, DFAS procurement staff has continued its priority to streamline contract management and procurement activities, to provide better support to program divisions and to make better use of available technologies.
- Developed a Purchasing SharePoint site where all DSS RFPs, contracts and Memorandums Of Understanding (MOUs) can be easily accessed.
- Worked closely with Information Technology Services Division and Konica-Minolta to develop the Procurement Electronic Content Management System (ECMS). The system is expected to go live during FY 16.
- The procurement unit continues to provide assistance and oversight in the development, planning, execution and coordination of the Department's contracts for services and supplies. The unit also provides technical expertise and training for Department staff concerning procurement statutes, regulations and rules, contracting procedures and protocols.



## KEY DFAS PROJECTS

### Strengthening DSS Audit/Compliance Initiatives

- Fourteen staff oversee and coordinate audit and compliance initiatives for the Department of Social Services in a central compliance unit. Five of these staff focus on oversight initiatives specifically for Child Care providers receiving Child Care and Development Fund (CCDF) subsidy payments from DSS.
- DSS has accomplished the following through audit and compliance initiatives:
  - Increased oversight of program divisions' implementation of corrective action plans developed in response to findings from federal and state audits.
  - Coordinated sub-recipient oversight and monitoring for federal grants awarded to DSS. Risk assessments, policies, procedures and monitoring tools are continually evaluated for effectiveness to ensure compliance with federal regulations, including implementation of Office of Management and Budget's (OMB) Uniform Guidance.
  - Increased physical presence in sub-recipient agencies and child care provider facilities.
  - Monitored Temporary Assistance for Needy Families (TANF) cash benefits to ensure compliance with state statutes.
- Current planning continues to be focused on external and internal monitoring to:
  - Utilize concepts and techniques from the Committee of Sponsoring Organizations' Enterprise Risk Management Integrated Framework to arrive at a final opinion on the adequacy and effectiveness of controls over CCDF dollars.
  - Increased oversight of sub-recipients by developing an overall risk assessment for the agency's federal programs to ensure adequate sub-recipient monitoring is performed.

## Updating DSS' Comprehensive Plan on How Costs are Claimed to Federal Grants

- The plan DSS uses to allocate costs to federal grant programs is obsolete and in part does not clearly define claiming activities. Recent feedback from the Single State Audit and federal grantor agencies supports DSS' assessment.
- DSS has submitted an updated Cost Allocation Plan to the Division of Cost Allocation for approval.
- DSS will work with federal grantor agencies to ensure the plan is compliant with Federal laws and regulations.
- Annually, DSS allocates over \$1.2 billion in claims for partial reimbursement from federal grants through the cost allocation plan.
- DSS is implementing a new electronic system for cost allocation, which will reduce errors and improve federal grants claims.

## Refocusing Research Staff Roles and Responsibilities to Meet Department Research and Data Management Needs

- As a result of the 2012 assessment of the department's data needs for collection, analysis, coordination and reporting, the unit's name was changed from Center for Management Information to Research and Data Analysis (RDA) and reorganization of staff and duties occurred.
- RDA staff has taken the opportunity to implement actions that support feedback gathered during the 2012 assessment. For example, RDA has:
  - Continued to coordinate efforts of all partners involved in data gathering and reporting, particularly with implementation of the new Medicaid system (MEDES),
  - Implemented redundancies and mandated cross training to prevent work stoppage when staff is absent,
  - Equalized workload distribution,
  - Hired a mentor to teach staff SAS (programming language for data extraction),
  - Added staff capacity to provide more robust data analysis,
  - Mandated cross-training,
  - Created efficiencies through the increased use of technology with implementation of a no-cost automated system to track and process FSD requests,
  - Automated many regularly reoccurring reports,
  - Enhanced quality measures, and
  - Encouraged staff to be involved in cross-cutting department initiatives to promote leadership.

