ANNUAL REPORT
2012

Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

CONTENTS

Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

JEREMIAH W. (JAY) NIXON, GOVERNOR • ALAN O. FREEMAN, 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

April 2013

Alan O. Freeman
Director

Dear Fellow Missourians:

Each day, I witness the positive impact the Department of Social Services has upon the lives of Missourians and how it builds a better future for our state. As the director of the Department of Social Services, I am very proud of the women and men of this department. We are deeply committed to serving the people of Missouri. We strive for excellence in every aspect of our work – to deliver responsive customer service, to identify solutions through creative problem solving and to perpetually seek innovations to increase our value to the taxpayer.

Our fourth annual report illustrates that commitment, the advancements we have made and the challenges we have faced to improve the quality of life for Missourians.

As we review our performance over the past year, here are some of highlights of our achievements:

- Family Support Division's collected nearly $678 million in IV-D Child Support, an increase in collections of $13.8 million over SFY-11.

- Children's Division developed strategic state and community partnerships to improve health outcomes for children in foster care.

- Division of Youth Services educators and students set all-time agency records of 347 GEDs and 78 high school diplomas.

- In partnership with the Department of Mental Health, the MO HealthNet Division launched patient-centered health homes in a number of primary care and community mental health center settings, allowing patients to partner with their health care providers to better manage their chronic conditions and more actively engage in improving their health status. The new team-based, patient-centric approach makes it easier for providers to work together, with an emphasis on prevention and improved care management.

- Division of Finance and Administrative Services established a team responsible for contract compliance oversight, audit resolution and subrecipient monitoring to ensure accountability for taxpayer's dollars administered by the Department of Social Services.

- Division of Legal Services, Welfare Investigations Unit collected $1.7 million from recipients who fraudulently received public assistance benefits.

As public servants, we are honored to serve our state and are committed more than ever to making a difference in the lives of Missouri families.

Sincerely,

Alan O. Freeman
Director

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:

- Children's Division;

- Family Support Division;

- MO HealthNet Division; and,

- Division of Youth Services.

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

Mission

To maintain or improve the quality of life for Missouri citizens

Vision

Safe, healthy and prosperous Missourians

Guiding Principles

- **RESULTS** – We will make a positive difference in the lives of Missourians.

- **SERVICE** – We will help others with honor, dignity and excellence.

- **PROFICIENCY** – We will provide quality services with skill, creativity and innovation.

- **INTEGRITY** – We will uphold the public trust.

- **STEWARDSHIP** – We will wisely manage all resources entrusted to us.

- **ACCOUNTABILITY** – We will own our actions and their impact.

Core Functions

- Child protection and permanency

- Youth rehabilitation

- Access to quality health care

- Maintaining and strengthening families

DEPARTMENT LEADERSHIP

Alan O. Freeman
Director
Department of Social Services
573-751-4815

Brian Kinkade
Deputy Director
Department of
Social Services
573-751-4815

Jennifer Tidball
Division Director
Division of Finance and
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573-751-7533

Alyson Campbell
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Family Support
Division
573-751-3221

Rebecca Woelfel
Communications
Director
573-751-4815

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Division Director
Division of Legal Services
573-751-3229

Candace Shively
Division Director
Children's Division
573-522-8024

Patrick Lynn
Legislative Liaison
573-751-4815

Tim Decker
Division Director
Division of Youth
Services
573-751-3224I

Ian McCaslin, MD
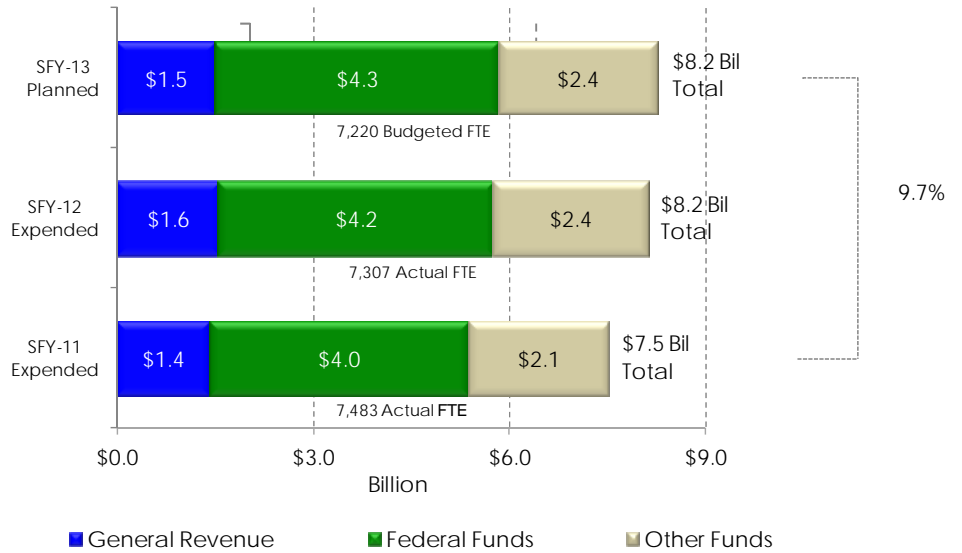Division Director
MO HealthNet
Division
573-751-3425

Additional Contacts

- Karen Meyer, Director, Human Resource Center, 573-751-4244

- Rodney Jones, Chief, State Technical Assistance Team, 573-751-5980 or 800-487-1626
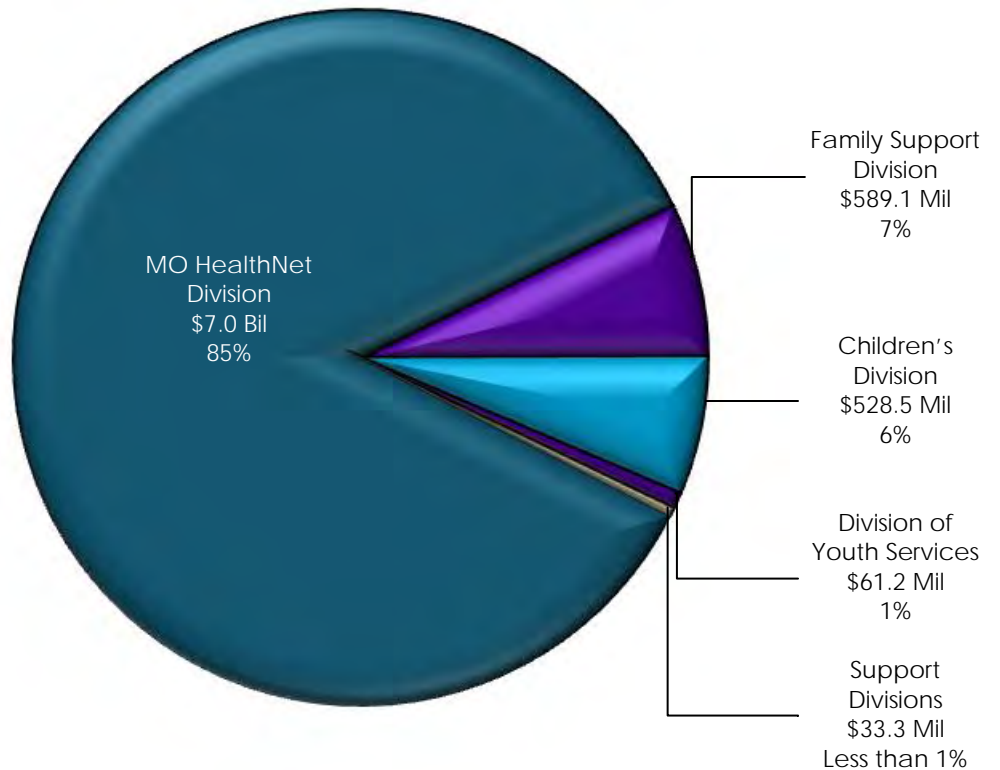
FINANCING

- Total spending has increased 9.7% ($729.0 million) between SFY-11 and SFY-13 planned.

- General Revenue (GR) has increased by 6.4% ($90.0 million), while Federal and Other fund spending have increased 9.5% ($376.3 million) and 12.3% ($262.6 million) respectively.

- Most department expenditures continue to be from Federal and Other fund sources in SFY-13. GR spending will account for only 18.2% of planned spending.

- Between SFY-11 and SFY-13 full time equivalent (FTE) staff has declined 3.5%, or 263 FTE.

Department Expenditures SFY-11 to SFY-13 Planned
With Fund Source Comparison
(in billions)

	General Revenue	Federal Funds	Other Funds	Total
SFY-13 Planned	$1.5	$4.3	$2.4	$8.2 Bil Total
		7,220 Budgeted FTE		
SFY-12 Expended	$1.6	$4.2	$2.4	$8.2 Bil Total
		7,307 Actual FTE		
SFY-11 Expended	$1.4	$4.0	$2.1	$7.5 Bil Total
		7,483 Actual FTE		

9.7%

Billion: $0.0 $3.0 $6.0 $9.0

■ General Revenue   ■ Federal Funds   ■ Other Funds

SFY-13 Planned Expenditures
Total Funds by Division

MO HealthNet Division $7.0 Bil 85%

Family Support Division $589.1 Mil 7%

Children's Division $528.5 Mil 6%

Division of Youth Services $61.2 Mil 1%

Support Divisions $33.3 Mil Less than 1%

2012 QUICK FACTS ABOUT DSS IN MISSOURI

MO HealthNet[1]

Number of people enrolled for MO HealthNet services	893,976
MO HealthNet dollars spent in state fiscal year 2012[2]	$7,004.8 mil
Estimated federal portion of MO HealthNet dollars spent	$4,370.8 mil
MO HealthNet dollars for inpatient hospital services	$645.4 mil
MO HealthNet dollars for physician services	$535.9 mil
MO HealthNet dollars for nursing home services	$930.6 mil
MO HealthNet dollars for pharmacy services	$1,098.0 mil
MO HealthNet dollars for managed care payments	$1,028.8 mil

Family Support

Child support collections (IV-D and non-IV-D)	$862.2 mil
Average monthly temporary assistance families[3]	42,969
Total temporary assistance payments[3]	$118.1 mil
Average monthly food stamp benefit recipients	950,345
Total food stamp benefits distributed	$1,460.7 mil

Child Protection and Permanency

Children involved in completed hotline reports[4]	93,573
Children with substantiated abuse or neglect	6,639
Children with family assessments[5]	44,576
Average monthly children in foster care[6]	10,726
Children adopted	1,143
Total Children's Services expenditures[7]	$194.6 mil
Average monthly children receiving subsidized child care[8]	48,188
Child care expenditures	$171.7 mil

Youth Services

Youths Committed[9]	927
Average monthly youths in DYS custody	1,543

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. 2012 Children's Division Annual Report, Table 2, total children less unable to locate, inappropriate report and located out of state; agrees with performance management graph methodology on page 18
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 2011-June 2012; agrees with performance management graph methodology on page 18
7. Excludes all Child Care payments; Performance Based Contractor payments included only at the statewide level
8. Anyone eligible during the month as reported on Child Care Monthly Management Report, Table 4, July 2011-June 2012; agrees with performance management graph methodology on page 19
9. Includes dual jurisdiction cases; agrees with performance management graph methodology on page 28

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PROGRAM DIVISIONS

FAMILY SUPPORT DIVISION

2012

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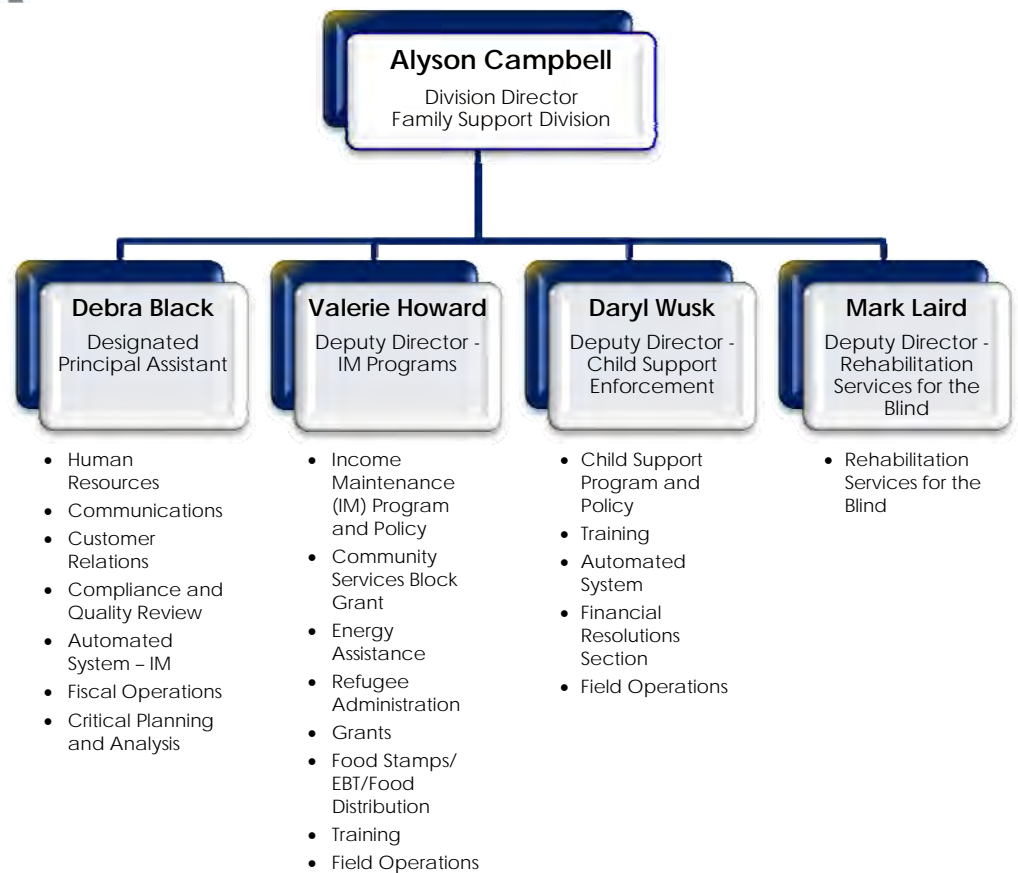
Programs & Services

NEEDS BASED PROGRAMS

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

CHILD SUPPORT

REHABILITATION SERVICES FOR THE BLIND

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

LEADERSHIP

Alyson Campbell
Division Director
Family Support Division

Debra Black
Designated Principal Assistant

- Human Resources
- Communications
- Customer Relations
- Compliance and Quality Review
- Automated System – IM
- Fiscal Operations
- Critical Planning and Analysis

Valerie Howard
Deputy Director - IM Programs

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

Daryl Wusk
Deputy Director - Child Support Enforcement

- Child Support Program and Policy
- Training
- Automated System
- Financial Resolutions Section
- Field Operations

Mark Laird
Deputy Director - Rehabilitation Services for the Blind

- Rehabilitation Services for the Blind

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

FINANCING

FSD Expenditures SFY-11 to SFY-13 Planned
(in millions)

Legend: ■ General Revenue   ■ Federal Funds   ■ Other Funds
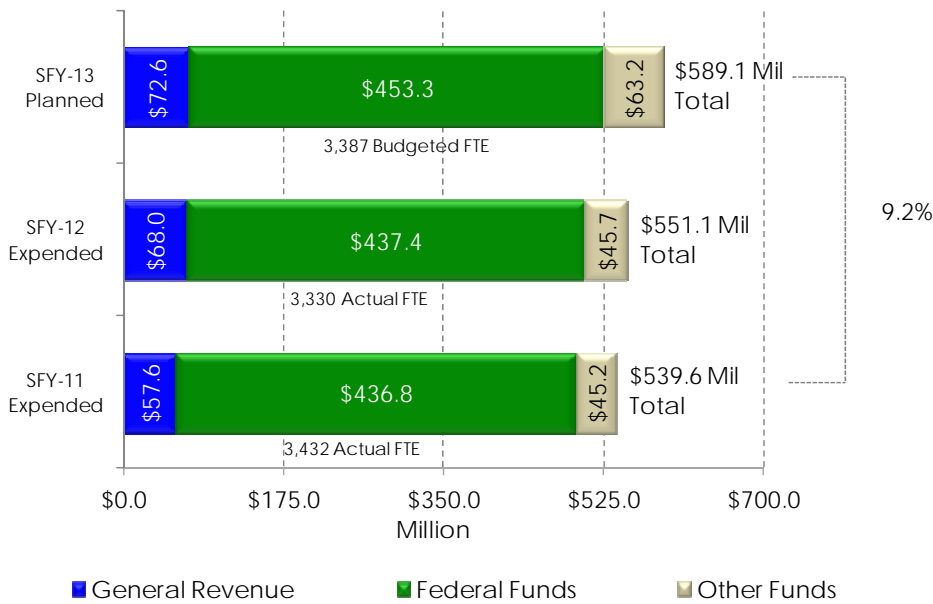
- Total spending increased by 9.2% ($49.5 million).

- Between SFY-11 and SFY-13, GR expenditures increased by $15 million (26%). The most significant contributing factors to this increase are:
  - ➤ The General Assembly funded nearly $5.0 million for health care benefits for blind individuals not qualifying for Title XIX Federal Medicaid in the Family Support Division budget. Traditionally, these types of increases would have been reflected in the MO HealthNet budget.
  - ➤ $8.4 million in GR was needed to replace one-time American Recovery and Reinvestment Act (ARRA) funds used for Temporary Assistance grants in FY-11. The ARRA Federal funds were not available to fund the program in FY-12 or FY-13.

- Federal spending increased by 3.8% ($16.5 million) between SFY-11 and SFY-13. In SFY-12, $30.0 million of new Federal funds was appropriated to support a contract arrangement on behalf of the blind vendor providing food services for Fort Leonard Wood. SFY-13 planned spending includes funding one-time call center costs and document imaging costs from Food Stamp bonus Federal funds appropriated in SFY-10. These increases are partially offset by decreases in ARRA Federal funds noted in the above bullet.

- The Other fund spending increased by $18.0 million (39.8%). As noted above, this increase funds a health care benefit for blind individuals who do not qualify for Title XIX Federal Medicaid.

- FSD full time equivalent (FTE) staff declined by 1.3%, or 45 FTE.

Each Day
in Missouri

2,618
Food Stamp applications
are processed

211
Temporary Assistance
applications
are processed

206
refugee families
are being helped toward
economic self sufficiency

$2,400,000
in Child Support is collected
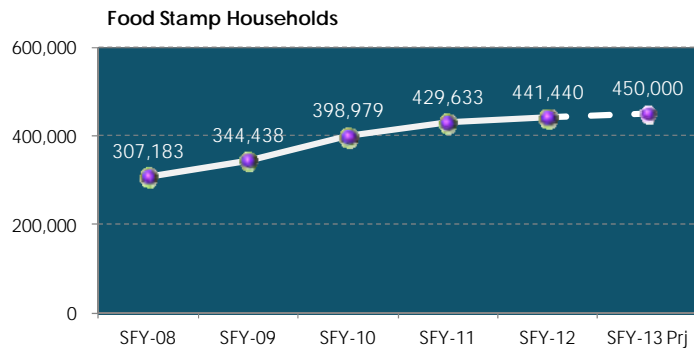and distributed to families

3,967
visually impaired people have
either Blind Pension or
Supplemental Aid to the Blind
to help meet their living
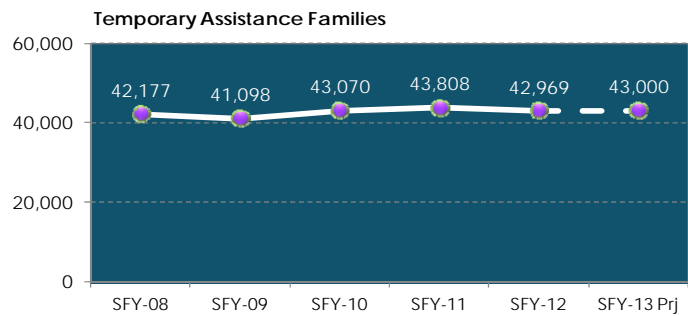expenses

FSD PERFORMANCE

Food Stamp Households

- Economic conditions are contributing to an increase in Food Stamp households.

