

Missouri Department of Social Services Annual Report 2013



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Harry Patch by Jim Ross	Sheppard Family by Donald Windley	Group of children in an elementary school by R.K Singnam

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Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

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

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

October, 2014

Dear Fellow Missourians:

Serving the people of Missouri is a great privilege. I am very proud to lead the women and men of the Department of Social Services as we work to improve the lives of the citizens we serve. Increasing our value to the taxpayer is paramount and we constantly evaluate our delivery of accurate, efficient and timely service and essential supports to families to ensure we maximize our efforts to build stronger families and communities.

This year we are undergoing a watershed moment for one of the largest and most significant functions of state government—replacement of the Family Support Division's aging eligibility and case management system. With new technology in the hands of our front line workers we will transform our operation to enhance our service for our clients and our efficiency for the Missouri taxpayer.

Here are more achievement highlights of our performance over the past year.

- Family Support Division (FSD) reduced the Food Stamp payment error rate from 6.79 percent to 1.55 percent making Missouri's rate lower than the national error rate of 2.98 percent. FSD initiated electronic document management in its child support program and to date; approximately 50 percent of paper case records have been converted to electronic format.
- The Children's Division and Division of Youth Services launched a multi-system effort to improve outcomes and more effectively address the needs of young people at risk of crossing over from child welfare to juvenile justice. A statewide policy team including executive branch departments, the court system, and other partners is implementing system-wide change, while Greene and Jefferson Counties are engaging local communities and implementing an effective crossover youth practice model.
- Educational excellence continues to be a primary focus for the Division of Youth Services (DYS). Over 48 percent of DYS 17 year-old students achieved a high school diploma or GED prior to discharge to complete their high school education and 99 percent of DYS youth improve in reading and math, compared to 72 percent nationally.
- The MO HealthNet Division is increasing care coordination and the integration of a diverse range of services and treatments to improve the health of Missouri's most complicated patients.
- The Division of Finance and Administrative Services implemented technology solutions to improve efficiency and to reduce paperwork and error rates. These solutions include automating data compilation for grant reporting; document imaging to streamline payment processing; and databases for contract management and audit.
- To ensure that taxpayer's money is being used to support children, the Division of Legal Services assisted the Department of Social Services and the Family Support Division in the implementation of the law requiring TANF participants to be screened for illegal drug use.

It is an honor to be among the thousands of Department of Social Services professionals who work each day to improve the lives of Missouri families.

Sincerely,

Brian Kinkade
Director



RELAY MISSOURI

FOR HEARING AND SPEECH IMPAIRED

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

The department is organized into 4 program divisions:

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

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

Mission

To maintain or improve the quality of life for Missouri citizens

Vision

Safe, healthy and prosperous Missourians

Guiding Principles

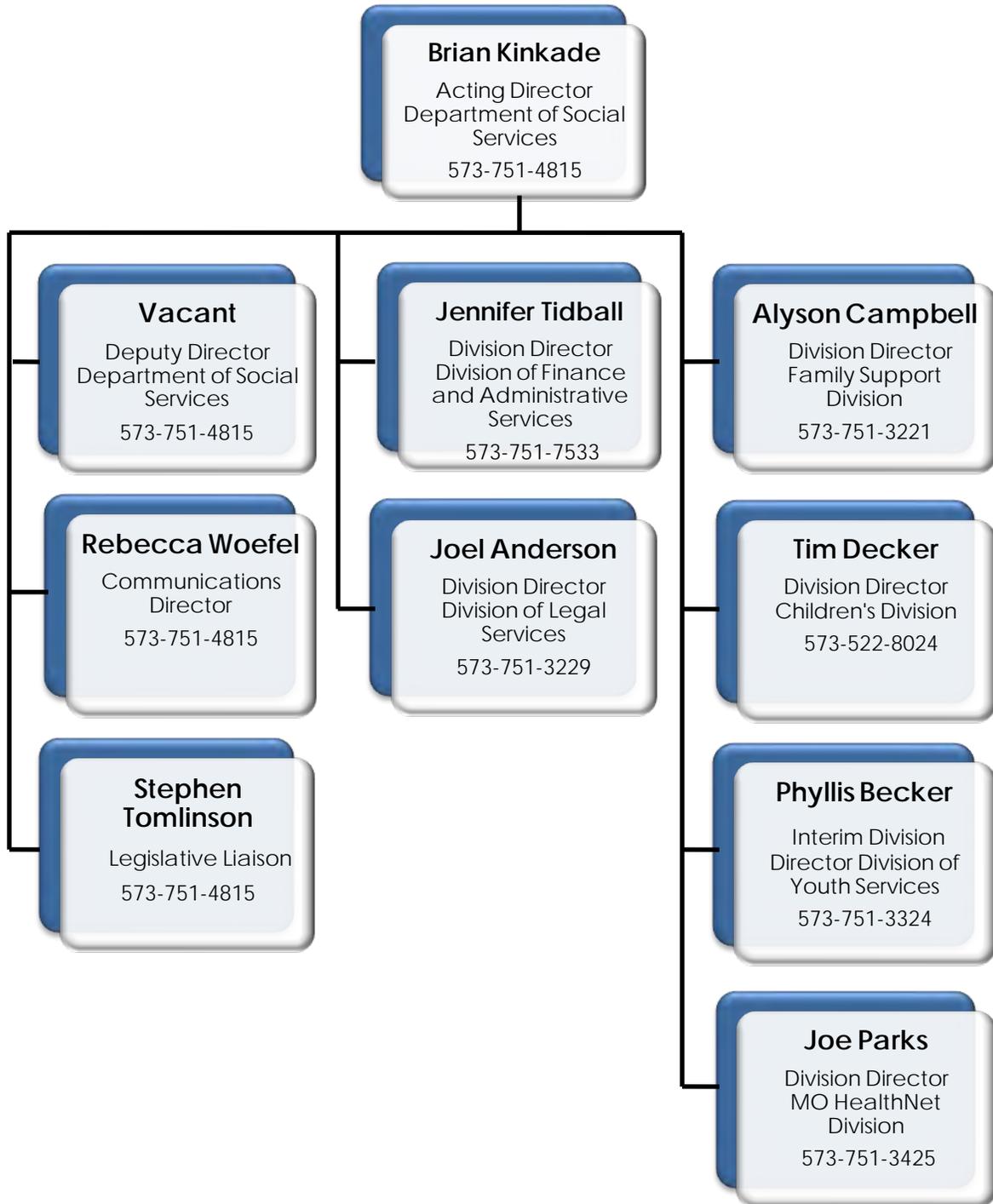
- **RESULTS** – We will make a positive difference in the lives of Missourians.
- **SERVICE** – We will help others with honor, dignity and excellence.
- **PROFICIENCY** – We will provide quality services with skill, creativity and innovation.
- **INTEGRITY** – We will uphold the public trust.
- **STEWARDSHIP**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