# ON THE DFAS HORIZON . . .



Patrick Luebbering  
DFAS Director

## Maximizing Electronic Payments

- DFAS is leading the initiative to save administrative costs and mitigate risk by moving to electronic payment methodologies.
- DFAS plans to implement a new Electronic Content Management System (ECMS) for both Procurement and Accounts Payable. The ECMS will allow DFAS to conduct business by moving imaged documents electronically between the DFAS and its internal and external customers. Documents will be imaged, processed and stored electronically. The ECMS will centralize and efficiently process, track, and store documentation received regardless of the source location throughout the state. The ECMS will improve processing time, reduce storage space and paper waste. In addition, this system will enable staff to search for pending invoices, contracts, purchase orders, etc. and take the necessary action, all from one location.
- To date, DFAS Procurement, ITSD and Konica-Minolta are defining the detailed requirements of the Procurement ECMS and finalizing the workflow. It is anticipated the system will be fully implemented by June 2016.

## Standardizing and Strengthening Management of DSS Accounts Receivables

- State regulations were established during the fall of 2015 that allows DSS to require recipients of DSS payments to accept direct deposits if the department chooses. Implementation of this will reduce costs associated with the production and mailing of paper checks.
- Children's Division and DFAS have consolidated accounts receivable functions into the DFAS Family and Children's Electronic System (FACES) payment unit and the Child Care (Subsidy) Payment Unit. The units review receivable accounts for accuracy and have streamlined policies and procedures for establishment and collection of debt. Overpayments have been reduced through pre-payment reviews and a remittance advice portal is being explored.
- **Goals:**
  - Continue to work with other program areas to streamline and manage DSS accounts receivables,
  - As the Missouri Eligibility Determination and Enrollment System (MEDES) becomes fully implemented, it is anticipated the system will provide a more robust accounts receivable component.

# DIVISION OF LEGAL SERVICES

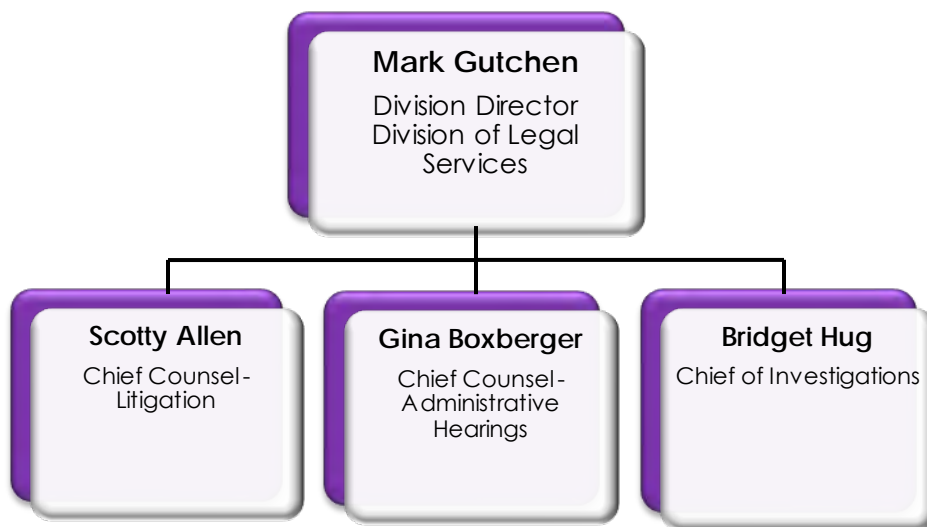
# 2015

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## Services

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

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



- Litigation  
Risk Management

- Administrative Hearings

- Investigations

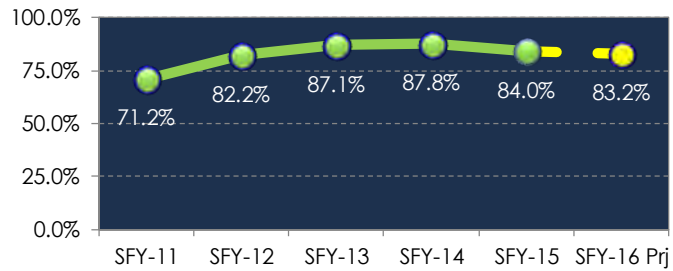
Find the Division of Legal Services on the web at <http://dss.mo.gov/dls/>



### Protective Services Cases Resolved

- DLS attorneys closed 1,664 permanency planning cases involving abused and neglected children and 314 terminations of parental rights cases.