- FSD is managing the increased caseload without increasing staff.

- The US Department of Agriculture has established state standards for case processing timeliness and payment accuracy. Poor performance can result in sanctions and superior performance may earn bonuses.

- The national target for timeliness is 95% and above. Missouri's timeliness rate is currently 94.7%.

- For FFY-11, the national average payment accuracy rate was 96.2%, while Missouri's rate was 94.1%.

Food Stamp Households

Data points: SFY-08: 307,183; SFY-09: 344,438; SFY-10: 398,979; SFY-11: 429,633; SFY-12: 441,440; SFY-13 Prj: 450,000

Temporary Assistance Families

- The number of families receiving Temporary Assistance (TA) benefits declined in SFY-12.

- 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.

- 2,561 individuals met the 60-month lifetime limit for TANF benefits in SFY-12.

- The average number of months families receive TANF benefits is 22.5 months.

Temporary Assistance Families

Data points: SFY-08: 42,177; SFY-09: 41,098; SFY-10: 43,070; SFY-11: 43,808; SFY-12: 42,969; SFY-13 Prj: 43,000

This measure includes Transitional Employment Services (TEB) cases that began to receive services in November 2008. TEB cases number 1,218 for SFY-09; 1,393 for SFY-10; 1,387 for SFY-11; 1,569 for SFY-12; and a projected 1,750 for SFY-13.
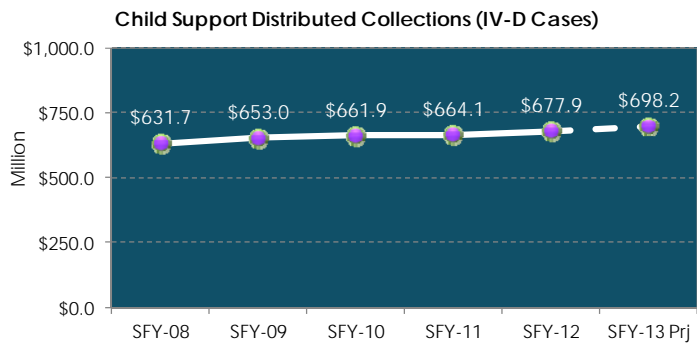
Temporary Assistance Work Participation Rate

- The federal government requires states to meet a 50% work participation rate for adults receiving benefits under the TANF program.

- In SFY-10, work assistance programs were transferred from the Division of Workforce Development to DSS. The department contracts with community agencies to provide these services.

- Missouri's work participation has increased to 18.2% for SFY-12.

- In addition, Missouri will receive credits for maintenance of effort spending that will help the state meet its work participation rate.

Temporary Assistance Work Participation Rate

|	SFY-08	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
	13.6%	13.3%	16.7%	14.0%	18.2%	25.0%
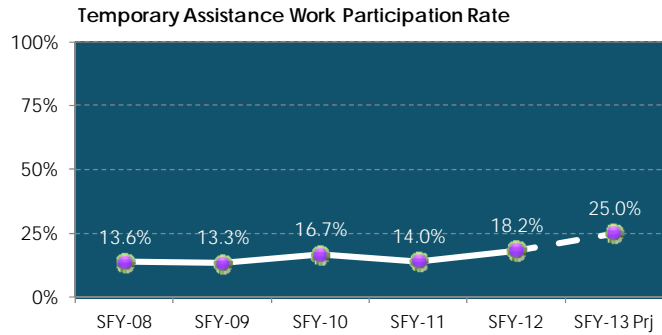
Child Support Distributed Collections (IV-D Cases)

- Child Support collections continue to increase through innovative case management and collection techniques.

- Reengineering of work processes and stratification of the caseload promotes better case management, operating efficiencies and enhanced productivity.

- Collections increased by $13.8 million in SFY-12.

Child Support Distributed Collections (IV-D Cases)

	SFY-08	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
Million	$631.7	$653.0	$661.9	$664.1	$677.9	$698.2

Child Support Orders Established

- Growth in the percentage of Child Support cases with orders established continues to increase.

- Growth in FFY-12 and beyond is expected with efficiencies gained in establishing Child Support offices where staff focuses on paternity and support order establishment.

Child Support Orders Established

	FFY-08	FFY-09	FFY-10	FFY-11	FFY-12	FFY-13 Prj
	83.3%	85.2%	86.5%	85.9%	86.3%	86.7%
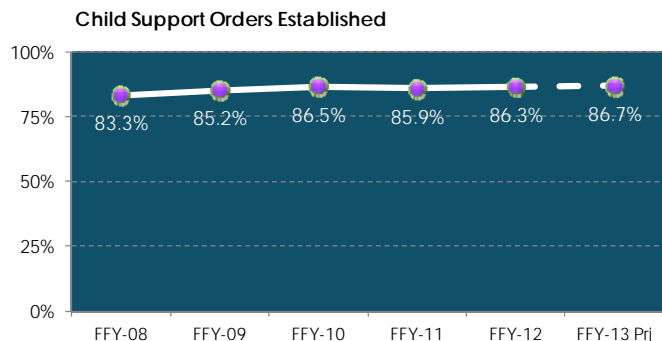
HIGHLIGHTS

Income Maintenance Programs

- FSD promulgated a rule that became final October 30, 2012, for the MO HealthNet for the Aged, Blind and Disabled Spend Down program.

- In 2010, FSD introduced a regionalized approach to Nursing Home workload management in Kansas City and St. Louis. In 2011, this approach was expanded to southwest and northwest Missouri by implementing a vendor specialization office in Ozark and Livingston counties. This approach provides a greater capacity to monitor the complexities of the Nursing Home program and enhances customer service to nursing facilities and residents in these regions. In 2012, FSD added two more county offices (Madison and Miller) completing specialization of the nursing home caseload statewide.

Child Support (CS) Program

- In 2011, 39.7% of Missouri children were born out of wedlock. FSD initiated a paternity campaign with Missouri hospitals with high out-of-wedlock birth rates to educate unmarried parents about the importance of legally establishing paternity.

- An online application for Child Support services was launched in April 2012. As of November 2012, 4,305 applications have been received via the web.

- The CS program is measured at the federal level in 5 categories. As part of the division's strategic plan, efforts are underway to improve performance in all 5 measures.

Federal Measure	Needed to Earn Maximum Incentive	FFY-08	FFY-09	FFY-10	FFY-11	FFY-12 (preliminary)
Paternity Establishment	90%	90.5%	90.1%	90.6%	93.4%	97.7%
Order Establishment	80%	84.6%	85.2%	86.4%	85.9%	86.3%
Current Collections	80%	56.5%	56.6%	56.7%	56.8%	57.4%
Arrearage Payment	80%	57.6%	56.7%	58.2%	58.6%	59.4%
Cost Effectiveness	$5.00	$6.77	$6.28	$6.71	$7.46	$7.43

Rehabilitation Services for the Blind (RSB) Programs

- In FFY-11, RSB passed 6 of the 7 federal performance requirements. Out of 24 separate blind agencies, only one agency surpassed Missouri in the federal performance requirements.

- FSD/RSB assisted 270 blind and severely visually impaired Missourians in reaching their employment goals in FFY-12 with an average hourly wage of $14.42.

- Of the blind and severely visually impaired Missourians leaving the program after receiving services, 83.5% achieved a successful employment outcome.

- The Rehabilitation Services for the Blind Vocational Rehabilitation (VR) program is measured at the federal level in 2 standards with 7 performance indicators.

	FY-10*		FY-11*		Standard
Indicator 1.1: Difference in the Number of Individuals With Employment Outcomes	533		536		>=0
Indicator 1.2: Percentage of Individuals Receiving Services Who Had Employment Outcomes	Employment Outcomes After Services		Employment Outcomes After Services		>=68.9%
	81.87%		82.97%		
Indicator 1.3: Percentage of Individuals With Employment Outcomes Who Were Competitively Employed	Percent of Competitive Employment		Percent of Competitive Employment		>=35.4%
	91.56%		93.47%		
Indicator 1.4: Percentage of Individuals With Competitive Employment Outcomes Who Had Significant Disabilities	Percent of Individuals with Significant Disability		Percent of Individuals with Significant Disability		>=89%
	99.59%		97.21%		
Indicator 1.5: Ratio of Average VR Hourly Wage to Average State Hourly Wage	Average Hourly Wage Competitive Employment	Ratio of Average VR Wage to Average State Wage	Average Hourly Wage Competitive Employment	Ratio of Average VR Wage to Average State Wage	>=.59
	$14.74	0.759	$14.87	0.754	
Indicator 1.6: Difference in Percentage of Individuals Achieving Competitive Employment Who Report Own Income as Primary Source of Support at Closure and Application	Percent Primarily Self-Supporting at Closure	Difference Between Percent Self-Supporting at Closure and Application	Percent Primarily Self-Supporting at Closure	Difference Between Percent Self-Supporting at Closure and Application	>=30.4
	72.3%	23.36	69.7%	22.36	
Indicator 2.1: Ratio of Minority to Non-Minority Service Rate	Ratio of Minority Service Rate to Non-Minority Service Rate		Ratio of Minority Service Rate to Non-Minority Service Rate		>=.80
	0.914		0.817		

*FY data is based on an aggregate of 2 years, i.e., FY-10 is based on FY-09 and 10. FY-11 is based on FY-10 plus 11.

KEY FSD PROJECTS

Reorganization of Income Maintenance County Offices

- In SFY-11, the division reorganized its work processes and service delivery model in nine counties resulting in increased resource capacity and economies of scale. Reorganization efforts continued in 2012 with an additional 12 counties. FSD plans to continue reorganization through the coming year.

Development of Temporary Assistance Drug Testing Process

- In 2012, FSD began the rulemaking process as required by Section 208.027 RSMo. The division also is enhancing its automated system to support the screening and testing process, seeking competitive bids for administering the drug test, completing memorandums of understanding with applicable partners to support screening and treatment services and working with the electronic benefit transfer (EBT) contractor to add photos to Temporary Assistance EBT cards.

Online Services

- FSD implemented an online application for Food Stamps in March 2012. Through October 31, 2012, there were 47,303 web applications.

- FSD implemented an eligibility pre-screening tool for the Food Stamp program that is available on the DSS website.

Spend Down

- FSD implemented regional centers for processing incurred medical expenses to determine Spend Down coverage. Specialization of this work effort will lead to more timely and accurate processing of incurred expenses submitted by Spend Down program clients.

Child Support Arrearage Reduction

- In SFY-11, a focused effort to reduce Child Support arrearage balances was implemented. These efforts are ongoing. As of October 31, 2012, arrearage balances have been reduced by $376 million.

Child Support Case Intake, Electronic Document Management System and Mail Processing Center

- The Child Support Program is going paperless. In 2012, FSD awarded a contract to implement a mail processing, case initiation and document management system. The processing center is using cutting edge technology to create electronic files for all Child Support mail and applications. Starting in 2013 the center will begin imaging 360,000 current case files with a completion date in early 2014.

Child Support – New Hire Reporting

- FSD contracts services to work with employers in reporting employees who owe Child Support. Through this new contract, the vendor is on pace to process more than 900,000 new hire reports this year, an increase of more than 200,000 over 2011. These additional new hire records lead to an increase in the number of income withholding orders issued and increased collections for Missouri families. For July-September 2012, FSD estimates that more than $2 million in Child Support collections are the result of the increased reports and that these collections helped 123 individuals leave the Temporary Assistance program.

RSB Automated System

- RSB began its web-based case management system in FFY-11. This system houses an interpretive engine that is being used to build a comprehensive information management system for the Vocational Rehabilitation, Independent Living, Older Blind Services and Children's Services programs. RSB is in the end user implementation and debugging phase of implementation.

- RSB plans to transition its Business Enterprise and the Prevention of Blindness programs to the automated case management system in FFY-13.

- The system includes client case information, administrative management, fiscal management, reference and planning.

- The outcomes include:
  - Drastic reduction of state and federal audit exceptions;
  - Significant decrease in data entry allowing more staff time for direct client and employer customer services;
  - A dramatic improvement in case management quality assurance;
  - A greatly enhanced integration of the fiscal and program aspects; and,
  - Increased capacity to generate tax revenue through successful employment and an associated reduction in dependency and costs to state programs.

ON THE FSD HORIZON . . .
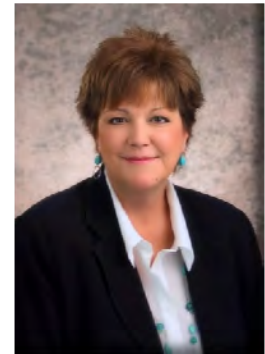
Restricting Temporary Assistance Benefit Usage

- In February 2012, the Middle Class Tax Relief and Job Creation Act was signed into law, requiring states to implement policies that prohibit the use of Temporary Assistance benefits at liquor stores, casino/gaming establishments and adult entertainment establishments.

Child Support Program Financial Institution Data Match (FIDM) Initiative and System Enhancements

Alyson Campbell
FSD Director

- FIDM allows FSD to identify bank accounts owned by noncustodial parents who owe Child Support. Once an account has been identified through the data match, FSD can issue a lien against the funds in the account and apply the funds to the Child Support obligation. FSD is partnering with the Missouri Bankers Association to implement the FIDM program in all Missouri banks. Presently less than 50% participate.

Kiosk Access to DSS Services

- FSD will study the feasibility of using kiosks as a consumer-friendly, cost effective way to provide additional access for clients. Kiosks would not replace local offices, but rather provide access in the communities where customers shop or obtain health care.

- Kiosks could begin by providing an additional way for citizens to apply for benefits, check case status, receive case information, check Child Support payments/history and possibly make payments. Kiosks then could expand to include other state services.

Customized DSS Client Web Pages

- DSS is studying ways to coordinate and simplify web content on a client-specific basis.

- Through use of the department client number, case information from disparate systems could be linked.

- A secure customized web page would create a single internet location for all information related to a customer's case(s) and display it in a user friendly way.

- Customized web pages will:
  - Promote use of web-based services by making relevant information more conveniently accessible;
  - Encourage client self-service of some case functions;
  - Drive innovation to provide web-based service alternatives to clients;
  - Provide an opportunity for secure communication with clients; and,
  - Create a platform to engage families in a more holistic fashion.

Rehabilitation Services for the Blind

- In January 2012, RSB, with cooperation from the Rehabilitation Services Administration Region 7 Technical Assistance and Continuing Education (TACE) at the University of Missouri in Columbia, initiated an ambitious project to implement a standardized developmental training process for the vocational counseling staff and local management staff. This included training in the evidenced based counseling practice, Motivational Interviewing (MI). MI is defined as a directive, client centered style of counseling for facilitating individuals to explore and resolve ambivalence about behavior change. The initial competency based training has been provided. RSB, with its TACE partner, is developing the maintenance strategies for the training designed to improve turnover rate, targeted results on the Survey of Employee Engagement and federal performance measures.

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PROGRAM DIVISIONS

CHILDREN'S DIVISION

2012

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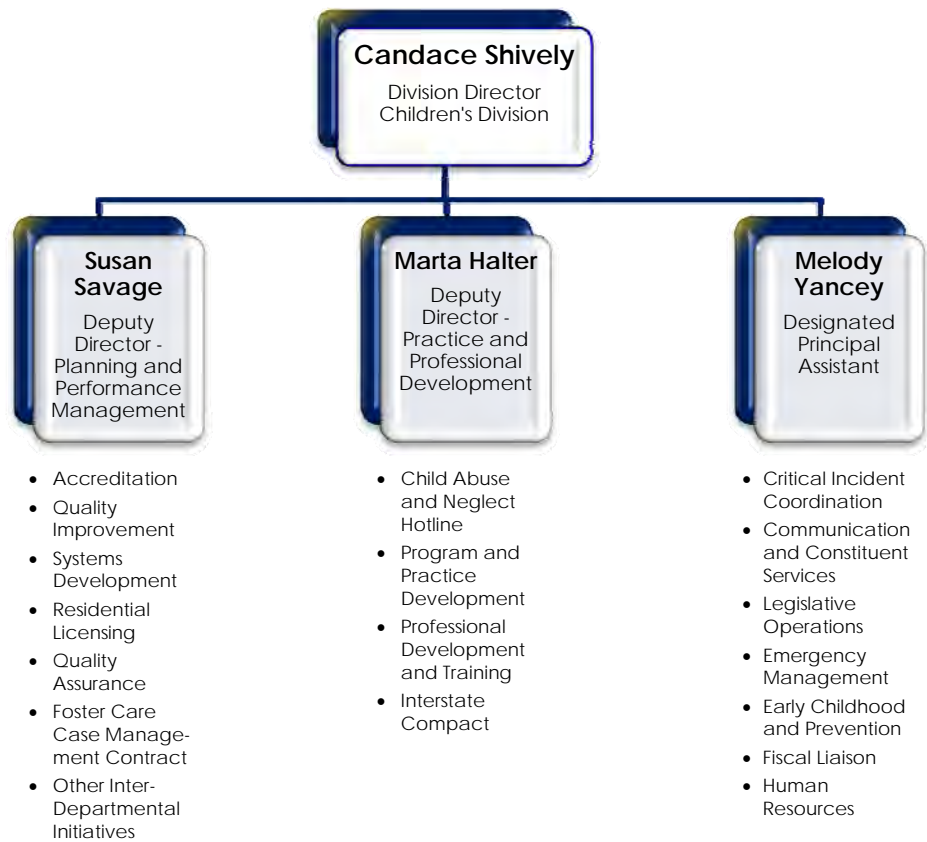
Programs & Services

CHILD SAFETY AND PERMANENCY

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

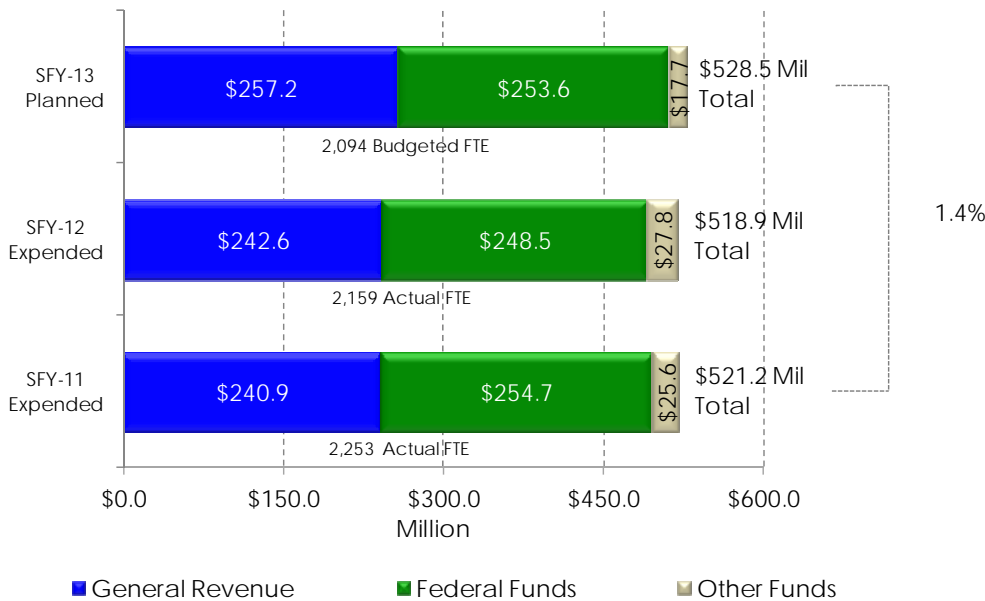## SUBSIDIZED CHILD CARE

EARLY CHILDHOOD

CHILD ABUSE PREVENTION

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

LEADERSHIP

Candace Shively

Division Director
Children's Division

Susan Savage

Deputy Director - Planning and Performance Management

- Accreditation
- Quality Improvement
- Systems Development
- Residential Licensing
- Quality Assurance
- Foster Care Case Management Contract
- Other Inter-Departmental Initiatives