Core Functions

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



DEPARTMENT LEADERSHIP
(DECEMBER 2013)

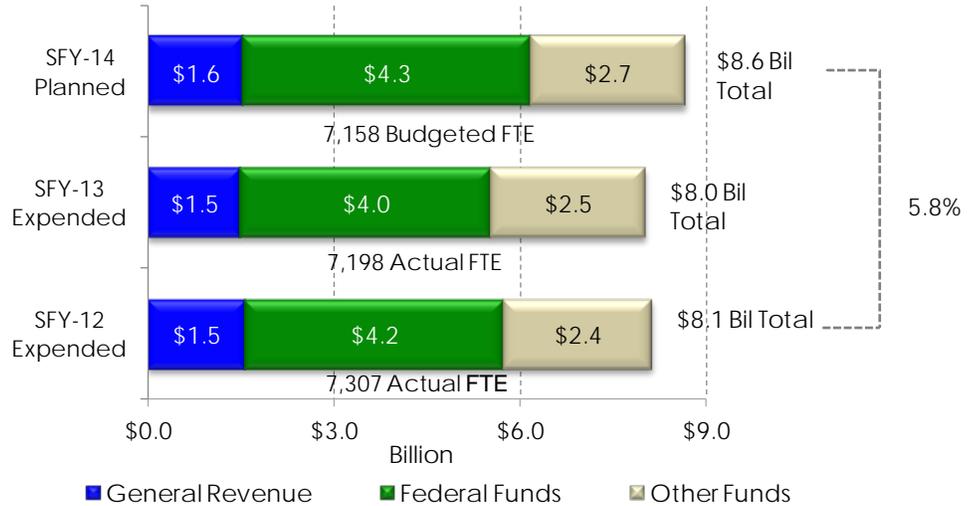




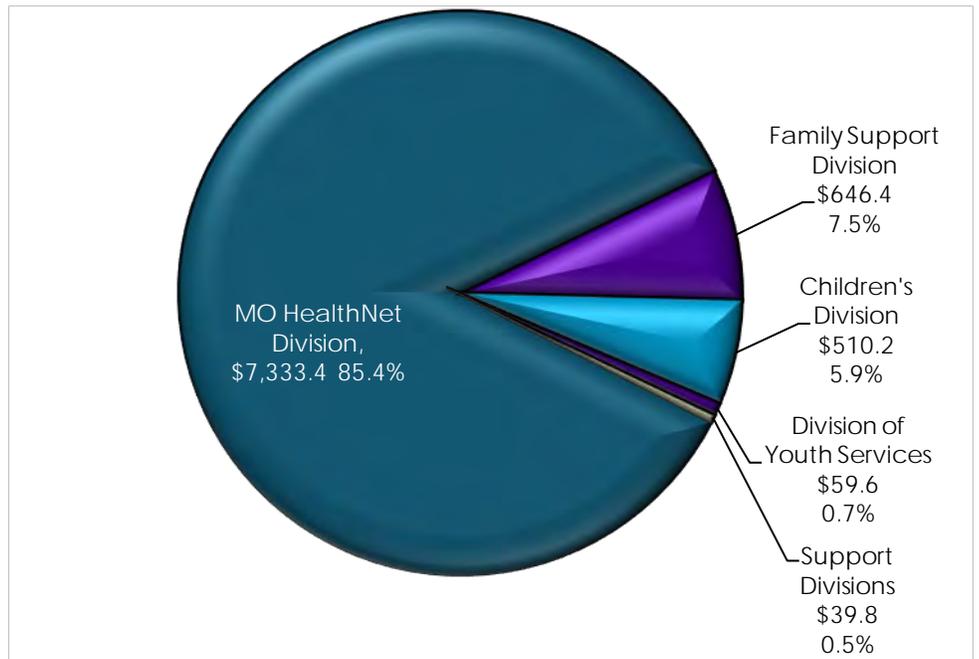
FINANCING

- Total spending has increased 5.8% (\$470.1 million) between SFY-12 and SFY-14 planned.
- General Revenue (GR) has decreased by 0.4% (\$6.9 million), while Federal and Other fund spending have increased 2.6% (\$108.0 million) and 15.6% (\$369.0 million) respectively.
- Most department expenditures continue to be from Federal and Other fund sources in SFY-13. GR spending will account for only 18.1% of planned spending.
- Between SFY-12 and SFY-14 full time equivalent (FTE) staff has declined 2.0%, or 149 FTE.

Department Expenditures SFY-12 to SFY-14 Planned With Fund Source Comparison (in billions)



SFY-14 Planned Expenditures Total Funds by Division





2013 QUICK FACTS ABOUT DSS IN MISSOURI



MO HealthNet¹

Number of people enrolled for MO HealthNet services	893,344
MO HealthNet dollars spent in state fiscal year 2013 ²	\$7,079.4 mil
Estimated federal portion of MO HealthNet dollars spent	\$4,310.4 mil
MO HealthNet dollars for inpatient hospital services	\$619.3 mil
MO HealthNet dollars for physician services	\$532.0 mil
MO HealthNet dollars for nursing home services	\$986.2 mil
MO HealthNet dollars for pharmacy services	\$1,072.1 mil
MO HealthNet dollars for managed care payments	\$1,005.3 mil

Family Support

Child support collections (IV-D and non-IV-D)	\$1,089.0 mil
Average monthly temporary assistance families ³	40,654
Total temporary assistance payments ³	\$108.4 mil
Average monthly food stamp benefit recipients	936,527
Total food stamp benefits distributed	\$1,443.3 mil

Child Protection and Permanency

Children involved in completed hotline reports ⁴	88,162
Children with substantiated abuse or neglect	6,203
Children with family assessments ⁵	46,021
Average monthly children in foster care ⁶	11,257
Children adopted	1,222
Total Children's Services expenditures ⁷	\$187.7 mil
Average monthly children receiving subsidized child care ⁸	42,035
Child care expenditures	\$149.3 mil

Youth Services

Youths Committed ⁹	919
Average monthly youths in DYS custody	1,455

Notes

1. Does not include Women's Health Services
2. Medicare Buy-In premiums are reported at the statewide level, but not at the county level
3. Includes Transitional Employment Benefit (TEB) cases
4. Children's Division Annual Report, Table 2, total children less unable to locate, inappropriate report and located out of state
5. Children based on completed investigations/assessments
6. Children's Division Management Report, Table 25, legal status 1 only point-in-time end of month average for July 2012-June 2013
7. Excludes all Child Care payments; Performance Based Contractor payments included only at the statewide level
8. Any child receiving a payment during the month as reported on Child Care Monthly Management Report, Table 4, July 2012-June 2013
9. Includes dual jurisdiction cases