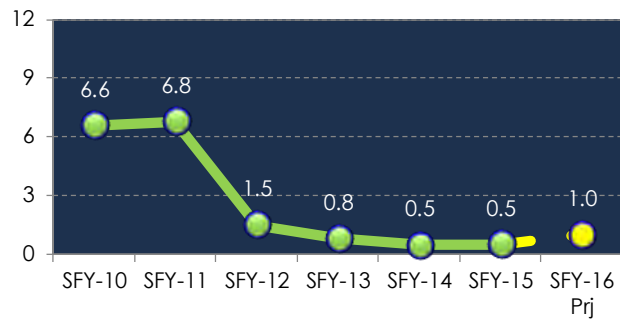
Protective Services Cases Resolved Within 18 Months



### Time to Schedule Child Support Hearings

- The Child Support Hearings Unit continues to strive to maintain scheduling at no greater than 30 days from receipt of a hearing request.

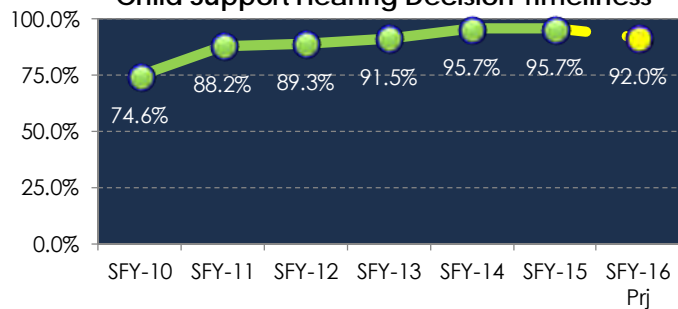
Time To Schedule Child Support Hearings (in months)



### Child Support Hearing Decision Timeliness

- The Child Support Hearings Unit continues to strive to maintain the issuance of decisions within 60 days from the date the hearing record closes in at least 95.7% of its cases.

Child Support Hearing Decision Timeliness





## HIGHLIGHTS

- During CY-15, DLS attorneys handled many legal matters for the department. Among the highlights, DLS attorneys:
  - Closed 1,664 permanency planning cases involving abused and neglected children in the Foster Care system. In these cases, DLS advocated for the achievement of safe and permanent placements for foster children;
  - Litigated 314 terminations of parental rights cases, making affected children available for adoption and ensuring a safer, more stable and permanent home;
  - Litigated 91 guardianship cases for children and young adults in foster care to enable them to transition from the Foster Care system into permanent, stable homes;
  - Litigated 164 cases defending challenges to decisions of the Child Abuse and Neglect Review Board to place names of individuals on the Central Registry for abuse and neglect.
  - Handled 116 Sunshine law requests, many of which involved complex issues of law;
  - Represented DSS in 693 subpoenas for confidential records and information, including many cases that required securing court orders to protect the privacy rights of those involved, and protecting confidential records per state law;
  - Represented DSS in 323 drug-test related administrative hearings;
  - Assisted the program divisions in drafting or revising administrative regulations, including implementing regulations governing third party liability claims and regulations implementing drug testing for TANF applicants/participants, changes to procedures for enrollment of Medicaid providers and implementing changes in Medicaid law as authorized by the General Assembly;
  - Provided legal support for the drafting or revising of numerous administrative regulations, including those governing third party liability claims, implementing drug testing for TANF applicants/participants, implementing changes to enrollment procedures for Medicaid providers, and implementing changes in Medicaid law as authorized by the General Assembly.
- In CY-15, the Child Support Hearings Unit issued 7,537 hearing decisions and the Benefits Hearings Unit issued 10,968 hearing decisions, for 18,505 clients served.
- The Benefits Hearing Unit continued the efforts to convert to a paperless system in which hearing requests and exhibits are submitted electronically from most agency offices, and scheduling notices and decisions are sent to agency personnel electronically. Additionally, state courts are also converting to electronic filing, so appeals from Benefits Hearing and Child Support hearing decisions are now e-filed, eliminating the need to file large volumes of paper documents. As of 2015, 96 of the 115 county state courts are accepting only electronic filing of appeals. Together, these processes reduce the paper documents received and processed through the office, lowering costs and helping the environment.
- In CY-15, DLS Investigation Section's Welfare Investigations Unit investigated 3,163 cases of fraudulently received public benefits and facilitated collection of \$1.5 million dollars through payment agreements, prosecutions and the Treasury Offset Program.
- DLS created an on-line survey process to make it easier for stakeholders to submit comments on draft administration regulations. The survey will help the Department to assess the fiscal, Small Business and programmatic impact of a proposed regulation. The process also gives stakeholders and the public a process by which they can suggest changes to the language of a proposed regulation before it is filed. In making this new tool available DSS hopes to make its regulatory process more open and accountable to the public and those impacted by DSS regulations.



