About DSS

Aspiration

Lead the nation in building the capacity of individuals, families, and communities to secure and sustain healthy, safe, and productive lives.
About DSS

Themes

• Combat Substance Use in Families
• Revolutionize the Child Welfare System
• Move Families to Economic Sustainability
• Transform Medicaid
• Revitalize Organizational Infrastructure
About DSS

Organizational Structure

Steve Corsi, Psy.D.
Acting Department Director

Jennifer Tidball
Deputy Director

Howard Hendrick
Chief Strategy Officer

Helen Jaco
Chief Financial Officer

Rebecca Woelfel
Communications Director

Mark Gutchen
Division Director
Division of Legal Services

Tim Decker
Division Director
Children’s Division

Caitlin Whaley
Legislative and Constituent Services Director

Michele Renkemeyer
Strategic Performance and Innovations Director

Patrick Luebbering
Division Director
Family Support Division

Karen Meyer
Human Resources Director

Emerson McGuire
State Technical Assistance Team Director

Vacant
Jennifer Tidball Acting
Division Director
MO HealthNet Division

Dale Carr
MO Medicaid Audit & Compliance Director

Phyllis Becker
Division Director
Division of Youth Services
SFY 2017 Expenditures - Total Funds by Division ($9.1B)

- MO HealthNet Division: $7.9B (86.6%)
- Family Support Division: $549.8M (6.1%)
- Children's Division: $583.5M (6.4%)
- Division of Youth Services: $57.1M (0.6%)
- Support Divisions: $28.1M (0.3%)
SFY 2017 Total FTE by Division (6,769)

- **Children's Division**: 2,195 (32.4%)
- **Family Support Division**: 2,879 (42.5%)
- **Division of Youth Services**: 1,223 (18.1%)
- **Support Divisions**: 261 (3.9%)
- **MO HealthNet Division**: 211 (3.1%)
### Programs and Services

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Stamp Program</td>
<td>Helps families purchase eligible food items from grocers through an Electronic Benefit Transfer (EBT)</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Provides cash and other assistance for basic family needs</td>
</tr>
<tr>
<td>Medicaid (MO HealthNet)</td>
<td>Eligibility determination</td>
</tr>
<tr>
<td>Child Care</td>
<td>Eligibility determination</td>
</tr>
<tr>
<td>Low-Income Home Energy Assistance Program (LIHEAP)</td>
<td>Provides heating and cooling assistance</td>
</tr>
<tr>
<td>Blind Pension</td>
<td>Provides cash assistance to the legally blind</td>
</tr>
<tr>
<td>Community Services Block Grant (CSBG)</td>
<td>Provides services to low-income individuals</td>
</tr>
<tr>
<td>Victims of Crime Act (VOCA)</td>
<td>Provides services to victims of crimes</td>
</tr>
<tr>
<td>Merit Call Centers</td>
<td>Allows customers to obtain real-time case information and assistance processing applications over the phone.</td>
</tr>
</tbody>
</table>
Family Support Division (FSD)

**Programs and Services**

**Child Support** provides assistance in the following areas:

- Locating non-custodial parents and alleged fathers
- Genetic testing
- Establishing paternity to provide a child with a legal father
- Establishing child and medical support orders
- Monitoring and enforcing compliance with child and medical support orders
- Reviewing support orders for modification
- Collecting and distributing support collections
- Providing child support outreach services to government and community agencies
Family Support Division (FSD)

Programs and Services

Rehabilitation Services for the Blind provides services in the following areas:

- Vocational Rehabilitation Program provides services for individuals to retain, maintain, or obtain employment that leads toward economic self-sufficiency
- Independent Living Program assists individuals under 55 to maintain their level of independence
- Older Blind Services Program assists individuals 55 and older to maintain independence by allowing them to stay in their homes through a variety of services
- Children Services Program provides early identification/intervention, school consultation, parent education and referral, resource information, and pre-employment transition services to visually impaired children
- Prevention of Blindness Program provides eye care services to medically indigent persons. Community services include eye screening clinics and blindness education
<table>
<thead>
<tr>
<th>Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workforce Innovation and Opportunity Act (WIOA)</strong></td>
</tr>
<tr>
<td>• Combined State Plan provides opportunities for the public workforce system (Missouri Job Centers) and the Family Support Division programs to collaborate in meeting the employment and training needs of low-income individuals to promote employment and sustainability</td>
</tr>
<tr>
<td><strong>Rehabilitation Services for the Blind (RSB)</strong></td>
</tr>
<tr>
<td>• Provides employment and independent living services. RSB is developing a referral system to engage Blind Pension recipients with vocational rehabilitation training and services leading toward economic self-sufficiency through employment</td>
</tr>
<tr>
<td><strong>Missouri’s Healthcare Industry Training and Education (HITE) Program</strong></td>
</tr>
<tr>
<td>• Utilizes a wide array of job training and recruitment strategies to engage, train, employ, and serve the target population of TANF recipients and other low-income youth and adults in healthcare fields</td>
</tr>
<tr>
<td><strong>Missouri Work Assistance (MWA)</strong></td>
</tr>
<tr>
<td>• Helps Temporary Assistance recipients become ready for a job, get real work experience, find employment, and keep a job. MWA services are provided through a partnership with the Family Support Division and local community agencies in the state</td>
</tr>
<tr>
<td><strong>SkillUP</strong></td>
</tr>
<tr>
<td>• Missouri’s Employment &amp; Training Program for Food Stamp recipients, provides opportunities to gain skills, training or experience that will improve their employment prospects and assists them to obtain and retain sustaining employment</td>
</tr>
</tbody>
</table>
**Missouri Eligibility Determination and Enrollment System (MEDES)**
- MEDES, the new FSD case management system, manages 740,000 out of 978,000 Medicaid cases
- FSD is completing the Family Medicaid component of the system.
- The Office of Administration (OA) & DSS released an RFP to prequalified vendors to bid on SNAP development

**Electronic Content Management**
- **Phase I**
  - Document imaging replaced paper case files
  - Allows work to be organized/distributed across offices for efficiency and accuracy
  - Provided some automation of work processes
- **Phase II implementation will include:**
  - Forms recognition or Optical Character Recognition (OCR)
  - The system will connect/interface with other systems
  - New business processes and improved work flows will be implemented
Third-Party Eligibility Verification System

- Staff currently use existing limited electronic sources to verify citizenship, property, employment, income
- FSD currently receives real property and other data for MO HealthNet through an existing contract with LexisNexis
- With the implementation of 2.2 functionality in MEDES, the system will automatically access information from the federal hub for initial applications and annual renewals
- An RFP was released on December 29, 2017 with a closing date of February 18, 2018
- FSD is exploring joining Mississippi in the National Accuracy Clearinghouse (NAC) along with multiple other states to share electronic data sources
DYS works with the courts to rehabilitate juvenile offenders through the following need-based services and programs:

- **Treatment Programs**
  - Range from non-residential day treatment/resource centers to community based, moderate, and secure residential institutions

- **Education**
  - A Department of Elementary and Secondary Education (DESE) accredited program that allows youth to earn high school credits toward a diploma or earn a high school equivalency (HiSet)

- **Juvenile Court Diversion**
  - Provides community-based services to prevent juveniles from coming into DYS custody
Improved Educational Outcomes through Technology in Classrooms

- DYS operates an educational program approved by the Department of Elementary and Secondary Education (DESE). DYS has begun to strategically increase the use of technology and enhance learning in classrooms and facilities.

- DYS is partnering with the Center for Educational Excellence in Alternative Settings (CEEAS), Local Investment Commission (LINC) and with the Office of Administration/Information Technology Services Division (OA/ITSD) to implement these educational strategies.