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PROGRAM DIVISIONS

FAMILY SUPPORT DIVISION

2013

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

Programs & Services

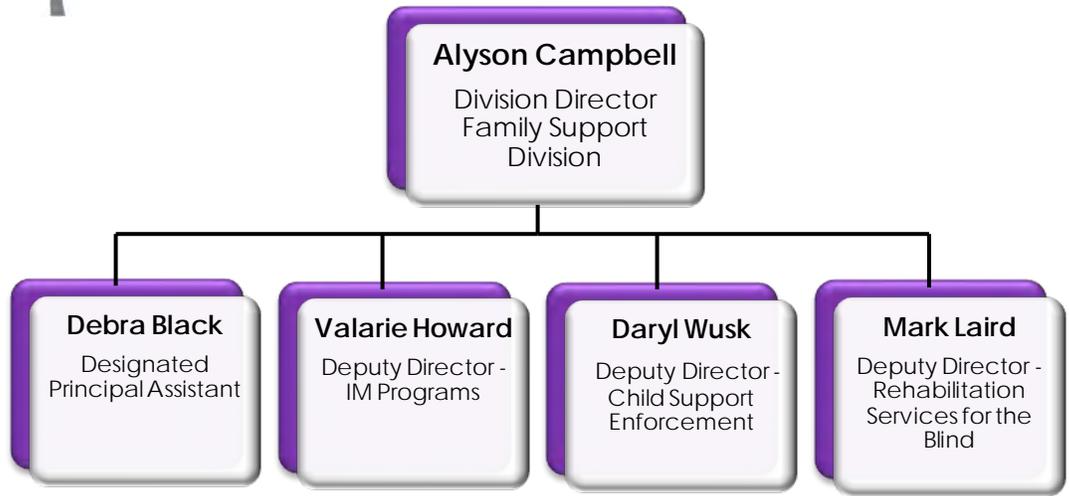
NEEDS BASED PROGRAMS

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

CHILD SUPPORT

REHABILITATION SERVICES FOR THE BLIND

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



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

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

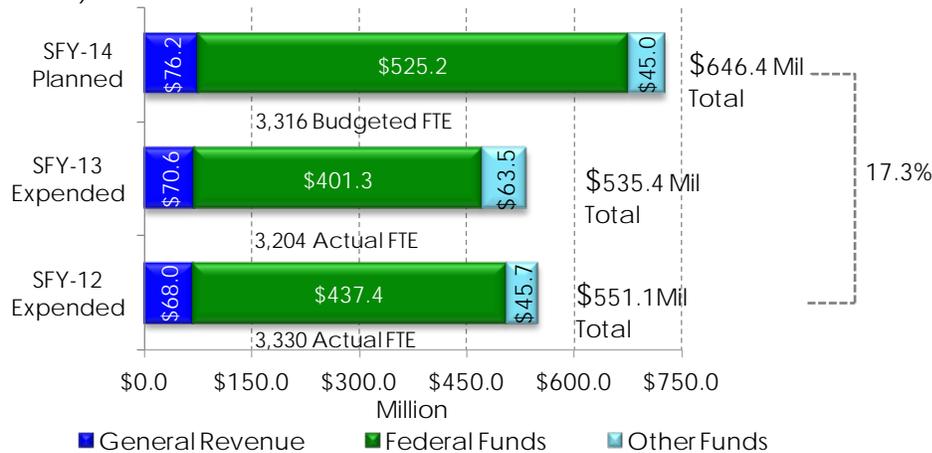
- Child Support Program and Policy
- Training
- Automated System
- Financial Resolutions Section
- Field Operations

- Rehabilitation Services for the Blind

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

FINANCING

FSD Expenditures SFY-12 to SFY-14 Planned (in millions)



Total spending increased by 17.3% (\$95.4 million).

- Between SFY-12 and SFY-14, GR expenditures increased by \$8.2 million (12.1%). The most significant contributing factors to this change are:
 - Community Work Support funds were transferred from the Department of Economic Development budget (\$1.9 million) to Temporary Assistance for Needy Families (TANF) program.
 - A \$7.4 million increase for the implementation of the electronic document imaging and a new enrollment system.
 - A Blind Pension GR increase of \$2.5 million due to a decline in revenues in the Blind Pension fund.
- Federal spending increased by 20.1% (\$87.8 million) between SFY-12 and SFY-14. The most significant contributing factors to this change are:
 - Community Work Support funds were transferred from the Department of Economic Development budget (\$17.2 million) to Temporary Assistance for Needy Families (TANF) program.
 - A \$61.4 million increase for the implementation of the electronic document imaging and a new enrollment system.
 - In FY13, there was an increase in Distribution Pass Through (\$55 million) and Energy Assistance (\$74 million) funding because of the loss of an "E" on the appropriation. The FY14 planned expenditures increased from FY12 expenditures by \$21 million for Distribution Pass Through and & \$33.4 for Energy Assistance respectively.