## Regulation Review

- DLS continues its work in conjunction with the department's program divisions to review and revise all DSS administrative regulations. The primary focus of the review is to eliminate or revise, as appropriate, unnecessary and outdated regulations; to make the department's administrative regulations easier for the public to access and understand; and to improve the efficiency of department operations.

## Procurement and Contract Management

- DLS is continuing to work with the Division of Finance and Administrative Services and the program divisions to streamline the Department's contract management and procurement system. DLS attorneys review all contracts and memoranda of understanding (MOUs) for legal compliance and for effectiveness in achieving desired program outcomes.

## Waste, Fraud and Abuse Identification

- DLS is reviewing and developing more effective and fair procedures for the identification of waste, fraud and abuse in the programs administered by the department. This includes developing procedures for the identification, assessment and collection of overpayments and other receivables owed to the state.

## Child Abuse and Neglect

- DLS is working with the Children's Division to review and update its policies and procedures governing the investigation of reports of child abuse and neglect.
- DLS is working with the Children's Division to implement the requirements of SB 341 (2015) to provide a system for reporting and conducting assessments of children under age 14 who have problem sexual behaviors.

## Fraud Investigation

- Missouri DSS DLS Investigation Section was awarded \$599,642 from a SNAP Recipient Trafficking Prevention Grant to identify, track and prevent misuse of Supplemental Nutrition Assistance Program (SNAP) benefits by program recipients. DLS Investigators have used these funds to implement strategies to increase the number of investigations of person-to-person trafficking. Since June 1, 2015 DLS Investigators have worked 116 investigations where the individual attempted to traffic (sell) their SNAP benefits. Seventy-five individuals have voluntarily admitted to trafficking and agreed to be disqualified from the SNAP Program for 12 months. If all 116 individuals are disqualified, this would be a savings of \$270,048.00. Investigators have also opened six criminal investigations.

## ON THE DLS HORIZON . . .

### **Increasing External Accessibility**

- DLS is developing informational materials to post on the department's website to make information pertaining to administration of legal issues involving the department more accessible to the bench, the private bar and the public.



Mark Gutchen  
DLS Director

### **Improving Benefit Hearing Scheduling and Decision Time**

- DLS' Hearing Section is continuing to target improvements in both scheduling and time to issue a decision in our benefits hearings. DLS has reduced the time to schedule benefit hearings from the 2014 average of 42 days to an average of 30 days in 2015. DLS continues to work toward reducing the time to schedule benefit hearings to an average of 21 days. DLS has reduced the time to render decisions in these cases from the average of 188 days in 2014 to an average of 19 days in 2015. With such a great accomplishment, DLS continues to strive to render a decision as soon as possible after the hearing record closes.