Marta Halter

Deputy Director - Practice and Professional Development

- Child Abuse and Neglect Hotline
- Program and Practice Development
- Professional Development and Training
- Interstate Compact

Melody Yancey

Designated Principal Assistant

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

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

FINANCING

CD Expenditures SFY-11 to SFY-13 Planned
(in millions)

	General Revenue	Federal Funds	Other Funds	
SFY-13 Planned	$257.2	$253.6	$17.7	$528.5 Mil Total
2,094 Budgeted FTE				
SFY-12 Expended	$242.6	$248.5	$27.8	$518.9 Mil Total
2,159 Actual FTE				
SFY-11 Expended	$240.9	$254.7	$25.6	$521.2 Mil Total
2,253 Actual FTE				

1.4%

■ General Revenue ■ Federal Funds ▨ Other Funds

- Between FY-11 and FY-13, General Revenue (GR) increased by $16.3 million (6.8%). This increase is attributable to these areas:
  - The FY-13 TAFP budget included $5.5 million GR ($4.7 million Federal funds) to support FY-12 growth in the number of children in Children's Division custody. The FY-13 planned spending also assumes $4.4 million GR ($2.3 million in Federal funds) in supplemental funds for growth in the number of children in custody. Supplemental funding is contingent on the Governor's recommendation and General Assembly authorization.
  - $5.0 million increase in GR to fund Child Care subsidy caseload increase experienced in FY-11 and FY-12. This amount was funded with one-time funds from the American Recovery and Reinvestment Act (ARRA) during those years.
  - $1.6 million GR was transferred from MO HealthNet to the Children's Division in FY-13 to fund health care costs of children in custody who are not Title XIX (federal Medicaid) eligible.
  - During this time, there were GR reductions related to administrative efficiencies (office expenses, consolidating some functions and contracting out functions); staffing reductions by the General Assembly and a 2% pay plan increase in FY-13 for staff with salaries less than $70,000.

- In FY-13, the General Assembly eliminated $9.8 million for three programs funded from the Early Childhood Development Education and Care (ECDEC) Fund. Programs eliminated included Start Up and Expansion Grants for child care providers caring for children receiving subsidies, Early Head Start Grants to supplement Federal Early Head Start funds and grants to help providers fund the costs to become accredited by one of several national and state accrediting bodies.

Each Day
in Missouri

172
child abuse and neglect incidents are reported

13
child abuse and neglect incidents are substantiated on 18 children

3
adoptions are finalized

48,188
children from low-income families receive subsidized Child Care

- CD full time equivalent (FTE) staff declined by 7.1%, or 159 FTE, from FY-11 to FY-13. These FTE reductions are the result of contracting some functions (Intensive In-Home Services and Foster Care Recruitment, Training and Retention in certain areas of the state) and administrative efficiencies.

CD PERFORMANCE

Children With CAN Hotline Reports Completed

- The Child Abuse and Neglect (CAN) hotline was automated in 2005 resulting in a more objective manner of screening and assigning reports.

- The screening process has remained the same since SFY-06.

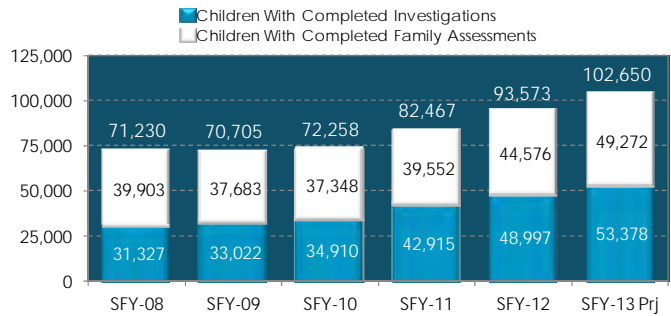- Missouri is one of a few states using the automated decision screening process.

Children With CAN Hotline Reports Completed*

*Includes only substantiated, unsubstantiated and family assessment conclusions

Children With Completed CAN Investigations and Concluded Substantiated CAN

- Legal training for staff resulted in fewer overturned reports during the appeal process.

- To sustain and/or maintain this level, legal in-service training is required for new staff.

- Evidentiary standards were changed in 2007 to preponderance of evidence.

Children With Completed CAN Investigations and Concluded Substantiated CAN
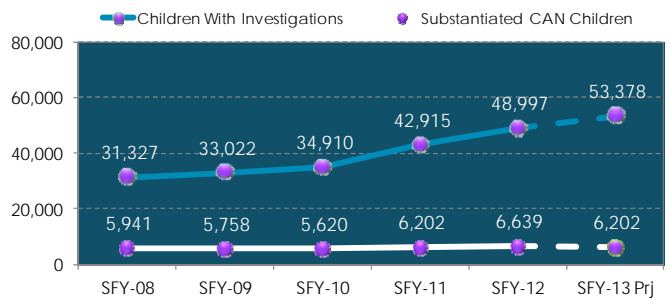

Children in Foster Care

- Fewer children are exiting than entering Foster Care.

- Over the last two years, Missouri has been experiencing an increase in the Foster Care population while most states have seen a decline. The Children's Division has been working with Casey Family Programs to conduct a review to determine the reasons for this increase.

- Manageable caseloads need to be sustained to expedite permanency for children.

Children in Foster Care
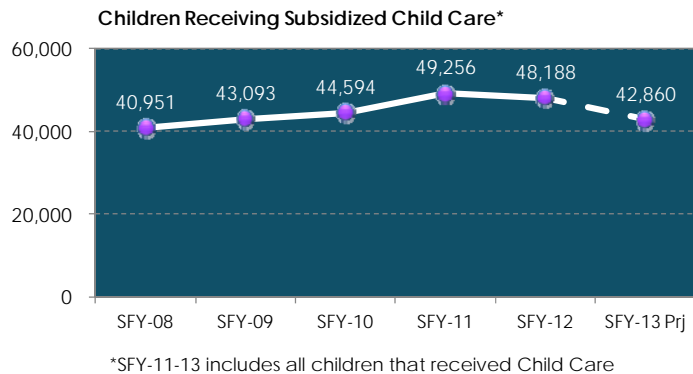(Average of Month End Numbers)
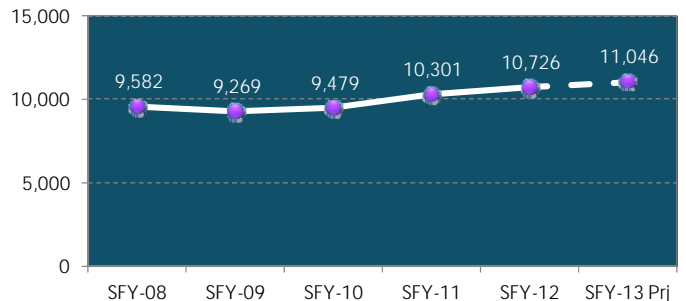
Children Adopted

- Increased average age and level of special needs of children awaiting adoption reduces the potential for adoption.

- Increasing adoptive resources for children who are older or have special needs and continuing Adoption Subsidy underpin future success.

Children Adopted

SFY-08	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
1,118	1,091	1,133	1,171	1,143	1,150
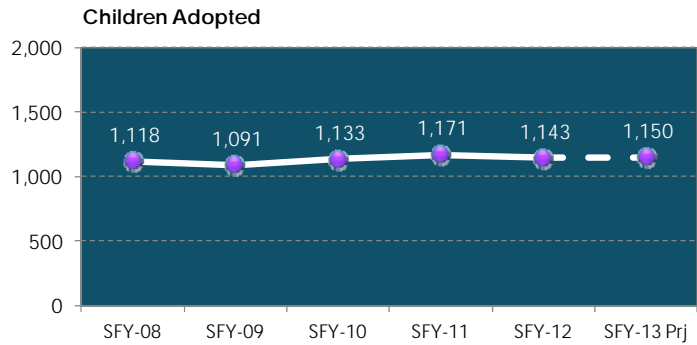
Children Receiving Subsidized Child Care

- Currently for Child Care assistance, the eligibility for full benefits for a family of 4 is 121% and the eligibility for a transitional benefit is 133%. Each year the eligibility level falls as a percent of poverty if the levels are not increased.

Children Receiving Subsidized Child Care*

SFY-08	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
40,951	43,093	44,594	49,256	48,188	42,860

*SFY-11-13 includes all children that received Child Care

HIGHLIGHTS

CFSR and PIP

- The Child and Family Services Review (CFSR) is federally mandated to improve child welfare services through an assessment of safety, permanency and wellbeing outcomes for children and families as established in the Adoption and Safe Families Act.

- The CFSR has three phases: the statewide assessment conducted in March 2010, the on-site review completed in June 2010 and the Program Improvement Plan (PIP), which was approved by the federal government on October 1, 2011.

- The Children's Division has two years from October 1, 2011, to complete the negotiated PIP action steps and meet agreed upon goals.

Results Oriented Management

- CD collaborated with the University of Kansas to develop the Results Oriented Management (ROM) data reporting system, which allows managers and staff to identify CFSR and other child and family outcomes quickly.

- The first phase of ROM production was completed in July 2011 and includes reports for:
  - ➢ Concluded Child Abuse and Neglect Investigations and Family Assessments;
  - ➢ Foster Care caseload information;
  - ➢ Practice exceptions; and,
  - ➢ All of the CFSR composites, including timely reunification, timely adoption and placement stability.

- Statewide, in-person supervisory and management training on ROM was completed in July-September 2011. A memorandum introducing ROM to frontline staff, including electronic training completed through the Employee Learning Center, was released in December 2012.

- The second phase of ROM development is underway. Additional reports will include Family-Centered Services caseload data. Release of phase two reports will occur in 2013.

Heart Gallery

- Missouri adopted the Heart Gallery concept in 2006 and the project continues to be successful in raising awareness about the need for permanent adoptive homes for children as well as the need for additional temporary foster homes.

- Since inception, more than 180 children have found potential adoptive placements.

- The 2012 Heart Gallery is available in an electronic format in addition to being presented throughout the state. The media format includes a video and DVD.

- In November and December of 2012 two television commercials featuring the Heart Gallery appeared in cable and local affiliate channels in St. Louis, Kansas City, Columbia and Springfield.

- More information about the Heart Gallery may be found at www.moheartgallery.org.

Child Care Program Integrity

- In collaboration with the Family Support Division, a case review system was implemented March 2012. This allows Child Care cases to be read on a monthly basis by supervisory staff. The resulting data is instrumental in making programmatic improvements tied to case work findings.

- The Children's Division continues to experience improvement in overpayments recovered from Child Care providers, increasing collected claims by nearly tenfold from $26,545 in FY-08 to over $254,000 in FY-12. The Child Care Claims and Restitution system streamlined the identification, collection and management of Child Care provider claims.

- Online training modules were developed for eligibility staff and supervisors giving emphasis to Child Care eligibility requirements and self-employment determinations. A case reference guide was implemented to assist workers with accurate application processing.

- Required Online Child Care Subsidy Orientation, Attendance and Payment Accuracy Training Modules were developed for Child Care providers to assist their understanding of key program areas while preventing attendance and payment errors and incorrect billing.

KEY CD PROJECTS

Racial Equity

- In the 2009 Census, African American children accounted for 15% of the total population in Missouri and 29% of the children in Foster Care.

- Because of this disparity, CD partnered with Casey Family Programs to raise staff awareness of disproportionality and disparity in the child welfare system. Revisions were made to CD's mission, vision and guiding principles to reflect the efforts to achieve racial equity in child welfare.

- Racial awareness training has been conducted at the Children's Division Central Office and in several regions throughout the state. Training for field staff and partners to provide opportunities for discussion and progress toward reducing disparate outcomes continues statewide.

- CY-11 census data indicates African American children accounted for 13% of the total population in Missouri and 23% of the children in Foster Care representing a reduction in disproportionate minority representation since 2009.

Online Invoicing

- Children's Division program staff partnered with Office of Administration/Information Technology Services Division and the provider community to develop online invoicing for Residential Treatment (RT) and Children's Treatment Services (CTS). The new process eliminates the manual and paper process allowing providers to receive service authorization letters and complete invoices via a secure internet site.

- In September 2012, Children's Division successfully piloted online invoicing with four providers for two months. The Children's Division offered online invoicing statewide to all RT and CTS providers in November 2012.

Permanency Summits

- The Children's Division collaborated with the Office of State Courts Administrator (OSCA) to convene two Permanency Summits in Kansas City and St. Louis in June 2012.

- The goal of the summits was to address system barriers that were preventing children and youth in Foster Care from achieving timely permanency.

- As mandated by the Supreme Court, a judge from each judicial circuit convened a multi-disciplinary team of seven individuals to attend one of the Permanency Summits.

- During the Permanency Summits, each team examined local data, identified local barriers to timely permanency and developed action plans for improvement.

- Action plans were submitted by each team and reviewed jointly by Children's Division and OSCA. Follow up with each team will occur in January 2013 to assess progress being made on each action plan.

Recruitment and Retention of Foster and Adoptive Families

- In 2011, the General Assembly passed HB 431, which established the creation of a statewide task force to make recommendations on recruitment and retention of foster and adoptive families. A formal report with recommended actions was submitted to the Governor and General Assembly December 1, 2011.

- The task force was reconstituted as an advisory workgroup to Children's Division and has continued to meet quarterly throughout 2012 to champion strategies and action steps contained in the initial report.

- Areas of focus for the advisory workgroup include:
  - Improving the recruitment of and expanding support for resource providers;
  - Enhancing training and professional development for resource families;
  - Increasing the use of relative and kin providers;
  - Improving the licensure process; and,
  - Building consensus and enhancing consistency across the state among agencies and providers.

ON THE CD HORIZON . . .

Candace Shively
CD Director

Reaccreditation

- In 2004, the General Assembly established a goal to have the Children's Division attain accreditation by the Council on Accreditation (COA) within five years.

- COA rigorously reviewed Missouri's child welfare system, measuring it against more than 800 nationally recognized standards that address the entire organization including its policies, procedures, programs and practices.

- Statewide accreditation was achieved on November 13, 2009.

- In 2011, the Children's Division began readying for reaccreditation by engaging staff at a variety of levels within the organization to develop the statewide self study, which will encompass all of the COA standards. The self study was completed in December 2012. Reaccreditation site visits are slated to begin March 2013 and continue through June 2014.

Program Improvement Plan (PIP)

- The Child and Family Service Review (CFSR) helps states improve child welfare services and achieve safety, permanency and child and family wellbeing.

- Based on the 2010 CFSR final report, areas out of conformity are addressed in the negotiated PIP.

- Four broad areas addressed in the PIP to improve the CFSR measures include:
  - Increase safety for children;
  - Increase accountability and oversight to align policy with practice;
  - Support staff with enhanced training, tools, guides, data and educational materials using case consultations, coaching, mentoring and modeling; and,
  - Collaborate with other agencies to improve practice through establishing and sharing of service resources.

- The division has satisfactorily completed the first year action steps with four quarters of activities remaining. Once the activities have been completed and the goal of each CFSR measure has been maintained for two consecutive quarters, the PIP will be complete.

Federal Compliance of FACES

- In 1994, Children's Division began to develop 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 is scheduled for September 2013.

- When the final report from the full SACWIS review is received, the Children's Division will have two years to address any areas of concern.

Trauma Informed Practice

- Exploration and research focused on improving Children's Division's awareness, sensitivity and response to the impact of trauma on children, families, communities and staff began in the summer of 2012 and will continue.

- In December 2012, a workgroup led by the Children's Division and comprised of partners from the Department of Mental Health, Office of State Court Administrators and the provider community met to develop a plan to shift the culture of the Children's Division and the child welfare system to consider and respond to the impact of trauma on every person served, every employee and every community partner.

- The goal is to move the culture from *trauma aware* (seeking information) to *trauma sensitive* (infusing best practice concepts) to *trauma responsive* (responding differently in all aspects from the moment the agency makes first contact) to a *trauma informed* system.

Reduction of Use of Psychotropic Medication

- The Children's Division is collaborating with the MO HealthNet Division and the Department of Mental Health to examine the use of psychotropic medications for children and youth in foster care.

- Data will be analyzed to identify excessive utilization of psychotropic medications. In cases where psychotropic medications are prescribed outside best practice standards, medical record reviews will be conducted.

Crossover Youth

- A multi-system approach to working with youth who crossover between child welfare and juvenile justice will be implemented. DSS agencies and partners will work with the Juvenile and Family Courts and local communities to more effectively address the unique issues presented by crossover youth through case reviews, data-driven decision-making and implementation of a Crossover Youth Practice Model (CYPM).

- 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 issues.

- The Children's Division and Division of Youth Services have engaged multiple champions including the Missouri Supreme Court, OSCA, Department of Mental Health, Missouri Juvenile Justice Association and the Division of Youth Services Advisory Board to serve as part of a policy team to coordinate research on the prevalence of crossover youth, build awareness, recommend system improvements, assist in identification of pilot court circuits, expand the implementation of trauma-informed and effective crossover youth policies and practices and engage key stakeholders.

- A pilot project will be implemented in one or two court circuits, utilizing the CYPM and other strategies.

