

2010



Annual Report

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July 14, 2011

Dear Fellow Missourians:

The Missouri Department of Social Services works to help families live better, more independent lives.

I am fortunate to lead the talented group of people who help make this happen. The dedicated men and women in the Department of Social Services are delivering solid results each day through innovation, sound fiscal management and a commitment to the children and families of Missouri.

I would like to share with you some of the many accomplishments we achieved last year:



Department of Social Services (DSS) Accomplishments

- Children's Division (CD) staff are committed to providing the best possible services, maximizing efforts to achieve favorable outcomes for Missouri children and families. CD is one of seven state administered child welfare agencies accredited by the Council on Accreditation.
- Division of Youth Services (DYS) staff continue to draw national acclaim for delivery of innovative, humane and effective services to troubled youth. DYS youth graduate from high school and achieve GED certificates at rates more than three times the national average. The Fort Bell and Montgomery City programs were among seven sites recognized as having the lowest rates of sexual victimization in the country based on the Prison Rape Elimination Act report published in January 2010.
- Family Support Division (FSD) staff were recognized by the federal Rehabilitation Services Administration for being exceptionally successful in helping visually impaired people achieve meaningful employment and independence. Also of note are the record levels of Child Support collections staff achieved in a challenging economic and operational climate. Income Maintenance staff developed processes to share work and manage growing caseloads while achieving efficiencies and cost savings.

RELAY MISSOURI

FOR HEARING AND SPEECH IMPAIRED

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- MO HealthNet Division (MHD) staff used program efficiencies and cost saving strategies obtained through one of the most comprehensive Medicaid assessments in the nation to bend the cost curve and to continue health care coverage for 900,000 Missourians without a reduction in eligibility.
- MO-HITECH completed the state's strategic and operational plans, which will help improve health care quality and safety and secure exchange of electronic health information among Missouri's health care providers.
- Division of Finance and Administrative Support staff secured nearly \$50 million in TANF emergency contingency funds and are leading the department's American Recovery and Reinvestment Act 1512 reporting.
- Division of Legal Services (DLS) staff significantly improved the Child Support hearing process and increased the rate of decisions completed within 60 days from 18% in 2008 to nearly 89% by July 2010. During SFY-2010, DLS staff also collected \$2.1 million in fraudulent payments to providers and clients, increased the number of lawsuits closed by 26% and responded to nearly double the number of Sunshine requests.

State Fiscal Year-2011 Plans

During the current fiscal year, the entire department will focus on improving internal communication, increasing diversity and raising staff awareness of their contribution to the agency's success. The DSS team will also continue to lay groundwork related to the Patient Protection and Affordable Care Act Affordable Care Act, implement the statewide health information exchange and support the deployment of electronic health records for hospitals and physicians.

While DSS issues are especially complex and often challenging, I am optimistic that we will continue to help Missouri families reach their potential with our support.

Sincerely,



Ronald J. Levy
Director

Department of Social Services

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 for the people of Missouri
- Excellence in customer service
- Proficiency of performance
- Integrity of stewardship
- Accountability above all.

Core Functions

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



Emerging Issues

- Strategically managing core functions in the midst of budget constraints and reductions
- Studying the federal Patient Protection and Affordable Care Act
- Developing and implementing a statewide health information exchange and supporting deployment of electronic health records for hospitals and physicians throughout Missouri
- Implementing the 2011 strategic plan to improve DSS performance/operations with special emphasis on effective communication and diversity

Overarching DSS Objectives

1. Study federal health care legislation – Patient Protection and Affordable Care Act (PPACA)
2. Develop and implement a statewide health information exchange (Missouri Health Information Organization [MHIO]) and support deployment of electronic health records for hospitals and physicians throughout Missouri (Missouri Office of Health Information Technology [MO-HITECH] and Medicaid)
3. Improve DSS performance/operations and implement 2011 strategic plan
4. Develop and implement a comprehensive department internal communications plan that engages and informs staff based on the findings of the Survey of Employee Engagement (SEE)

CORE FUNCTION: Child Protection and Permanency

Children’s Division (CD)

Goal: Every Missouri child will be safe and live free from abuse and neglect.

2011 Objectives:

1. Develop and Implement the Program Improvement Plan (PIP) based on findings of the Child and Family Services Review (CFSR)
2. Maximize the existing child care provider payment structure to better reflect the quality of services provided to subsidized children
3. Improve safety outcomes for children involved with the Children’s Division with an ultimate goal of zero child fatalities resulting from child abuse and neglect
4. Develop and implement strategies for improved employee engagement based on the SEE

CORE FUNCTION: Youth Rehabilitation

Division of Youth Services (DYS)

Goal: Every young person served by DYS will become a productive citizen and lead a fulfilling life.

2011 Objectives:

1. Increase safety and quality of residential care programs
2. Strengthen treatment planning, case management and transition services
3. Expand and strengthen non-residential continuum of care
4. More effectively prepare youth for work, education and career
5. Maximize revenue opportunities and efficient and effective use of agency resources
6. Expand and increase use of data and technology to improve agency performance
7. Revitalize the DYS Advisory Board and Community Liaison Councils
8. Improve internal communications and develop system to more efficiently and effectively respond to Missouri DYS information requests
9. More fully align and enhance staff professional development and leadership development
10. Conduct review of nursing, medical care and nutrition services

Strategic Plan 2011

<p>CORE FUNCTION: Access to Quality Health Care</p> <p>MO HealthNet Division (MHD)</p> <p>Goal: <i>Every MO HealthNet participant has access to high quality, cost effective health care.</i></p> <p>2011 Objectives:</p> <ol style="list-style-type: none"> 1. Monitor and improve access and quality for MO HealthNet (MHN) participants through the fee for service delivery system 2. Monitor and improve access and quality for MHN participants through the managed care delivery system 3. Develop and implement Patient Protection and Affordable Care Act initiatives 4. Revamp and reengineer Program Integrity and develop a comprehensive plan for implementation 5. Implement MO HealthNet budget cost containment measures 6. Revise hospital reimbursement methodology 7. Implement pharmacy quality improvement and cost containment initiatives 8. Implement an approved informatics Medicaid incentive payment within the Missouri Office of Health Information Technology (MO-HITECH) 9. Develop and implement strategies for improved employee engagement based on the SEE 	<p>CORE FUNCTION: Maintaining and Strengthening Families</p> <p>Family Support Division (FSD)</p> <p>Goal: <i>Every eligible Missourian has access to supports that assist them in overcoming barriers to self reliance.</i></p> <p>2011 Objectives:</p> <ol style="list-style-type: none"> 1. Improve Temporary Assistance for Needy Families (TANF) work participation rate 2. Improve Food Stamp payment accuracy rate 3. Improve Caseload Management and Service Delivery Model 4. Conduct comprehensive review of Permanent and Total Disability (PTD) process and platform 5. Accomplish Family Assistance Management Information System (FAMIS) transition to Information Technology Services Division (ITSD) 6. Improve paternity establishment percentage statewide 7. Improve Child Support program outcomes 8. Consolidation and integration of offices specialized by case function 9. Implement automated case management systems 10. Implement strategies for improved employee engagement based on the SEE 11. Develop competency-based training program for FSD
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Supporting the DSS Core Functions

Goal: DSS will operate with responsiveness, accountability and respect for the public trust.

Division of Finance and Administration (DFAS)

2011 Objectives:

1. Implement federal transparency reporting for federal grant awards as required by the Federal Funding Accountability and Transparency Act of 2006
2. Strengthen and standardize DSS contract management
3. Strengthen DSS financial operations structure
4. Strengthen and improve DSS audit/compliance function

Director's Office – Human Resource Center (HRC)

2011 Objectives:

1. Provide timely, accurate and consistent human resource consultation and information
2. Strengthen professional development activities
3. Promote diversity
4. Improve employee satisfaction with DSS as an employer

Director's Office – Legislative Liaison

2011 Objectives:

1. Ensure passage of DSS legislative initiatives
2. Respond timely to legislative and Governor's Office constituent requests

Division of Legal Services (DLS)

2011 Objectives:

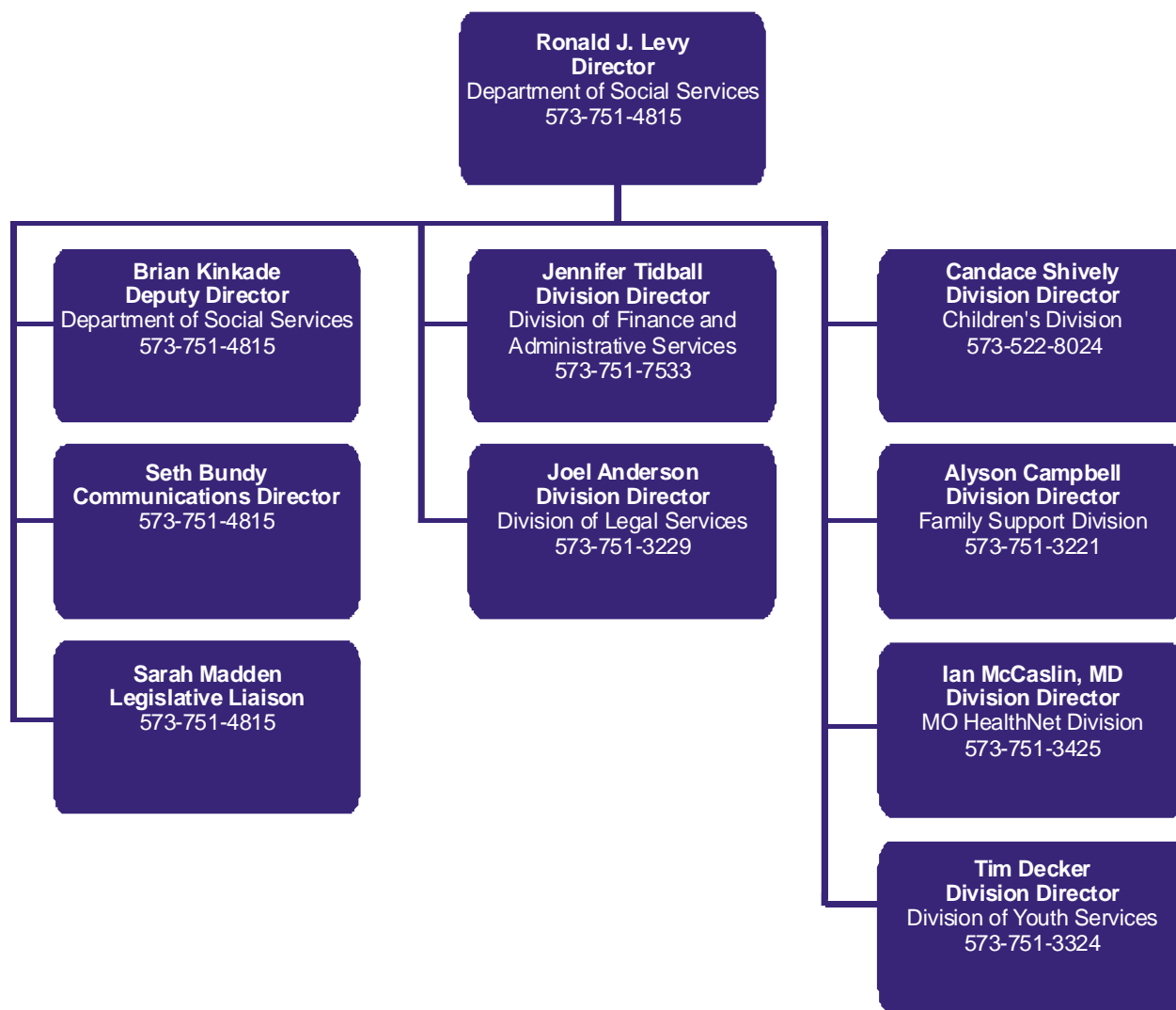
1. Improve legal representation for Children's Division (CD) permanency cases
2. Provide timely and accurate hearings for Child Support and public benefits cases
3. Train Family Support Division (FSD) and MO HealthNet Division (MHD) staff on providing due process to program recipients
4. Ensure lawful compliance of benefit closure or change notices
5. Ensure that CD has adequate regulations to govern its programs
6. Implement a litigation hold policy for the Department of Social Services
7. Develop and implement an efficient method for processing document requests that includes redaction of records

Director's Office – Communications

2011 Objectives:

1. Develop an internal communications plan that engages and informs staff for fulfillment of the DSS mission

Leadership



Note: The above organizational chart is current as of July 2011.

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
- Andrew Bond, Director, Center for Management Information, 573-751-4294

- Total spending has increased by 8.5% (\$591.9 million) between SFY-2011 planned and SFY-2009 actual while General Revenue (GR) has decreased by 0.9% (\$12.9 million).

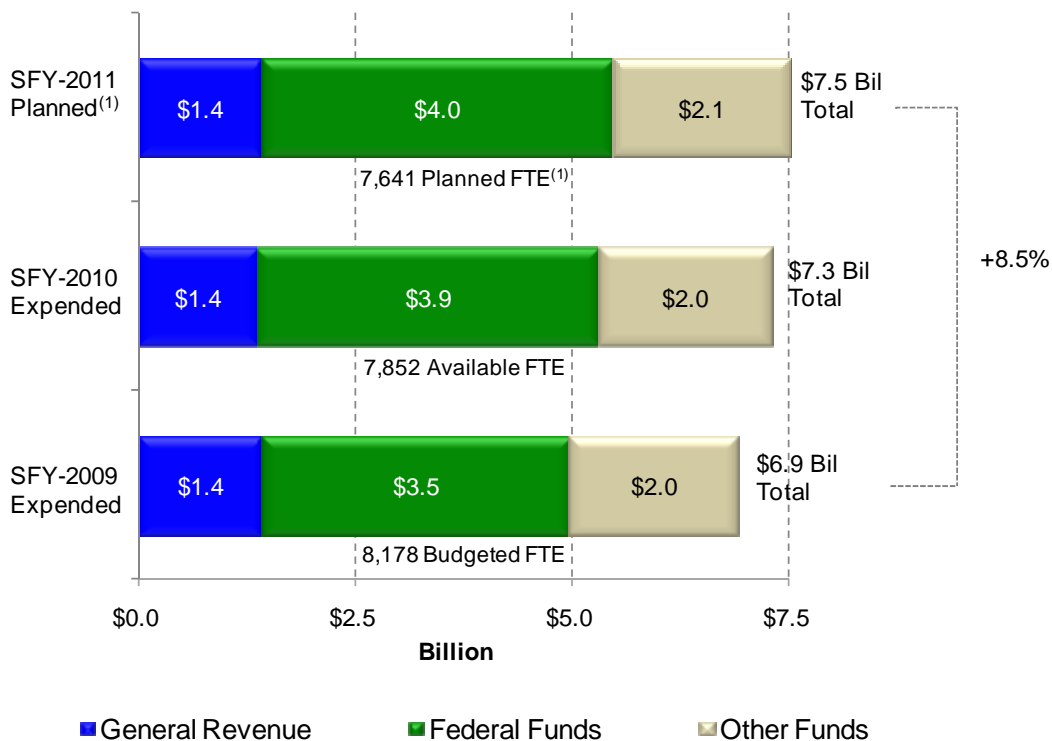
- While GR is decreasing, Federal and Other spending is growing, 14.5% (\$511.5 million) and 4.8% (\$93.3 million) respectively.

- The majority of total and GR growth has been in the Medicaid program (MO HealthNet Division), while other program divisions have seen flat or declining total spending and decreasing GR spending.

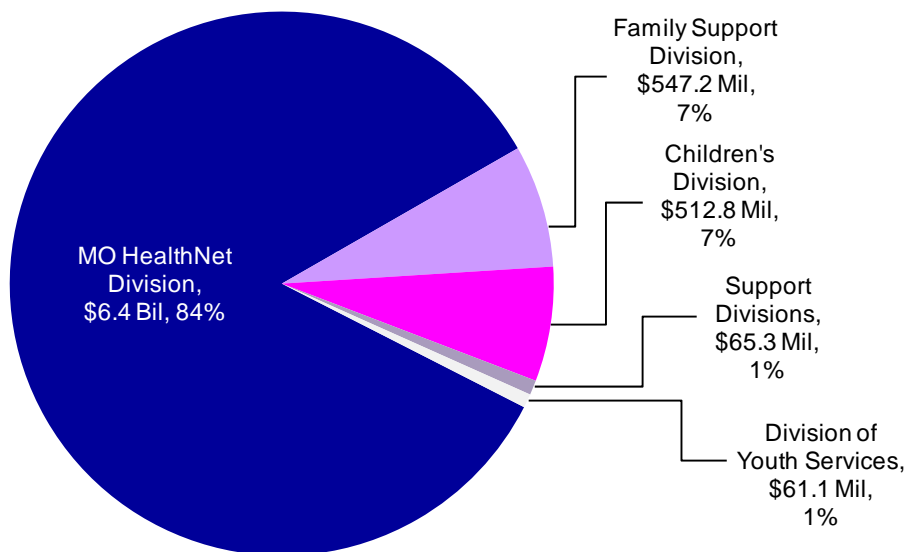
- The majority of department expenditures are made from Federal and Other fund sources. In SFY-2011, GR spending will account for only 18.9% of planned spending.