### **Child Care Fraud**

- DLS is looking forward to increased efficiency and effectiveness of its daycare fraud investigations as organization and training efforts produce investigators with greatly increased expertise at identifying this particular kind of abuse of public funds.

### **Child Safety Projects**

- DLS is working with CD to implement e-filing throughout the state, and has begun its pilot program in the 13<sup>th</sup> and 16<sup>th</sup> circuits. DLS is continuing to work with CD to refine the process for processing reports and conducting assessments of juveniles with problem sexual behaviors. DLS is also working with CD to develop and implement the required provisions of the Sex Trafficking and Strengthening Families Act.





## TOP DSS NEWS STORIES OF 2015

### **Department of Social Services names three new division directors**

The Department of Social Services (DSS) announced three new division directors. In April, Phyllis Becker was named the Director of the Division of Youth Services. Becker has a long history of service to the Division of Youth Services— she has worked with kids directly as a group leader and facility manager – with its professionals as a trainer – and as an executive leader, as deputy director and acting director. Julie Gibson became Director of the Family Support Division in July. Gibson joined the Family Support Division in January 2015 and has vast experience in the development and delivery of successful programs in her previous work with the Department of Economic Development and the Department of Labor. Mark Gutchen was named the Director of the Division of Legal Services (DLS) and Department of Social Services General Counsel in November. Gutchen is a longtime DLS member and is recognized and respected across the state for his knowledge of Missouri and federal social welfare law.

### **Children's Division achieves reaccreditation by the Council on Accreditation**

The Missouri Children's Division successfully met the high performance standards set by the Council on Accreditation (COA) and earned reaccreditation by the council. As of March 2015, Missouri is one of only four other states that is accredited by COA. COA is an independent, nonprofit accreditor of community-based behavioral healthcare and social service organizations. All counties in Missouri had to be in compliance with COA standards before the Children's Division could be reaccredited. The Missouri Children's Division first achieved accreditation January 14, 2010.

### **Senate Bill 24 changes Food Stamp & Temporary Assistance eligibility**

After the legislature voted to override the Governor's veto of Senate Bill 24, also known as the "Strengthening Missouri Families Act," the Family Support Division began implementing required changes regarding eligibility for the Temporary Assistance to Needy Families (TANF) and Food Stamp programs. The lifetime limit for TANF benefits was reduced from 60 months to 45 months, effective January 1, 2016, and a work requirement went into effect August 28, 2015. Able-bodied adults without dependents must work or participate in an approved training program/school 80 hours each month to continue to receive Food Stamp benefits longer than three months. Those who do not meet the work requirement will have TANF benefits cut in half and then stopped.

### **Consortium offers MHD new, lower-cost drug option for treatment of Hepatitis C**

To save taxpayers millions of dollars, Missouri announced it was part of a 25-state purchasing consortium that enabled MO HealthNet to designate a new Hepatitis C drug, Vieira, for Medicaid patients with Hepatitis C who meet certain medical criteria.

## **Office of the Inspector General audits disproportionate share hospital (DSH) payments**

Media reported on the Office of the Inspector General's published audit of disproportionate share hospital (DSH) payments that questioned reimbursement for some MO HealthNet physician-administered drugs. The audit disputed the adequacy of the CMS-approved tool that the Department of Social Services (DSS) utilizes to ensure certain drugs can be identified to collect a rebate. DSS disagreed with the audit findings and awaits a final decision from the Centers for Medicare and Medicaid Services on that issue.

## **Legislators question Department of Social Services on refugee assistance role**

Media reported on legislator concerns regarding the role of the Department of Social Services in the resettlement and placement of Syrian refugees in Missouri.

## **MO HealthNet Managed Care expands**

The General Assembly expanded MO HealthNet Managed Care from 53 counties and St. Louis City to all Missouri counties for pregnant women, children and their families. Participants previously served by a fee for service health care provider will receive health care services from a Managed Care provider beginning May 1, 2017. The State of Missouri will issue a Request for Proposal (RFP) this spring to begin the process of moving Missouri's Medicaid system to a statewide Managed Care system for low-income custodial parents, pregnant women, and children.