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PROGRAM DIVISIONS

DIVISION OF YOUTH SERVICES

2012

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

Programs & Services

- CASE MANAGEMENT

- RESIDENTIAL TREATMENT

- DAY TREATMENT

- JUVENILE COURT DIVERSION

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

LEADERSHIP

Tim Decker
Division Director
Division of Youth Services

Phyllis Becker
Deputy Director for Quality Improvement, Leadership and Professional Development

Courtney Collier
Deputy Director for Residential Services

Bill Heberle
Designated Principall Assistant for Administration and Non-Residential Care

- Supervises the Southwest Region
- Coordinates DYS' Extensive Leadership, Professional Development Efforts and Quality Improvement Systems

- Supervises the Northwest, Northeast and St. Louis Regions
- Coordinates Efforts to Increase Quality, Safety and Performance of Residential Programs

- Administrative, Court Diversion and Constituent Services
- Supervises the Southeast Region
- Coordinates DYS' Efforts to Expand and Strengthen Non-Residential Programs

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

FINANCING

DYS Expenditures SFY-11 to SFY-13 Planned
(in millions)

- General Revenue
- Federal Funds
- Other Funds
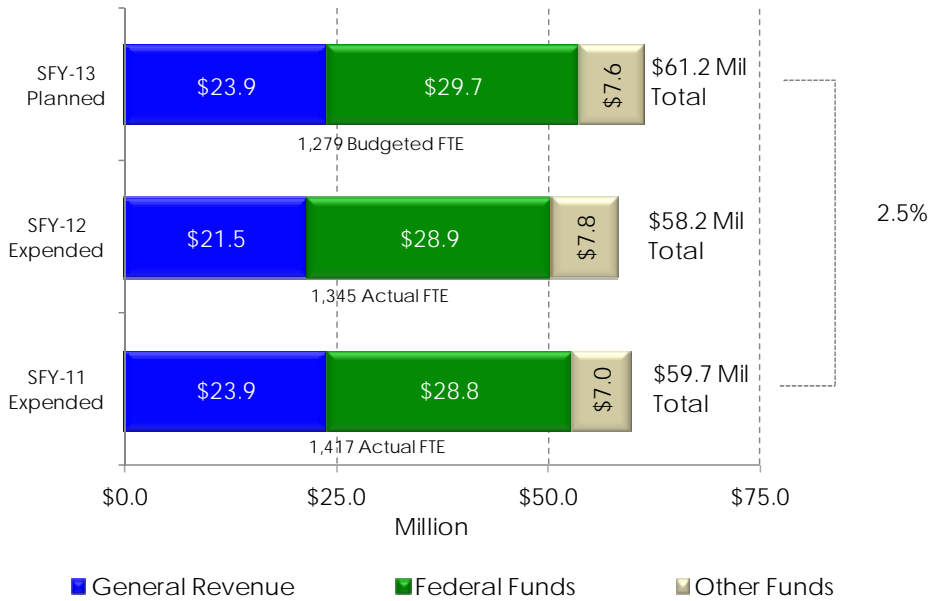
- Total spending increased 2.5% ($1.5 million). This increase was in Federal and Other funds. There was no increase in General Revenue (GR).

- Although there was no GR increase, the following are notable offsetting adjustments:
  - ➢ A $1.6 million transfer to the Office of Administration (OA) to assume maintenance functions for DYS facilities in SFY-12;
  - ➢ SFY-12 and SFY-13 budget reductions for administrative efficiencies maximizing Other fund and Title XIX Federal funds;
  - ➢ A $1.6 million GR transfer from the MO HealthNet Division (MHD) to DYS for health care costs for youth who do not qualify for Federal Title XIX Medicaid; and,
  - ➢ A 2% pay plan increase for staff with salaries less than $70,000.

- Federal and Other fund increases are attributed to maximizing these funds in lieu of spending GR. In SFY-12 additional DSS education funds and Title XIX Medicaid Federal funds were budgeted when one facility was transformed from a secure care to a moderate care facility.

- During this three-year time period, full time equivalent (FTE) staff decreased by 9.7%, or 138 FTE. The decrease in FTE is attributed to the consolidation of maintenance activities under OA and administrative and program efficiencies.

Each Day
in Missouri

3

youths are committed to DYS custody

19

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

1,543

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.

Youth Committed to DYS

| SFY-08	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
1,180	1,099	1,103	960	927	927
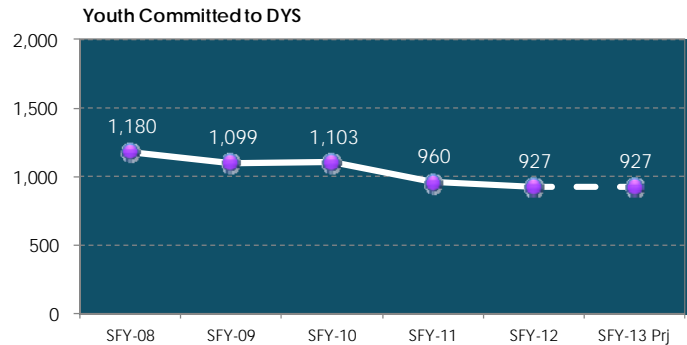
DYS Recommitment Rate

- Recommitments remain stable due to DYS' comprehensive and individualized approach to treatment and education.

- Youth are discharged from care when they are ready to succeed at home and in the community without further intervention by the state juvenile justice system.

DYS Recommitment Rate

SFY-08	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
9.6%	8.6%	8.4%	7.4%	6.5%	Below 10.0%
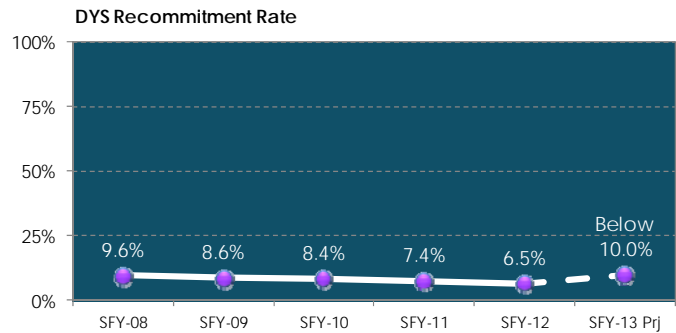
DYS Educational Completion

- School completion is a predictor of law-abiding behavior.

- DYS students awarded a diploma or general education diploma (GED) increased significantly from SFY-08 to SFY-12. Focus areas include:
  - The DYS credit recovery program was expanded, resulting in a significant increase in high school graduates.

**DYS Educational Completion**

SFY-08	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
30.9%	35.7%	38.1%	44.5%	46.0%	46.0%
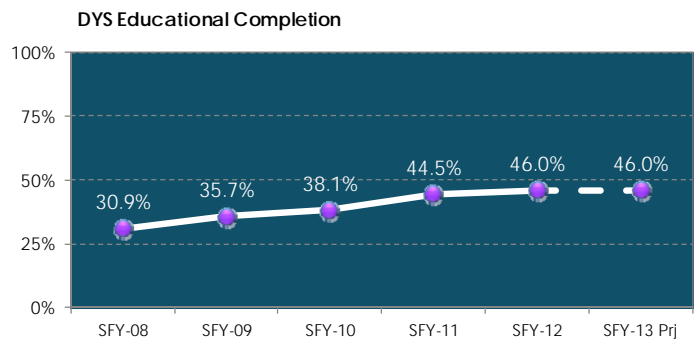
Note: Data is based on youth age 17 and older.

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

DYS 3-Year Law-Abiding Rate

- The law-abiding rate measures the percentage of youth discharged from DYS custody avoiding future system involvement including recommitment to DYS, adult probation or adult incarceration.

- Youth are followed for three years after discharge from the DYS while services cease, one of the most rigorous standards in the nation.

DYS 3-Year Law-Abiding Rate

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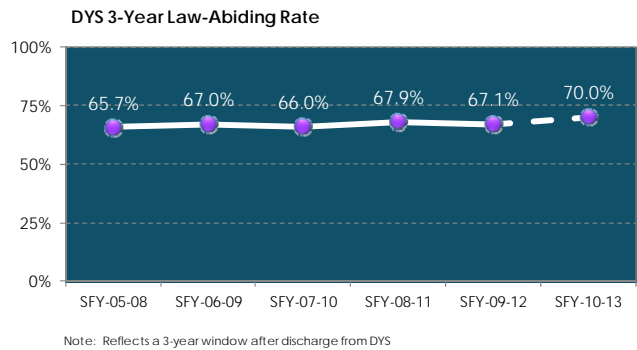
Productive DYS Youth Involvement

- 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.

Productive DYS Youth Involvement
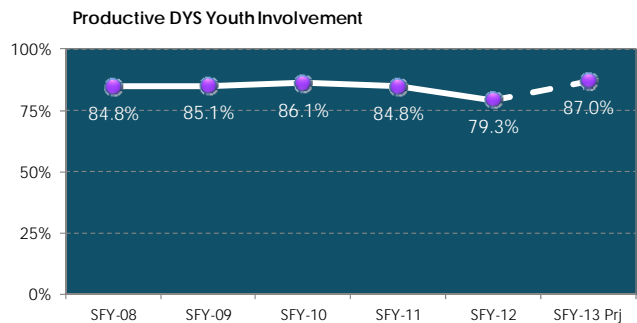
HIGHLIGHTS

Increases in Rates of Educational Completion and Academic Progress

- DYS 17-year-olds achieving a high school diploma or GED prior to discharge increased from 38% to 46% between SFY-10 and SFY-12.

- DYS educators and students set all-time agency records for GEDs (347) and total secondary school completion including both GEDs and high school diplomas (425).

- The GED passage rate of 80% (percentage of attempts resulting in a passing score) was the best rate in agency history.

- Upgraded technology and classroom furnishings to support best practices in education.

Safe and Humane Approaches for Missouri Youth and Communities

- 2/3 of Missouri DYS youth avoid recommitment, re-incarceration or adult correctional programs for more than 36 months after discharge from custody. The rate increased from 63.8% to 67.1% in the past 6 years, reflecting a positive long-term trend.

- At the time of discharge, 79.3% of DYS youth are productively involved in their communities through school, work or service.

- Missouri DYS programs are safer for staff and youth. In other states operating correctional models, staff members are 13 times and youth are 4½ more likely to be assaulted and injured than in Missouri.

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

- Consistent communication and collaborative planning with local courts have brought a greater focus to state and local juvenile justice efforts.

- The DYS Juvenile Court Diversion program, an extremely low recommitment rate of 6.4%, juvenile court system reforms and enhanced partnerships with the courts around the state have decreased DYS commitments from 1,103 in SFY-10 to 927 in SFY-12.

- DYS has partnered with Juvenile and Family Courts to strengthen non-residential services:
  - Case management and non-residential services located at the Innovative Concept School in St. Louis City;
  - A Day Treatment program opened at the MET Center in Wellston, Missouri, with redirected resources from DYS and St. Louis County; and,
  - Day Treatment programs in St. Charles, Hillsboro, Cape Girardeau, Sikeston, Springfield, Joplin and Kansas City serve both DYS and non-DYS at-risk students to prevent further deep-end contact with the juvenile justice system.

Expanded Non-Residential Services and Supports

- DYS Day Treatment programs are gradually evolving to family and community resource centers with expanded hours beyond the school day to cover 4-8 pm, the peak hours for juvenile crime, adding extended learning opportunities and increasing parental engagement.

- DYS initiated collaborative arrangements and contracts with Missouri's Community Partnerships in St. Louis, Kansas City, Springfield, Joplin, Cape Girardeau and southeast Missouri to provide enhanced transition supports, intensive supervision, mentoring and more effective use of community resources to support success for DYS youth and families.

Improvements in Continuity of Medical Care and Psychiatric Services

- MO HealthNet coverage for DYS youth is now seamless from commitment to discharge, without the interruptions in coverage that frequently occurred as youth were transitioning to the community and in need of ongoing services.

- DYS, the Information Technology Services Division and the Missouri Telehealth Network created the technology infrastructure and provided training for telehealth services at 14 DYS residential sites to improve access and continuity of care, while reducing the need for outside transportation for psychiatric services.

- DYS and the University of Missouri School of Medicine School of Psychiatry are providing joint training to psychiatric fellows as part of their core educational requirements and in preparation for telepsychiatry rotations with DYS youth and potential careers serving youth in the juvenile justice system.

Maximized Revenue Opportunities and Increased Efficient and Effective Use of Agency Resources

- The current economic climate has caused a reduction in supports and services at the state and local levels and from public and private institutions. All systems are challenged to maximize efficiencies and generate sufficient revenue to support core services. DYS has been proactive and assertive in increasing efficiencies. Examples include:
  - Streamlining, consolidating, and integrating administrative, finance, and maintenance function thereby ensuring maximum efficiency and preservation of core services for youth and families;
  - Implementation of MO HealthNet Rehabilitative Services billing for behavioral health services, which maximizes revenue earned from both residential and non-residential treatment programs;
  - Developing staff scheduling guidelines, resource materials and training materials to increase staff productivity and job satisfaction, while minimizing overtime costs.

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

- DYS continues to be a national leader in juvenile justice.
  - DYS conducted a number of national and state presentations and hosted site visits from states such as New York, Louisiana, New Mexico, Oklahoma, the District of Columbia and many others interested in replicating Missouri's approach and outcomes.
  - A Missouri DYS Case Study and other materials continue to be used by the Harvard University Government Innovators Network and schools of public policy, social work and law.
  - *American Educator* published an article entitled "Metamorphosis: How Missouri Rehabilitates Juvenile Offenders" featuring DYS' successful practices in educating at-risk youth.
  - The Annie E. Casey Foundation (AECF) released a report entitled "No Place for Kids: The Case for Reducing Juvenile Incarceration." The report made recommendations regarding juvenile justice systems across the country including limiting eligibility for correctional placements of youth, investing in promising non-residential alternatives, replacing large institutions with small, treatment-oriented facilities similar to Missouri DYS, and others. The report may be found on the AECF website at http://www.aecf.org/OurWork/JuvenileJustice/JuvenileJusticeReport.aspx

KEY DYS PROJECTS

Develop and Implement Quality Standards to Assess and Improve Safety and Best Practice Implementation in DYS Residential Programs

- DYS operates a very sophisticated and nationally recognized approach to residential treatment services. Maintaining the approach requires constant attention to safety, quality and best practice interventions. DYS activities addressing this goal include:
  - ➢ Ensuring humane and developmentally appropriate environments, upgraded furnishings and improved facility upkeep;
  - ➢ Expanding safety building block and best practice assessments;
  - ➢ Professional development and technical assistance to regions to address special needs (e.g., dialectic behavioral therapy, sexual abuse victimization, sexually harming behaviors); and,
  - ➢ Implementing electronic critical incident reporting system.

Strengthen Treatment Planning, Case Management and Transition Services

- Youth committed to the care and custody of DYS often have extensive histories with other agencies and have progressed to the deep end of the juvenile justice system. Over 46% have received prior mental health services, 20% have previously been in an out-of-home placement with the Children's Division and 33% have an educational disability (over 3 times the average in Missouri's schools).

- Because of these complex needs, DYS operates a continuum of individualized services for youth, strives for significant involvement of families and promotes effective community reintegration focused on law-abiding and productive citizenship. Youth come to the agency with multiple treatment models and ambitious goals.

- DYS has taken numerous steps to improve case management practices and develop more effective rehabilitative treatment plans including:
  - ➢ Redesigning treatment planning and coordination systems to more fully integrate continuum of care focuses on positive youth outcomes and developmental assets, the five domains of impact and family engagement;
  - ➢ Fully integrating various plans and strategies into a single individual treatment plan covering the assessment, treatment and transition to community phases of the rehabilitative process;
  - ➢ Implementing individualized trauma assessment and planning tools;
  - ➢ Developing train the trainer curriculum for a full roll-out of the new process by January 1, 2013; and,
  - ➢ Implementing transition services and continuum of supports and opportunities through Missouri's Community Partnerships.

Expand and Strengthen Non-Residential Continuum of Care

- When young people return to their families, schools and communities, they become less reliant on the formal structure provided by DYS staff and residential care environments. Community-based supports and opportunities play a vital role in ensuring a transition to productive citizenship.

- Because the current environment is far too reliant on formal supports and residential services, DYS has become more deliberate in developing stronger non-residential services and more fully engaging natural support networks through extended family, neighbors, faith communities and mainstream community resources. Some initial steps include:
  - ➢ More fully integrating DYS supports and opportunities with local continuums of care coordinated by Missouri's Community Partnerships, the courts, schools and community organizations;
  - ➢ Continuing to strengthen Juvenile Court Diversion initiatives and programs; and,

➢ Fully engaging families and communities in every aspect of the treatment process through parent support services and family engagement activities; and strengthening DYS family therapy training, supervision and support.

ON THE DYS HORIZON . . .

More Effectively Prepare Youth for Work, Education and Careers

- DYS has achieved very significant school progress and completion for its students, with school completion rates at least 3 times better than the national average. While many students are now achieving a high school diploma or GED, the lack of available post-secondary options is a growing concern. DYS has set a multi-year goal of ensuring that over 50% of students complete their secondary education prior to discharge. Achieving this goal will require:

Tim Decker
DYS Director

  ➢ Strengthening reading and basic skills instructional practices and ensuring a firm foundation for every student;
  ➢ DYS and partners serving as educational mentors and advocates for students returning to local schools to ensure barriers are overcome and students persist to graduation;
  ➢ Enrolling students without a feasible community school alternative in the distance learning/ online school component in the DYS continuum of care, www.mostarschool.org;
  ➢ Expanding the National Career Readiness Certificate career program and other post-secondary education options;
  ➢ Integrating the DYS Work Experience program with vocational and career goals; and,
  ➢ Implementation of a new school information system.

Implement Redesigned Case Management Model Including Assessment, Treatment Planning and Transition Services

- The redesigned treatment plan format identifies supports and services focused on positive youth outcomes and developmental assets, five domains of impact and family engagement. It includes:
  ➢ Revised forms, protocols and training for residential and non-residential staff;
  ➢ Expanded use of individualized trauma assessment and planning tools; and,
  ➢ Transition services and continuum of supports and opportunities through Missouri's Community Partnerships.

Develop and Implement Multi-Family Group Intervention Model and Family Governance Strategies

- DYS will provide a more diverse array of opportunities to engage families in proven family engagement and strengthening activities that will provide long term support for youth from caring adults and increase the probability of success as youth navigate early adulthood and beyond. This includes:
  ➢ Implementing multi-family groups, parent support services and family engagement activities;
  ➢ Engaging parents and family members in advisory, program improvement and governance activities;
  ➢ Developing a standardized family therapy training package and pilot through a statewide workshop; and,
  ➢ Conducting family focus groups throughout the state.

Increase Health and Wellness of DYS Youth Through Nutrition, Exercise and Integrated Mental Health Services

- Over 46% of DYS youths have received prior mental health services and have histories that include episodic health care, poor health habits and untreated illnesses. Treatment has included an over reliance on psychotropic medications and other interventions that may not represent best practices or be based on their current condition. DYS is implementing a more comprehensive approach that includes:
  - ➢ Implementing telepsychiatry services at pilot sites and eventually expanding system-wide through a partnership with the Missouri Telehealth Network, the University of Missouri School of Medicine and local mental health providers;
  - ➢ Developing assessment tools and practice guides leading to more effective and appropriate use of psychotropic medications;
  - ➢ Implementing five health and wellness pilot sites integrating nutrition, exercise and health education; and,
  - ➢ Implementing training and monitoring to improve the quality and nutritional value of meals in residential facilities and day treatment.

Implement a Multi-System Approach to Working With Youth Who Crossover Between Child Welfare and Juvenile Justice

- DSS agencies and partners will work with the Juvenile and Family Courts and local communities to more effectively address the unique issues presented by crossover youth through case reviews, data-driven decision-making and implementation of a Crossover Youth Practice Model (CYPM).

- 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 issues.
  - ➢ The Children's Division and Division of Youth Services have engaged multiple champions including the Missouri Supreme Court, Office of State Court Administrator (OSCA), Department of Mental Health, Missouri Juvenile Justice Association and the DYS Advisory Board to serve as part of a policy team to coordinate research on the prevalence of crossover youth, build awareness, recommend system improvements, assist in identification of pilot court circuits, expand the implementation of trauma-informed and effective crossover youth policies and practices and engage key stakeholders.
  - ➢ A pilot project will be implemented in one or two court circuits, utilizing the CYPM and other strategies.