- Between SFY-2009 and SFY-2011, full time equivalents (FTE) have declined by 6.6% (537 FTE).

Department Expenditures SFY-2009 to SFY-2011 Planned With Fund Source Comparison (in billions)

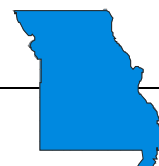


SFY-2011 Planned Expenditures⁽¹⁾ Funds by Division



(1) Planned expenditures and FTE are based on budget less reserves

2010 Quick Facts About DSS in Missouri



MO HealthNet¹

Number of people enrolled for MO HealthNet services	878,361
MO HealthNet dollars spent in state fiscal year 2010 ²	\$6,290.1 mil
Estimated federal portion of MO HealthNet dollars spent ²	\$3,981.1 mil
MO HealthNet dollars for inpatient hospital services	\$582.9 mil
MO HealthNet dollars for physician services	\$492.0 mil
MO HealthNet dollars for nursing home services	\$924.8 mil
MO HealthNet dollars for pharmacy services	\$867.1 mil
MO HealthNet dollars for managed care payments	\$1,061.5 mil

Family Support

Child support collections (IV-D and non-IV-D)	\$843.9 mil
Average monthly temporary assistance families ³	43,070
Total temporary assistance payments ³	\$120.3 mil
Average monthly food stamp benefit recipients	882,521
Total food stamp benefits received	\$1,332.8 mil

Child Protection and Permanency

Children involved in hotline reports ⁴	77,781
Children with substantiated abuse or neglect ⁴	5,700
Children with family assessments ⁴	37,743
Average monthly children in foster care ⁵	9,479
Children adopted	1,128
Total Children's Services expenditures ⁶	\$166.5 mil
Average children receiving subsidized child care	44,594
Child care expenditures	\$160.3 mil

Youth Services

Youths Committed ⁷	1,095
Average monthly youths in DYS custody	1,569

¹ Does not include Women's Health Services.

² Does not include Buy-In for Medicare premiums.

³ Includes Transitional Employment Benefit (TEB) Cases.

⁴ Children reported during the SFY.

⁵ Methodology for reporting changed in SFY 2010 -

Current data not comparable to historical data.

⁶ Payments to Performance Based Contractors are only included at the statewide level.

⁷ Does not include eight (8) dual jurisdiction cases statewide.

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Program Divisions

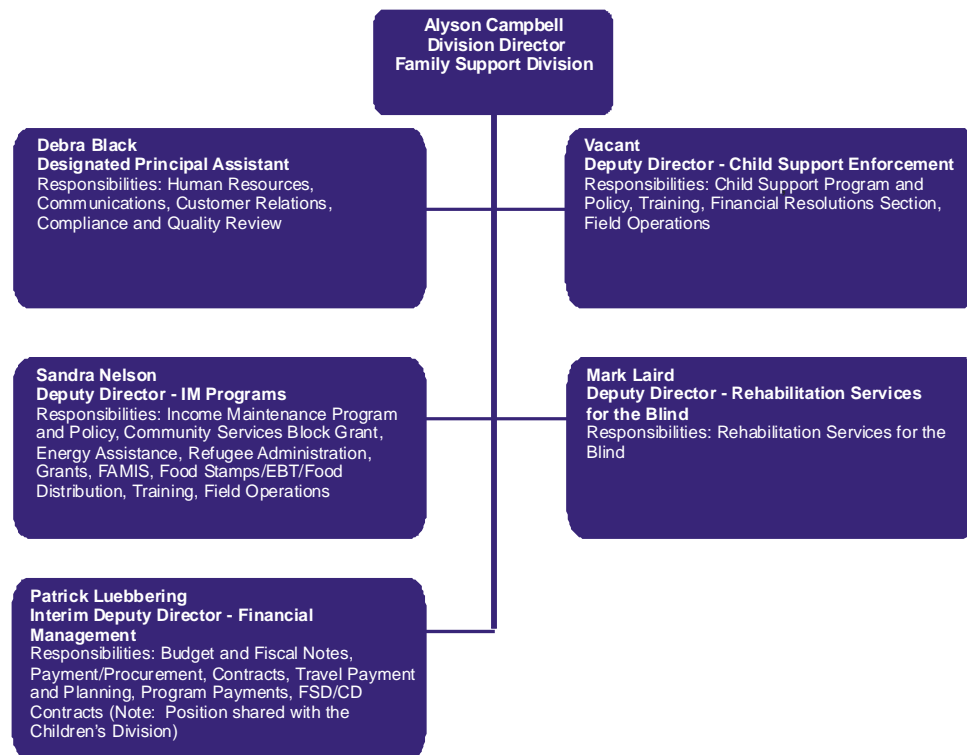
Family Support Division

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.

Programs & Services

- **Needs Based Programs**
 - Temporary Assistance
 - Food Stamps
 - Low Income Home Energy Assistance
 - MO HealthNet Eligibility
 - Subsidized Child Care Eligibility
- **Child Support Enforcement**
- **Rehabilitation Services for the Blind**

Leadership



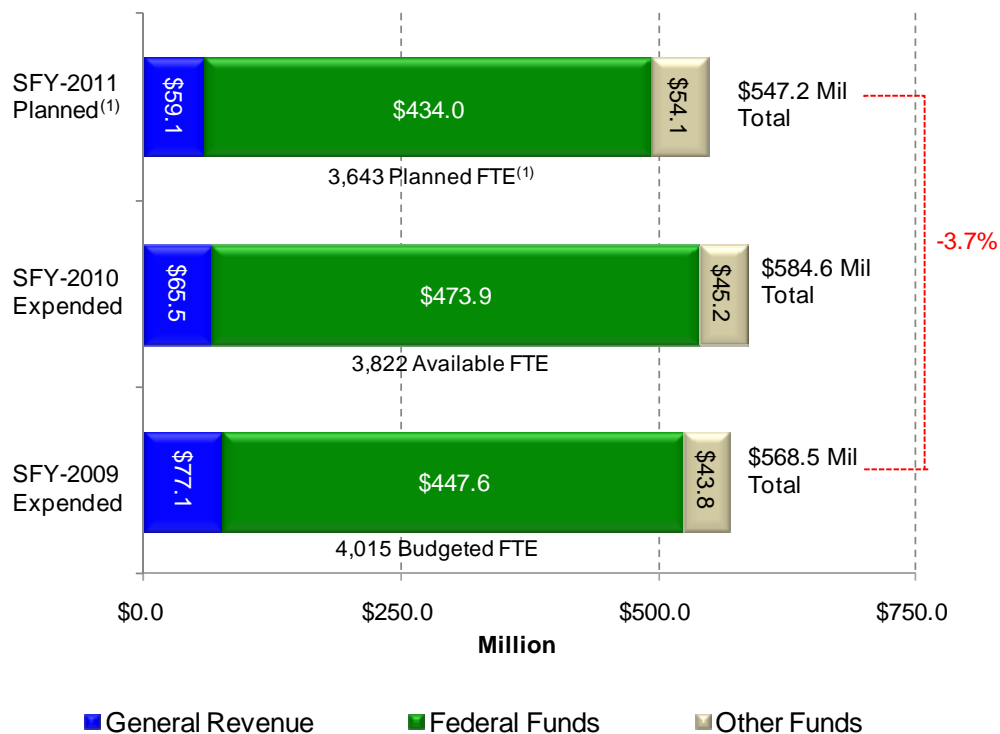
Note: The above organizational chart is current as of July 2011.

Financing

- Total FSD expenditures decreased by 3.7% (\$21.2 million). Federal spending is \$13.6 million lower. General Revenue (GR) spending will decline by 23.4% (\$18.0 million).
- Most significant GR decreases include:
 - Income Maintenance Field Staff and Operations – \$6.8 million;
 - Child Support Field Staff and Operations and reimbursement to prosecutors for IV-D work – \$3.3 million; and,
 - One-time American Recovery and Reinvestment Act (ARRA) Temporary Assistance for Needy Families (TANF) emergency contingency funds (ECF) in lieu of GR.

FSD Expenditures SFY-2009 to SFY-2011 Planned

(in millions)



(1) Planned expenditures and FTE are based on budget less reserves

- Federal spending will decline by 3% (\$13.6 million), while planned Federal spending for the Low Income Energy Assistance Program (LIHEAP) is projected to decline by \$41 million. There will be increases in:
 - Temporary Assistance – \$7.0 million;
 - Federal IV-D reimbursement for prosecuting attorney services – \$1.4 million;
 - Child Support payments passed through to families – \$13.0 million; and,
 - Federal grant increases to several programs (e.g., Emergency Shelter Grant, Food Distribution Grant).
- FSD is operating with 372 fewer FTE. This is a 9.3% reduction. The majority of the FTE decline has occurred in Income Maintenance programs.

Each Day

in Missouri

3,317

Food Stamp applications are processed

245

Temporary Assistance applications are processed

280

refugee families are being helped toward economic self sufficiency

\$2,300,000

in Child Support is collected and distributed to families

3,841

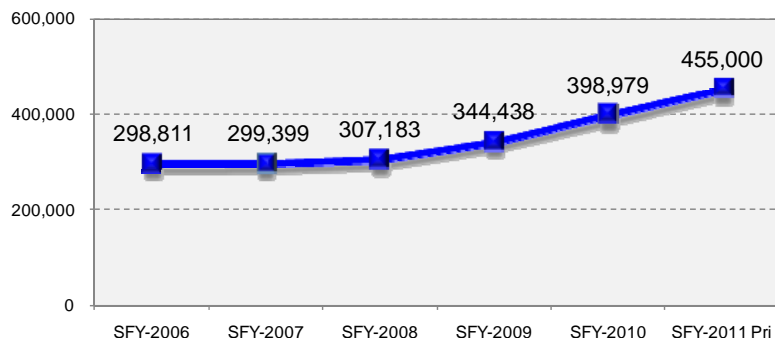
visually impaired people have either Blind Pension or Supplemental Aid to the Blind to help meet their living expenses

FSD Performance

Food Stamp Households

- Economic conditions are contributing to the increase in Food Stamp households.
- FSD is managing the increased caseload without increasing staff.
- The US Department of Agriculture has established state standards for case processing timeliness and payment accuracy. Poor performance can result in sanctions and superior performance may earn bonuses.
- For FFY-2009, the national average for timeliness was 89.9%, while Missouri's timeliness rate was 97.4%.
- For FFY-2009, the national average payment accuracy rate was 95.6%, while Missouri's rate was 94.7%.

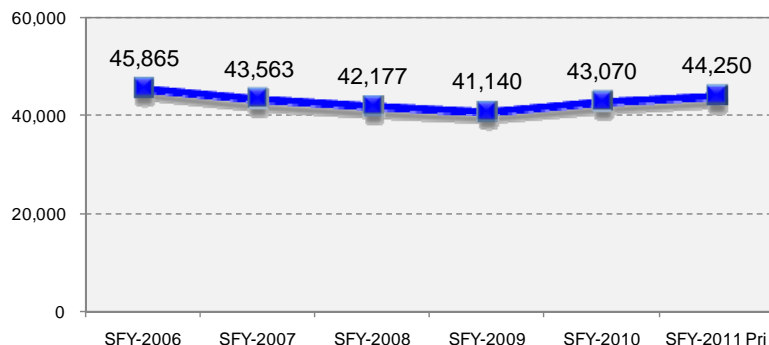
Food Stamp Households



Temporary Assistance Families

- The general downward trend in the number of families receiving Temporary Assistance for Needy Families (TANF) cash assistance has reversed in a weakened economy.
- Missouri has one of the lowest TANF eligibility levels in the nation, leading to fewer people being eligible. A family of 3 qualifies for a maximum of \$292 per month in assistance.
- TANF families must participate in training or job related activities.
- 2,169 individuals met the 60-month lifetime limit for TANF benefits in SFY-2010.

Temporary Assistance Families*

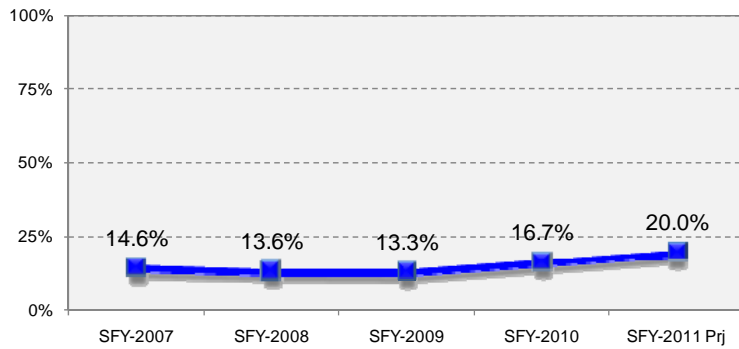


*Includes Transitional Employment Services (TEB) cases that began to receive services in November 2008. TEB cases included are 812 for SFY-2009, 1,393 for SFY-2010 and a projected 1,750 for SFY-2010.

Temporary Assistance Work Participation Rate

- The federal government requires states to meet a 50% work participation rate for adults receiving benefits under the TANF program.
- In FFY-2008, after a caseload reduction credit of 35.1%, Missouri's work participation target was 14.9%. Missouri's actual work participation rate was 14.2% for FFY-2008. The federal government has assessed Missouri an \$8.6 million penalty, which has been appealed.
- In SFY-2010, responsibility for work assistance programs was transferred from the Division of Workforce Development to the Department of Social Services.

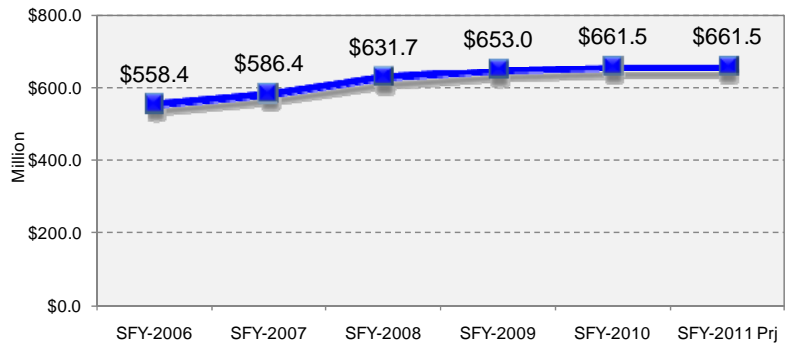
Temporary Assistance Work Participation Rate



Child Support Distributed Collections (IV-D Cases)

- Child Support collections have increased despite a 20.2% reduction in staff since SFY-2006.
- Reengineering of work processes and stratification of the caseload promotes better case management, operating efficiencies and enhanced productivity.
- Projected flat growth in collections in SFY-2011 reflects the impact of a weakened economy.

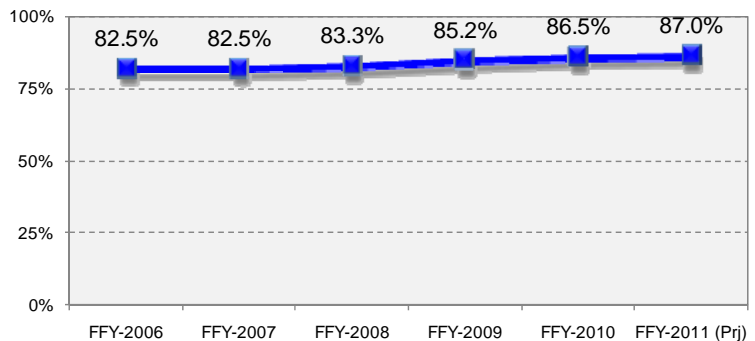
Child Support Distributed Collections (IV-D Cases)



Child Support Orders Established

- Growth in the percentage of Child Support cases with orders established continues to increase steadily.
- Growth in SFY-2011 and beyond is expected with efficiencies gained in establishing Child Support Enforcement offices where staff focuses on paternity and support order establishment.

Child Support Orders Established



2010 Highlights

ARRA

- ARRA funding received by FSD to date totals \$100.9 million (\$150 million for DSS).
- FSD was the lead agency on many ARRA programs.
- FSD funding streams include:
 - Food Stamps – 13.6% increase in Food Stamp benefits and \$6.5 million in administrative funding;
 - Homelessness and Rapid Re-Housing program, a new program to help prevent individuals from becoming homeless – \$12.0 million;
 - Community Services Block Grant to the Community Action Agencies – \$24.7 million;
 - The Emergency Food Assistance Program (TEFAP) – Approximately \$1.9 million in food commodities and approximately \$1.0 million in administrative funding;
 - TANF emergency contingency funding to support food banks, the Summer Youth Jobs program, domestic violence crisis services, homeless shelters and caseload growth for the Temporary Assistance program – \$49.2 million; and,
 - An additional \$5.6 million in claimed IV-D Child Support earnings on incentive funds to offset GR expenditures.

RSB Performance

- In FFY-2009, out of the 24 states with separate blind agencies, Missouri's Rehabilitation Services for the Blind (RSB) was 1 of 2 agencies that passed federal performance requirements under standard 1 and the only separate blind agency to pass the performance requirement under standard 2.
- FSD/RSB assisted 267 blind and severely visually impaired Missourians in reaching their employment goals in FFY-2010.
- Of the blind and severely visually impaired Missourians leaving the program after receiving services, 83.4% achieved a successful employment outcome.