## **\$15 million grant to the Department of Social Services provides job training for health care careers**

The Department of Social Services will use a \$15 million, five-year federal grant to provide low-income Missourians in St. Louis, Kansas City and central Missouri with the opportunity for job training in health-related fields. The program will help 1,800 individuals with an income under 200 percent of the poverty level train for professional health positions that are in-demand and pay higher wages.

## **MO HealthNet announces expansion of prenatal care services to hundreds of Missouri women**

In December, Governor Nixon announced that beginning January 1, 2016, low-income pregnant women in Missouri will have access to prenatal care through Show-Me Healthy Babies Program. Pregnant women with incomes up to 300 percent of the federal poverty level will have access to pregnancy-related services that promote healthy labor, delivery and birth, including postpartum coverage for sixty days.



Speeches and presentations of the department's leadership during SFY-2014 (sites are in Missouri unless otherwise noted).

### Julie Gibson, Director, Family Support Division

Date	Location	Topic	Audience
February 17	Jefferson City	Medicaid issues	MoHealthNet Oversight Committee
April 30	Jefferson City	Medicaid issues	MoHealthNet Oversight Committee
July 15	Jefferson City	Medicaid coverage	Providers, Advocates, Legal Services, College Students, Lobbyists
July 30	St. Louis	Empower Missouri	Economic Justice Task Force. Jeanette Mott Oxford
August 4	Jefferson City	Medicaid issues	MoHealthNet Oversight Committee
September 15	Jefferson City	Medicaid coverage	Providers, Advocates, Legal Services, College Students, Lobbyists
October 13	Jefferson City	Medicaid issues	MOHealthNet Oversight Committee
October 27	Jefferson City	Redeterminations	Missouri Primary Care Association
November 6	Jefferson City	Redeterminations	Missouri Primary Care Association
November 15	Jefferson City	Medicaid coverage	Providers, Advocates, Legal Services, College Students, Lobbyists

### Tim Decker, Director, Children's Division

Date	Location	Topic	Audience
February 6	Kansas City	Children Division Update	Kansas City Child Abuse Roundtable - local elected officials, community stakeholders and partners
April 10	Kansas City	Children's Division Update	Kansas City Child Abuse Roundtable - local elected officials, community
May 8	Kansas City	Vision for child welfare system transformation	UMKC School of Social Work Capstone Project Poster Symposium – college students and faculty, families and community partners
May 14	Dexter	Foster Parent Appreciation	35 <sup>th</sup> Circuit Foster Parent Appreciation Dinner - Foster parents, community stakeholders and Children's Division staff
May 17	St. Louis	"Home, Finding the Dwelling Place" Involvement of the faith community in child welfare	Divine Compassion Partnership Event Attendees

**Tim Decker, Director, Children's Division**

June 12	Springfield	Progress of recommendations of the Missouri Blue Ribbon Task Force on Youth Aging Out of Foster Care and new opportunities	Older Youth Summit - Older youth, Children's Division staff, juvenile officers, partners and community stakeholders
June 18	Osage Beach	Opening for Foster and Resource Parent Conference	Missouri One Conference Attendees
March 28	Kansas City	Progress of recommendations of the Missouri Blue Ribbon Task Force on Youth Aging Out of Foster Care and new opportunities	Older Youth, Children's Division staff, juvenile officers, contractors and community stakeholders
July 8	Jefferson City	Youth Leadership and Empowerment	State Youth Advisory Board Leadership Conference Attendees
August 4	Jefferson City	Trauma Informed Care	MCCA Board Members
September 10	Columbia	Vision for child welfare system transformation	FACT Board Meeting -FACT Board Members, community partnerships and foster youth
September 18	Kansas City	Children's Division Update	Kansas City Child Abuse Roundtable - local elected officials, community stakeholders and partners
September 25	Jefferson City	Presentation and dialogue at Missouri Juvenile Justice Association quarterly Administrative Concerns Meeting	Chief juvenile court personnel, law enforcement and state agency leaders
October 8	National Webinar	Missouri's Behavior Interventionist Program	Child Welfare Agencies and Foster Parents
October 9	St. Louis	Vision for Child Welfare and recognition of Child Welfare Practitioners	Stepping Up for Kids Awards Luncheon Attendees
October 30	Joplin	Progress of recommendations of the Missouri Blue Ribbon Task Force on Youth Aging Out of Foster Care and new opportunities	Older Youth Summit - Older youth, Children's Division staff, juvenile officers, partners and community stakeholders
November 17	Kansas City	Participant on Youth Homelessness Panel	Regional HHS/ACF staff and grantees
December 9	Moberly	Foster Parent Appreciation	14 <sup>th</sup> Circuit Holiday Event - Foster parents, foster children, community stakeholders and Children's Division staff
December 11	DeSoto	Foster Parent Appreciation	23 <sup>rd</sup> Circuit Holiday Event - Foster parents, foster children, community stakeholders and Children's Division staff