- Waverly Regional Youth Center was chosen to pilot *G Suites for Education*, giving each student access to a Chromebook to provide them with a 21st century education to prepare them for 21st century jobs. Google Classroom makes lessons and assignments easy to organize and allows teachers more ways to work one on one with students.

- Teachers and administration at Waverly report positive outcomes on numerous factors.
Children’s Division (CD)

Programs and Services

- Child Abuse and Neglect Hotline (*answered 24/7*)
- Investigations
- Family Assessments
- Family-Centered Services
- Children’s Treatment Services
- Foster Care
- Adoption/Guardianship
- Child Care Programs
## Children’s Division (CD)

### Best Practices and Improving Outcomes

#### Child and Family-Centered Practice Model

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Five Domains of Wellbeing</strong></td>
<td>• Universal needs critical to the wellbeing of individuals, families, and communities including social connectedness, stability, safety, mastery, and meaningful access to relevant resources</td>
</tr>
<tr>
<td><strong>Trauma-Informed Practice</strong></td>
<td>• Embedding trauma awareness and focus into its policies and practices based on the Missouri Model: A Development Framework for Trauma-Informed Care (<a href="https://dmh.mo.gov/trauma/">https://dmh.mo.gov/trauma/</a>)</td>
</tr>
<tr>
<td><strong>Signs of Safety – 2017 Governor’s Award for Quality &amp; Productivity/Customer Service</strong></td>
<td>• A child protection framework developed in Western Australia and based solution-focused therapy which stresses the importance of clear language and concrete action steps, safety networks and effective working relationships, child/youth voice, critical thinking, and child welfare workers as change agents</td>
</tr>
<tr>
<td><strong>Team Decision Making (TDM)</strong></td>
<td>• Expansion of evidence-informed decision-making process previously implemented in St. Louis and Kansas City/Jackson County to ensure informed and inclusive decisions related to child removal or placement changes</td>
</tr>
</tbody>
</table>
• Preventing & Investigating Child Abuse/Neglect
  – Child Abuse and Neglect Hotline updates (e.g. “800” number and out-of-state calls, phone system, satellite locations, online reporting [https://dss.mo.gov/cd/can.htm](https://dss.mo.gov/cd/can.htm))
  – Intensive In-home Services (IIS) expanded
  – Newborn Crisis Assessments & Plans of Safe Care (Federal CAPTA – 2016)
  – Participation in Opioid Summits and local partnerships
  – Exploration of Substance Use Disorder (SUD) interventions specific to child welfare and abuse/neglect prevention
Best Practices and Improving Outcomes

- **Promoting and Researching Opportunities for Making Permanency Timely (PROMPT)**
  - Data dashboards deployed covering all local court circuit to identify trends and track progress over time [https://dss.mo.gov/cd/dashboard/](https://dss.mo.gov/cd/dashboard/)
  - Rapid Permanency Reviews (RPR) to identify and relieve bottlenecks in the system (e.g. Reunification - IFRS, Custody Modification, Termination of Parental Rights - TPR cases)
  - Joined National Electronic Interstate Compact Enterprise (NEICE)
  - Judicial Engagement Teams (JET) and cross-system technical assistance supporting juvenile court/child welfare partnerships. Supported by DSS/CD/DYS, Mo. Supreme Court/OSCA, DMH, Casey Family Programs
Best Practices and Improving Outcomes

• Health and wellbeing of children in foster care
  – Prompted by common themes from child, youth, and family experiences and HB 1877 (2016) changes were made in areas such as:
    • Normalcy and Reasonable and Prudent Parent Standard
    • Increasing youth voice and choice
    • Healthy transitions (e.g. birth certificates, financial capacity building, education opportunity and stability)
  – National Council for Adoption (NCFA) Parent Recruitment and Retention Research Study, Dr. Elise Dallimore, PhD, Northeastern University
  – Reducing congregate (residential) care length of stays through alternative interventions (e.g. behavior interventionists, extreme recruitment, program redesign)
  – Expanding Care Coordination (e.g. health homes, managed care, clinical reviews, staff training, use of technology)
• **Child Care Subsidy Time and Attendance System**
  - Child care providers receiving payment for families eligible for child care subsidy currently maintain mostly paper attendance records
  