Implement Prison Rape Elimination Act (PREA) Standards as Required by the US Department of Justice

- PREA, which was passed by Congress in 2003, resulted in standards for adult and juvenile correctional facilities that became effective August 20, 2012. The standards seek to reduce sexual victimization in correctional and residential settings. They must be fully implemented within 12 months. The standards include areas such as:
  - ➢ Development of specific policies and protocols to effectively prevent sexual victimization in residential facilities;
  - ➢ Staff training requirements for current and future employees;
  - ➢ Updating of investigation protocols and training;
  - ➢ Specialized training of medical and mental health employees and contractors who work regularly in facilities; and,
  - ➢ Identification and agreements with contract providers (e.g., locally operated juvenile detention facilities).

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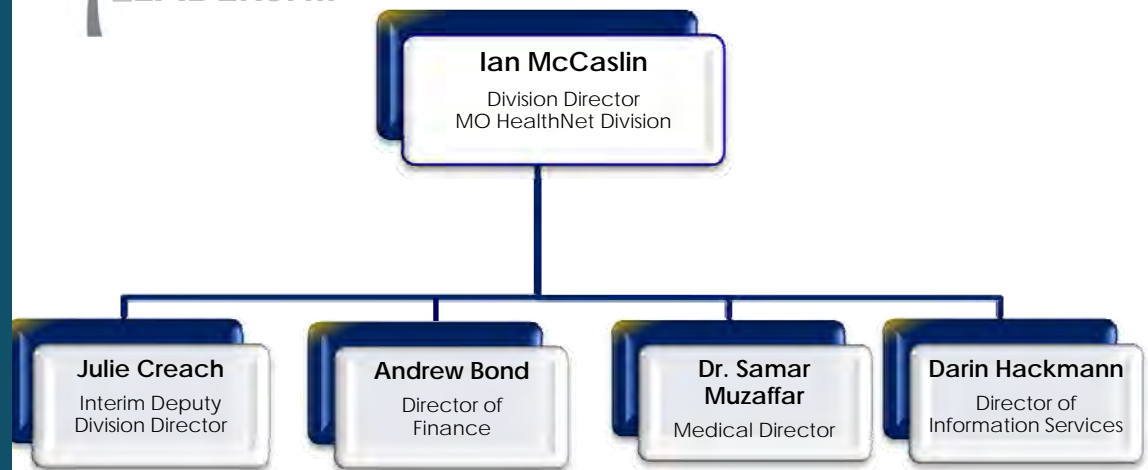
PROGRAM DIVISIONS

MO HEALTHNET DIVISION

2012

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

Programs & Services

- MO HEALTHNET

- MISSOURI RX (MORX) PLAN

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

LEADERSHIP

Ian McCaslin
Division Director
MO HealthNet Division

Julie Creach
Interim Deputy
Division Director

Andrew Bond
Director of
Finance

Dr. Samar Muzaffar
Medical Director

Darin Hackmann
Director of
Information Services

- Pharmacy Policy and Operations, Exceptions and Rebate
- Clinical Policy Development and Operations
- MO Rx
- Managed Care Contract and Operations
- Federal Waiver Programs
- Participant Services
- Provider Education and Services (NEMT and PACE)
- School District Claiming

- Provider Taxes
- Institutional Reimbursement
- MHD Budget
- Financial and Office Services
- Federal Waiver Financing
- MHD CMS Financial Reporting
- Managed Care, NEMT and PACE Rate Setting
- Fiscal Notes and Bill Reviews
- Cost Recovery (Third Party Liability)
- Medicare Buy-In
- MMAC Liaison

- Physicians and Clinics
- Quality Section
- Managed Care and FFS
- Psychology Program
- Patient Centered Medical Home
- Evidenced Based Clinical Decision Development and Support
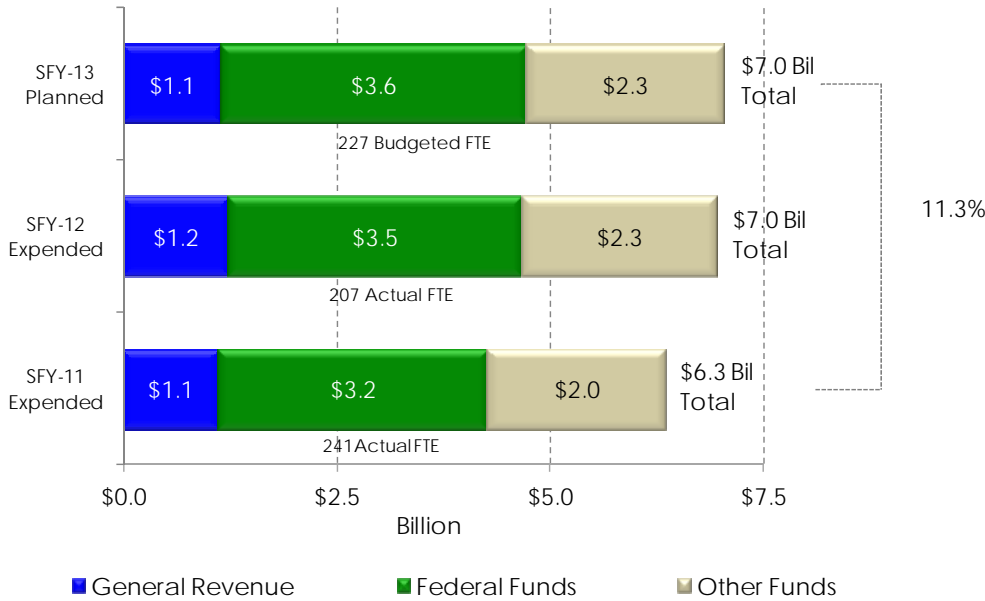- Medicaid Clinical and Quality Research

- Clinical and Pharmacy Claims Adjudication and Prior Authorization
- MMIS Claims Processing and Fiscal Agent Services
- Data Analytics for Decision Support and Medicaid Research
- Medicaid HIE/HIT
- ICD 10 and 5010 Project Management
- Interdepartmental IS/ IT Systems Integration

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

FINANCING

MHD Expenditures SFY-11 to SFY-13 Planned
(in billions)

- **SFY-13 Planned:** $1.1 (General Revenue) | $3.6 (Federal Funds) | $2.3 (Other Funds) — $7.0 Bil Total — 227 Budgeted FTE
- **SFY-12 Expended:** $1.2 (General Revenue) | $3.5 (Federal Funds) | $2.3 (Other Funds) — $7.0 Bil Total — 207 Actual FTE
- **SFY-11 Expended:** $1.1 (General Revenue) | $3.2 (Federal Funds) | $2.0 (Other Funds) — $6.3 Bil Total — 241 Actual FTE

11.3%

■ General Revenue   ■ Federal Funds   ■ Other Funds

- The Total MO HealthNet budget increased by $713.4 million (11.3%). During this time GR increased by $57 million (5.3%) while Other funds and Federal funds increased by 12.4% ($255 million) and 12.6% ($401 million) respectively.

- Major expenditure increase occurred in the following program lines:
  - ➢ A $54.5 million GR increase for Clawback payments. States are required to make payments to the federal government for Medicare/Medicaid dual eligibles whose medical benefit is now paid by Medicare. The federal government calculates these payments.
  - ➢ A $42.0 million increase in Pharmacy (Total funds) attributed to an increase in costs. Although total costs are budgeted to increase, GR Pharmacy costs decreased by over $21.0 million due to maximizing the use of rebates and tax proceeds as state match.
  - ➢ A $47.3 million increase in Physicians (Total funds). The majority of this increase is for raising primary care rates to the Medicare rate in FY-13, as required by federal law. These payments will be funded with all Federal funds through CY-14.
  - ➢ An $89.0 million increase in Managed Care. In FY-11 DSS implemented $115.0 million in Managed Care cost containment initiatives, maintaining contract rates at the bottom of the rate range and implementing administrative reviews. While rates continue to be paid at the bottom of the rate range, inflationary increases are needed to maintain actuarily based rates. Additionally, about $15.0 million of the increase is attributed to the primary care rate increase discussed above.

Each Day
in Missouri

893,976
people have access to medical treatment through MO HealthNet

273,425
HealthNet claims are processed

$208,779
are recovered and reinvested in MO HealthNet through third party liability and pharmacy rebate collection

$3,090,523
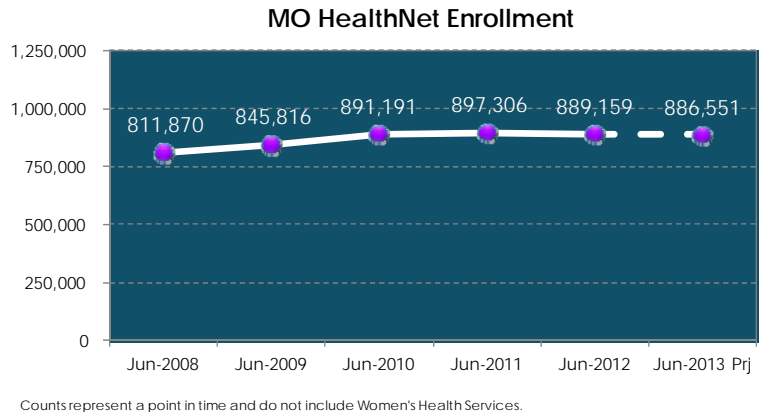in provider taxes are collected from hospitals, nursing facilities and pharmacies

> A $106.0 million increase in payments to Hospitals (Total funds). All but $5.0 million is from Federal and Other fund sources (hospital provider tax proceeds).
> An $88.0 million increase in payments to Nursing Care providers (Total funds). The majority of the increase is from Federal and Other fund sources (nursing home provider tax proceeds).
> A $22.6 million increase in Child Health Insurance Program (Total funds) attributed to an increase in pharmacy cost and slight caseload growth.
> A $32.8 million increase in Rehab and Specialty (Total funds). Implementing the ambulance provider tax contributed substantially to the increase.
> A $62.3 million increase in intergovernmental transfer appropriations to support payments to hospitals and Department of Mental Health providers.
> $100.0 million in Federal funds for Electronic Health Record incentive payments to providers under the American Recovery and Reinvestment Act (ARRA).
> $32.0 million in GR funding for state-funded health care benefit for children in Children's Division custody, for youth in the care of the Division of Youth Services and for certain blind individuals was eliminated from the MO HealthNet budget. Some of these funds were reallocated to other areas in DSS's budget.

- During this period, full time equivalent (FTE) staff decreased by 5.8%, or 14 FTE.

MHD PERFORMANCE

MO HealthNet Enrollment

- From June 2010 to June 2012, the change in MO HealthNet enrollment remained static, less than 1% variance.

- Children and Persons with Disabilities experienced average annual enrollment growth of, .18% and .05% respectively, among the large eligibility groups.

MO HealthNet Enrollment

811,870	Jun-2008
845,816	Jun-2009
891,191	Jun-2010
897,306	Jun-2011
889,159	Jun-2012
886,551	Jun-2013 Prj

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

MO HealthNet Enrollees and Expenditures

- Seniors and persons with disabilities comprise more than 27% of MO HealthNet enrollees while accounting for nearly 66% of expenditures.

- Nearly 73% of MO HealthNet enrollees are children, pregnant women and low-income parents – many of which are covered by managed care.

- Managed care results in savings to the state, enhanced accountability, improved access and higher quality standards as reported through Healthcare Effectiveness Data and Information Set (HEDIS) standards.

MO HealthNet SFY-2012

Percent of Enrollees (893,976* Average Monthly Enrollees)
- 18.7% - Persons With Disabilities
- 8.7% - Seniors
- 12.1% - Pregnant Women & Custodial Parents
- 60.5% - Children

Percent of Expenditures ($7,004.8 M)
- 48.5% - Persons With Disabilities ($3,398.0 M)
- 17.4% - Seniors ($1,218.6 M)
- 8.9% - Pregnant Women & Custodial Parents ($626.1 M)
- 25.2% - Children ($1,762.1 M)
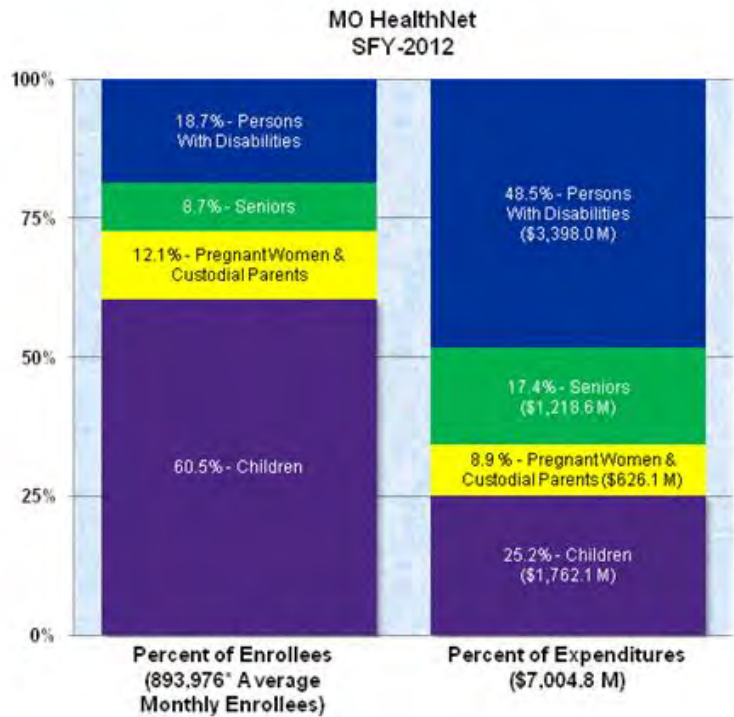
MO HealthNet Claims Expenditures Per Member Per Month

- From SFY-10 to SFY-12, there was an average annual spending increase of 6.6% per member per month (PMPM).

- Drivers of the SFY-12 PMPM increase are mental health services ($17.21), pharmacy utilization and inflation ($10.65) and managed care ($6.55).

MO HealthNet Claims Expenditures Per Member Per Month

SFY-08	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
$565.05	$595.39	$612.55	$606.85	$652.96	$661.42
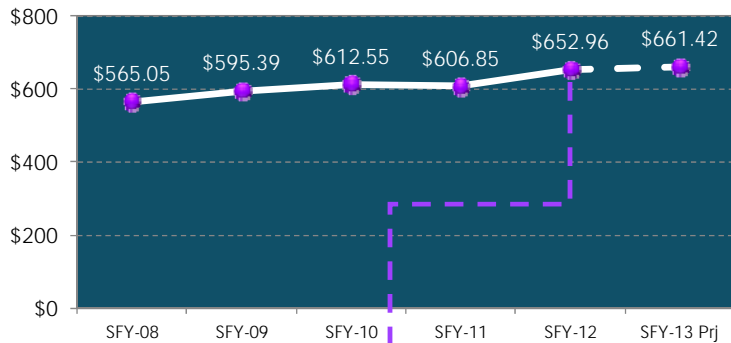
This measure does not include Women's Health Services.

SFY-2012 PMPM Cost	
Persons With Disabilities	$1,691.92
Seniors	$1,311.00
Pregnant Women and Custodial Parents	$481.61
Children	$271.52

HIGHLIGHTS

Missouri Gateway to Better Health

- The MO HealthNet Division partnered with the St. Louis Regional Health Commission to establish a Section 1115 demonstration project to preserve and improve primary and specialty care access for uninsured residents in St. Louis City and County.

- In July 2010, Missouri's Gateway to Better Health was approved by the Centers for Medicare and Medicaid Services (CMS). This approval is effective July 28, 2010, through December 31, 2013.

- Under the Section 1115 demonstration, the St. Louis region will continue to receive up to $30 million annually to pay for otherwise uncompensated care costs at primary and specialty care clinics. The demonstration project is funded from local, state (Federal Reimbursement Allowance) and federal resources.

- In July 2012, the Gateway program transitioned to a coverage model. Uninsured eligible individuals are enrolled through the coverage model and eligible for primary care and specialty care services available at a limited network of safety net providers.

Health Homes

- The MO HealthNet Health Home initiative focuses on patients with complex and high cost chronic diseases. The goals of the initiative include improving patient clinical outcomes, functional status, care management and care coordination and attaining a reduction in certain types of service utilization and associated costs, including avoidable emergency department visits and inpatient admissions for this high risk, high cost patient population.

- In partnership with the Department of Mental Health, the MO HealthNet Division submitted a Health Home initiative for the behavioral health component to CMS on July 19, 2011, in response to Section 2703 of the Affordable Care Act. This amendment was approved by CMS on October 20, 2011. Missouri was the first state to submit an application and to receive approval for mental health health homes.

- MO HealthNet developed a parallel primary care Health Home Initiative in response to Section 2703 of the Affordable Care Act. CMS approved MO HealthNet's State Plan amendment, the first primary care application to receive approval. MO HealthNet developed the logistics and infrastructure for the health home program and continues to fine tune them to keep pace with new challenges and requirements. The primary care health home program began January 2012.

- Missouri is providing technical assistance to the health homes through conference calls, training initiatives and a learning collaborative.

- Missouri is also developing an evaluation strategy and methodology. Missouri will look at clinical benchmarks, qualitative practice level data, utilization and costs.

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 $177.3 million in costs and recovered $55.7 million in expenditures for SFY-12.

- The Department of Social Services/Missouri Medicaid Audit and Compliance (MMAC) Unit (previously known as the MO HealthNet Division/Program Integrity Unit) is responsible for conducting participant and provider reviews to determine compliance with MO HealthNet program policy and regulations.

KEY MHD PROJECTS

340B Drug Repricing

- MHD is researching the feasibility of implementing a 340b pricing program. 340b participating pharmacies are eligible to purchase discounted drugs through the Public Health Service's 340b Drug Discount program. Examples of 340b pharmacies include federally qualified health center lookalike programs, disproportionate share hospitals, federally qualified health centers and family planning clinics.

Missouri State Medicaid Health Information Technology Plan

- The Department of Social Services/MO HealthNet Division, 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^{sm} web portal allowing state staff and providers access to Medicaid claims data and care management tools to improve patient outcomes and coordination of care.

- Missouri is in the early stages of implementing a statewide Health Information Network (HIN) to support improved patient outcomes, system efficiency, robust data exchange and accountability. Integration of MO HealthNet is essential to the success of future efforts and presents an opportunity to enhance MO HealthNet's current efforts to leverage health information technology for improved care and efficiency.

- Governor Jay Nixon created the Missouri Office of Health Information Technology (MO-HITECH) in 2009 to oversee a statewide, public-private planning initiative under the State HIE Cooperative Agreement program. Governor Nixon also appointed an advisory board to oversee the MO-HITECH initiative's workgroups and provide recommendations to the Governor's Office. The Missouri Health Connection was formed to administer the HIN. MO HealthNet has developed a strategy for Missouri Medicaid participation in the HIN.

- During 2012, MO HealthNet implemented the HITECH Medicaid Electronic Health Record Incentive program to provide incentive payments to eligible hospitals and professionals for adopting electronic health records. The first year of the incentive program was focused on financial incentives for implementation of an electronic health record in hospitals and professional practices serving the Medicaid population. The second year will focus on financial incentives for hospitals and professionals achieving meaningful use of the electronic health records. Total incentive payments made for SFY-12 were $72,864,048 to 1,037 providers; $52,109,877 to 56 hospitals; and, $20,754,171 to 981 professionals.

- The State Medicaid Health Information Technology Plan is available at http://www.dss.mo.gov/mhd/general/pdf/smhp_final.pdf.