FAMIS Transition

- DSS terminated the Family Assistance Management Information System (FAMIS) oversight contract.
- As of July 1, 2010, DSS began the transition of FAMIS to Office of Administration/Information Technology Services Division.

Child Support Paternity Stratification

- To improve paternity establishment and overall program performance, the paternity caseload statewide has been stratified into 5 categories by case processes. Through this project, FSD expects Missouri's paternity establishment percentage score, a federal performance measure, to increase from 90.1% in FFY-2009 to 91% in FFY-2011.

Key FSD Projects

RSB Automated System

- RSB's electronic case management system is a web-based interpretive engine which will be used for building a comprehensive electronic information management system for the Vocational Rehabilitation, Independent Living, Older Blind Services, Children's Services and Prevention of Blindness programs.
- 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 staff time spent on data entry allowing more time to be spent on direct customer (client and employer) 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 assistance to blind and severely visually impaired Missourians who successfully engage in employment and an associated reduction in dependency and costs to other state programs.

Child Support Arrearage Reduction

- Missouri has 2.3% of the national Child Support program's caseload and 2.1% of the national program's arrears.
- Missouri's total IV-D Child Support in arrears was \$2.3 billion in SFY-2010.
- In SFY-2010, FSD made it a goal to use managed reports, case closure policy and the existing statute of limitations to reduce the arrearage balance.
- IV-D Child Support arrears were reduced by more than \$120 million in calendar year 2010 through implementation of arrearage reduction strategies.
- FSD is now reviewing its current policies and other states' laws to determine if any additional changes to Missouri's policy should be considered to reduce arrearages.



Alyson Campbell
FSD Director

On the FSD Horizon . . .

CSE Office Specialization

- FSD is working to create new efficiencies and to maximize economies of scale by establishing specialized offices. In addition to 3 existing specialized offices in Jefferson City, 5 offices specialized in enforcement only and 1 office in paternity and support order establishment only have been developed.
- On October 1, 2010, the division started a pilot project converting the Warrensburg field office to a specialized paternity and support order establishment office. Local citizens can still receive the full range of services at the Warrensburg office.
- After 6 months, FSD will evaluate the pilot's success. Based on findings, a decision will be made on additional conversion of Child Support offices to specialized roles as the caseload demands.

TANF Work Participation

- Missouri is required to sustain a 50% work participation rate to comply with federal requirements.
- After a caseload reduction credit of 35.1%, Missouri's FFY-2008 target was 14.9%. Missouri achieved a 14.2% work participation rate for that year. The federal government assessed an \$8.6 million penalty, which is being appealed.
- Missouri's work participation rate is 16.7% for SFY-2010, with a goal of 20% for SFY-2011.
- To increase the work participation rate, administration of the case management and work participation activities was transferred from Department of Economic Development/Division of Workforce Development to FSD on July 1, 2010.

Kiosk Access to DSS Services

- FSD will study the feasibility of using kiosks as a consumer-friendly, cost effective way to provide additional access points for clients. Kiosks would not replace local offices, but rather provide access in the communities where our customers go to 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 Child Support payments and 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, even possibly information from other departments 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 would:
 - Promote use of web-based services by making relevant information more conveniently accessible;
 - Encourage client self-service of base case functions;
 - Drive innovation in ways 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.

Employer Web Site for Child Support

- A contract has been awarded to create a website for employers to provide legally required information to FSD, eliminating the need for paper documents.
- The site will allow employers to:
 - Report new hires, enhancing FSD's ability to match to noncustodial parents and establish income withholding orders with employers;
 - Report employee separation;
 - Verify employment; and,
 - Electronically withhold Child Support from pay.

Program Divisions

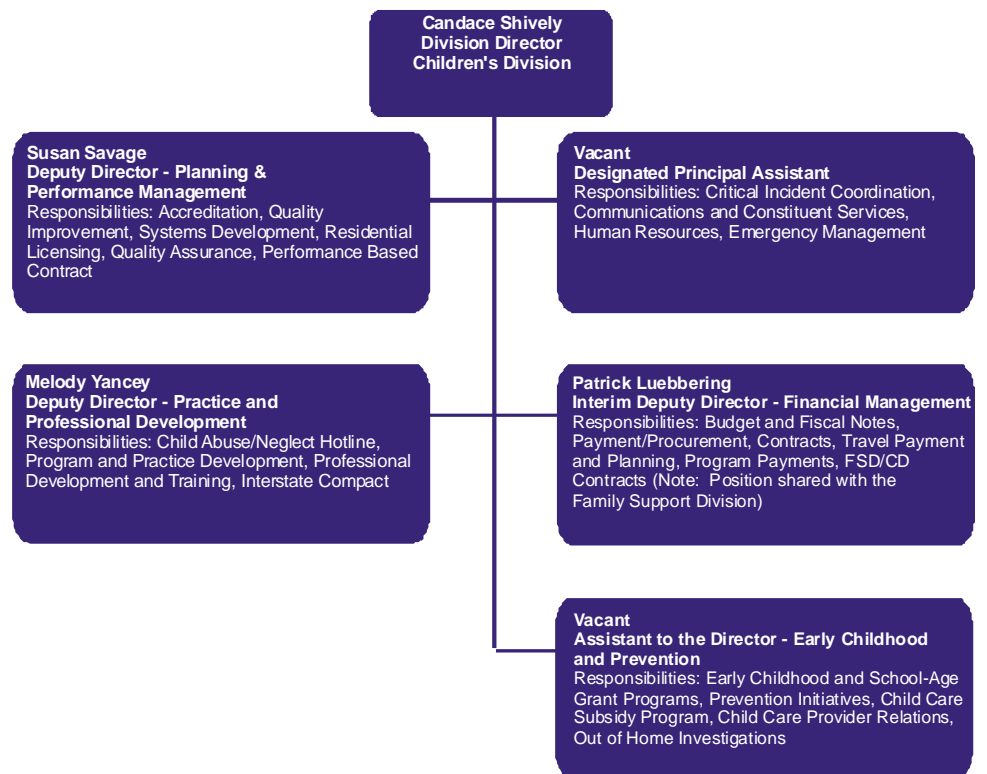
Children's Division

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

Programs & Services

- **Child Safety and Permanency**
 - Child Abuse and Neglect Investigation
 - Foster Care and Treatment Services
 - Adoption/Guardianship
 - Independent/Transitional Living
- **Subsidized Child Care**
- **Early Childhood**
- **Child Abuse Prevention**

Leadership

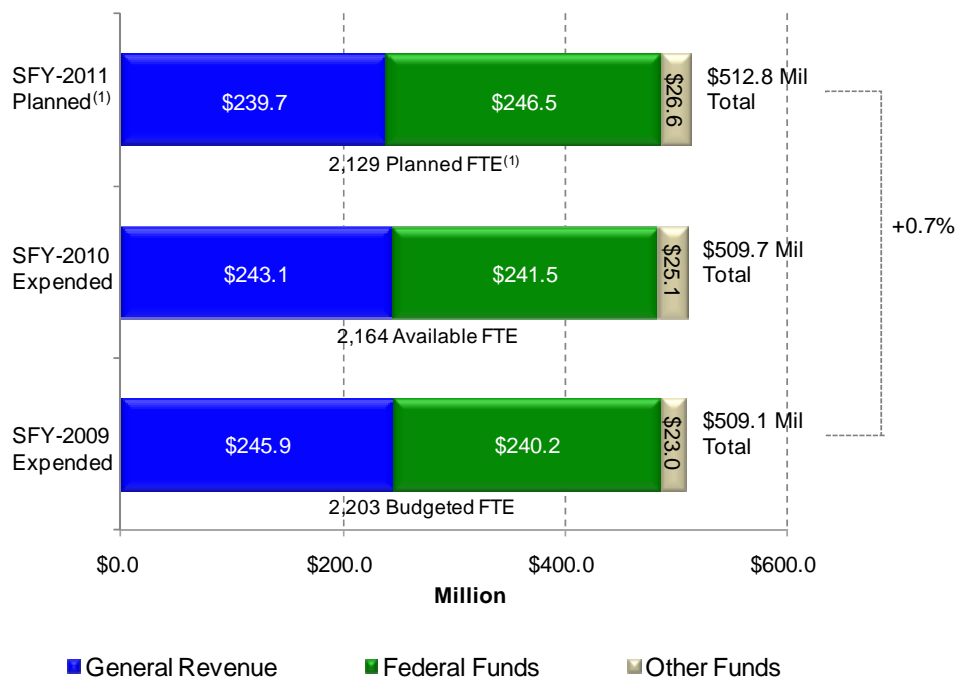


Note: The above organizational chart is current as of July 2011.

Financing

- Total expenditures have increased by less than 1% (\$3.8 million).
- Federal and Other fund spending have increased 2.7% (\$6.4 million) and 15.7% (\$3.6 million), respectively.
- General Revenue (GR) spending declined 2.5% (\$6.2 million).
- Decline in GR spending was aided by:
 - Reduction to the Children's Program Pool GR funding due to decreases in contract spending and a legislative core reduction; and,
 - Reductions in GR Child Care spending due to utilization of ARRA funding.
- CD full time equivalents (FTE) declined by 3.4%, or 74 FTE.

CD Expenditures SFY-2009 to SFY-2011 Planned (in millions)



(1) Planned expenditures and FTE are based on budget less reserves

Each Day in Missouri

146
child abuse and neglect
incidents are reported

11
child abuse and neglect
incidents are substantiated
on 16 children

3
adoptions are finalized

44,594
children from
low-income families
receive subsidized
Child Care

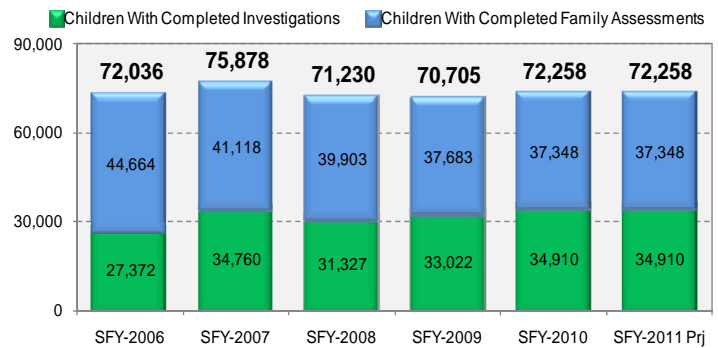
1,468
child care programs
serving 38,159 children
are provided training and
technical assistance
through Educare

CD Performance

Children With CAN Hotline Reports Completed

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

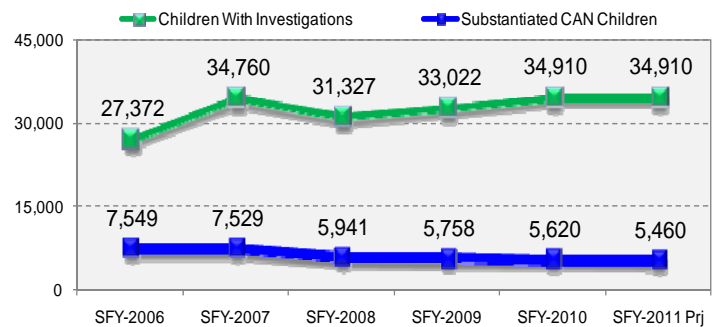
Children With CAN Hotline Reports Completed



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.

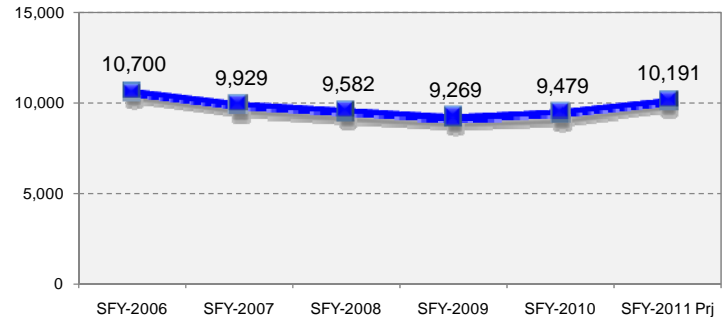
Children With Completed CAN Investigations and Concluded Substantiated CAN



Average of Month End Number of Children in Foster Care

- Fewer children are exiting than entering Foster Care.
- Intensive In-Home Services are designed to reduce entries into Foster Care.
- Reunification with families is expedited through needs assessments of children and families, family support team meetings and guardian/relative subsidies.
- Manageable caseloads need to be sustained to expedite permanency for children.

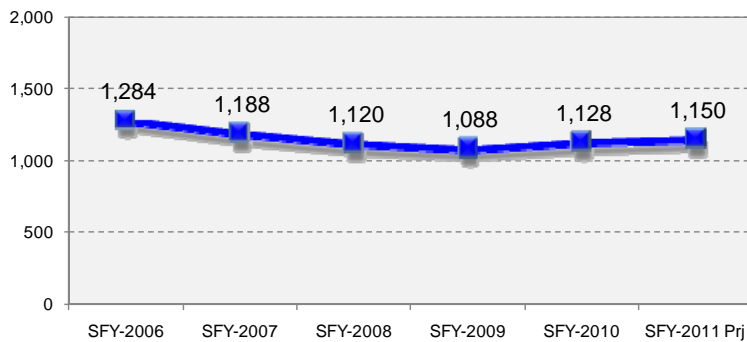
Average of Month End Number of Children in Foster Care



Children Adopted

- Increases in subsidized guardianship could present a challenge for adoptions, as there is no fiscal incentive for pursuing adoption.
- Increased average age and need level 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

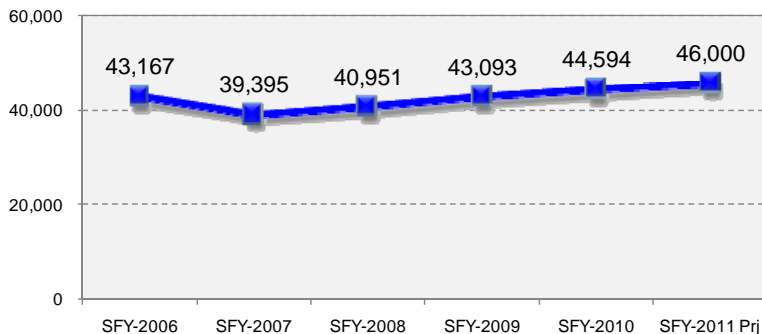


Note: Prior year adoptions reflect updated counts shown in the SFY-2010 Children's Division Annual Report, Table 30.

Children Receiving Subsidized Child Care

- In 2008, eligibility was increased to 130% (currently at 127%) of poverty, the economy declined and Transitional Child Care was implemented. This resulted in more families eligible for longer periods.
- Utilization increased in SFY-2010 due to ARRA funded projects. Projections for SFY-2011 are expected to continue to increase as ARRA funding remains available through September 2011.

Children Receiving Subsidized Child Care



2010 Highlights

Accreditation

- In 2004, the General Assembly established a goal to have the Children's Division attain accreditation by the Council on Accreditation (COA) within 5 years.
- COA rigorously reviewed Missouri's child welfare system, measuring it against more than 800 nationally recognized standards that address the entire organization including its policies, procedures, programs and practices.
- Statewide accreditation was achieved on November 13, 2009.

CFSR

- 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 is composed of 3 phases: the statewide assessment conducted in March 2010, the on-site review completed in June 2010 and the program improvement plan (PIP) submitted to the federal government in December 2010.

Heart Gallery

- Missouri adopted the Heart Gallery concept in 2006 as a unique way to help children in Foster Care who are waiting for adoptive families.
- The Missouri Adoption Heart Gallery's adoption awareness efforts are successful in raising awareness of the need for permanent homes for children through adoption, as well as the need for temporary Foster Care resources around the state.
- Through the Heart Gallery, in the past 5 years there have been 304 potential families in progress as of result of expressed interest from seeing a child featured in the gallery.

Youth Independence Interdepartmental Initiative

- In August 2008, the Blue Ribbon Panel on Youth Aging Out of Foster Care was appointed to study how to maximize resources to support youth who are in or exiting from Foster Care and their transition to successful adult roles and responsibilities.
- Findings and recommendations were presented to Governor Nixon in August 2009.
- The Directors of the Departments of Social Services, Mental Health, Health and Senior Services, Higher Education, Economic Development and Elementary and Secondary Education participate in a workgroup to address the Blue Ribbon Panel's recommendations.
- The workgroup continues actively addressing recommendations in the areas of education, employment, auto insurance for older youth and youth empowerment.
 - The Department of Elementary and Secondary Education and DSS have collaborated to remove educational barriers. Youths who are in Foster Care that move to new school districts have school records transferred timely and graduation requirements are reviewed to meet minimal state standards.
 - \$100,000 was appropriated in the SFY-2011 budget to fund the Tuition Waiver program for foster youth. Protocols are being developed.
 - The Department of Insurance, Financial Institutions and Professional Registration is exploring insurance programs specifically for older youth in Foster Care.
- The Children's Division and the MO HealthNet Division are co-facilitating a Health Care Coordination Committee to develop a plan to coordinate the physical and mental health needs of youth in Foster Care.