## Phyllis Becker, Division of Youth Services

Date	Location	Topic	Audience
Ongoing	Jefferson City	Conference call once a quarter with Oregon Youth Authority to provide technical assistance for their juvenile justice reform efforts.	Leaders of the Oregon Youth Authority.
February 3-4	Jefferson City	Presentation of DYS operations and issues impacting the agency.	DYS Advisory Board which includes judges, former legislators, civic officials and concerned citizens.
March 27	Jefferson City	Presentation and dialogue at Missouri Juvenile Justice Association administrative concerns meeting.	Chief juvenile court personnel from across the state.
April 2	Montgomery City	Led overview and discussion of Missouri's treatment approach for inaugural Casey Foundation Youth Advisory Council	Leaders from Annie E. Casey Foundation
April 7-8	Jefferson City	Presentation of DYS operations and issues impacting the agency.	DYS Advisory Board which includes judges, former legislators, civic officials and concerned citizens.
May 14	Jefferson City	Overview of Missouri's therapeutic treatment approach specific to secure confinement of youth in the United States.	Dr. Di Hart, Fellow and Researcher from Winston Churchill Memorial Trust in London.
May 18	Kansas City	Overview of DYS and STAR School at LINC Commission meeting	Business and civic leaders and community citizens interested in child welfare.
May 26-28	Springfield	Led overview and discussion of Missouri's therapeutic treatment approach to juvenile justice including a site visit to DYS residential program	Leaders of the Oregon Youth Authority.
May 29	Fulton	Opening remarks at DYS northeast region graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.
June 11	Springfield	Opening remarks at DYS Southwest Region graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.
June 23	St. Louis	Opening remarks at DYS St. Louis region graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.

**Phyllis Becker, Division of Youth Services**

June 25	Kansas City	Opening remarks at DYS northwest region graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.
June 28-29	Boston, MA	Presentation on Missouri approach and participation in consultative session regarding the critical intersection of wellbeing, race, culture and oppression.	Leaders from Full Frame Initiative and other child welfare and juvenile justice leaders from across the nation.
July 13-14	Springfield	Led overview and discussion of Missouri's treatment approach specific to residential programming including site visits.	Children's Division leaders.
August 6	Poplar Bluff	Opening remarks at DYS Southeast Region graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.
August 14-16	Indianapolis, IN	Participate in Council of Juvenile Correctional Administrators Summer Business Meeting	Leaders from Juvenile Justice agencies across the nation.
September 25	Jefferson City	Presentation and dialogue at Missouri Juvenile Justice Association administrative concerns meeting.	Chief juvenile court personnel from across the state.
September 28-30	Phoenix, AZ	Participate in the Juvenile Detention Alternatives Initiative Inter-site Conference.	Leaders from JDAI communities across the nation.
October 6	Jefferson City	Tele-presentation of an overview and discussion of Missouri's therapeutic treatment approach to juvenile justice.	Graduate students at the John F. Kennedy School of Government Harvard University.
October 14-16	Chicago, IL	Participate in Council of Juvenile Correctional Administrators Leadership Institute.	Leaders from Juvenile Justice agencies across the nation.
October 20	Omaha, NE	Led overview and discussion of Missouri's therapeutic treatment approach to juvenile justice.	Juvenile Services Committee of the Nebraska Children's Commission.
October 30	Kansas City	Presentation of DYS operations and issues impacting the agency.	DYS Advisory Board which includes judges, former legislators, civic officials and concerned citizens.