 - \$3.2 million in the FAMIS appropriation was put in federal reserve because of empty authority in 2012.
 - There was an increase in federal authority for Family Nutrition (\$1.9 million), Emergency Solutions (\$750,000), and Domestic Violence (\$1.9 million).
- Other fund spending decrease is due to the implementation of core reductions in the Blind Pension Fund.
- FSD full time equivalent (FTE) staff declined by .4%, or 14 FTE.

Each Day

in Missouri

2,691

Food Stamp applications are processed

198

Temporary Assistance applications are processed

320

refugee families are being helped toward economic self sufficiency

\$3,000,000

in Child Support is collected and distributed to families

4,006

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



FSD PERFORMANCE

Food Stamp Households

- There has been a slight decrease in the number of Food Stamp households in SFY-13.
- The US Department of Agriculture has established state standards for case processing timeliness and payment accuracy. Poor performance can result in sanctions and superior performance may earn bonuses.
- The national target for timeliness is 95% and above. Missouri's timeliness rate is currently 95%.
- Missouri's preliminary Food Stamp payment error rate is 1.55% based on the first ten months of FFY-13. Missouri is currently better than the national average of 2.98%.

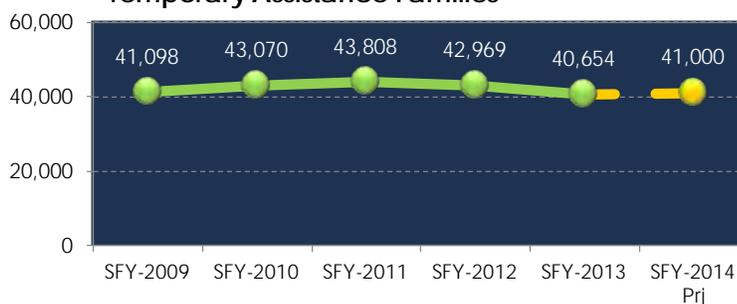
Food Stamp Households



Temporary Assistance Families

- The number of families receiving Temporary Assistance (TA) benefits declined in SFY-13.
- Missouri has one of the lowest Temporary Assistance for Needy Families (TANF) eligibility levels in the nation, leading to fewer people being eligible. A family of 3 qualifies for a maximum of \$292 per month in assistance.
- TANF families must participate in training or job related activities.
- 2,505 individuals met the 60-month lifetime limit for TANF benefits in SFY-13.
- The average number of months families receive TANF benefits is 22.5 months.