Early Childhood and Prevention Services

- ARRA funding is being used to increase the availability of subsidized Child Care assistance to families.
 - The Up Front Job Search program provides families up to 8 weeks of Child Care for income eligible non-Temporary Assistance for Needy Families (TANF) during job search.
 - The Displaced Worker program allows families who have a parent engaged in a sponsored work activity through the Department of Economic Development/Division of Workforce Development to receive an income deduction when their eligibility for Child Care Assistance is determined.
- ARRA funding provides grants to licensed child care programs to improve physical structures. Through the grants, early childhood professionals can advance their education toward an early childhood degree or nationally recognized certification.

Key CD Projects

Racial Equity

- In 2008, CD began reviewing the disproportionate representation of children and youth of color in the child welfare system nationally and in Missouri.
- In the 2009 Census, African American children accounted for 15% of the total population in Missouri and 29% of the children in Foster Care in 2009.
- Because of this disparity, CD has partnered with Casey Family Programs to develop strategies on raising staff awareness of disproportionality and disparity in the child welfare system.
- One suggested strategy is to revise CD's mission, vision and guiding principles to reflect the efforts to achieve racial equity in child welfare.
- The next step is to provide staff training opportunities for discussion and progress toward reducing disparate outcomes by educating Children's Division staff and partners on bias and racism.

Health Care Coordination

- The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires states to develop a plan for the coordination and oversight of health care services for youth who are in Foster Care.
- The MO HealthNet and Children's Divisions have collaborated to develop and facilitate the Health Care Coordination Committee. The committee, as required by law, includes pediatricians, physicians, other medical professionals, foster youth alumni, MO HealthNet Division and Children's Division staff.
- The plan is to include:
 - A schedule for initial and follow-up health screenings;
 - A plan for monitoring the screenings and follow-up treatment;
 - A mechanism to update and share information, steps to ensure continuity of health care services, oversight of prescription medicines; and,
 - A plan to consult physicians or other professionals.
- The Health Care Coordination Committee is developing strategies to improve oversight and monitoring of health care services for youth in Foster Care.

Increasing Safety of Children Involved in the Child Welfare System

- CD continuously researches best child welfare practice models across the country. As a result, CD has adopted the current best practice in child protection and assessing safety, the philosophy of the Framework for Safety in Child Welfare Guide, developed by the National Association of Public Child Welfare Administrators.
- Essential components to consider during safety assessment are safety threats, vulnerability of the child(ren) and protective capacities of the caregiver(s).
- Areas of focus are:
 - Training to reach everyone from CD's frontline to court staff involved in the child welfare system;
 - Revising the critical event review protocol to capture pertinent facts in an incident, interviews with key staff and an evaluation of policy and protocols to determine if changes are necessary to improve practice; and,
 - Increasing the frequency of caseworker visits with children to assure that all children in the custody of the Children's Division are seen every month a child is in care.

FACES

- Children's Division began to develop the Family And Children's Electronic Services (FACES), a Statewide Automated Child Welfare Information System (SACWIS), in 1994 to take advantage of enhanced federal funding and provide an automated, integrated case management tool for staff.
- The initial efforts did not produce a usable product, but in 2004, a renewed effort gained federal approval and development of the current product began.
- Development and implementation of FACES components were completed as follows:
 - November 2004 - Eligibility Determination (Version 1);
 - June 2005 – Child Abuse/Neglect Intake;
 - May 2006 – Investigation and Assessment;
 - December 2007 – Case Management; and,
 - July 2010 – Resource Management and Financial Management.
- Following implementation of the final SACWIS component, a preliminary SACWIS review by the ACF/Children's Bureau is scheduled for early 2011, with the final, formal SACWIS review scheduled for fall 2011.
- With the full implementation of the FACES components, 11 silo legacy systems have been retired.
- Recent federal requirements for the National Youth in Transition Database are in progress. The elements that are necessary for data collection have been developed and implemented. The elements related to transmission of the collected data are in the development and testing stage and will be implemented in early 2011.

Missouri School Violence Hotline

- The School Violence Hotline is developing a text-a-tip service to report school violence anonymously via texting from cell phones. The school violence information obtained from texters will be sent to the appropriate law enforcement and school officials similar to reports received through the current hotline and online systems. It is believed that many students are likely to prefer this format to report threats and school violence.



*Candace Shively
CD Director*

On the CD Horizon . . .

CFSR – Program Improvement Plan (PIP)

- The CFRS helps states improve child welfare services and achieve safety, permanency and child and family wellbeing.
- Based on the CFRS final report, areas out of conformity will be addressed in the PIP, which includes systemic factors of case review system, service array and resource development.
- Key practice areas that will be addressed to broadly improve the composite scores include:
 - Initial and ongoing safety and risk assessments of children;
 - Engaging parents in case planning – particularly fathers and non-custodial parents;
 - Delays in achieving permanency goals; and,
 - Consistently using quality caseworker visits with parents to monitor the safety and wellbeing of children or to promote attainment of case goals.
- DSS submitted its PIP to the federal government in December 2010.

Results Oriented Management (ROM)

- CD is working with the University of Kansas (KU) to purchase and develop a Results Oriented Management data reporting system to allow managers and staff to quickly identify CFRS and other children and family outcomes.
- The first phase of ROM production is expected to be completed in spring 2011 and includes reports for:
 - Concluded Child Abuse and Neglect Investigations and Family Assessments;
 - Foster Care caseload information;
 - Practice exceptions; and,
 - All of the CFRS composites, including timely reunification, timely adoption and placement stability.
- The second phase of development will incorporate additional reports including child medical information, pending Child Abuse and Neglect information, Family Centered Services caseload and additional Foster Care outcome information.

Program Divisions

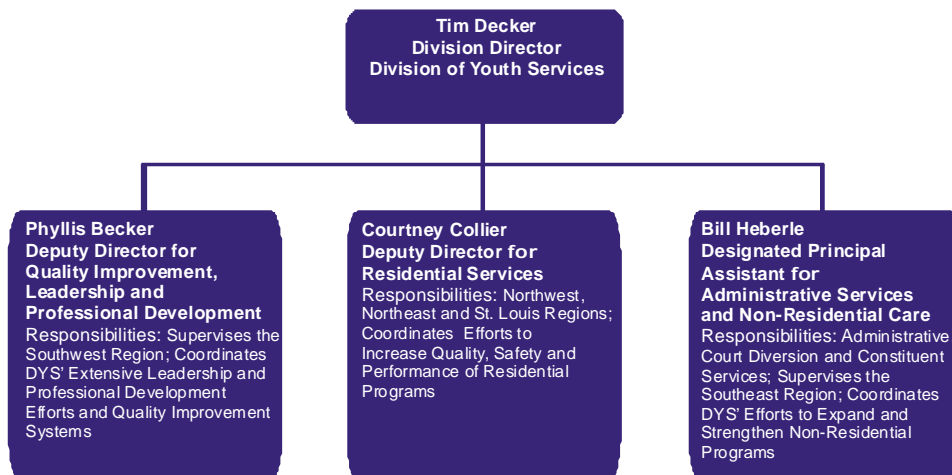
Division of Youth Services

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

Programs & Services

- Case Management
- Residential Treatment
- Day Treatment
- Juvenile Court Diversion

Leadership



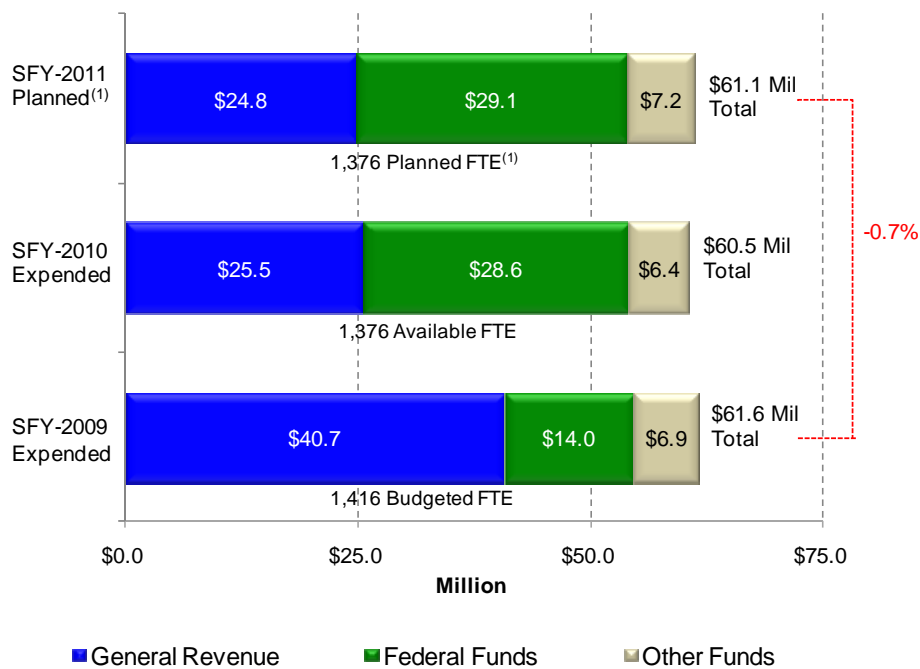
Note: The above organizational chart is current as of July 2011.

Financing

- Total funding has been stable over the 2-year period with nominal increases for food inflation and clinical services coordinators to assist in activities related to Medicaid claiming in DYS non-secure care facilities.
- An approved Medicaid State Plan amendment to claim Medicaid on non-secure care facilities has allowed the Division of Youth Services (DYS) to shift \$21.5 million of costs (\$7 million of that in fringe) from General Revenue (GR) to Federal funds beginning SFY-2010.
- DYS FTE declined by 2.8%, or 40 FTE.

DYS Expenditures SFY-2009 to SFY-2011 Planned

(in millions)



(1) Planned expenditures and FTE are based on budget less reserves

Each Day

in Missouri

3

youths are committed to DYS custody

19

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

1,569

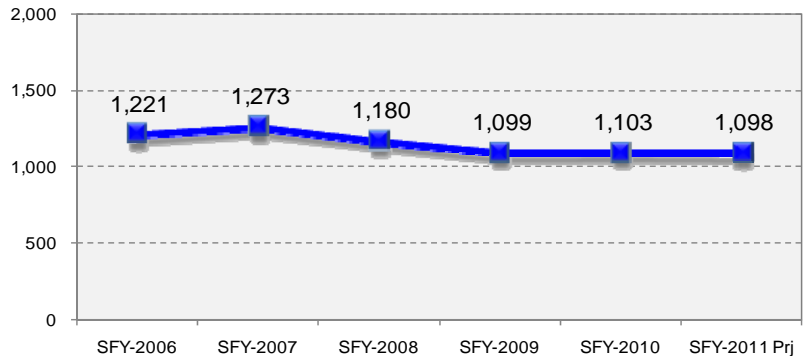
youths are in DYS group homes, moderate care facilities, secure care or aftercare

DYS Performance

Youth Committed to DYS

- The downward trend is from fewer referrals to Missouri’s Juvenile Courts, increased emphasis on Juvenile Court diversions and greater collaboration between the 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.

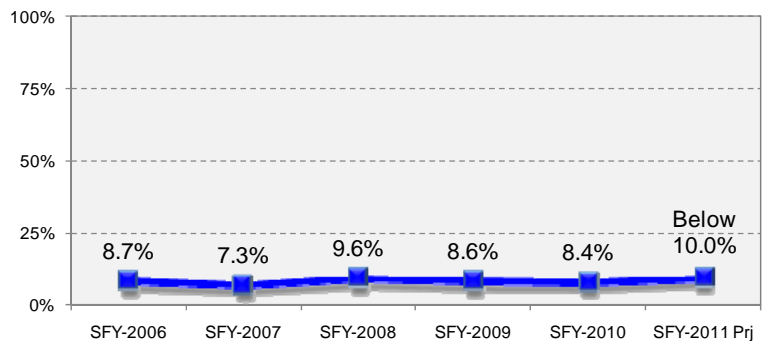
Youth Committed to DYS



DYS Reccommitment Rate

- Reccommitments 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.

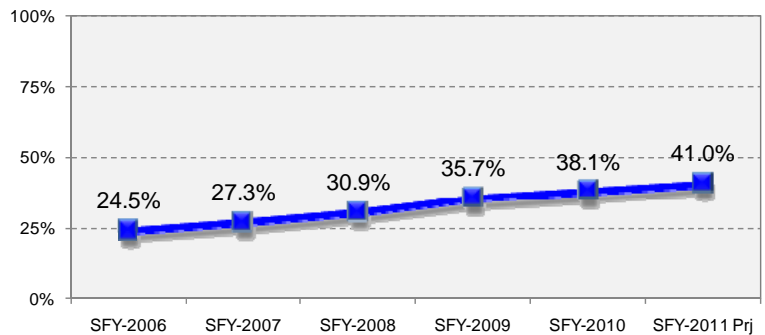
DYS Reccommitment Rate



DYS Educational Completion

- School completion is a predictor of law-abiding behavior.
- DYS students awarded a diploma or GED increased significantly from SFY-2006 to SFY-2010. Focus areas are:
 - The DYS credit recovery program was expanded, resulting in a significant increase in high school graduates.
 - 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.

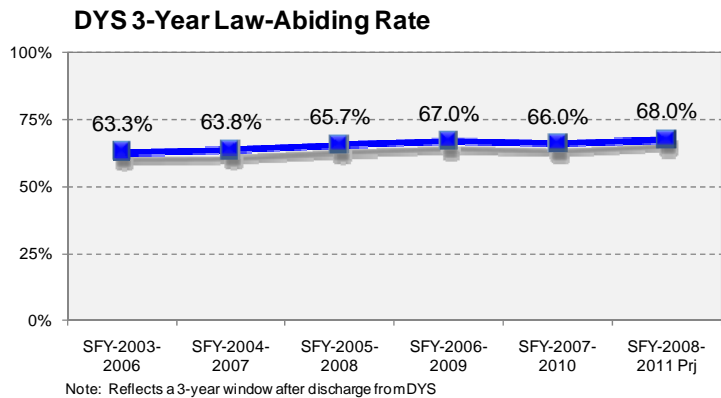
DYS Educational Completion



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

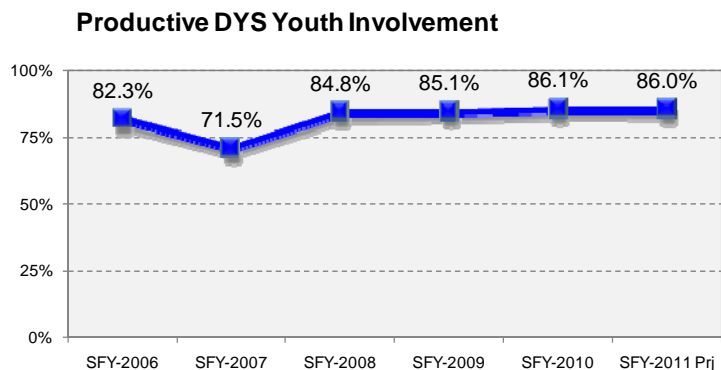
DYS 3-Year Law-Abiding Rate

- Law-abiding rate measures the percentage of youth discharged from DYS custody who avoid future system involvement including recommitment to DYS, adult probation or adult incarceration.
- Youth are followed for 3 years after they are discharged from the agency and no longer receiving services, one of the most rigorous standards in the nation.



Productive DYS Youth Involvement

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



2010 Highlights

Increases in Rates of Educational Completion and Academic Progress

- DYS 17 year olds achieving a high school diploma or GED increased from 35.7% to 38.1% between SFY-2009 and SFY-2010.
- DYS and the Missouri Department of Elementary and Secondary Education reached agreement on an innovative competency-based approach to preparing and assessing readiness for the GED exam, supporting DYS' goal to continue recent gains in educational completion.

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.
- At the time of discharge, over 86% 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.
- DYS has partnered with the St. Louis City and County Family Courts to expand non-residential services:
 - DYS REACH Day Treatment program is now located at the Innovative Concept School in St. Louis City; and,
 - Day Treatment program has been opened at the MET Center in Wellston, Missouri, with redirected resources from DYS and St. Louis County.
- As a result of Juvenile Court Diversion and enhanced partnerships with the courts around the state, DYS commitments decreased from 1,180 in SFY-2008 to 1,099 in SFY-2009. In SFY-2010, even with challenging economic times and limited local resources, DYS commitments were maintained at a relatively low level of 1,103 youths.

Expanded Non-Residential Services and Supports

- DYS' Day Treatment programs are gradually expanding hours beyond the school day to cover the peak hours for juvenile crime of 4-8 pm.
- 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.

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

- DSS implemented Medicaid Rehabilitative Behavioral Health billing for services provided by DYS, generating \$18-20 million in federal revenue annually.
- DYS continues to be a national leader in juvenile justice.
 - 2 national documentaries aired focusing on the effectiveness, outcomes and reasonable costs of the DYS system included a full-length ABC News *Primetime* episode, which aired September 9, 2009, and a 30-minute *Visionaries* documentary, which aired on PBS.
 - DYS conducted a number of national and state presentations. Visitors were interested in replicating Missouri's approach and outcomes.
- In June, DYS offered testimony at a public hearing before the Prison Rape Review Panel in Washington, DC. DYS' Fort Bell and Montgomery City programs were among 7 sites listed as having the lowest rates of sexual victimization in the country based on the Prison Rape Elimination Act survey.