Managed Care Quality and Rates

- MO HealthNet increased improvement activities to ensure quality services are provided to participants:
  - ➢ National Committee for Quality Assurance (NCQA) health plan accreditation is the nation's most trusted independent source for driving health care quality improvement that results in tangible value for health care purchasers. Accreditation enables health plans to distinguish themselves by demonstrating a commitment to improving the quality of health care and the quality of life for members.
  - ➢ The health plans are required to obtain NCQA health plan accreditation at a level of accredited or better for the MO HealthNet product and must maintain accreditation throughout the duration of the contract.
  - ➢ As of September 30, 2011, HealthCare USA and Missouri Care achieved an accreditation status of accredited or better.
  - ➢ Home State Health Plan, a new managed care health plan effective July 1, 2012, is in the process of obtaining NCQA accreditation for the MO HealthNet product.

- 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 have needed to make a trip to the emergency room if they had received effective outreach, care coordination and/or access to preventive care.
  - ➢ Potentially Preventable Hospital Admissions lowered rates by identifying inpatient admissions that could have been avoided with high-quality medical care through an alternative setting to inpatient services and/or reflects conditions that could be less severe and would not have warranted an inpatient level of care if treated early and appropriately.
  - ➢ The Risk Adjusted Efficiency adjustment identifies health plans whose regional financials reflect higher costs than other health plans in the region after considering the risk burden of their enrollees.

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

Provider Preventable Conditions

- Effective July 2012, MO HealthNet implemented policy and procedures to address Provider Preventable Conditions (health care-acquired conditions and other provider preventable conditions). This includes denial of payment for services provided by an acute care hospital or ambulatory surgical center that resulted in a preventable serious adverse event (other provider preventable conditions) and review, with potential recoupment of payment related to health care-acquired conditions in an acute care hospital. This policy is in accordance with National Quality Forum principles and CMS precedent.

ON THE MHD HORIZON . . .

Primary Care Rate Increase

- Section 1902(a)(13) of the Affordable Care Act requires Medicaid payments for primary care services furnished by a primary care practitioner with a primary specialty of family medicine, general internal medicine or pediatric medicine to be paid at parity with Medicare beginning January 1, 2013. The law defines covered services as those evaluation and management codes and immunization services that are covered by Medicare, as well as primary care codes that Medicare does not currently cover but for which it publishes and sets relative value units. The law provides 100% federal funding for the incremental cost of meeting this requirement. The 100% federal funding of the incremental cost is calculated based on the Medicaid rate as of July 1, 2009.

Ian McCaslin, MD
MHD Director

- MO HealthNet Division is working toward implementing this federal mandate and received authority from the General Assembly during the 2012 legislative session in both the Physician and Managed Care appropriations.

- Approximately 700 primary care codes utilized by MO HealthNet will be affected. The increased reimbursement is estimated at $103 million annually effective for dates of service in calendar years 2013 and 2014.

Early Elective Delivery (EED)

- Early elective induced birth less than 39 weeks gestation, or birth between 37 to 39 weeks of gestation, is associated with complications such as respiratory morbidity and neonatal intensive care unit admission for the newborn, an increased risk of death within the first year of life and problems with brain development including long term psychological, behavioral and emotional problems.

- Early induction of labor is associated with maternal complications including but not limited to increased risk of cesarean delivery, maternal infection and longer maternal hospitalizations. Early elective delivery also creates a significant cost to the health care system. Allowing EED infants to reach full gestation and achieve spontaneous vaginal delivery would avoid complications associated with early elective delivery, improving outcomes and achieving cost reduction.

- MHD's plans include convening clinicians and other stakeholders to discuss this issue and potential solutions, to review the data and to come to consensus. MHD will then develop an evidenced-based, best practice policy as a payer. Goals include:
  ➢ Improvement of maternal and fetal outcomes by avoiding complications associated with EED; and,
  ➢ Reduction of health care costs associated with EED and associated complications.

MMIS Procurement

- As required by state and federal law, MO HealthNet must periodically reassess the strategic plan for the Medicaid Management Information System (MMIS), considering alternatives including enhancements to the existing system or system replacement.

- MO HealthNet will assess the capabilities of the current system and the ability to meet current and future business needs. Based on this assessment and input from key stakeholders, MO HealthNet will develop and implement a strategic plan that will begin with MMIS procurement. MO HealthNet anticipates the strategic plan will be complete in the first quarter of 2014.

CMS Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents

- CMS is providing a new funding opportunity for organizations to participate in the initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents Demonstration. This demonstration covers August 2012-August 2016. The initiative's purpose is to evaluate whether care models that have enhanced on-site services and supports in nursing facilities can improve the health and health care of nursing facility residents and ultimately reduce avoidable inpatient hospital admissions. Results from the project could serve as a best practice model for transforming senior care and reducing costs nationwide.

- The University of Missouri (MU) Sinclair School of Nursing secured one of seven grants awarded, totaling approximately $14.8 million, to participate as an enhanced care and coordination provider. The Sinclair School of Nursing will partner with CMS and state Medicaid programs at 16 nursing facilities in St. Louis to place an advance practice registered nurse (APRN) at each location. Each APRN will work with an interdisciplinary team and nursing facility staff to coordinate patient care and to improve the recognition, assessment and management of conditions that commonly lead to hospitalizations.

CMS Medicaid Emergency Psychiatric Demonstration Project

- Department of Social Services, DMH and DHSS worked collaboratively with private non-profit organizations and CMS to develop the Medicaid Emergency Psychiatric Demonstration. Institutions of Mental Disease (IMD) demonstration projects were established under Section 2707 of the Affordable Care Act to test whether Medicaid programs can support higher quality care at lower cost by reimbursing private psychiatric hospitals for certain psychiatric services.

- Currently Medicaid does not reimburse psychiatric institutions for services provided to Medicaid enrollees aged 21-64. This restriction is known as Medicaid's IMD exclusion. Due to the IMD exclusion, many Medicaid enrollees with acute psychiatric needs, such as those expressing suicidal or homicidal thoughts, are diverted to general hospital emergency departments, which often lack the resources or expertise to care for these patients. For the Medicaid participant, this may result in a delay in treatment and inadequate care. General hospitals may delay the provision of care until a bed becomes available or inappropriately assign these patients to medical beds.

- This demonstration will provide federal Medicaid matching funds up to $75 million annually among 12 states over 3 years to enable private IMDs to receive reimbursement for treatment of psychiatric emergencies, described as suicidal or homicidal thoughts or gestures, provided to Medicaid enrollees aged 21-64 who have an acute need for treatment.

Long Term Care Modernization Project

- During the fall of 2011, the state of Missouri developed strategy teams to work on long term care modernization. Several state agencies, including the Department of Social Services, DHSS and DMH, are working in conjunction with the nursing home industry, other stakeholders and contracted consultants, to undertake a large scale, multifaceted project to modernize Missouri's long term care system. All parties have the shared interest to promote the least restrictive long term care options. Additionally, it is the desire of the state to maximize Medicaid resources to provide optimal service delivery in a long term care system.

- During the course of the project, Missouri's long term care delivery and reimbursement systems will be evaluated and strategies developed to meet the goals of the project. These goals are to ensure facilities are prepared to meet the changing consumer demands by maximizing community-based long term care options while maintaining adequate traditional bed space, to reduce Medicaid long term care cost, to generate savings for the continuum of long term care and related services and to maximize federal resources.

- To support the changes to the delivery and reimbursement systems, a funding stream is needed. A public/private long term care services and supports partnership supplemental payment to nursing facilities is the primary focus of the initial phase of the project.

- The second phase will focus on modernizing the delivery system. Strategies to modernize the delivery system include creating financial incentives and removing regulatory and administrative barriers to assist the nursing home industry align service offerings with changing market demands, i.e., rebalancing and rightsizing. Technical support will be provided to educate the industry to consider the changing market, identify where opportunities lie and assist with diversification, i.e., expansion of Home and Community Based Services providers, for a more robust array of services.

- During the third phase, Missouri's reimbursement system will be reviewed. Modern reimbursement systems are designed to be more responsive to the changing market. Missouri's system will be evaluated to determine whether system changes, such as acuity adjustments and incentives, are necessary to support rebalancing and rightsizing.

- Finally, the impact of these changes on the nursing facility reimbursement allowance will be evaluated.

MISSOURI OFFICE OF HEALTH INFORMATION TECHNOLOGY

2012

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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 health information exchange (HIE).

- Created in July 2010, MHC is overseen by a 17-member Board of Directors that reflects diverse stakeholder representation, including both providers and consumer advocates. The board began meeting in August 2010 and has continued to meet monthly to oversee and actively participate in the development of Missouri's HIE Operational Plan and overall strategies relative to HIE governance, technology and operations, privacy and security and consumer engagement.

- The state of Missouri and MHC received grant approval from both Centers for Medicare & Medicare Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) for strategic and operational plans to implement a technology solution for exchange of health information across providers throughout the state.

- MHC has contracted with a Technical Services Partner (TSP) to provide the technical platform and expertise to create the statewide HIN.

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

- Missouri has made significant progress on its phase 1 implementation plans. Phase 1 includes the implementation of a secure messaging system allowing unaffiliated health care service providers to exchange laboratory results and patient care summaries. Accomplishments and current or planned activities include:
  - ➤ Developed detailed phase 1 technology requirements;
  - ➤ Completed contract negotiations for a technical services partner;
  - ➤ Identified health care service providers to participate in alpha and beta pilot implementations of phase 1;
  - ➤ Developed and published security and patient consent policies;
  - ➤ Convened a Consumer Advisory Council to provide consult on key work products;
  - ➤ Conducted initial consumer research to assess understanding of and support for statewide health information exchange;
  - ➤ Proposed a framework for sustainability by modeling and testing fee structures for participating qualified organizations; and,
  - ➤ Developed and negotiated participant agreements with several Missouri health systems to begin roll out phase one services.

- 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. Accomplishments and current or planned activities include:
  - ➤ Developed detailed phase 2 technology requirements;
  - ➤ Identified health care services providers to participate in alpha and beta pilot implementations of phase 2;
  - ➤ Completed technical assessments with the health care services providers to determine connection strategies and requirements;
  - ➤ The Technical Service Partner (TSP) creating the framework for the Missouri statewide HIN;
  - ➤ The TSP working with the health care service providers to establish connectivity between the providers and the statewide HIN to facilitate the exchange or health information; and,
  - ➤ The TSP working with Missouri Medicaid to establish a connection with the MMIS to allow providers access to Missouri Medicaid claims data.

SUPPORT DIVISIONS

2012

Supports

- OFFICE OF THE DIRECTOR

- HUMAN RESOURCE CENTER

- MISSOURI MEDICAID AUDIT AND COMPLIANCE

- DIVISION OF FINANCE AND ADMINISTRATIVE SERVICES

- DIVISION OF LEGAL SERVICES

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

FINANCING

Support Division Expenditures SFY-11 to SFY-13 Planned
(in millions)

Chart: Support Division Expenditures

- SFY-13 Planned: General Revenue $8.4, Federal Funds $21.7, Other Funds $3.2 — $33.3 Mil Total — 296 Budgeted FTE
- SFY-12 Expended: General Revenue $7.8, Federal Funds $26.9, Other Funds $5.1 — $39.8 Mil Total — 266 Actual FTE
- SFY-11 Expended: General Revenue $6.5, Federal Funds $63.3, Other Funds $6.2 — $76.0 Mil Total — 203 Actual FTE

56.2%

X-axis: $0.0 $20.0 $40.0 $60.0 $80.0 Million

Legend: ■ General Revenue ■ Federal Funds ■ Other Funds

- During this three-year time period, full time equivalent (FTE) staff increased by 46%, or 93 FTE. This increase is the result of consolidating Medicaid compliance initiatives in the Department of Mental Health, the Department of Health and Senior Services and the MO HealthNet Division in the Missouri Medicaid Audit and Compliance (MMAC) unit under the Department of Social Services/Director's Office.

- Between SFY-11 and SFY-13, General Revenue (GR) increased by $1.9 million (29%). Most of this increase is related to transferring funds from other budget sections to consolidate Medicaid compliance initiatives under MMAC and fund an MMAC case management system. The case management system appropriation was not expended in SFY-12. The contract should be awarded and expenditures made in SFY-13.

- Additionally, in SFY-13, there was a GR reduction of $110,000 resulting from elimination of the staff training appropriation, a GR increase of $87,000 to fund a 2% pay plan increase for staff with salaries less than $70,000 and $181,000 for Division of Legal Services' costs related to Temporary Assistance for Needy Families (TANF) drug testing.

- Federal expenditures decreased 66% ($41.6 million) from SFY-11 to SFY-13. Key components to the decrease are:
  - Loss of American Recovery and Reinvestment Act (ARRA) funds expended from the Federal Grants and Donations appropriation; and,
  - Additionally, Federal Grants and Donations had been the appropriation source to pass through payments to operate Fort Leonard Wood food services through the Blind Enterprise Program. This pass through was appropriated in the Family Support Division budget in SFY-12.

SUPPORT DIVISIONS

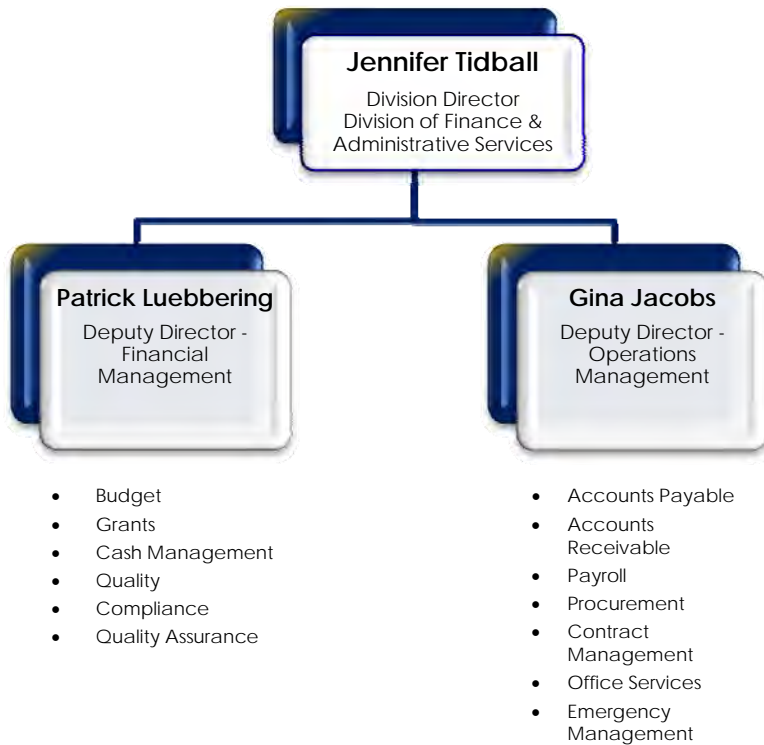# DIVISION OF FINANCE & ADMINISTRATIVE SERVICES

2011

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

Services

- ACCOUNTS PAYABLE

- AUDIT SERVICES

- BUDGET

- CENTER FOR MANAGEMENT INFORMATION

- EMERGENCY MANAGEMENT

- FLEET VEHICLE MANAGEMENT

- OFFICE HEALTH AND SAFETY

- PAYROLL

- PURCHASING

- RECEIPTS AND GRANTS MANAGEMENT

- SUPPLIES/WAREHOUSING/ INVENTORY CONTROL

- TAX CREDITS (ADMINISTERED BY THE DEPARTMENT OF SOCIAL SERVICES)

- VOICE TELECOMMUNICATIONS

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

LEADERSHIP

Jennifer Tidball

Division Director
Division of Finance &
Administrative Services

Patrick Luebbering

Deputy Director -
Financial
Management

- Budget
- Grants
- Cash Management
- Quality
- Compliance
- Quality Assurance

Gina Jacobs

Deputy Director -
Operations
Management

- Accounts Payable
- Accounts Receivable
- Payroll
- Procurement
- Contract Management
- Office Services
- Emergency Management

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

- To ensure timeliness of payment, during 2012, DFAS began moving data entry functions of payment processing from DSS divisions to DFAS Accounts Payable.

- DFAS will assume responsibility for all payment processing in SFY-14.

Average Time Between Invoice and Vendor Payment (Days)

SFY-08	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
22.3	21.1	20.5	23.5	26.0	20.0
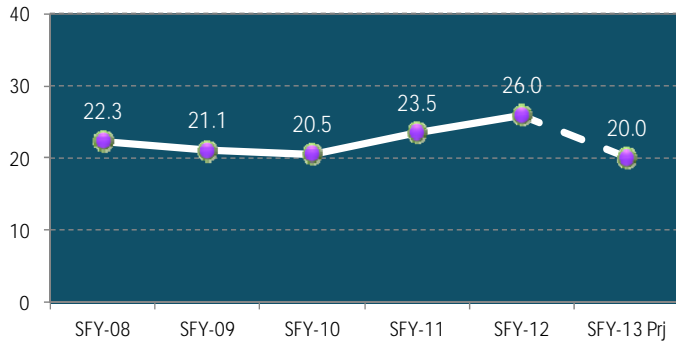
Payment Processing Error Rate

- Historically, many payment processing errors were caused by incorrect data entry.

- As DFAS continues streamlining the payment process errors are expected to decline.

Payment Processing Error Rate

SFY-08	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
7.8%	7.3%	5.8%	5.1%	7.3%	5.0%
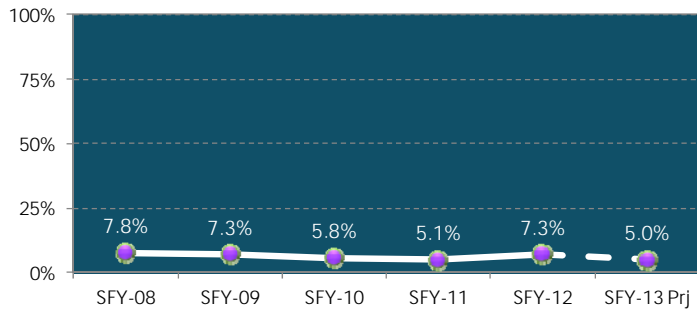
HIGHLIGHTS

Procurement and Contract Management

- Over the past two years, DFAS has made it a priority to streamline contract management and procurement activities, to provide better support to program divisions and to create a more productive partnership with Office of Administration (OA)/Purchasing.

- This year DFAS has been able to implement strategies to meet these goals including:
  - Developing a contract management database to ensure timely renewal and/or rebid of DSS contracted services;
  - Developing a standardized template for DSS contracts for easy reference;
  - Actively working with program divisions on developing requests for proposals (RFP) and providing support in resolution of contract management issues; and,
  - Scheduling RFP work sessions with OA Purchasing, program division staff and legal counsel to streamline RFP development and to ensure all parties are engaged in the process.

- Prior to this year, DFAS' involvement in the purchasing process could be described as a *paper pusher*. DFAS is now an active participate in the purchasing process with valued input and solutions.

DSS Financial Operations Structure – Phase II Implementation

- In FY-11, DFAS, with the support of DSS financial management staff and DSS executive leadership, led an initiative to centralize, restructure and create capacity in the department's financial management and administrative operations to achieve the following goals:
  - Streamline financial operations to improve efficiency and effectiveness;
  - Build bench strength to develop future financial operations leaders; and,
  - Create opportunities for cross training, where applicable, to strengthen core financial functions.

- Phase I of the project included streamlining Jefferson City based staff. Phase II of the project is near completion and involves transforming Division of Youth Services (DYS) business and administrative staff to DFAS staff supporting all divisions.

- Phase II implementation has allowed the department to evaluate which responsibilities should be centralized in Jefferson City and which responsibilities are best managed at a local/regional level.