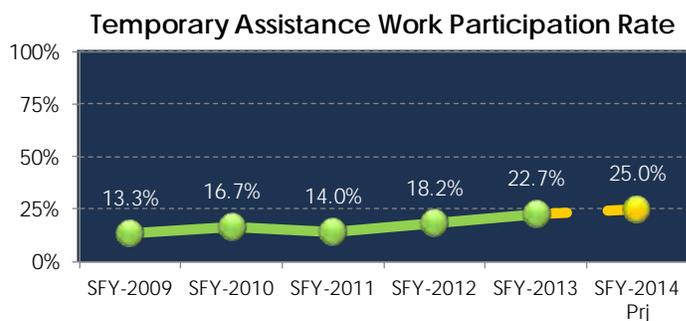
Temporary Assistance Families



This measure includes Transitional Employment Services (TEB) cases that began to receive services in November 2008. The TEB caseload was 1,218 for SFY-09; 1,393 for SFY-10; 1,387 for SFY-11; 1,569 for SFY-12; 1,887 for SFY-13 and a projected 2,000 for SFY-14.

Temporary Assistance Work Participation Rate

- The federal government requires states to meet a 50% work participation rate for adults receiving benefits under the TANF program.
- In SFY-10, work assistance programs were transferred from the Division of Workforce Development to DSS. The department contracts with community agencies to provide these services.
- Missouri's work participation has increased to 22.7% for SFY-13.
- In addition, Missouri will receive credits for maintenance of effort spending that will help the state meet its work participation rate.



Child Support Distributed Collections (IV-D Cases)

- Child Support collections decreased in SFY-13 due to an 11.5% decrease in collections through federal tax refund intercepts and a 34% decrease in collections received through unemployment compensation withholdings.
- Through improved new hire reporting and the income withholding process, child support collections from employers increased 3.7%.
- Reengineering of work processes and stratification of the caseload promotes better case management, operating efficiencies and enhanced productivity.



Child Support Orders Established

- The percentage of child support cases with orders has leveled off at approximately 86%. Missouri is still a national leader in the federal performance measure.
- Establishment of paternity continues to improve based on staff specialization and streamlined business processes.





Income Maintenance Programs

- Missouri's preliminary Food Stamp payment error rate is 1.55% based on first ten months of the FFY-13. This compares to 6.79% for this time in FFY-12. Missouri is currently better than the national error rate of 2.98%. Over the past year the division has tightened Food Stamp program policies, revised forms, enhanced the eligibility system, restructured the Income Maintenance Quality Assurance Unit, revised work processes, solicited technical assistance from the United States Department of Agriculture Food and Nutrition Services and sought advice and guidance from experts that have helped other states significantly improve their error rates.
- In 2010, FSD introduced a regionalized approach to nursing home workload management in Kansas City and St. Louis. In 2011, this approach was expanded to southwest and northwest Missouri by implementing a vendor specialization office in Ozark and Livingston counties. In 2012 and 2013, the specialization process was completed. There are now five units in the state handling nursing home cases for the Kansas City area (Lafayette), Saint Louis area (Madison), northern Missouri (Livingston), and southern Missouri (Ozark). There is also a Specialized Processing Unit (Miller) dedicated to working the most complicated nursing home applications. The vendor specialization has given FSD greater capacity to monitor the complexities of the nursing home program, ensuring greater consistency in the application of policy. It has also enhanced customer service to nursing facilities and residents throughout the state. Overall, state timeliness in processing nursing home applications has increased from 60% to 90% during the specialization process.
- Temporary Assistance participants must meet work requirements unless they are exempt or excluded. Work requirement services are provided by multiple contracted service entities across the state. The division began administering the program and contracting with providers in SFY-10. Since that time, the work participation has increased from 16.7% in SFY-10 to 22.7% in SFY-13.
- The Low Income Home Energy Assistance Program (LIHEAP) was selected by the National Energy Assistance Directors' Association and the U.S. Department of Health and Human Services (DHHS) to highlight Missouri's efforts at their national conference and LIHEAP grantee meeting. DHHS considers Missouri a model for other states in program integrity and utility supplier agreements and payment controls.

Child Support (CS) Program

- In 2013, Missouri was again one of the leading states in the nation in cost effectiveness of the Child Support Program, collecting \$7.42 in child support for every dollar spent.
- The Child Support Program includes 321,531 active orders for support. Of the families with orders, 69% receive child support payments.