Key DYS Projects

Increase Safety and Quality of Residential Care Programs

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

Strengthen Treatment Planning, Case Management and Transition Services

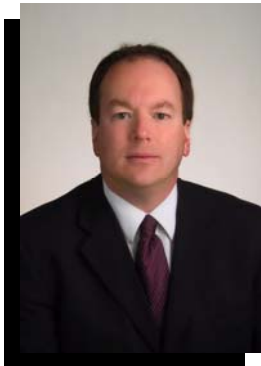
- Youth committed to the care and custody of DYS often have extensive histories with other agencies and have progressed to the deep end of the juvenile justice system. Over 46% have received prior mental health services, 20% have previously been in an out-of-home placement with the Children's Division and 34% have an educational disability (over 3 times the average in Missouri's schools). Because of these complex needs, DYS operates a continuum of individualized services for youth, strives for significant involvement of families and promotes effective community reintegration focused on law-abiding and productive citizenship. Youth come to the agency with long histories, multiple treatment models and ambitious goals. DYS has taken numerous steps to improve case management practices and develop more effective rehabilitative treatment plans including:
 - Conducting a review of the treatment planning and coordination system and recommending improvements, including revised treatment planning forms and processes;
 - More fully integrating various plans and strategies into a single individual treatment plan covering the full continuum of services for a youth and family;
 - Implementing revitalized non-residential standards and expectations improving the day-to-day performance of service coordinators and other non-residential staff; and,
 - Expanding transition planning to place greater emphasis on family and community involvement.

Expand and Strengthen Non-Residential Continuum of Care

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

Maximize Revenue Opportunities and Efficient and Effective Use of Agency Resources

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



Tim Decker
DYS Director

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 becoming 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:
 - Full implementation of a competency-based process for preparing students and assessing readiness for the GED exam;
 - Expanded post-secondary education, training and employment opportunities;
 - Implementation of deliberate transition outcomes and activities in educational plans and curriculum; and,
 - Strengthening new and beginning teacher training to increase competency and retention.

Improvements in Nursing, Primary Medical Care and Psychiatric Continuum of Care

- Over 46% of DYS youths have received prior mental health services and have histories that include episodic health care and untreated illnesses. Treatment has included an over-reliance on psychotropic medications and other interventions that may not represent best practices or be based on their current condition. DYS is planning a more comprehensive approach that includes the following:
 - Organizing a DYS cross-agency health policy and practice workgroup to assess the current system and recommending improvements and best practices;
 - Reviewing prescription drug utilization patterns, particularly related to psychotropic medications and recommend improvements; and,
 - Continuing Medicaid coverage for DYS youth from commitment to discharge.

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

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

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

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

DYS Advisory Board and Community Liaison Councils

- The DYS Advisory Board continues to play a pivotal role in advising leaders and increasing the agency's effectiveness, as well as communicating the division's approaches, strengths and needs to public officials and the general public.
- Community Liaison Councils throughout the state engage DYS programs and private citizens in joint efforts that lead to increased youth success and stronger communities.
- As active DYS partners, both entities will continue important activities such as:
 - Providing ongoing public education, information and dialog sessions;
 - Increasing two-way volunteerism and community service opportunities that allow DYS youth to contribute positively to their communities and learn to be productive citizens; and,
 - Developing community resources for young people and families that support effective transitions and lead to success later in life.

Program Divisions

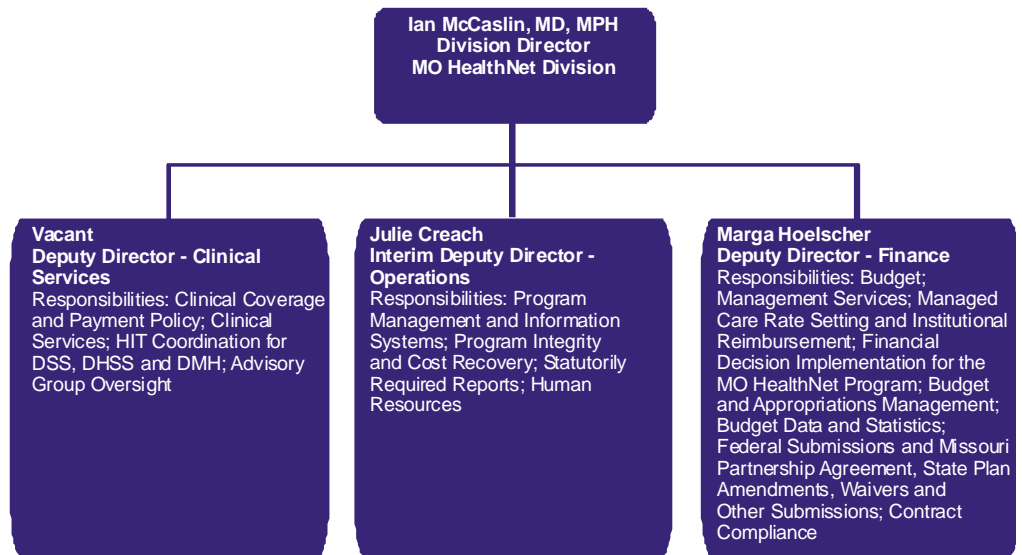
MO HealthNet Division

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

Programs & Services

- MO HealthNet
- Missouri Rx (MoRx) Plan

Leadership

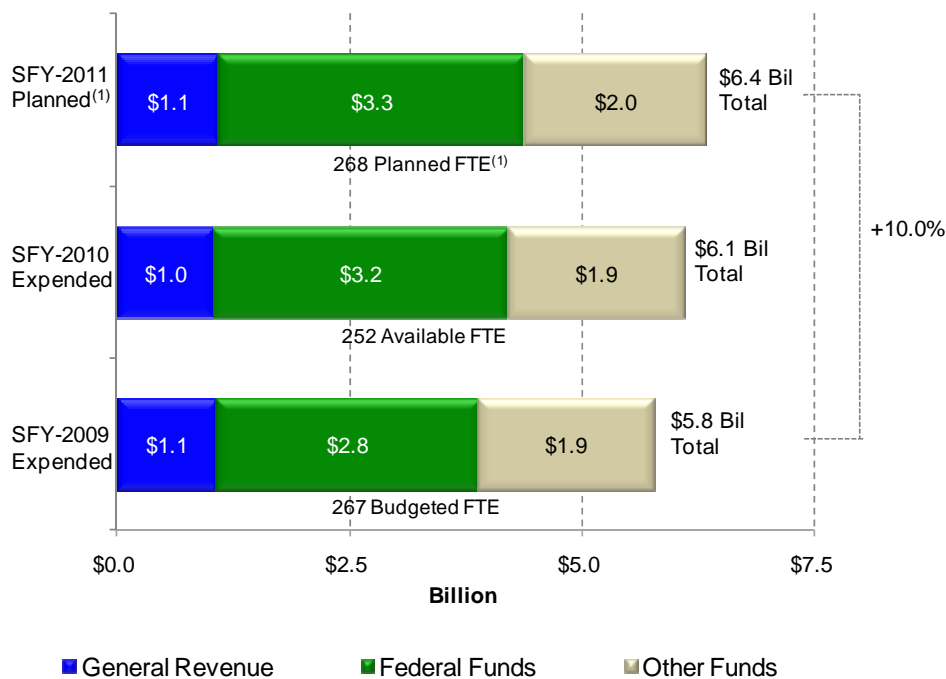


Note: The above organizational chart is current as of July 2011.

Financing

- Total spending has increased by 10.0% (\$573.6 million) while General Revenue (GR) has increased by 2.7% (\$28.4 million).
- Missouri was successful in leveraging federal funds and provider tax proceeds to support its Medicaid program to the benefit of GR.
- Federal fund expenditures as a percentage of total spending have increased from 49% in SFY-2009 to 52% in SFY-2011, due in part to favorable federal match rates.

MHD Expenditures SFY-2009 to SFY-2011 Planned (in billions)



(1) Planned expenditures and FTE are based on budget less reserves

Each Day in Missouri

900,350

(January 2011)
people have access to
medical treatment through
MO HealthNet

24,187

people receive nursing facility
care through MO HealthNet

272,900

MO HealthNet claims
are processed

\$301,000+

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

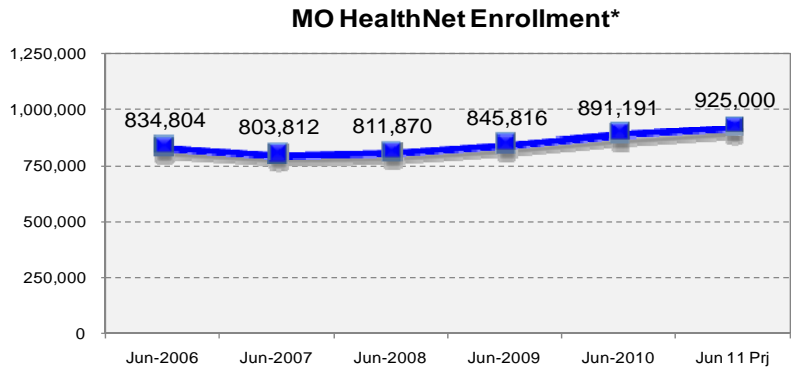
\$3,001,096

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

MHD Performance

MO HealthNet Enrollment

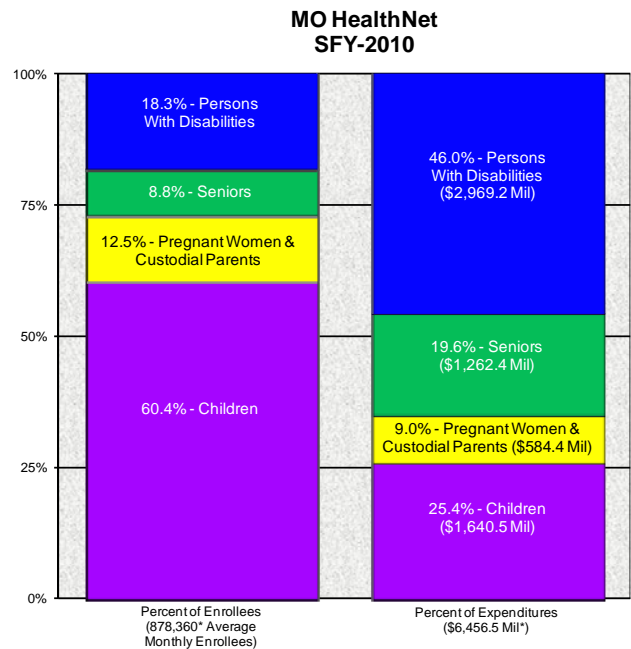
- From June 2006 to June 2010, there has been a 6.8% increase in the number of MO HealthNet (MHN) enrollees.
- The 10.9% growth in MHN participants since June 2007 reflects national trends because of the recession.
- Most of the growth has been for children and persons with disabilities.
- Overall enrollment growth can be expected to continue for 2011.



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

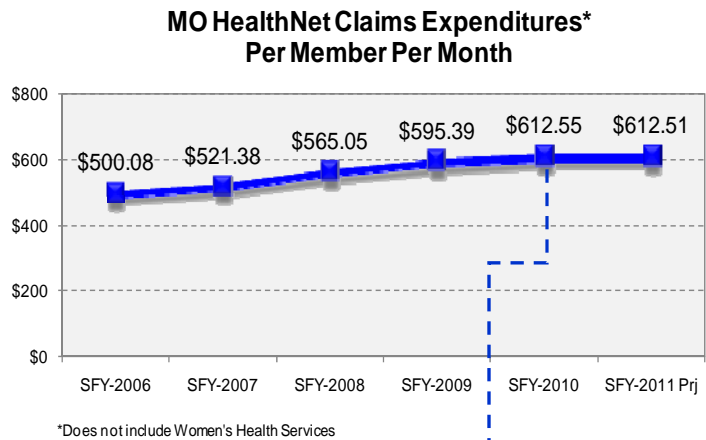
MO HealthNet Enrollees and Expenditures

- Seniors and persons with disabilities comprise 27% of MO HealthNet enrollees while accounting for more than 65% 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 Claims Expenditures Per Member Per Month

- From SFY-2006 to SFY-2008, there was a cumulative per member per month (PMPM) spending increase of 13%.
- From SFY-2008 to SFY-2010, due to cost containment initiatives, the rate of growth has declined to 8.4%.



SFY-2010 PMPM Cost	
Persons With Disabilities	\$1,541
Seniors	\$1,358
Pregnant Women	\$529
Custodial Parents	\$411
Children	\$258

2010 Highlights

MO HealthNet Comprehensive Reviews

- MO HealthNet Division (MHD) commissioned national consulting firms to perform a series of comprehensive reviews and analysis of all aspects of MHN pharmacy, operations, finance and clinical services that included:
 - Short-term program efficiencies to inform the SFY-2011 budget process;
 - Longer term policy options to enhance cost controls, as well as improve access and quality of services; and,
 - Evaluation of managed care in MO HealthNet.
- Reports related to these topics are available at <http://www.dss.mo.gov/mhd/oversight/reports.htm>.
- In light of the findings and recommendations from the reviews noted above, a number of cost containment initiatives were instituted:
 - Repriced Nursing Facility and Hospital outpatient crossover claims for dual eligibles to amounts comparable to the MHD fee for service amount paid for the same services.
 - Reduced Physician payments by limiting Medicaid reimbursement to no greater than 90% of the Medicare fee schedule.
 - Reduced Optical and Audiology services to no greater than 90% of the Medicare fee schedule.
 - Contracted with Imaging Benefits Manager to appropriately manage high cost imaging services to reduce redundancy and waste by ensuring the right test or procedure is performed while improving quality. CTs, MRIs and ultrasounds now require prior authorization before payment.
 - Reduced spending for Durable Medical Equipment by reducing reimbursement for oxygen, wheelchairs and wheelchair accessories.

Pursuit of Waste, Fraud and Abuse

- The MHD/Program Integrity Unit is responsible for conducting participant and provider reviews to determine compliance with MHN program policy and regulations.
- The MHD/Cost Recovery Unit is responsible for recovering the cost of health care from other payers.
- These units helped MO HealthNet avoid \$230 million in costs and recovered \$61 million in expenditures for SFY-2010.

Enhanced Clinical Editing and Participant Management

- Precertification and retrospective review of hospitalization admission and length of stay criteria for the MHN fee for service population is a critically important component of effective program management.
- CyberAccessSM is a web-based Health Insurance Portability and Accountability Act compliant tool allowing:
 - Health care providers access to MHN patient data;
 - Health care providers with prescribing privileges to submit electronic prescription and have access to the clinical rules engine to request precertification of medical procedures and prior authorization for prescription drugs; and,
 - Providers to view the MHN participant's claims history from all providers to determine the most appropriate course of treatment. Recently, Early Periodic Screening, Diagnosis and Treatment information was also integrated for provider online access.
- Effective January 2010, MHD began transitioning hospital certification services to CyberAccess to allow real time, online certification requests and reporting of certification status.
- In July 2010, MHD implemented a new quality-based Imaging Benefits Management program for outpatient services that expands existing precertification processes to outpatient cardiac, high tech or ultrasound diagnostic imaging services. This process will interface with CyberAccess.
- Protecting patient safety in the Pharmacy program includes assessing utilization of psychotropic medications. By using medical evidence guidelines, MHN psychotropic clinical edits help flag potentially dangerous duplicative and high dose therapy. The edit helps to provide an early warning alert to the pharmacies filling the prescription and the prescribing physician.

MMIS Reengineering

- Infocrossing Healthcare Services is transforming MO HealthNet Medicaid Management Information System (MMIS) into a dynamic, rule-based system with increased functionality, performance and internet accessibility.
- The project is expected to be complete by summer 2014.

Key MHD Projects

Comparative Analysis of Quality of Care and Access to Services

- MHN commissioned an independent study by the national firm of Alicia Smith & Associates to analyze the historical record of managed care in Missouri in comparison with quality and access measures for the comparative fee for service population.
- Using HEDIS and HEDIS-like measures such as well child visits, childhood immunizations, timeliness of prenatal care and cervical cancer screening, the report findings demonstrated that managed care has performed better on access and birth outcomes as well as on providing education to participants. Specifically:
 - Immunization rates for children were found to be below the national average for both fee for service and managed care, although the data analysis did not fully reflect immunizations delivered in the public health setting.
 - The report recommended that MHN consider eligibility and enrollment strategies to improve access to prenatal care for pregnant women.
 - Finally, the report found favor with MHN's efforts to develop HEDIS-like measures for evaluation of quality and access for fee for service participants.

Missouri Gateway to Better Health

- The MO HealthNet Division has 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 a letter dated July 28, 2010, Missouri's Gateway to Better Health was approved by the Centers for Medicare and Medicaid Services (CMS). Under the Section 1115 demonstration, the St. Louis region will continue to receive up to \$30 million (total computable) annually to pay for otherwise uncompensated care costs at primary and specialty care clinics in the St. Louis region. Approval is effective July 28, 2010, through December 31, 2013.
- Missouri accepted the special terms and conditions of the project on August 20, 2010.
- On September 24, 2010, the strategic plan for developing the pilot program (milestone #1) was submitted to CMS. The draft evaluation design and draft pilot program were delivered to CMS in the last quarter of 2010.