**Phyllis Becker, Division of Youth Services**

November 12-13	St. Louis	Led overview and discussion of Missouri's therapeutic treatment approach to juvenile justice including site visits to DYS residential programs.	Youth First Initiative; Annie E. Casey Foundation; Department of Juvenile Justice, Illinois, West Virginia, New Jersey; Rehabilitative Services, South Carolina; JustChildren, Virginia; New Jersey Institute of Social Justice; Northwestern University, Illinois; ACLU of West Virginia, South Carolina and Nevada.
December 9-11	Washington DC	Led presentation on Missouri approach and participated in roundtable discussion around alternatives to incarceration for justice-involved youth.	Leaders from the National Governors Association and senior state officials.

**Joe Park, MD, Director, MO HealthNet Division**

Date	Location	Topic	Audience
February 17	Jefferson City	Update on current status of the MO HealthNet Division	MO HealthNet Oversight Committee
February 25	Webinar	Behavioral Health Homes	National Association of Medicaid Directors
March 23	St. Louis	Participant in St. Louis Integrated Health networking event	ACHMA Summit
March 24	Cape Girardeau	Medicaid: Where is MO – where is it going?	Greater St. Louis HFMA Chapter
April 30	Jefferson City	Update on current status of the MO HealthNet Division	MO HealthNet Oversight Committee
June 3	Branson	Significance and value of the MO HealthNet Division	Burrell Integration Conference
June 15	Jefferson City	NASCA/Harvard Health Home Case Study	Mo Primary Care Association
July 10	Washington, DC	Commonwealth Fund panel to develop CMS TA program on the Urban Institute	Urban Institute
July 20	Washington, DC	Being part of the solution	National Assoc. of State Mental Health Program Directors
July 29	Washington, DC	Achieving a successful Program: Lessons Learned in Missouri	National Governor's Association meeting
August 4	Jefferson City	Update on current status of the MO HealthNet Division	MO HealthNet Oversight Committee

**Joe Park, MD, Director, MO HealthNet Division**

August 17	Denver, Co	Reducing Silos: Integrating Care through Payment Reforms	Innovations in Health Care Payments and Delivery meeting – at the National Conference of State Legislatures
October 10	New York, NY	Advancing Psychiatric Care through Population Health Management	American Psychiatric Association – IPS Annual meeting
October 12	Kansas City	Driving Improved Outcomes on a Medicaid Population	Cerner Group
October 13	Jefferson City	Update on current status of the MO HealthNet Division	MO HealthNet Oversight Committee
November 4	Arlington, VA	Panel on evaluating Medicaid program changes	National Association of Medicaid Directors
November 4	Arlington, VA	IAP Panel Meeting	National Association of Medicaid Directors
November 14	Washington, DC	Evaluating Medicaid program changes and IAP panel	National Association of Medicaid Directors
December 11	Austin, TX	Health Homes and Behavioral Health Integration	National Association of Medicaid Directors Integration Workshop
December 14	Washington, DC	Medicaid IMD Exclusion	Congressional Briefing on the IMD Exclusion



## 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	1-800-225-0530
Food Stamp Case Information	1-800-392-1261
Foster Adoptline	1-800-554-2222
Family Support Division Information Center	1-855-373-4636
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
State Technical Assistance Team (STAT)	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



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Relay Missouri for hearing and speech impaired  
1.800.735.2466 voice / 1-800-735-2966 text phone

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