Federal Measure	Needed to Earn Maximum Incentive	FFY-09	FFY-10	FFY-11	FFY-12	FFY-13 (preliminary)
Paternity Establishment	90%	90.1%	90.6%	93.4%	97.7%	95.5%
Order Establishment	80%	85.2%	86.4%	85.9%	86.3%	85.9%
Current Collections	80%	56.6 %	56.7%	56.8%	57.4%	57.7%
Arrearage Payment	80%	56.7%	58.2%	58.6%	59.4%	59.2%
Cost Effectiveness	\$5.00	\$6.28	\$6.71	\$7.46	\$7.43	\$7.42

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

- FSD/RSB assisted 270 blind and severely visually impaired Missourians in reaching their employment goals in FFY-12 with an average hourly wage of \$13.36 for those in gainful employment.
- For every dollar of state general revenue spent on the Vocational Rehabilitation for an eligible blind and severely visually impaired Missourian, FSD/RSB will earn \$3.69 of federal funds.
- The individuals who completed their vocational rehabilitation service plans in FFY-13 and obtained gainful work will earn an average of \$21,076 in wages during their first year of work. During that first year, each of these new wage earners will pay approximately \$3,742 in Federal taxes; \$1,040 in State income taxes; and \$1,917 in Social Security and Medicare taxes (self and employer contributions). These individuals will be able to pay back the cost of their rehabilitation services, through taxes, in just 2.1 years.



Reorganization of Income Maintenance County Offices

- In SFY-11, the division began reorganizing its Income Maintenance Offices across the state. To date, 14 offices have been reorganized into processing centers and 28 offices have been reorganized into resource centers. Customers can visit FSD resource centers to conduct all business including applying for services and updating case information. FSD staff is available in the resource centers to assist customers as needed. The staff in the processing centers is responsible for managing and maintaining case activities such as eligibility determinations and reinvestigations. With the support for funding for a new eligibility and enrollment system and reorganization of work flows and business practices, FSD estimates it can reduce FTE by 708 by 2017.

Mail Processing, Case Initiation and Document Management System

- In September 2012, FSD implemented the Mail Processing, Case Initiation, and Document Management System (MIDM) for Child Support Services. The MIDM Center receives and images all child support mail indexing it to a specific case, receives, opens and images all new application for child support services and directs the application to the field offices for service. The MIDM Center is also in the process of imaging the 360,000 current child support files. This process will be completed by the spring of 2014.

Rehabilitation Services for the Blind Automated System

- RSB began its web-based case management system in FFY-11. This system houses an interpretive engine that is being used to build a comprehensive information management system for the Vocational Rehabilitation, Independent Living, Older Blind Services, Children's Services, Prevention of Blindness, and Business Enterprise programs. The system includes client case information, administrative management, fiscal management, reference and planning.
- The Vocational Rehabilitation, Independent Living, Older Blind Services, Children's Services, and Prevention of Blindness programs have been successfully integrated into the new system.
- Significant System modifications to meet new federal reporting requirements which were effective on October 1, 2013 have been completed.
- The outcomes include:
 - Drastic reduction of state and federal program audit exceptions;
 - Significant decrease in data entry allowing more staff time for direct client and employer services;

- Dramatic improvement in quality of case management activities;
- Greatly enhanced integration of the fiscal and program sides of RSB; and
- Increased capacity to generate program revenue through successful employment and an associated reduction in dependency and costs to other state programs.

Rehabilitation Services for the Blind Job Specific Training Project

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

- Initial Motivational Interview (MI) training was completed during May and June 2012;
- Additional targeted job specific training for vocational counselors and local management was completed in February and October 2012;
- In partnership with Information Technology work is currently underway on a maintenance-of-effort project to make MI training videos available through the Department's Employee Learning Center. The project is expected to be completed in 2014.

ON THE FSD HORIZON . . .

Restricting Temporary Assistance Benefit Usage

- The MIDDLE CLASS TAX RELIEF AND JOB CREATION ACT OF 2012 and SB251 imposed a requirement to restrict the use of Temporary Assistance (TA) funds on an electronic benefits transfer (EBT) card for any transaction in any (1) liquor store; (2) casino, gambling casino, or gaming establishment; or (3) retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment. The division has implemented the following activities and worked with participants and retailers to implement the law:
 - Notified active TA households of the prohibitions regarding the use of benefits. FSD offices began displaying posters addressing the proper use and misuse of TA cash benefits.
 - Implemented a form for ongoing notification to TA applicants/participants of the restrictions.
 - FSD began work in cooperation with Division of Legal Services, Welfare Investigations Unit (WIU), to develop a tracking system that will help identify where EBT purchases are made and cases that require investigation for potential purchases made in violation of the law.
 - Future projects include the implementation of transaction blocking through the EBT contractor and continuing to pursue the implementation of fraud identification and prevention technologies.



New Eligibility and Enrollment System

- The contract to build the new Missouri Eligibility Determination and Enrollment System (MEDES) was awarded in June 2013. The contract is with Engage Point to build a user friendly system utilizing Curam software that is adaptable to business needs. Family MO HealthNet programs will be the first programs converted to the MEDES system. The target date for the new system to be operational is January 1, 2014.

Early Intervention in Child Support

- In the fall of 2013, Child Support Services will implement a statewide early intervention process through our Child Support Customer Call Center where personal contact will be made to both the Custodial Parent and Non Custodial Parent each time a new administrative order for support is established.