DSH Audit

- In 2003, Congress enacted a law requiring independent audits of Medicaid disproportionate share hospital (DSH) payments to ensure state compliance with hospital-specific payment limits. DSH payments provide additional help to hospitals that serve a significantly disproportionate number of low-income patients.
- Starting in FFY-2011, DSH payments may not exceed the uncompensated costs of providing inpatient and outpatient hospital services to Medicaid and uninsured patients.
- CMS has strictly defined allowable costs in the federal regulations and the audit protocol. Because Missouri's hospital provider tax must be apportioned to Medicare and other third party payers, many hospitals are paid in excess of their hospital-specific payment limit.
- To comply with the federal law, MHD is working to reassess all hospital payments to maximize federal participation and ensure compliance with the law.

Cost Containment

- To save state revenues while preserving and maintaining participant eligibility, MHD completed an extensive review of options to reduce overall spending.
- Beginning in SFY-2010 and continuing into SFY-2011, MHD implemented several strategies to contain costs:
 - MHD repriced Nursing Facility and Hospital outpatient crossover claims for dual eligibles to amounts comparable to the MHD fee for service amount paid for the same services.
 - MHD reduced Physician payments by limiting Medicaid reimbursement to 90% of the Medicare fee schedule. Providers impacted by the change included advanced practice nurses, anesthesiologists, anesthesiologist assistants, certified registered nurse anesthetists, certified nurse midwives, physicians, podiatrists, psychologists, laboratory and radiology providers.
 - MHD reduced Optical and Audiology services to 90% of the Medicare fee schedule.
 - MHD contracted with an Imaging Benefits Manager to appropriately manage high cost imaging services. The goals are to reduce redundancy and waste by ensuring the right test or procedure is performed while improving quality. CT imaging, MRI imaging and ultrasounds now require prior authorization before payment.
 - MHD reduced spending for Durable Medical Equipment by reducing reimbursement for oxygen; wheelchairs and wheelchair accessories and by eliminating the 12% add-on payment allowed for items that reach the MHN allowed purchase price through rental payments.

Missouri State Medicaid Health Information Technology Plan

- The DSS/MO HealthNet Division (Medicaid), Department of Health and Senior Services (DHSS) and the Department of Mental Health (DMH) have a collaborative agreement to develop and implement health information technology and health information exchange (HIE) for their shared client base. The main feature of Missouri's technical infrastructure is the Medicaid Management Information System (MMIS) enhancement offering integrated electronic health records (EHRs) across DSS, DHSS and DMH and providing access to patient information.
- Missouri is currently in the early stages of implementing a statewide HIE to support improved patient outcomes, system efficiency, robust data exchange and accountability. Integration of MHN 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 State Medicaid Health Information Technology Plan is available at http://www.dss.mo.gov/mhd/general/pdf/smhp_final.pdf.

Managed Care Contract

- 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, bottom-line value for health care purchasers. Accreditation enables health plans to distinguish themselves in a highly competitive market by demonstrating their commitment to improving the quality of their health care and the quality of life for their members.
- In the current managed care contract, which became effective October 1, 2009, MHD included a provision requiring the health plans to obtain NCQA accreditation by October 1, 2011.
- 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.



*Ian McCaslin, MD
MHD Director*

On the MHD Horizon . . .

Increasing Caseload Growth

- As family incomes fall and unemployment rises, Medicaid has seen an increase in the number of children, pregnant women, persons with disabilities and low-income families served.
- If economic conditions improve, caseload growth would be expected to moderate.

Provider Taxes

- Missouri assesses a health care related provider tax on hospitals, nursing facilities, pharmacies and intermediate care facilities for the intellectually and developmentally disabled. The General Assembly also authorized an ambulance provider tax that is pending approval from the Centers for Medicare and Medicaid Services. State law provides for a managed care tax, which is in abeyance due to federal regulations.
- MO HealthNet provider taxes are used to draw down matching federal dollars to enhance payments to providers. In SFY-2010, MO HealthNet providers paid over \$1 billion in provider taxes that earned \$1.7 billion in matching federal funds.
- All provider taxes must be reauthorized by the General Assembly in the 2011 legislative session.

Patient Protection and Affordable Care Act

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

Program Improvements

- Smoking Cessation
 - In October 2010, clinical edit criteria were released for the Smoking Cessation program for pregnant women in the MO HealthNet program. The program offers specific counseling and tobacco dependence interventions for pregnant women that smoke at the first prenatal visit as well as throughout the course of the pregnancy.
- Hospice
 - Effective October 2010, Missouri is the first state in the nation to implement concurrent Hospice/acute care for children, ages 0-20, as required by the Patient Protection Affordable Care Act.
- Health Acquired Conditions
 - Effective June 2009, a MO HealthNet denial of payment policy was established for services provided by an acute care hospital or ambulatory surgical center that resulted in a preventable serious adverse event in a hospital or ambulatory surgical center-acquired condition, in accordance with National Quality Forum principles and CMS precedent.

Missouri Office of Health Information Technology

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 (HITECH) 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 (EHRs).
- The Missouri Office of Health Information Technology (MO-HITECH) was created to promote the development and application of an effective health information technology (IT) and health information exchange (HIE) infrastructure for the state of Missouri that will:
 - Improve the quality of medical decision-making and the coordination of care;
 - Provide accountability in safeguarding the privacy and security of medical information;
 - Reduce preventable medical errors and avoid duplication of treatment;
 - Improve the public health;
 - Enhance the affordability and value of health care; and,
 - Empower Missourians to take a more active role in their own health care.

Planning and Development

- The MO-HITECH Advisory Board appointed by Governor Nixon recommended the creation of a new, public-private not-for-profit, 501c3 organization called the Missouri Health Information Organization (MHIO) to govern a statewide health information exchange (HIE).
- The MHIO was created in July 2010 and 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 the MHIO have submitted strategic and operational plans to the Office of the National Coordinator and are in the final stages of review. The MHIO is currently interviewing candidates for key staff positions.
- Missouri has made significant progress on its phase one implementation plans. In phase one of its technology implementation the Missouri HIO will implement a provider directory and secure messaging to facilitate the push of laboratory results and patient care summaries between two unaffiliated providers as required by PIN guidance. Accomplishments and current or planned activities include:
 - Developed detailed phase one technology requirements;
 - Developed and published a detailed request for proposal for a technical services partner – the Missouri HIO will select a vendor through its competitive bid process in the first quarter of 2011;
 - Developed and published privacy for policies for phase one implementation – security policies will be developed and published in the first quarter of 2011; and,
 - Participant agreements will be developed and negotiated in the first and second quarters of 2011 to roll out phase one services through qualified organizations.

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Support Divisions

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

Supports

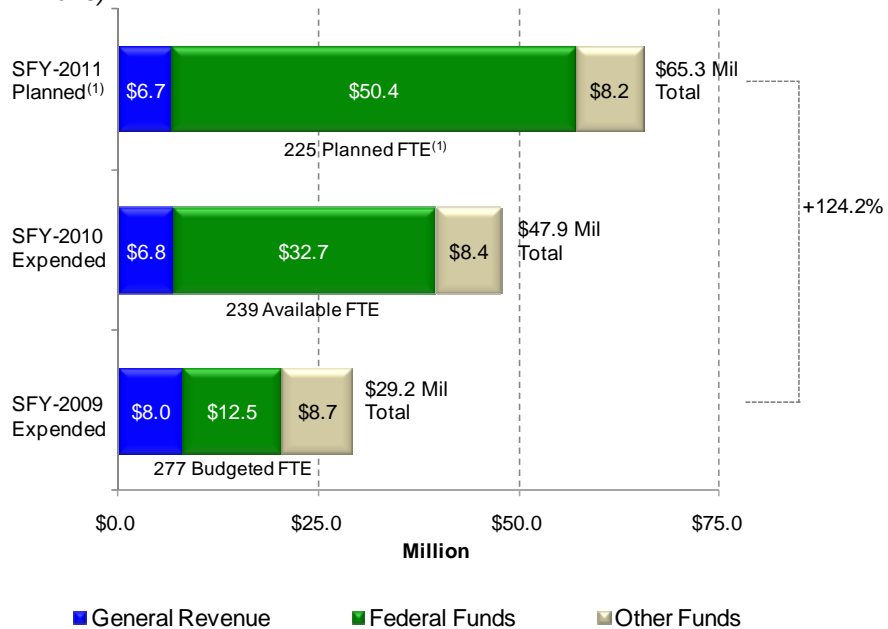
- Office of the Director
- Center for Management Information
- Human Resource Center
- Division of Finance and Administrative Services
- Division of Legal Services

Financing

- Total spending increased 124.2% (\$36.2 million) but General Revenue declined by 16.0%, or \$1.3 million.
- Federal spending increased 304.0% (\$37.9 million), while Other fund spending declined 5.0% (\$0.4 million).
- Factors contributing to the significant spending increase include:
 - A Department of Social Services (DSS) decision to change its contract and payment process for the operation of Fort Leonard Wood's cafeteria services under the Blind Vendor program, resulting in an estimated \$30.0 million pass through increase once fully executed beginning SFY-2011. SFY-2010 expenditures on this project were \$15.5 million. The pass through increase is processed through DSS' Federal Grants and Donations.
 - SFY-2011 planned one-time American Recovery and Reinvestment Act (ARRA) Temporary Assistance for Needy Families (TANF) emergency contingency fund (ECF) payments to Missouri's 6 food banks to support short-term food programs for Missourians. This funding will also be paid from the Federal Grants and Donations section.
- Actual spending on the Support Divisions and Director's Office operations declined by 9%.
- Full time equivalents (FTE) declined by 18.7% (52 FTE) between SFY-2009 and SFY-2011 planned. About 25% of the FTE decline is the result of the SFY-2011 planned consolidation of DSS mail operations under Office of Administration management.

Support Division Expenditures SFY-2009 to SFY-2011 Planned

(in millions)



(1)Planned expenditures and FTE are based on budget less reserves

Support Divisions

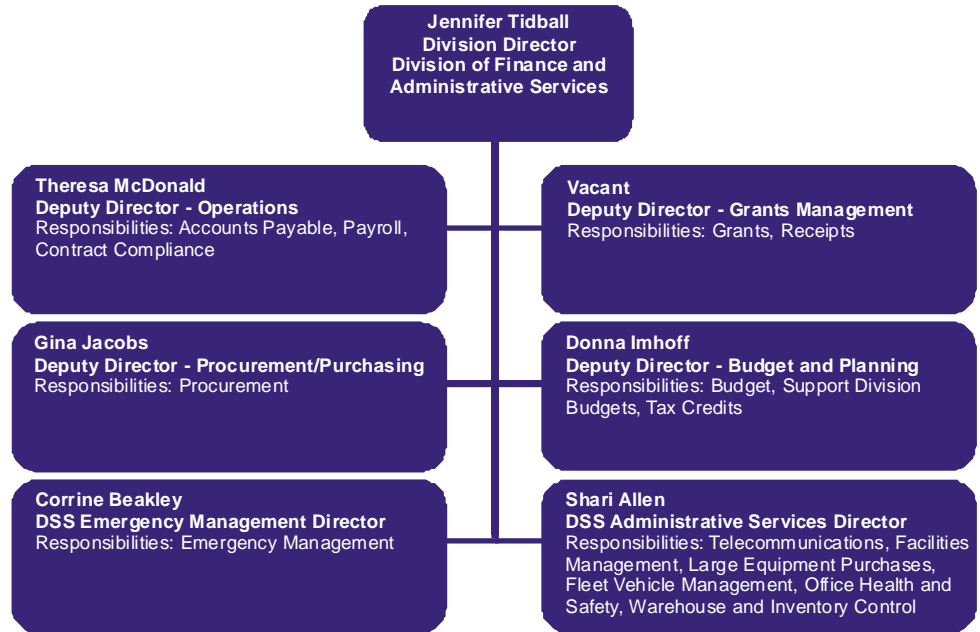
Division of Finance and Administrative Services

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

Services

- Accounts Payable
- Audit Services
- Budget
- Emergency Management
- Fleet Vehicle Management
- Office Health and Safety
- Payroll
- Purchasing
- Receipts and Grants Management
- Supplies/Warehousing/ Inventory Control
- Tax Credits (administered by the Department of Social Services)
- Voice Telecommunications

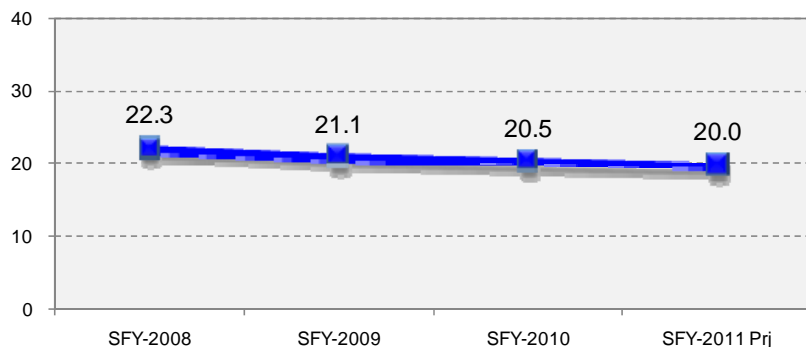
Leadership



Note: The above organizational chart is current as of July 2011.

DFAS Performance

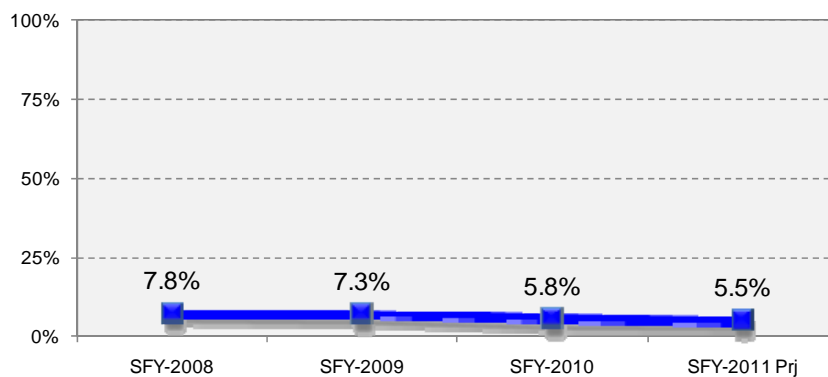
Average Time Between Invoice and Vendor Payment (Days)



Note: The above graph reflects a revised methodology for collecting the average amount of time between invoice and vendor payments. Please do not compare to prior years of data.

- Since SFY-2008, the time taken for the Department of Social Services (DSS) to process a vendor invoice has decreased by nearly 2 days and is projected to further decrease in SFY-2011. This trend shows expedited payment to vendors. The DSS benchmark is 20 days.
- In coordination with Division of Finance and Administrative Services (DFAS)/Accounts Payable transition to a post payment review model, DFAS has been sending division payment processing timeliness reports. Since these reports have been generated to lead division fiscal staff, there has been a decrease in the number of processing days (better payment timeliness). Additionally, as DFAS transitions to a post payment review model, it has been emphasized that the division's staff are responsible and accountable for timely entry of accurate data into the SAM II accounting system. DFAS will no longer duplicate review processes that should be occurring at the division. DFAS believes the elimination of duplicative processes and emphasis on division accountability has contributed to the decrease in vendor invoice processing timeframes.
- A declining vendor invoice processing timeframe establishes vendor expectations regarding DSS payment timeframes.
- DFAS will continue to emphasize division accountability to process timely, accurate payments and share payment timeframe data. DFAS will also review patterns in vendor payment timeframes to determine if changes in processes would help move the measure closer to the 20-day benchmark.

Payment Processing Error Rate



- SAM II payment accuracy has improved by 2% from SFY-2008 to SFY-2010. DFAS continues to project better accuracy rates in SFY-2011.
- Along with emphasizing vendor payment timeliness, DFAS has communicated to the divisions the importance of payment accuracy. DFAS provides divisions with data on payment accuracy. Fiscal managers at the division level have emphasized the importance of payment accuracy.
- It is important to note that most errors are not related to paying incorrect amounts or paying incorrect vendors; rather, the majority of errors are related to issues such as incorrect data entry used to track expenditures or lack of following internal control processes.
- DFAS will continue to monitor for any correlation between payment accuracy and payment timeliness.

2010 Highlights

ARRA TANF ECF Projects

- DFAS partnered with state agencies, community providers and Public Consulting Group (PCG), a contracted consultant, to secure nearly \$50 million in Temporary Assistance for Needy Families (TANF) emergency contingency funds (ECF) allotted Missouri under the American Recovery and Reinvestment Act (ARRA).
- Projects included:
 - \$18 million to support a youth summer jobs program administered by the Department of Economic Development;
 - Over \$1.0 million to facilitate participation in the US Department of Agriculture's Summer Food program administered by the Department of Health and Senior Services;
 - \$24 million to support the 6 Missouri food banks and state administered programs for low-income Missourians; and,
 - Up to \$540,000 for domestic violence shelters, up to \$1.2 million for homeless shelters and \$4.46 million to be spent on TANF allowable costs.

Leave Track System

- In SFY-2010, DFAS, working with the Information Technology Services Division (ITSD), led the implementation of an automated leave track system. Employees submit and supervisors approve leave via the automated system, eliminating the use of paper leave request forms.
- The system allows employees to review the status of leave requests and enables supervisors and managers to manage employee leave to ensure adequate office coverage.
- In coordination with the leave track system, DFAS worked with the Human Resource Center to transition Department of Social Services to the electronic pay stub service offered through the Missouri State Employees' Retirement System.