- Transforming DYS staff to DFAS staff has allowed some small contracts issued and purchases generally made in Jefferson City to be managed by local/regional staff, cutting down on time and the number of parties involved. Many times these are purchases key to the operation of local offices and facilities.

- Additionally, DFAS has been able to offer administrative support program and field offices, freeing up time to concentrate on program initiatives and customer support. Examples of this include assuming responsibility for paying invoices in the state accounting system and monitoring state vehicle usage and management.

KEY DFAS PROJECTS

Strengthening DSS Audit/Compliance Initiatives

- Within the last year and a half, as a result of consolidating financial functions under the DFAS, nine staff has been assigned to a central compliance unit to oversee and coordinate audit and compliance initiatives for the Department of Social Services. A tenth staff person is planned in the near future. Prior to this there was one staff working part time on audit issues.

- Allocating additional resources to audit and compliance initiatives as allowed DSS to accomplish the following:
  - ➢ Increased oversight of program divisions' implementation of corrective action plans developed in response to findings from the State Auditor's Office and other audit bodies. A draft policy on how program divisions should respond to DFAS to ensure responsiveness to outside audit agencies is under review and will be brought before the DSS Policy Council to be included in the Administrative Manual.
  - ➢ Development of risk assessments, policies, procedures and monitoring tools for subrecipient oversight and monitoring and contract compliance. Compliance/monitoring training for program staff responsible for contract/grant management and oversight is scheduled to begin in mid January 2013.
  - ➢ Increased physical presence in subrecipient agencies and partnering with program staff to monitor DSS subrecipients of federal grants (e.g., community action agencies).

- Current planning is focusing on internal monitoring to:
  - Assure DSS program divisions' corrective action plans are sufficient to correct audit findings; and,
  - Develop a tiered approach to monitoring DSS programs, using criteria such as expenditures, past audit findings and substantial involvement with Division of Legal Services/Investigations.

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 contracted with a third party to review the current cost allocation plan and time studies used to allocate costs and to rewrite the plan, minimizing impact to federal dollars received.

- The final plan and system to effectuate the plan is scheduled to be completed by June 30, 2013, for all programs except Medicaid. The Medicaid component will follow in FY-14.

- 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.

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

- In the spring 2012, research staff management was assigned to DFAS. With this realignment, the opportunity was taken to complete a comprehensive assessment the unit's research and data management functions.

- The goals of the assessment were to:
  - Maximize research staff activity value to program divisions; and,
  - Define research staff functions and provide opportunities to integrate Research and Evaluation (R&E) staff in department teams and projects.

- The assessment included focus groups, individual meetings, questionnaires and a stakeholder survey to assess program divisions' research and data needs, staff knowledge and skills and unit structure.

- A report of findings and recommendations was presented to the Division Director and other department management and will soon be issued to all executive staff and stakeholders.

- Action plans to implement recommendations are being developed.

- The current organization structure and staff assignments are being reviewed to ensure there is depth in the unit and assignment backlogs are minimized.

- Over the past six months, R&E staff has taken the opportunity to implement actions that support feedback provided by program divisions. For example, R&E has implemented standing, face-to-face meetings with program divisions.

- Additionally program division administrators and others have been more deliberate in including Research staff in meetings and conversations to help them better understand why program divisions may ask for certain data and to appreciate and understand the *big picture*.

ON THE DFAS HORIZON . . .

Maximizing Electronic Payments

- DFAS is leading the initiative to save administrative costs and mitigate risk by moving to electronic payment methodologies.

- To date, DFAS has engaged a workgroup with representatives from various programs and legal counsel to review opportunities to encourage and/or require that individuals receiving payments from DSS do so by electronic payment. This initiative includes requiring remittance advices be received through electronic media.

Jennifer Tidball
DFAS Director

- The project will be managed in two phases.

- **Phase I,** with a projected completion date of June 30, 2013, includes the following activities.
  - ➢ Assess the rate of electronic fund transfer (EFT) payments in all DSS payment systems (i.e., SAMII, FACES, FAMIS, MACSS, MMIS). Work with program staff to determine opportunity to increase EFT use.
  - ➢ Assess the legality of mandating all DSS vendors to accept EFT payments, ensuring no conflict arises between DSS mandated EFT requirements and other agencies' mandates (specifically OA/SAMII).
  - ➢ Prioritize programs/vendors to develop plans to require receipt of EFT payments (identify outreach/ education needs, system changes, contract changes, etc.)
  - ➢ Planning to address existing payment systems to determine capability to support mandated EFT as well as remittance advice delivery/accessibility.

- To date, **Phase II,** with a projected completion date of June 30, 2014, includes the following activities:
  - ➢ Finalize policies, procedures and rules to support mandated EFT payments where allowable.
  - ➢ Implementation – Roll out based on priority. Ensure systems changes are complete, contracts are amended, customer outreach and education is provided, remittance advice portals are established/functioning, etc.

Standardizing and Strengthening Management of DSS Accounts Receivables

- Today, DSS has numerous program areas and units managing accounts receivables. Although federal program guidance varies on how DSS must manage receivables when the initial payment DSS involves federal funds, there are common elements and best practices in management of receivables. DFAS, in coordination with the Division of Legal Services, will be working with DSS programs to develop common policies and procedures to oversee and manage DSS receivables.

- Goals are to decrease the age of debt and increase the percentage of collections through streamlined, consistent processes and a more active role in debt collection, as allowable under state and federal law.

PROGRAM DIVISIONS

DIVISION OF LEGAL SERVICES

2011

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

Services

- CASE LITIGATION

- ADMINISTRATIVE HEARINGS

- INVESTIGATIONS

- STATE TECHNICAL ASSISTANCE TEAM

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

LEADERSHIP

Joel Anderson
Division Director
Division of Legal Services

Mark Gutchen
Assistant General Council Chief Counsel - Litigation

- Litigation
- Risk Management

Gina Boxberger
Chief Counsel - Administrative Hearings

- Administrative Hearings

Bridget Hug
Chief of Investigations

- Investigations
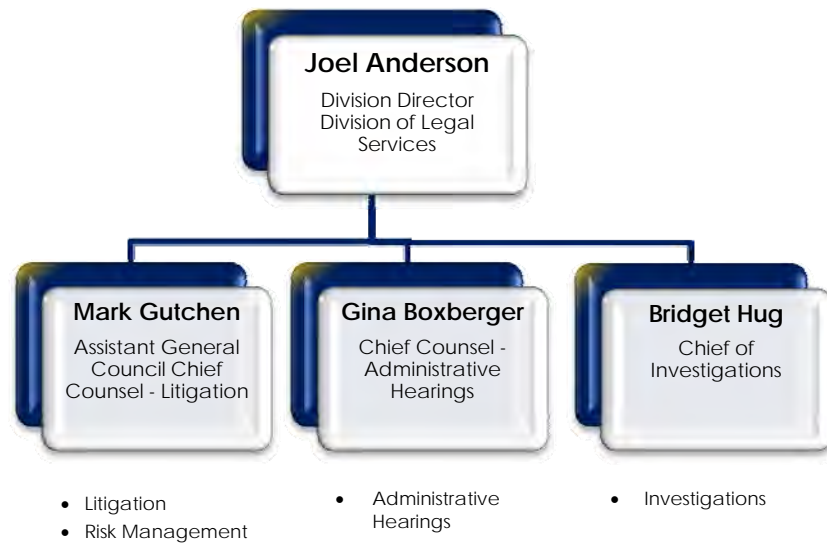
Find the Division of Legal Services on the web at **http://dss.mo.gov/dls/**

PERFORMANCE

## Protective Services Cases Resolved

- DLS attorneys completed and closed 3,667 cases of various types in SFY-12. Specifically, DLS attorneys closed 1,171 permanency planning cases involving abused and neglected children, 204 terminations of parental rights cases and obtained guardianships for 196 foster children.

Protective Services Cases Resolved Within 15 Months

	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
	75.3%	64.7%	71.2%	82.2%	82.2%
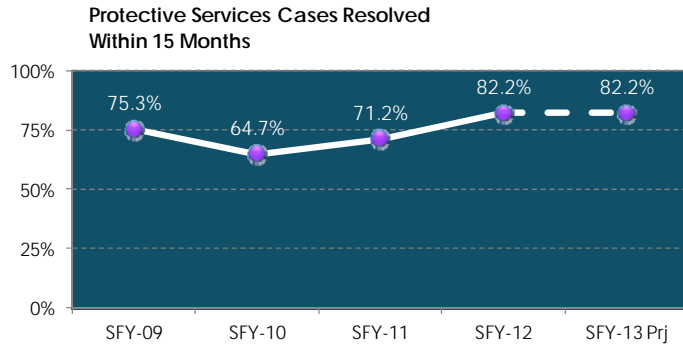
Time to Schedule Child Support Hearings

- While the time to schedule Child Support hearings has vastly improved over the past fiscal year, the Child Support Hearings Unit believes that it can further improve by reducing the time it takes to schedule a hearing to one month despite the continuance requests, scheduling conflicts and notice requirements that typically delay the scheduling of such hearings.

Time to Schedule Child Support Hearings
(in months)

	SFY-09	SFY-10	SFY-11	SFY-12	SFY-13 Prj
	5.3	6.6	6.8	1.5	1.0
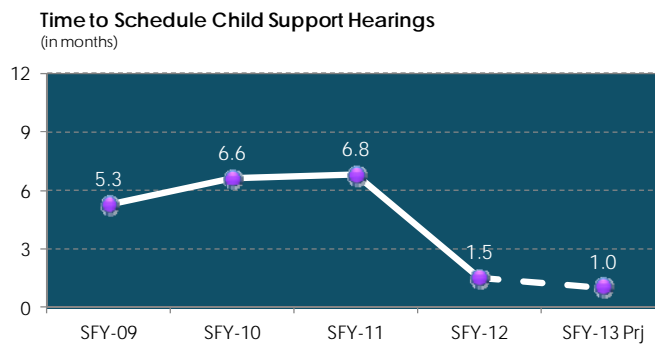
Child Support Hearing Decision Timeliness

- The Child Support Hearings Unit anticipates that it will continue its success in improving the number of hearing decisions issued within time standards to 90% in FY-13 despite the requests to leave open the record and hearing officer turnover that typically delay the issuance of such decisions.

Child Support Hearing Decision Timeliness
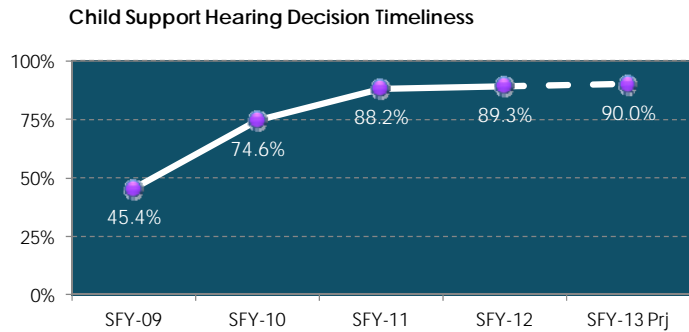
HIGHLIGHTS

- During SFY-12, DLS attorneys handled many legal matters for the department. Among the highlights, DLS attorneys:
  - ➢ Closed 1,171 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.
  - ➢ Completed the handling of 204 termination of parental rights cases to ensure that children in the foster care system are afforded the opportunity to have a safe, stable and permanent home and to make the children available for adoption.
  - ➢ Obtained guardianships for over 196 children and young adults in foster care to enable them to transition from the Foster Care system into permanent, stable and loving homes, frequently with relatives or to ensure that youth with serious disabilities who are unable to manage their own affairs will have the care that they need when they leave the Foster Care system.
  - ➢ Closed 86 cases of defense of petitions for de novo judicial review of decisions of the Child Abuse and Neglect Review Board to Circuit Court.

- In FY-12, the Child Support Hearings Unit issued 11,076 hearing decisions and the Benefits Hearings Unit issued 19,739 hearing decisions, for 30,815 clients served. This is an increase from 25,584 in FY-10 and 25,053 in FY-11. In spite of this increase in clients served, the length of time to schedule Child Support hearings and issue Child Support decisions decreased. In FY-12, the number of days from the date a hearing request is received to the date of hearing was reduced to an average of 46 days from 201 days in FY-10 and 198 days in FY-11. In addition, in FY-12 Child Support hearing decision timeliness increased to 89.3% despite the requests to leave the record open and hearing officer turnover that typically delay the issuance of such decisions. This was an improvement from 74.6% in FY-10 and 88.2% in FY-11.

- In the last year, there has been a large increase in the number of Benefits Hearings Unit hearing requests. As a result, the length of time to schedule hearings from date of receipt to date of hearing has increased. Within the last six months, three Child Support Hearings Unit FTE (two hearing officers and one clerical) have been allocated to the Benefits Hearing Section. In addition, as of January 2, 2013, a reorganization of distribution of counties assigned to each Hearing Region (Jefferson City, St. Louis and Independence) was implemented to share the hearing caseloads evenly.

- Through 1,444 investigations of fraudulently received public benefits, the DLS Welfare Investigations Unit in the Investigations Section, collected $1.7 million in SFY-12 through payment agreements, prosecutions and the Treasury Offset Program.

- In FY-12, DLS Investigations Unit centralized the fraud hotline system by routing all hotline calls to the Investigations Unit in Jefferson City. This effort alleviated work in the regions to allow investigators to focus on fieldwork.

KEY DLS PROJECTS

Regulation Review

- DLS has been conducting a review all of DSS administrative regulations. The primary focus of the review is to eliminate unnecessary and outdated regulations; to make certain that DSS' code of state regulations sections are up to date; to make them easier for the public to access and understand; and, to improve the efficiency of department operations.

Provider Regulations

- DLS is working with Missouri Medicaid Audit and Compliance Unit to update the Medicaid provider enrollment system with a view to tightening procedures to increase accountability in the expenditure of Medicaid dollars while at the same time assuring that unnecessary regulatory burdens are not imposed on providers and small businesses. This includes:
  - Reviewing and updating the administrative regulations governing the Medicaid provider enrollment process;
  - Reviewing and updating the procedures and regulations governing the auditing of Medicaid providers and the assessment of corrective action plans, sanctions and overpayments; and,
  - Reviewing and updating procedures to make certain that DSS procedures are fair to providers and do not impose unnecessary costs.

Procurement and Contract Management

- DLS is working closely with the Division of Finance and Administrative Services in the streamlining of its contract management and procurement system. This has included:
  - Developing revised policies for contract development and procurement; and,
  - Developing standardized contract templates and language.

Waste, Fraud and Abuse Identification

- DLS is reviewing and developing more effective and fair procedures for the identification of waste, fraud, abuse in the programs administered by the department. This includes developing more effective and fair 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.

Fraud Investigation

- Due to an increase in daycare provider investigations in the St. Louis area, the DLS Investigations Unit is focusing attention to increasing investigator time to such matters, and, most importantly, designating several investigators from the St. Louis Region Welfare Fraud Investigation Unit (WIU) to these investigations in FY-12. These investigators will develop specialized expertise in this particular kind of fraud investigation. The designation of investigators and certain reorganization efforts will enable these St. Louis investigators to focus on daycare provider investigations.

ON THE DLS HORIZON . . .

Increasing Accessibility

- DLS/Litigation Unit will be revising its litigation support intranet site to increase the efficiency of DLS litigation practice. DLS will be reviewing and updating legal forms. DLS is also planning to develop informational materials to post on the department's website to make information pertaining to the administration of legal issues involving the department more accessible to the bench, the private bar and the public.

Joel Anderson
DLS Director

Contract Administration

- DLS is working with the Office of Administration to develop training for legal staff on state contracting procedures with a view to increasing the efficiency of contract administration.

Improving Benefit Hearing Scheduling and Decision Time

- In the Administrative Hearings Section, DLS expects to target improvements in both scheduling and decision time in our benefits hearings. DLS expects to reduce the time to schedule benefit hearings from the current 42 days to an average of 21 days. DLS expect to reduce the time to render decisions in these cases the current 188 days to an average of 30 days.

Child Care Fraud

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

DSS Employee Threat Awareness

- Threats to department employees occur on a regular basis, and with the national increase in violent crimes and the increased awareness of the need to be responsive to warning signs of such violence, the Investigations Unit initiated development of the DSS Employee Threat SharePoint site. This site will provide designated personnel valuable access to evidence of threats made to DSS employees. The projected completion date is March 1, 2013, and this will increase awareness of threats, track persons who make repeated threats and improve communication to law enforcement officials.

TOP DSS NEWS STORIES OF 2012

Missouri First State to Receive Approval of Health Homes

The media covered the Centers for Medicare and Medicaid Service's approval of the MO HealthNet Health Home Initiative. This initiative ensures access and coordination of care across prevention, primary care and specialty medical care, which includes mental health services. It also promotes healthy lifestyles, supports an individual's self-management of their chronic disease and coordinates and monitors emergency room visits and hospitalizations.

New Partnership Helps Metropolitan St. Louis and Wellston Low-Income Residents

Two St. Louis area not-for-profit organizations partnered with the Missouri Department of Social Services (DSS) to administer the Low-Income Energy Assistance Program (LIHEAP) and the Community Services Block Grant (CSBG) program in metropolitan St. Louis and Wellston in October 1, 2012. The Urban League of Metropolitan St. Louis administers LIHEAP and the Community Action Agency of St. Louis County administers CSBG.

Family Support Division Reorganization Improves Operation

DSS restructured Family Support Division offices across Missouri to improve services for families and to streamline office functions behind the scene. The reorganization of offices will lead to better management of workloads, greater efficiency, decreased costs, improved client access and coordination of services through enhanced technologies.

Medicaid Spend Down Enforcement Challenged

Paraquad and five Medicaid recipients challenged the enforcement of the federal Spend Down rule and filed a temporary restraining order and lawsuit. Medicaid participants who were required to pay a Spend Down (similar to a insurance deductible) to receive MO HealthNet benefits were informed that DSS was enforcing the correct application rules to ensure the state was compliant with federal law and that all Missourians eligible under the law receive MO HealthNet benefits. The temporary restraining order was denied and the lawsuit was dismissed.

Missouri Received Funds to Combat Child Hunger in Major Metropolitan Areas

Missouri received $2 million from the US Department of Agriculture to provide access to healthy foods to approximately 10,000 vulnerable children from the St. Louis, Kansas City, Hickman Mills and Center school districts during the summer of 2012. The Missouri project operates as a collaborative between the Departments of Social Services; Elementary and Secondary Education and Health and Senior Services; the Local Investment Commission (LINC) in Kansas City; Area Resources for Community and Human Services (ARCHS) in St. Louis; and, the Kansas City, St. Louis, Hickman Mills and Center school districts.

Cap on Number of Medicaid Managed Health Care Vendors Upheld

The media reported on the lawsuit filed by Molina Healthcare that challenged the DSS' limit of three managed care contracts awarded by the state of Missouri to reduce administrative costs and improve economies of scale. The lawsuit was dismissed.

LogistiCare Helps Medicaid Patients Get to Appointments

DSS contracted with LogistiCare, LLC, on October 30, 2011, to provide Non-Emergency Medical Transportation (NEMT) services. The NEMT program assists certain MO HealthNet participants with transportation to their health care appointments at a reduced cost when other options are unavailable.

DSS IN THE COMMUNITY

Speeches and presentations of the department's leadership during SFY-2012 (sites are in Missouri unless otherwise noted).