Conversion to New Forms Generation Software

- FSD is in the process of converting approximately 200 child support forms to ADOBE software. The current Office Vision software has been used for over 15 years and is no longer supported. The move to ADOBE will allow greater capability such as electronic storage of documents, centralized printing and mailing of notices, and easy content changes. This is scheduled to be completed in July 2014.

Going Paperless in 2014

- In the spring of 2014, all 360,000 child support cases will be imaged. This not only reduces the cost of paper and printing, it will free up office space and allow the program to equalize caseloads easily by moving work electronically between offices. The imaged file allows for easier retrieval of documents allowing staff to concentrate on child support services rather than paper management.

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

- Employment and a career is a goal for everyone, including youth with visual disabilities. Such services include hands-on work experience; mentoring from trusted experienced peers and adult workers; career awareness (labor market information and identification of students' skills, abilities and interests) and learning alternative techniques of blindness to prepare youth with visual disabilities as they transition to work. Rehabilitation Services for the Blind will develop and implement a best practices guideline for the Vocational Rehabilitation program staff to improve positive employment outcomes for eligible transition age blind individuals.

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

- Rehabilitation Services for the Blind (RSB) in partnership with the Helen Keller National Center completed a statewide deaf-blind needs assessment FY-13. The data analysis will be completed in FY-14. Based on the analysis of the data, RSB will develop and implement a best practices guideline to enhance vocational and independent living services for the Missouri deaf-blind population and improve positive employment and independent living outcomes.

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Programs & Services

CHILD SAFETY AND PERMANENCY

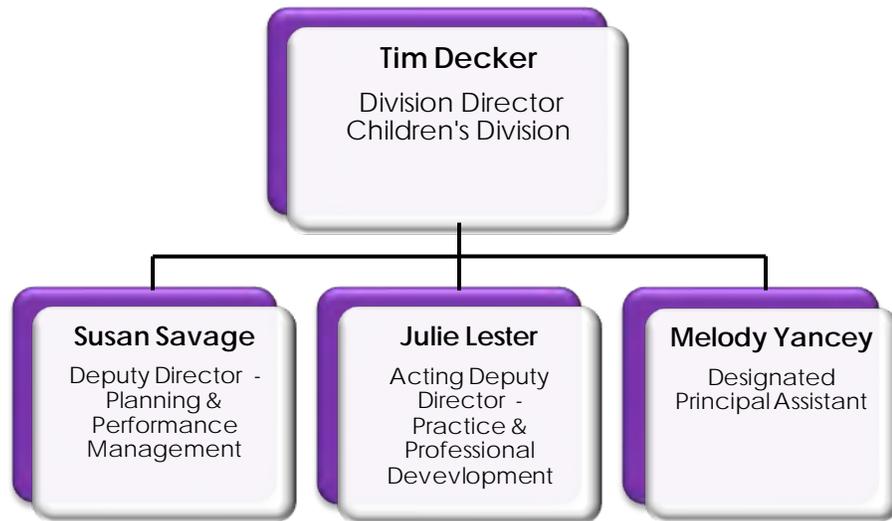
- CHILD ABUSE AND NEGLECT INVESTIGATIONS
- FOSTER CARE TREATMENT SERVICES
- ADOPTION/ GUARDIANSHIP
- INDEPENDENT/ TRANSITIONAL LIVING

SUBSIDIZED CHILD CARE

EARLY CHILDHOOD

CHILD ABUSE PREVENTION

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



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

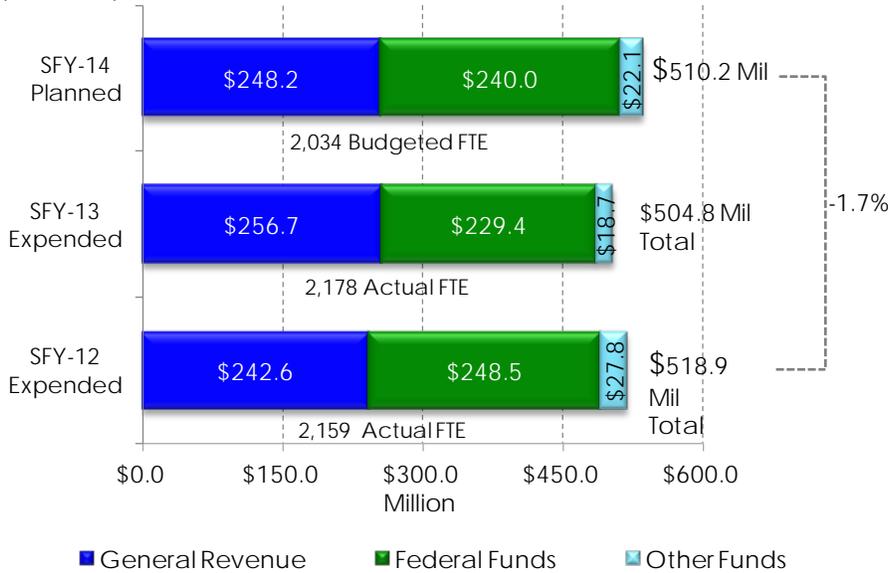
- Child Abuse and Neglect Hotline
- Child Abuse and Neglect Investigations and Assessments
- Foster Care Treatment Services
- Independent/ Transitional Living
- Adoption/ Guardianship