ARRA Reporting

- DFAS continues to lead the department's ARRA 1512 quarterly reporting initiatives. Section 1512 of Part A of ARRA requires recipients of certain ARRA grants to report grant expenditure data including recipient; amount and type of expenditure; address and congressional district of recipient; and, jobs generated from expenditures. This data is used to provide information at Recovery.gov
- DFAS partnered with ITSD to replicate a front-end reporting system to Missouri's ARRA 1512 reporting system. Originally developed by the Department of Elementary and Secondary Education, this front-end system has simplified and standardized DSS reporting initiatives.
- To date, all DSS quarterly reports have been accepted by Office of Administration and federal agencies administering DSS ARRA grants.

Key DFAS Projects

Transparency Reporting

- Provisions of the Federal Funding and Transparency Act (2006) required states to report data from federal grant expenditures on a monthly basis beginning in the summer 2010.
- The federal government published guidance on reporting requirements in July 2010.
- Current federal guidance requires states to report FFY-2011 grants made to subrecipients at the time of obligation (when contract executed or when expenditure made if no executed contract).
- Beginning October 2010 states must report subrecipient obligations of \$550,000 or more and beginning March 2011, states must report subrecipient obligation of \$25,000 or more.
- DFAS successfully reported October 2010 subrecipient obligations meeting criteria by November 30, 2010, as required by federal grantor agencies.
- DFAS is working with divisions on reviewing all contracts using a subrecipient tool to determine if additional contractors should be considered subrecipients and reported on the transparency website.

Mail Room Consolidation

- Effective December 1, 2010, DSS mail operations were consolidated under OA.
- DFAS worked with OA and DSS divisions on transition issues.
- To mitigate staff layoffs, DFAS maintained vacant mail operations positions while OA provided support to DSS to ensure that mailings continued given limited DSS mail operations staff.

Revenue Enhancement Projects

- DFAS continues to lead the department in working with Public Consulting Group on revenue enhancement projects. Current projects include.
 - Assessing the opportunity for the MO HealthNet division to partner with the University of Missouri-Columbia to improve the delivery of clinical, administrative, financial and technological services to the state and its consumers;
 - Filing retroactive Division of Youth Services (DYS) claims for Medicaid Rehabilitation Services provided between 2004 through 2007; and,
 - Determining the feasibility of expanding Medicaid Rehabilitation Services claims to DYS Day Treatment, Community Mentoring and other DYS programs outside of 24-hour non-secure care facilities.



Jennifer Tidball
DFAS Director

On the Horizon . . .

DSS Financial Operations Structure

- A consolidated financial operations structure is being developed to centralize related fiscal operations and to streamline processes, gain operational efficiencies and strengthen the bench of financial managers for the department.
- DFAS will engage division fiscal managers and department leadership and complete this project in early 2011.

Procurement and Contract Management

- In coordination with implementing a consolidated DSS financial operations plan, DFAS will take the opportunity to strengthen and streamline DSS procurement/contract management processes.
- DFAS will clearly define roles and responsibilities of procurement staff and program representatives in the contract management/procurement processes.
- Additionally, DFAS will develop and implement a procurement management plan to:
 - Ensure timely renewal and/or rebid of all DSS contracted services and memorandums of understanding (MOU);
 - Efficiently track all contracts and MOUs by working with ITSD to develop and implement a department-wide contract database;
 - Include a financial assessment for each request for proposal/draft contract, identifying estimated budget impact, subrecipient determination, federal grant allocation and accounting codes prior to award; and,
 - Ensure divisions are monitoring minority/women business enterprise participation commitments and holding vendors to those commitments.

Strengthening DSS Audit/Compliance Initiatives

- With a greater focus on transparency and more oversight by federal agencies, DFAS is focusing efforts on strengthening and improving the department's audit/compliance functions.
- As a first step, DFAS will review audit functions, roles and responsibilities to identify strengths and gaps in current processes.
- The goals are to:
 - Develop a framework to identify audit/compliance priorities and to develop a monthly plan to act on priorities;
 - Define and clarify roles and responsibilities in communication on and resolution of questions and finding from state and federal auditors; and,
 - Communicate the framework, roles and responsibilities to program divisions.

Grants Management Review

- With significant budget changes over the last few years, pending federal transparency reporting requirements and recent audit findings, in the near future DFAS will undertake a comprehensive review of its federal grants management processes.
- The review will ensure that the department is maximizing federal funding opportunities and has systems in place to ensure all federal reports are accurate and auditable.
- As part of the review, DFAS will:
 - Examine DSS expenditures to ensure all costs are being reported to the appropriate grants to maximize the use of federal funds;
 - Validate that DSS has maintenance of effort and state match expenditures required to claim federal grant funds;
 - Review payment coding and federal grant reporting processes to validate a sufficient audit trail from the payment to the federal claim; and,
 - Ensure there is adequate written documentation to support claimed expenditures reported to respective grants.
- Issues and weaknesses in processes identified from the review will be addressed in a plan of action.

Continuing Budget Management and Cost Containment Initiatives

- DFAS will continue to work with OA/Budget & Planning, other departments and DSS divisions to identify efficiencies and cost containment initiatives to help manage core programs with available state resources.
- An example of a pending project is a review of the current Child Care subsidy program. DFAS is working with the Children's Division to:
 - Identify systemic applications to help detect fraud or misuse of the Child Care benefit; and,
 - Identify opportunities to ensure the program is structured to maximize funds available to provide quality Child Care to low-income children.
- DFAS continues to provide support to other DSS divisions on budget management and efficiency projects including Medicaid cost containment, field office restructuring and the consolidation of administrative functions under OA.

Support Divisions

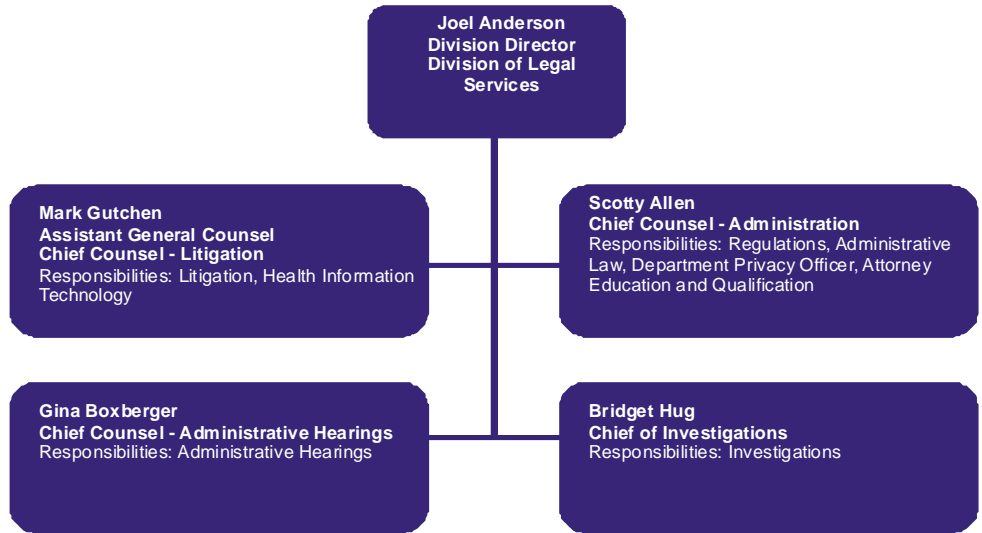
Division of Legal Services

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

Services

- Litigation
- Administrative Hearings
- Investigations
- State Technical Assistance Team

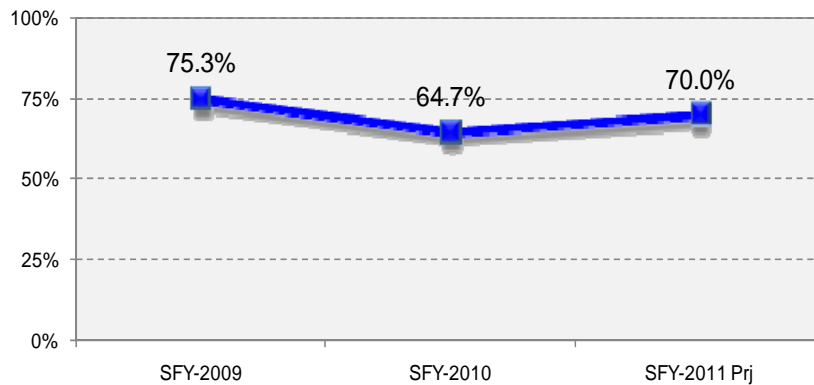
Leadership



Note: The above organizational chart is current as of July 2011.

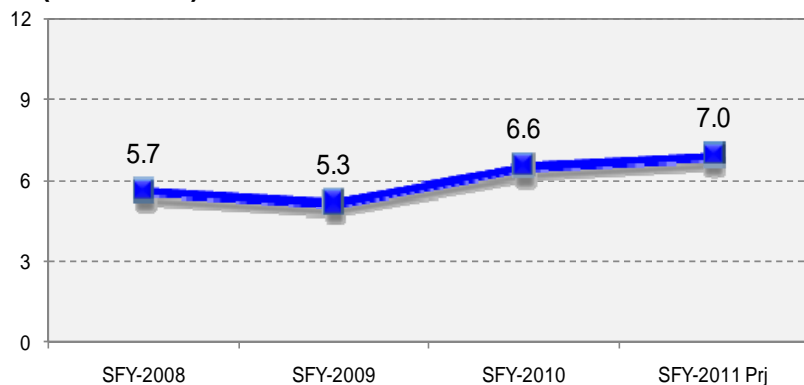
DLS Performance

Protective Services Cases Resolved Within 15 Months



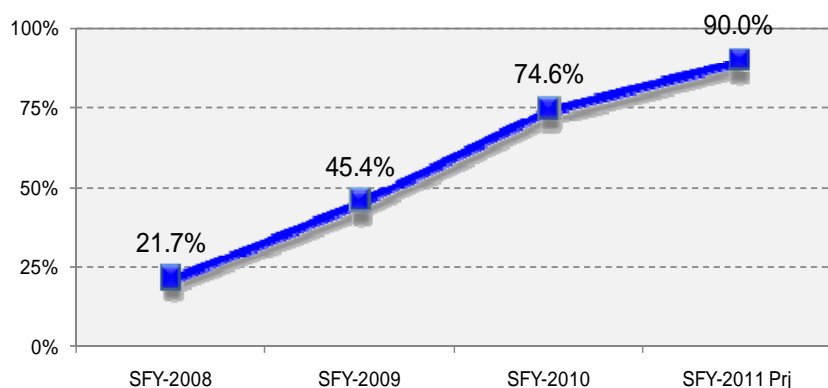
- Division of Legal Services (DLS)/Litigation closed 1,194 protective services cases in fiscal year 2010. 64.7% of the cases were closed within 15 months of being assigned to an attorney and 77.8% were closed within 22 months of being assigned to an attorney.

Time to Schedule Child Support Hearing (in months)



- The Child Support Hearing Unit is scheduling 4 to 5 hearings per day per Hearing Officer, which is the maximum number of hearings a Hearing Officer can hold and still be able to do other necessary work (research, writing, reviewing) to get decisions issued timely. In addition to holding hearings, the Hearing Officer is responsible for writing their own decisions and orders as well as reviewing another Hearing Officer's decisions and orders

Child Support Hearing Decision Timeliness



- The significant increase in decision timeliness has been a focus of the Hearings Section following a 2008 State Auditor's report.
- Hearings are timelier due to better organization, tighter controls and performance reviews.
- Timeliness is expected to continue to increase.

2010 Highlights

Improving the Child Support Hearing Decision Process

- Internal division policy requires Child Support hearing decisions be completed within 60 days from the closing date of the hearing.
- In July 2008, 17.6% of Child Support hearing decisions were completed within 60 days of the closing date of the hearing. By July 2010, DLS increased this to 88.9%.
- To achieve this significant improvement, monthly pending reports were reviewed by supervisory staff. Supervisors worked with Hearing Officers found to be delinquent in meeting timelines, establishing plans of action to manage work and maintaining workflow. Hearing Officers who could not meet work expectations were disciplined, up to and including dismissal.

Maintaining Significant Collections in Fraud Cases

- DLS/Welfare Investigations Unit (WIU) investigates reports of fraud resulting from recipients who have intentionally received public assistance benefits. In addition, WIU investigates DSS contract providers who have submitted falsified and/or incomplete records.
- WIU collections totaled \$2.1 million in SFY-2010, which is slightly less than the \$2.4 million collected in SFY-2009. However, there were fewer investigations in SFY-2010. In addition, some of the investigations were more complex and required a considerable amount of time and resources.

Litigation

- DLS attorneys closed/completed 3,972 cases (excluding cases handled in cooperation with the Attorney General's Office) during SFY-2010, which is a 26% increase over the prior state fiscal year. This included termination of parental rights for 462 abused children; 1,434 permanency planning cases and 823 Child Support Enforcement matters.

Sunshine Requests

- DLS processed 98 Sunshine Requests in SFY-2010, which was almost double the 56 Sunshine Requests processed during SFY-2009.
- The significant increase in Sunshine Requests was primarily due to 2 reasons: (1) the interest in potential and actual changes in health care legislation by the media and various advocacy groups; and, (2) child fatalities involving children and families that had received services from the Children's Division.

Key DLS Projects

Missouri Office of Health Information Technology (MO-HITECH)

- DLS lawyers are actively providing legal advice to MO-HITECH. The legal issues involved are complex, cover a large number of areas and many are questions of first impression. Notable examples include the:
 - Authority of the state to establish and regulate the exchange of electronic health records (EHR);
 - Applicability of federal and state privacy and health record security laws to EHR exchange;
 - Parameters of the legal relationship between MO-HITECH and the MO HealthNet program; and,
 - Ability of the MO HealthNet program to exchange EHR through the exchange.

Children's Division Administrative Regulations and Policies

- DLS lawyers are working with the Children's Division to improve programs by assisting in the review, drafting and updating of administrative regulations and policies in a number of key areas including:
 - Contracted case management;
 - Adoption Subsidy;
 - Administration of the child abuse and neglect hotline system; and,
 - Residential and Foster Care licensing.

Adoption and Safe Families Act

- The DLS/Litigation lawyers are aggressively working with the Children's Division to assure compliance with the Adoption and Safe Families Act and to achieve safe permanency for abused and neglected children. This work includes projects such as filing:
 - Termination of parental rights petitions so that children can be adopted; and,
 - Petitions for guardianships on behalf of children in the Foster Care.

Administrative Hearings

- Although significant improvements have already been achieved over the past year, the DLS/Administrative Hearings Unit continues to seek methods to reduce the:
 - Time between the receipt of a request for a Child Support hearing and the date that the hearing is held;
 - Time between the date a Child Support hearing is conducted or that the record is closed and the date that the decision is issued; and,
 - Scrivener's errors in administrative hearing decisions.
- All decisions are reviewed by a Hearing Officer not responsible for writing the decision. In reducing scrivener's errors, supervisors have started tracking the types of errors being made to determine trends. Once identified, supervisors work with staff on reducing specific types of errors. If a person (or persons) is identified, plans of action have been established to assist the Hearing Officer(s) in reducing errors. Hearing Officers who cannot meet expectations have been, and will continue to be, disciplined, up to and including dismissal.



Joel Anderson
DLS Director

On the Horizon . . .

Departmental Redaction Project

- In July 2010, the Children's Division (CD) brought a laborious process surrounding the redacting of children's case files to the department's attention. Redacting of confidential information is necessary when external parties request a copy of a case file. The current process involves CD employees reading and copying case files and manually redacting areas of the file with a black marker.
- An internal DSS workgroup studied the issue and, among other things, recommended the creation of a Redacting Unit in Jefferson City supervised by the Division of Legal Services. This has been approved and a plan is being developed to implement that decision.
- DLS will be working with DSS divisions to develop a more efficient and accurate system of processing the large number of document requests requiring redacting received by the department each year. This initiative will require the hiring of several employees, procurement of specialized computer equipment and the adoption of administrative rules to govern the Redacting Unit's activities.
- Initial staffing of the Redacting Unit will be achieved by transferring existing vacant positions and necessary funding from CD to DLS.

Legislative Initiative

- Through the Department's Legislative Liaison, the Administrative Hearings Unit is actively pursuing legislative initiatives to:
 - Allow hearing officers to correct errors and omissions in Child Support hearings to improve the accuracy and efficiency of those proceedings;
 - Reduce the number of in-person benefit hearings to improve the efficiency of and reduce the cost in conducting such hearings; and,
 - To improve the efficiency and reduce the cost of conducting hearings, the Administrative Hearings Unit is exploring methods of conducting its hearings electronically, such as through teleconferencing and video conferencing.

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

- DLS is working with the MO HealthNet and Family Support Divisions to develop a training curriculum on procedural due process and compliance with federal and state administrative and judicial review requirements.
- The training will cover constitutional procedural due process rights of program participants and training for staff in preparing for and presenting information to administrative tribunals.