Brian D. Kinkade, Interim Director, Department of Social Services

Date	Location	Topic	Audience
April 3	Jefferson City	Youth of the Year Essay Judging	Youth participants

Alyson Campbell, Director, Family Support Division

Date	Location	Topic	Audience
July 15	Phelps County	Child Support Initiatives and Updates	Child Support staff
July 15	Phelps County	Program Initiatives and Strategies	Income Maintenance staff
July 25	Boone County	Program Initiatives and Strategies	Income Maintenance regional managers
August 4	Osage County	Program Initiatives and Strategies	Income Maintenance staff
August 15	Webster County	Program Initiatives and Strategies	Income Maintenance staff
August 16	Dade and Lawrence Counties	Program Initiatives and Strategies	Income Maintenance staff
August 17	Polk and Dallas Counties	Program Initiatives and Strategies	Income Maintenance staff
August 18	Christian and Taney Counties	Program Initiatives and Strategies	Income Maintenance staff
August 19	Laclede County	Program Initiatives and Strategies	Income Maintenance staff
September 14	Columbia, MO	Child Support Program	Missouri Child Support Enforcement Association conference attendees
September 16	Columbia, MO	Child Support Program	Prosecuting Attorney Advisory Committee
September 19	St. Louis	Riverview Gardens School District	Riverview Gardens administrative staff
October 12	Jefferson City	Divisional Updates	County and circuit managers
October 17	Buchanan County	Program Initiatives and Strategies	Income Maintenance staff
October 18	Platte and Clay Counties	Program Initiatives and Strategies	Income Maintenance staff
October 19	Kansas City	Divisional Updates	Kansas City Regional staff
October 20	Kansas City	LINC Commission Co-location Initiative	LINC Commission staff Operations Breakthrough staff

Date	Location	Topic	Audience
October 20	Cass County	Program Initiatives and Strategies	Income Maintenance staff
October 31-November 3	Austin, TX	Missouri Child Support Program Initiatives	Western Interstate Child Support Enforcement Council members
November 16	Jefferson City	Outstanding Older Worker Recognition Luncheon	Nominees and DHSS Administration
November 17	Jefferson City	Staff Council	Child Support Council members
January 6	St. Louis	RFI for Community Action Agency for the Cities of St. Louis and Wellston	Interested agencies
January 10	Jefferson City	Spend Down Program	Spend Down Stakeholder Committee members
January 11	Jefferson City	Divisional Updates	County and circuit managers
January 13	Jefferson City	Child Support Program	Criminal Non-Support Committee members
January 19	Jefferson City	Staff Council	Income Maintenance Council members
January 30	Jefferson City	Spend Down Program	Spend Down Stakeholder Committee members
January 31	Jefferson City	Spend Down Program	MO HealthNet Oversight Committee members
February 16	Jefferson City	Staff Council	Rehabilitation Services for the Blind Council members
April 13	Caldwell, Ray and Lafayette Counties	Program Initiatives and Strategies	Income Maintenance staff
April 16	Kansas City	Missouri Work Assistance Program	LINC Commissioners meeting
May 4	Jefferson City	Spend Down Program	Spend Down Stakeholders Committee members
May 30	Springfield	Co-Location Opportunities for Income Maintenance Offices	Annie Bush and staff from One-Door
May 31	St. Louis	Criminal and Civil Contempt Court Processes	St. Louis City Prosecuting Attorney Office staff
June 4	Jefferson City	Staff Council	RSB, IM and Child Support members
June 11	Gasconade, Crawford and Dent Counties	Program Initiatives and Strategies	Income Maintenance staff
June 12	Iron, St. Francois and Jefferson Counties	Program Initiatives and Strategies	Income Maintenance staff
June 13	Franklin and Warren Counties	Program Initiatives and Strategies	Income Maintenance staff
June 14	Kansas City	Financial Connections for Youth Aging Out of Foster Care	Children's advocates and federal Child Support staff
June 20	Columbia	Divisional Updates	Missouri Child Support Enforcement Association members

Candace Shively, Director, Children's Division

Date	Location	Topic	Audience
July 18	Jefferson City	Update on Child Welfare Issues	Youth Empowerment and Leadership conference attendees
July 20	St. Louis	Update on Child Welfare Issues	St. Louis Family & Community Partnership members
September 16	Kansas City	Children's Division Update on Current Issues	Kansas City Child Abuse Roundtable attendees
September 23	Jefferson City	Children's Division Update on Current Initiatives	Missouri Juvenile Justice Association members
November 4	Ozark	Update on Child Welfare Issues	Cherish Kids Annual Luncheon attendees
November 29	Kansas City	Vision for Child Welfare	Fostering Strategies for Change conference attendees
March 30	Jefferson City	Children's Division Update on Current Issues	Missouri Juvenile Justice Association members
April 13	St. Louis	Trends Concerning Children and Youth In Missouri's Alternative Care System, Highlighting the St. Louis Metropolitan Area	American Academy of Pediatrics Open Forum on Children in Foster Care attendees
May 25	Springfield	Public Forum on Recruitment, Licensure and Retention of Foster Care and Adoptive Homes	Foster Parents, Juvenile Court staff, Children's Division staff, community partners and stakeholders
May 30	Rolla	Public Forum on Recruitment, Licensure and Retention of Foster Care and Adoptive Homes	Foster Parents, Juvenile Court Staff, Children's Division staff, community partners and stakeholders
June 4	Kansas City	Permanency Summit on Strengthening Child Welfare: Collaboration to Improve Safety, Permanency and Well-Being for Children in Foster Care	Children Division and Juvenile Court staff
June 6	St. Louis	Permanency Summit on Strengthening Child Welfare: Collaboration to Improve Safety, Permanency and Well-Being for Children in Foster Care	Children Division and Juvenile Court staff
June 1	Kansas City	Children's Division Update on Current Issues	Kansas City Child Abuse Roundtable attendees
June 11	St. Louis	Public Forum on Recruitment, Licensure and Retention of Foster Care and Adoptive Homes	Foster parents, Juvenile Court staff, Children's Division staff, community partners and stakeholders
June 14	Lake Ozark	Children's Division Initiatives, Legislation and Status of Foster/Adoptive Population	MFCAA & Children's Division conference attendees (foster parents and CD staff)
June 19	Kansas City	Public Forum on Recruitment, Licensure and Retention of Foster Care and Adoptive Homes	Foster Parents, Juvenile Court staff, Children's Division staff, community partners and stakeholders

Tim Decker, Director, Division of Youth Services

Date	Location	Topic	Audience
July 1	Joplin	Program and community tour of areas damaged by the tornado; meeting with youth, staff and community members impacted by the disaster; and, delivering funds and a care package to the DYS Joplin Community Liaison Council to help provide aid to the young people and families affected by the tornado	DYS young people, families, staff, community members
August 3-7	Kissimmee, FL	Council of Juvenile Correctional Administrators (CJCA) meeting; provided leadership for newly appointed state juvenile justice leaders and chaired the summer business meeting as CJCA president	Directors of state Youth Services and correctional agencies
August 8-9	Kissimmee, FL	Provided technical review and panel presentation on best practices regarding the Federal Prison Rape Elimination Act (PREA) at the American Correctional Association Conference	National correctional leaders, law enforcement, health care providers and educators
August 22	Kansas City	Presentation to the Local Investment Commission, Missouri's Community Partnership entity in Kansas City regarding the DYS online learning academy concept	Officials of the Local Investment Commission
August 30-31	Kansas City	Led DYS program visits and dialogue sessions with young people and staff to promote national replication of the Missouri approach to juvenile justice	Officials from the Annie E. Casey Foundation
September 8	Jefferson City	Presentation on progress of DYS and Mental Health Service integration efforts including use of telepsychiatry and updated practice protocols	Mental Health and Juvenile Justice Policy Group
September 12-13	Montgomery City and Fulton	Program visits, presentation and overview of Missouri's therapeutic treatment approach to delegates from New Mexico	Juvenile justice leaders and policy makers from New Mexico
September 14	St. Louis	Presentation to St. Louis Area Resources for Community and Human Services (ARCHS) Community Partnership regarding community-based supports for young people transitioning from DYS to the community	Officials from ARCHS and program providers

Date	Location	Topic	Audience
September 19	St. Louis	Presentation to Riverview Gardens School District regarding strategies for providing support to students and families to increase academic achievement, stability, health and wellness	Leaders of Riverview Gardens School District
September 23	Jefferson City	Presentation and dialogue at Missouri Juvenile Justice Association quarterly administrative concerns meeting	Chief Juvenile Court Personnel from across Missouri
October 10-14	Washington DC	Panelist at US Department of Justice national workgroup on improving conditions of confinement for youth and increasing parent and community engagement in the juvenile justice system	National juvenile justice leaders, state, local and federal officials, parent organizations and advocacy groups
October 17	Cambridge, MA via video conference	Guest lecturer at Harvard University School of Social Work teaching Missouri's juvenile justice approach	Harvard students and faculty
October 30-November 1	Laramie, WY	Provided technical assistance to Wyoming juvenile justice authorities regarding best practices in juvenile justice	Law enforcement, county commissioners, Youth Services and other community leaders
November 14-15	Rich Hill and Waverly	Participated in national study of juvenile justice education programs to highlight Missouri practices	Officials from the University of Maryland
November 17	Lake Ozark	Presentation at the Missouri Reentry Conference where DYS young people led a session and presented a musical play on taking care of the environment	Professionals working in all areas of the field of corrections
December 1-2	Cambridge, MA	Guest lecturer at Harvard Law School, Child Advocacy Program; met with individual students to provide advice and support for projects related to areas such as education, juvenile justice and foster care.	Harvard Law School students, faculty, staff and guests Individual session held with social work students as a follow up to October 17 video conference
December 5-6	Washington DC	Presentation at the Youth Advocate Programs Symposium regarding current challenges facing juvenile justice reform	National juvenile justice leaders; advocacy groups and state, local and federal officials
December 13	Jefferson City	Telephone interview regarding rehabilitation of youthful offenders	Jennifer Dubin, Assistant Editor, *American Educator*
December 16	Mt. Vernon	Program visit, presentation and overview of Missouri's therapeutic treatment approach to delegates from the state of Oklahoma	Oklahoma Office of Juvenile Affairs and local judicial circuits

Date	Location	Topic	Audience
December 19	Jefferson City	Telephone interview with regarding modern juvenile facilities and Missouri's therapeutic treatment approach	Joseph Dobrian, journalist, *Juvenile and Family Justice Today*
January 20-22	Phoenix, AZ	Led CJCA executive committee and general membership meeting and participated in workshops regarding best practices in juvenile justice, recidivism and positive youth outcomes at the Council of Juvenile Correctional Administrators meeting	Directors of state Youth Services and correctional agencies
February 15	St. Louis	Conducted professional development session at the DYS MET Center	DYS St. Louis leadership team
February 17	Jefferson City	Participated in roundtable on the prevention of child sexual abuse to support the work of the Task Force on Prevention of Child Sexual Abuse	State lawmakers and child advocates
February 21	Jefferson City	Speaker at annual 4-H Legislative Academy of student leaders regarding DYS and challenges facing young people in the juvenile justice system	Student leaders and sponsors from communities around the state
February 29	Columbia	Guest lecturer at University of Missouri School of Medicine and Psychiatry regarding the DYS treatment approach	University faculty and students who are fellows in the psychiatry program
March 7	Jefferson City	Panelist on a national webinar entitled "Building a Continuum of Services for Youth in Custody" hosted by the US Department of Justice	National juvenile justice leaders, policymakers and child advocates
March 8	Montgomery City	Program visit, presentation and overview of Missouri's therapeutic treatment approach and dual jurisdiction program to students from Washington University School of Law	Students and staff from Washington University School of Law
March 16	Jefferson City	Presentation and dialogue at Missouri Juvenile Justice Association Detention Leaders meeting; topics included the National Center for Youth in Custody and the division's Juvenile Court Diversion program	Chief Juvenile Court Personnel from across Missouri
March 23	St. Louis	Panelist at the 12th Annual Access to Equal Justice Colloquium at Washington University School of Law	Students, faculty, staff and guests of the Washington University School of Law

Date	Location	Topic	Audience
March 26-27	St. Louis	Provided leadership at the DYS St. Louis region community integration conference	DYS St. Louis leadership team, community partners and families
April 10-12	Washington DC	Participated in Juvenile Justice Leadership Network meeting which included sessions on trauma informed care, re-engineering juvenile justice systems and culture change	National juvenile justice leaders and policymakers
April 24-26	Houston, TX	Participated in the Juvenile Detention Alternatives Initiative (JDAI) Inter-site conference, which included workshops on reform innovations and community and family engagement	National juvenile justice leaders, advocacy organizations, local juvenile courts, schools and community partners
May 2	St. Louis	Participated in a technical assistance planning meeting with federal officials involved in the National Center for Youth in Custody	Leaders from the US Department of Justice, Office of Juvenile Justice and Delinquency Prevention
May 2	Granite City, IL	Juvenile justice site visit regarding the *Redeploy Illinois* diversion program	Leaders from the Illinois Department of Corrections and US Department of Justice
May 5	St. Louis	Attended Fathers Support Center Youth Mentorship Awards Luncheon	Parents, youth, mentors and community partners
May 9-11	Toronto, Ontario	Presented at the Youth in Focus Conference sponsored by Penn State Justice and Safety Institute and Humber College	Child, youth and community organizations, government leaders, educators, law enforcement and correctional services
May 15-16	St. Louis	Program visit, presentation and overview of Missouri's therapeutic treatment approach and dual jurisdiction program to delegates from the states of New York and Louisiana	Juvenile justice leaders and policymakers from New York City and Louisiana
June 7	Kansas City	Speaker at the division's northwest regional graduation ceremony where over 70 young people attended to accept their GED or high school diploma	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members
June 14	Springfield	Participated in the division's southwest regional graduation ceremony where over 65 young people attended and accepted their GED or high school diploma	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members
June 26	St. Louis	Speaker at the division's St. Louis regional graduation ceremony where over 78 young people attended to accept their GED or high school diploma	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members

Ian McCaslin, MD, MPH, Director, MO HealthNet Division

Date	Location	Topic	Audience
July 14-15	Tyson's Corner, VA	Panelist on topic of variations in state Medicaid perspectives	Attendees of World Congress Leadership Summit on Medicaid
July 13	Columbia	Participant in seminar focused on the implementation of the Accredited Standards Committee Version 5010 and the National Council for Prescription Drug Programs Version D.0 transaction sets	Attendees of seminar hosted by MO HealthNet Division in collaboration with Missouri strategic national Implementation process
August 10	St. Louis	Participant in St. Louis Integrated Health networking event	St. Louis health care stakeholders
August 18	Cape Girardeau	Health home site visit	Staff at Cross Trails Medical Center
August 18	Sikeston	Health home site visit	Staff at Sikeston Medical Clinic
August 19	Poplar Bluff	Health home site visit	Staff at Kneibert Clinic
August 19	Ellington	Health home site visit	Staff at Missouri Highlands Health Care
August 24	Cameron	Health home site visit	Staff at Cameron Regional Medical Center
August 24	Columbia	Health home site visit	Staff at University of Missouri Family and Community Medicine Greene Meadows Clinic
September 8	Jefferson City	Meeting participant regarding prompt pay, NGQA duplicate deeming issue, and health insurance exchange	Attendees of meeting sponsored by Missouri managed care health plans, Missouri Association of Health Plans
September 13	St. Louis	Participant at St. Louis Regional Health Commission 10th Anniversary Summit	St. Louis health care stakeholders
September 22	St. Louis	Panelist on State of the Union in healthcare in Missouri and healthcare reform	Attendees of Future of Healthcare Finance conference sponsored by the Greater St. Louis Chapter – Healthcare Financial Management Association; Missouri Healthcare Executives Group; and Midwest Gateway Chapter – Healthcare Information Management Systems Society.
September 26	Chicago, IL	Participant in listening session regarding affordable insurance exchanges	Attendees of event sponsored by Centers for Medicare and Medicaid Services
October 2	Kansas City	Participant in discussion regarding Medicaid and CHIP Payment and Access	Participants of Medicaid and CHIP payment and access commission meeting
October 3-4	Kansas City	Participant at State Health Policy conference	Conference sponsored by National Association of State Health Policy

Date	Location	Topic	Audience
October 27	St. Louis	Attendee at Institute for Public Health National Council meeting	Washington University
October 28	Washington, DC	Presenter on managed care and its value to the MO HealthNet program	Congressional staff briefing sponsored by Alliance for Health Reform and The Centene Corporation
November 2-3	Portland, OR	Presenter on what primary care will look like in the future	Participants in conference sponsored by Centers for Health Care Strategies
November 4	Kansas City	Site visit	Staff at Cerner Vision Center
November 7	Arlington, VA	Presenter on the impact of proposed provider tax changes	Attendees of the National Association of Medicaid Directors annual meeting
November 17	St. Louis	Participant at Task Force on Prematurity and Infant Mortality initial meeting	Task force members
November 29	Jefferson City	Presenter on Models for Health Homes Program Development – How Missouri is Building upon Existing Community Mental Health Centers and Primary Care Providers	Participants of Webinar sponsored by Integrated Care Resource Center,
December 15	St. Louis	Opening speaker at medical home learning collaborative	Health home providers
February 23	Baltimore, MD	Presenter on deficit reduction and health care	Senior Congressional health staff retreat sponsored by Alliance for Health Reform
February 24	Baltimore, MD	Participant in discussion regarding shared savings proposals for health homes, both duals and non-duals, both primary care and CMHCs, and value-based purchasing initiative	Staff from Centers for Health Care Strategies
March 20	St. Louis	Attendee at discussion regarding pediatric needs within St. Louis City	Community workgroup sponsored by Cardinal Glennon and St. Louis Children's Hospital
March 21	St. Louis	Attendee at Institute for Public Health National Council meeting	Washington University
April 10-12	Baltimore, MD	Leveraging of Health Information Technologies to support the Health Home Initiative	Attendees of Fourth Annual CMS Multi-State Medicaid HITECH conference
April 19-20	Minneapolis, MN	Panelist on discussion regarding service integration	Attendees of National Governor's Association meeting

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Toll-Free Informational Phone Numbers

Child Abuse/Neglect Hotline (MO only)	1-800-392-3738
Child Support Customer Service Call Center (enforcement calls only)	1-866-313-9960
Child Support Employer Information	1-800-585-9234
Child Support General Information	1-800-859-7999
Child Support Payment Information (IVR)	1-800-225-0530
Elderly Abuse/Neglect Hotline	1-800-392-0210
Food Stamp Case Information	1-800-392-1261
Foster Adoptline	1-800-554-2222
Missouri Rx Plan (MoRx)	1-800-375-1406
Missouri School Violence Hotline	1-866-748-7047
Missouri's Long-Term Care Ombudsman (DHSS)	1-800-309-3282
MO HealthNet Case Information	1-800-392-1261
MO HealthNet Exception Process	1-800-392-8030
MO HealthNet Participant Services	1-800-392-2161
MO HealthNet Premium Collections	1-877-888-2811
MO HealthNet Service Center	1-888-275-5908
Office of Child Advocate	1-866-457-2302
ParentLink WarmLine	1-800-552-8522 En Español 1-888-460-0008
Rehabilitation Services for the Blind	1-800-592-6004
STAT (State Technical Assistance Team)	1-800-487-1626
Temporary Assistance/SAB/BP Case Information	1-800-392-1261
Text Telephone	1-800-735-2966
TTD Voice Access	1-800-735-2466

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