  - DSS monitoring and compliance initiatives have found many providers without documentation or without adequate documentation to support the subsidy payments made to them
    • In some cases providers have been removed from the Child Care Subsidy Program or referred for criminal investigation
  
  - Lack of documentation to support child care subsidy payments to providers has been a repeat Single State Audit finding
  
  - Office of Administration (OA) in coordination with CD awarded contract for electronic time and attendance system (Sept. 2017) to ensure child care subsidies are only paid when children are receiving care or according to absence and holiday policies in the contract
• Early Childhood and Prevention Services
  – Federal Child Care and Development Block Grant (CCDBG) Act of 2014 changes to Child Care Subsidy Program:
    • Applying additional health and safety requirements for non-licensed child care providers and fingerprint background checks for all providers, including licensed providers
    • Assuring 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
  – Home visiting programs strengthened and refocused specifically on preventing child abuse and neglect
Does not include women enrolled in the Women's Health Services category
MO HealthNet Division (MHD)

Medicaid Expenditures: Annual GR Growth/GR

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Medicaid GR Growth %</th>
<th>Medicaid GR as a % of Total GR Operating %</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY10</td>
<td>7.7%</td>
<td>18.9%</td>
</tr>
<tr>
<td>FY11</td>
<td>12.3%</td>
<td>20.2%</td>
</tr>
<tr>
<td>FY12</td>
<td>-3.2%</td>
<td>21.9%</td>
</tr>
<tr>
<td>FY13</td>
<td>10.3%</td>
<td>20.9%</td>
</tr>
<tr>
<td>FY14</td>
<td>-1.4%</td>
<td>22.0%</td>
</tr>
<tr>
<td>FY15</td>
<td>12.8%</td>
<td>20.9%</td>
</tr>
<tr>
<td>FY16</td>
<td>4.1%</td>
<td>22.7%</td>
</tr>
<tr>
<td>FY17</td>
<td></td>
<td>23.3%</td>
</tr>
</tbody>
</table>

Legend:
- GR
- Federal
- Other
- Total
In SFY-2017, seniors and persons with disabilities comprised of 24% of enrollees, however, they accounted for 65% of MO HealthNet expenditures.

### Number of People SFY-2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons With Disabilities</td>
<td>156,789</td>
</tr>
<tr>
<td>Seniors</td>
<td>79,279</td>
</tr>
<tr>
<td>Pregnant Women &amp; Custodial Parents</td>
<td>123,937</td>
</tr>
<tr>
<td>Children</td>
<td>631,357</td>
</tr>
<tr>
<td>Total</td>
<td>991,362</td>
</tr>
</tbody>
</table>
MO HealthNet Division (MHD)

Medicaid Expenditures by Service

- **Rehab & Specialty**: $268,887,476, 3.2%
- **Nursing Facilities**: $1,140,515,869, 13.6%
- **Hospitals**: $1,341,649,972, 16.0%
- **Pharmacy**: $1,319,830,505, 15.7%
- **Managed Care Premiums**: $1,412,417,307, 16.8%
- **Mental Health Services**: $1,479,959,387, 17.6%
- **Physician Related**: $578,335,092, 6.9%
- **In-Home Services**: $859,602,196, 10.2%
• Move MO HealthNet from a technical, payer focus, to a citizen focus, providing quality, appropriate care at a good price for Missouri taxpayers.