DSS Celebrate Accreditation of Children's Division

On January 14, the Department of Social Services announced the completion of a 5-year effort to achieve accreditation of the Children's Division. Missouri's child welfare system was reviewed and measured against more than 800 nationally recognized standards of best practices in areas such as adoption services, foster and kinship care services and child protection services. Attaining and maintaining accreditation demonstrates that the Children's Division is committed to providing the best possible services for Missouri's most vulnerable citizens.

Budget

Budget issues affecting DSS were prominent in the news from January through May. Congress' decision not to approve \$300 million in supplemental Medicaid funds contributed to budget constraints for Missouri. Many reports about the state budgeting process concerned the potential impact of reduced state funding on low-income residents and state employees.

Blind Pension

In April, a Cole County judge determined that DSS miscalculated benefits paid from the Blind Pension Fund since 1992. The judge awarded approximately \$19 million in unpaid benefits and more than \$11 million in interest to recipients of the funds.

Homelessness Assistance

DSS assisted many Missouri communities in addressing homelessness concerns. The Homeless Prevention and Rapid Re-Housing program provided \$12 million in financial assistance and services to either prevent individuals and families from becoming homeless or help those experiencing homelessness be quickly re-housed and stabilized. Funds for the program were provided by the American Recovery and Reinvestment Act of 2009.

Disaster Assistance

DSS applied for and obtained \$12 million in federal disaster assistance to help communities around the state recover from natural disasters that occurred in late 2008. Social Services Block Disaster Grants were provided to help homeowners pay for home and foundation repairs, home rebuilding, debris cleanup and other expenses that resulted from the disasters.

Division of Youth Services Model

Information about the Division of Youth Services (DYS) approach to juvenile justice was featured in 2 *USA Today* articles and *Governing Magazine*. Across the nation, DYS is recognized for pioneering a rehabilitative program focused on humane and safe treatment of youth offenders. The DYS system is based on the belief that the public interest is best served by helping young people turn their lives around and become law-abiding, productive citizens. The DYS Outcome Report for SFY-2009 reports that 85.9% of youth released after 12 months remain law-abiding.

Youth Jumps to Escape

Media outlets statewide reported on 15-year-old Robert Nichols' escape from custody while being transported between DYS facilities. A shackled Nichols jumped from the Missouri River Bridge on US Highway 54/63. Searchers were unable to recover his body and he is presumed to have died.

Missouri Receives Funding to Establish Electronic Health Records System

In February, DSS announced it was awarded \$13.8 million in federal funding to help health care professionals adopt electronic health records systems. The system will enable the exchange of health information in a safe and timely manner, while reducing costs and medical errors.

Missouri's Child Welfare Rank Improves

Missouri ranked 31st among states in the Annie E. Casey Foundation 2010 Kids Count, an annual analysis of child welfare conditions in the nation. The rank was an improvement from 2009 in which Missouri ranked 33rd. The study uses indicators, like child poverty, teen pregnancy, child death and high school graduation rates, to track child welfare.

Missouri's School Violence Hotline Gives Missourians a New Tool to Combat School Violence

The Missouri School Violence Hotline added the *Report It!* electronic form to its website to enable state residents to submit email reports about school violence. Since October 2001, the hotline (866-748-7047) has been available to take anonymous phone tips regarding school violence. Missourians can report incidents of bullying, assaults or fights, thefts, weapons at school, bomb threats and other dangers.

Top DSS News Stories of 2010

Missouri Voter Registration Rises at FSD Offices

Nearly 250,000 low-income residents have applied for voter registration through Missouri's social services offices over the past 2 years.

KC Couple Alleges Children's Division Removed Infant from Parents Custody Due to Disability

DSS received national media attention following accusations that the Children's Division removed an infant from its parents' custody because the parents are blind. The child was removed following a newborn assessment, which found the parent's lacked the skills to properly care for the child putting the child in imminent danger. Rehabilitation Services for the Blind (RSB) taught the couple parenting skills that enabled the parents to regain custody of the child.

Missouri Program Leads Nation in Providing Vocational Rehabilitation Services for the Blind

The Missouri Department of Social Services' Rehabilitation Services for the Blind received the highest ranking in the nation among state vocational rehabilitation agencies that exclusively serve the blind. RSB was the only agency of its kind to meet or exceed all performance standards in programs to provide vocational services that lead to quality jobs and make services accessible to minorities with vision impairments.

The Department of Social Services Announces Grants to Improve Access to Healthy Food for Missouri Children

The Family Support Division received \$680,000 from the federal government to administer a program testing new ways to provide nutrition assistance and access to healthy foods to vulnerable children. This Missouri pilot project will use electronic benefit transfer cards to give low-income families with school-age children more food resources.

Governor Nixon Announces \$1.2 Million Program to Assist Homeless Families

Governor Jay Nixon announced that 15 homeless shelters across the state will receive almost \$1.2 million to assist families with children facing short-term economic hardships. The Missouri Department of Social Services awarded \$1.2 million that was made available through the expansion of emergency Temporary Assistance for Needy Families (TANF) funding in the federal American Recovery and Reinvestment Act. Shelters have some flexibility in how the funds can best be utilized, but all expenditures must be for families with at least one child and benefits and services may not exceed 4 months.

Speeches and presentations of the department's leadership during SFY-2010 (sites are in Missouri unless otherwise noted).

Ronald J. Levy, Director, Department of Social Services

Date	Location	Topic	Audience
August 7	St. Louis	Health Information Technology	Stakeholders Meeting
August 11	Kansas City	Health Information Technology	Stakeholders Meeting
August 14	Cape Girardeau	Health Information Technology	Stakeholders Meeting
August 17	Columbia	Health Information Technology	Stakeholders Meeting
September 15	Lake of the Ozarks	Child Support efforts and the difficulties workers face daily	Missouri Child Support Enforcement Association (MCSEA) Conference
October 1	Kansas City	Health Information Technology\Health Information Exchange	HIT\HIE Presentation to the 2020 Healthy Missouri Committee
October 14	Jefferson City	State of State: Financial Condition, Health Care Initiatives & DSS Budget for 2010	Mo Coalition of Mental Health Centers
October 21	St. Louis	Health Information Exchange	St. Louis Regional Health Commission
October 22	Columbia	Missouri Medicaid and Health Care Reform; Health Information Technology & Health Information Exchange	Central Missouri Community Action Dinner
October 28	St. Louis	Health Care Reform	St. Louis University, School of Public Health
November 16	St. Louis	Health Care\Medicaid	St. Louis University, School of Law
January 13	State Capitol	Senate Seminar on HIT/HIE	State Senators
January 14	State Capitol	DSS Overview to House Appropriations	State Representatives
January 14	Jefferson City	Statewide Accreditation Ceremony	First Lady Georganne Nixon, various legislators from the area children's agencies and Children's Division staff
February 1	St. Louis	ARCH's Community Wide Breakfast	St. Louis Community Leaders
February 5	St. Louis	Budget Overview	Non-Profit Services Center – St. Louis Area Budget Forum
March 9	St. Louis/Christian Hospital – Medical Staff Quarterly Meeting	Health Care Reform and Health Information Exchange Implications for Missouri	Medical Staff
March 17	Kansas City	Missouri Statewide Health Information Organization	KCMHC District Council Meeting
March 23	Jefferson City	DSS Current and Future State	DYS Advisory Board
March 31	Kansas City	Missouri's SFY-2011 Budget	Kansas City Health Care Leaders
April 7	St. Louis	Missouri Statewide Health Information Organization (HIO)	St. Louis Metropolitan Hospital Council
April 7	Lake Ozark	Health Care Reform & Health Information Exchange Implications for Missouri	Missouri Osteopathic Association
May 27	Jefferson City	Missouri Statewide HIO	Rural Hospital HIT Conference
June 10	Lake Ozark	Missouri Statewide HIO	Missouri Hospital Association Leadership Forum

Alyson Campbell, Director, Family Support Division

Date	Location	Topic	Audience
July 1	Jefferson City	Divisional Issues including budget, goals, child support initiatives	FSD Child Support Enforcement Office Manager Meeting
August 13	Chicago, IL	Update on Missouri child support enforcement program, legislation and program issues	Office of Child Support Enforcement Region VII Director's Meeting
September 3	Lake of the Ozarks	FSD Administration changes and prosecuting attorney office budget reductions due to reduction in County Reimbursement budget line	Prosecuting attorney staff at fall training conference sponsored by Missouri Association of Prosecuting Attorneys and Missouri Office of Prosecution Services
September 17	Lake of the Ozarks	Shifting Paradigms in the Child Support Program	Conducted session at Missouri Child Support Enforcement Association Annual Conference for child support staff
September 18	Lake of the Ozarks	Family Support Division Vision and Strategies	Plenary speaker at closing session of Missouri Child Support Enforcement Association Annual Conference for child support and prosecuting attorney staff
October 16	Springfield	Budget Reductions to County Reimbursement budget line	Elected Prosecutors Meeting sponsored by Missouri Association of Prosecuting Attorneys
November 12	Jefferson City	Work Participation and LIHEAP Budgets	Missouri Community Action Directors Association

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

Date	Location	Topic	Audience
August 12	St. Louis	Building a Strong Public/Private Partnership	National Public/Private Summit
September 3	Branson	39 th Circuit Accreditation Celebration	Children's Division staff, Juvenile Officers, Legislators and Community Partners
September 3	Ozark	38 th Circuit Accreditation Celebration	Children's Division staff, Juvenile Officers, Legislators and Community Partners
September 9	Macon	41 st Circuit Accreditation Celebration	Children's Division staff, Juvenile Officers, Legislators and Community Partners
September 9	Columbia	13 th Circuit Accreditation	Children's Division staff, Juvenile Officers, Legislators and Community Partners
September 25	Rolla	2009 Linking Hearts Event - Adoption	Community Leaders, Foster Parents and University Students
September 30	St. Louis	Extreme Recruitment	Extreme Recruitment Kick-Off Celebration Attendees and Media
October 1	Jefferson City	Collaboration in Helping Families	Faith Based Conference Attendees
November 24	St. Louis	22 nd Circuit Accreditation Celebration	Children's Division staff, Juvenile Officers, Legislators and Community Partners
December 16	Jefferson City	Children's Division update on current initiatives	Children's Justice Act Task Force Members
January 14	Jefferson City	Children's Division Statewide Accreditation Celebration	Children's Division Staff, Legislators and Public/Private Partners
January 26	Washington, DC	2010 Albert E. Trieschman Award Winner – Missouri Supervisory Leadership	CWLA National Conference Attendees
March 4	Jefferson City	Kids and Families in Crisis – Update on child abuse prevention, foster care and needs of families	Greater MO Leadership Challenge Symposium Attendees
March 17	Jefferson City	Children's Division update on preparation for Federal Child and Family Services Review	Children's Justice Act Task Force Members
April 15	Jefferson City	Child Abuse Prevention: How everyone can help	Pinwheel Garden Ceremony Attendees

Date	Location	Topic	Audience
April 30	Kansas City	Heart Gallery for adoption of children in state custody looking for a permanent home	2010 Heart Gallery Opening Ceremony Attendees and Media
June 16	Jefferson City	Children's Division update budget and results of Child and Family Services Review	Children's Justice Act Task Force Members

Tim Decker, Director, Division of Youth Services

Date	Location	Topic	Audience
July	National	Broadcast of Visionaries documentary on Missouri DYS on some PBS stations around the country. Documentary entitled, <i>Bar None – Rehabilitation vs. Punishment</i> was a follow up to the Harvard Innovations in American Government Award	National viewing audience
July 1	Jefferson City	Presentation on DYS therapeutic treatment approach and partnerships to help with the increased focus on non-residential care	Community Partnerships from Jefferson County, Springfield, Joplin, Cape Girardeau, Kansas City and St. Louis City and County
July 10	Kansas City	Presentation at Legislative Black Caucus regarding the DYS therapeutic treatment approach and Children's Defense Fund <i>Cradle to Prison Pipeline Summit</i>	Missouri legislators, state agency staff members, local government officials, community partners
August 5	Poplar Bluff	Keynote speaker at DYS Southeast Region graduation	DYS youth, families, staff, community partners, juvenile court staff, local elected officials and DYS Advisory Board members
August 7-9	Nashville, TN	Council of Juvenile Correctional Administrators Executive Board meeting – As chair of the CJCA Mutual Aid Committee, presented proposal for development of a mutual aid process to increase efficiency and results	Directors of state youth services and correctional agencies
August 26	St. Louis	Opening speaker at DYS St. Louis region graduation	DYS youth, families, staff, community partners, juvenile court staff, local elected officials and DYS Advisory Board members
August 31	Jefferson City	Opening speaker for DYS statewide education conference providing the setting to capture agency philosophy	DYS education and treatment staff from across the state
September 9	National	Airing of ABC News Primetime segment on Missouri's DYS – Required ongoing work communicating the division's therapeutic treatment approach and beliefs and philosophies, producers and film crew were embedded in programs for over a year	National viewing audience
September 22-23	St. Louis	Program visits and presentation to delegates from New York, Louisiana and New Mexico regarding Missouri's therapeutic treatment approach	Policymakers, legislators and child advocates from the states of New York, Louisiana and New Mexico
September 24	Kansas City	Opening presentation to DYS service coordinator supervisors providing setting of agency direction, expanding continuum of non-residential services	DYS service coordinator supervisors, treatment coordinators and clinical coordinators
September 29	St. Louis	Testimony to Legislative Task Force on Dropout Prevention	Legislative members of task force and staff
September 30-October 2	Chicago, IL	Council of Juvenile Correctional Administrators, presentations and break out group discussions on juvenile justice measurement best practices and current outcome and recidivism studies (Serve as Midwest Region Chair)	Directors of state Youth Services and Correctional agencies
October 22-23	Kansas City	Program visits and presentation to delegates from Los Angeles and San Francisco, CA, regarding Missouri's therapeutic treatment approach	Policy makers and child advocates from Los Angeles and San Francisco, CA
October 28	Lake Ozark	Open MJJA Fall Conference and provide overview of DYS programs and services	Chief juvenile officers, juvenile court staff, judges, city police officers and staff, Department

Date	Location	Topic	Audience
			of Public Safety, Office of State Courts Administrator and DYS
November 17	Kansas City	Hosted a Graduate School's 2009 Executive Potential Program Best Practices Session, provided program tours and presentations on Missouri's innovative leadership practices	Faculty from Graduate School and delegation of 15-20 federal employees identified as candidates in leadership positions in the federal government
November 20	Lake Ozark	Provided overview and facilitated panel presentation of DYS youth at Missouri Re-entry Conference, sponsored by the Area Resources for Community and Human Services (ARCHS), Department of Corrections, Department of Social Services and the Family and Community Trust (FACT)	Re-entry and workforce experts from across Missouri

Ian McCaslin, MD, Director, MO HealthNet Division

Date	Location	Topic	Audience
July 17	University of Missouri Hospital -Columbia	Access to Health Insurance for Low Income Populations: Time for a Change	University of Missouri Children's Hospital Pediatric Grand Rounds – faculty, students, staff, community physicians
July 17	University of Missouri Hospital - Columbia, MO	Legislative child advocacy	University of Missouri Department of Pediatrics faculty and students
August 12	Osage Beach	Missouri Medicaid: current status and impact for emergency physicians	Attendees of Missouri College of Emergency Physicians luncheon presentation at general membership meeting
August 27	Cardinal Glennon Children's Hospital - St. Louis,	Legislative child advocacy	St. Louis University Departments of Pediatrics and Family Medicine residents and faculty
August 27	St. Louis University School of Public Health - St. Louis	Convocation Keynote Address	St. Louis University School of Public Health students and faculty
October 9	University of Missouri School of Medicine - Columbia	MO HealthNet: The Past, Present and Future of Medicaid in Missouri	Participants in University of Missouri-Columbia health ethics conference: physicians, nurses, ethicists
October 20	Kansas City, MO	Behavioral Health Services	Regional pediatrician meeting in collaboration with American Academy of Pediatrics, Missouri Chapter
October 28	St. Louis University School of Public Health - St. Louis	Medicaid 101	Students of St. Louis University School of Public Health
October 28	St. Louis University School of Public Health - St. Louis	Medicaid overview; state budget process and current status	Faculty and students of St. Louis University School of Public Health
October 29	Rankin Jordan Pediatric Rehab Hospital - Maryland Heights	Behavioral Health Services	Regional pediatrician meeting in collaboration with American Academy of Pediatrics, Missouri Chapter
October 29	Columbia Regional Hospital - Columbia	Behavioral Health Services	Regional pediatrician meeting in collaboration with American Academy of Pediatrics, Missouri Chapter
November 4	Osage Beach	Preventable serious adverse events: monitoring, reporting, and developing a culture of safety	Attendees of Missouri Hospital Association annual convention
November 19	Children's Mercy Hospital - Kansas City	Missouri Medicaid: Current Status and a Look Ahead	Members of the American Academy of Pediatrics , Missouri Chapter
November 24	Center Elementary School - Kansas City	Safety net clinics for low income and uninsured	Media event announcing plans to open a new safety-net health clinic in south Kansas City
March 26	St. Louis	National and State Legislative Update	Attendees of the Missouri State Medical Association annual convention
June 26	Eric P. Newman Educational Center - St. Louis	Moderator of conference entitled <i>Improving Access to Pediatric Mental Health Care in Missouri</i>	Attendees of conference sponsored by American Academy of Pediatrics, Missouri Chapter

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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 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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