  – Comprehensive assessment by Rapid Response Contractor
  – Increase professional and clinical team members
  – Realign staff from a program-base to a function-base
MO HealthNet Division (MHD)

Strategic Initiatives

• **Quality Care at a competitive price:**
  
  – Implement robust, mature quality metrics for managed care plans; apply nationally validated metrics to optimize clinical outcomes, quality of care, and utilization of services (outcomes vs. outputs)
  
  – Increase access to behavioral health services in schools; policy change provides for Medicaid payment for behavioral health services in the school setting
  
  – Show-Me ECHO partnership: Missouri Department of Social Services, in collaboration with Missouri’s three Medicaid managed care plans (Home State Health, Missouri Care and United Health Care) and the Missouri Department of Health and Senior Services is partnering with Show-Me ECHO with the initial goals
    
    • To bring awareness and increase use of current ECHO sessions
    
    • To add a High Risk OB Session
Better healthcare outcomes and placement outcomes for Missouri’s Foster Care kids:

- Electronic Health Records for children in foster care: establish an EHR to facilitate care coordination and management
- Medical Passport: technology solution, providing a secure, mobile medical card for foster children, giving clinicians, Children’s Division workers and foster families access to a healthcare history, in many cases missing in this population
- Secure access to a robust clinical team, in partnership with the University of Missouri, with a goal to build a center of excellence for the health care management of foster children
• Best practices in fighting the opioid epidemic:
  
  – Prescription management: aligning script payment authorization with best practices and CDC guidelines
  
  – Expanding Behavioral Pharmacy Management (BPM) and Opioid Prescription Interventions (OPI) to optimize therapeutic outcomes, educate providers and monitor participant adherence practices
  
  – Working with state opioid task force, health homes, managed care plans and other stakeholders to increase access to Medication Assisted Treatment (MAT)
  
  – Medicaid participant access to naloxone, consistent with public health harm reduction and best practices
• Ensuring the best, fair price for MO HealthNet Services

  – Continuous review of MO HealthNet rates and pricing structure:
    • Align Medicaid rates with Medicare rates and other state Medicaid programs
    • Bundling episodes of care
    • Reinstating payment edits to ensure appropriate billing
    • Discontinue covering certain non-rebatable injections

  – Explore current opportunities to implement innovative payment models
Creating an agile infrastructure to support Medicaid innovation:

- Procure new MMIS, allowing Missouri’s Medicaid program to:
  - Implement innovative service delivery and payment models
  - Ability to use managed care encounter data to evaluate managed care plan performance
  - Respond to a dynamic health care market (configurable)
  - Validate progress and make data-driven decisions (data repository and reporting system)

- Develop stakeholder relationships
Financing Initiatives

• **Provider Taxes**
  – Supports over one-third of the state share costs of the Medicaid program.
  – Must be reauthorized during 2018 session

• **CHIP Funding**
  – Congress has not reauthorized CHIP. Missouri is operating the program on carry over funds from prior year grants and the first allotment for FFY 2018. The allotment amount for the first quarter of FFY 2018 was less than previous allotments.
  – Prior and present year grant allotments should be sufficient to fund Missouri’s program through June 2018, based on current caseloads and spending
  – In Missouri, over 86,000 children are enrolled in CHIP or funded through the CHIP grant. Should these CHIP kids not be reauthorized, states will be required to continue to cover some of the population and others will be optional. These groups are based on federal law and how Missouri has structured its program.

• **DSH Reductions**
  – The first round of DSH reductions (based on federal law) went into place October 2017
Support Services
The following offices support DSS program divisions and DSS core functions:

- **Director’s Office**
  - Leadership and direction

- **Division of Finance and Administrative Services (DFAS)**
  - Financial and administrative support

- **Division of Legal Services (DLS)**
  - Comprehensive legal support and fraud investigations

- **Human Resource Center (HRC)**
  - Human resource management

- **Missouri Medicaid Audit and Compliance (MMAC)**
  - MO HealthNet provider monitoring and compliance

- **State Technical Assistance Team (STAT)**
  - Investigates child abuse, child neglect, child exploitation/pornography and child fatality cases
Contact Us

Frequently Requested Contact Information

Report Child Abuse and Neglect
1-800-392-3738

Report Fraud
1-877-770-8055
DLS.ReportFraud@dss.mo.gov