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

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

CD Expenditures SFY-12 to SFY-14 Planned

(in millions)



- Between FY-12 and FY-14, Total funds decreased by \$ 8.7million (-1.7%). During this same time period General Revenue (GR) increased \$5.6 (2.3%). These increases are attributable to these areas:
 - The FY-14 budget included an additional \$5.96 million (\$2.2 million in Federal funds) to support the growth in the number of children.
 - The Early Childhood Development Education and Care fund was increased \$3.5 million for the Early Head Start Program in FY-14.
 - The FY-14 budget included an additional \$1 million (\$400,000 in federal funds) to support a rate increase for foster parents.
 - The FY-14 budget included a \$300,000 increase in federal funds transfer from DESE to CD for the Head Start Collaboration Office.
 - The FY-14 budget included a \$900,000 increase (\$300,000 in federal funds) to support a rate increase for residential providers.
 - The FY-14 budget included a \$1.1 million increase (\$370,000 in federal funds) for a pay plan increase for employees.
 - The FY-14 budget included a \$3 million increase in other funds for the Foster Care Children’s Account appropriation.
- Reductions included:
 - A core reduction in Children’s Treatment (\$1.6 million GR) for Family Reunification services.
 - A core reduction in Children’s Division Field Staff (\$230,000 GR, \$22,000 FF)
 - Moving psychotropic reimbursement (\$90,000 GR, \$810,000 FF) and medical payments (\$1.5 million GR) from Foster Care to the MO HealthNet Division.
- CD full time equivalent (FTE) staff declined by 5.8%, or 125 FTE, from FY-12 to FY-14.

Each Day

in Missouri

169

child abuse and neglect incidents are reported

12

child abuse and neglect incidents are substantiated on 18 children

3

adoptions are finalized

42,035

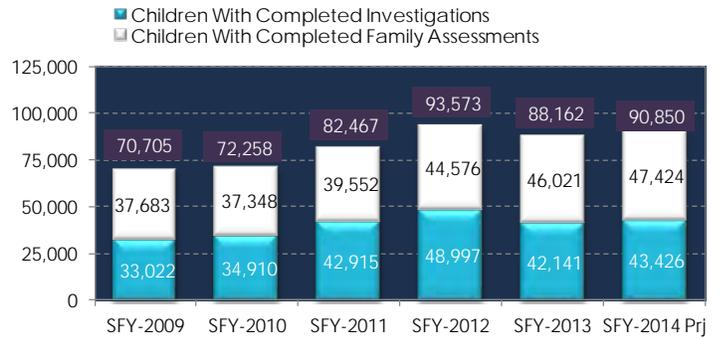
children from low-income families receive subsidized Child Care

CD PERFORMANCE

Children With CAN Hotline Reports Completed

- The Child Abuse and Neglect (CAN) hotline was automated in 2005 resulting in a more objective manner of screening and assigning reports.
- The screening process has remained the same since SFY-06.
- Missouri is one of a few states using the automated decision screening process.

Children With CAN Hotline Reports Completed*

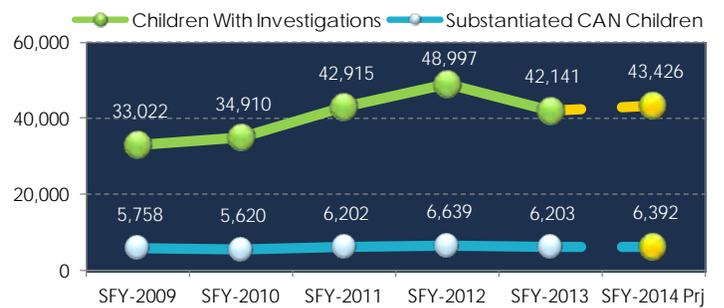


*Includes only substantiated, unsubstantiated and family assessment conclusions

Children With Completed CAN Investigations and Concluded Substantiated CAN

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

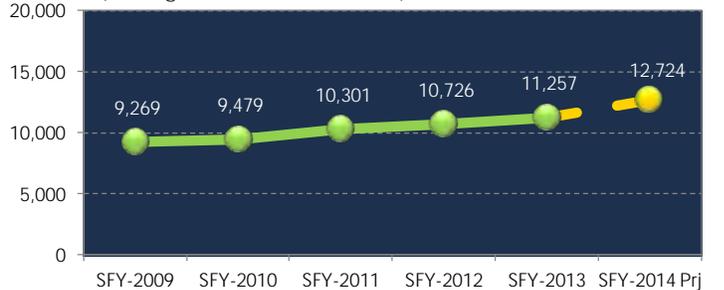
Children With Completed CAN Investigations and Concluded Substantiated CAN



Children in Foster Care

- Fewer children are exiting than entering Foster Care.
- Over the last two years, Missouri has been experiencing an increase in the Foster Care population while most states have seen a decline.
- Manageable caseloads need to be sustained to expedite permanency for children.

Children in Foster Care (Average of Month End Numbers)



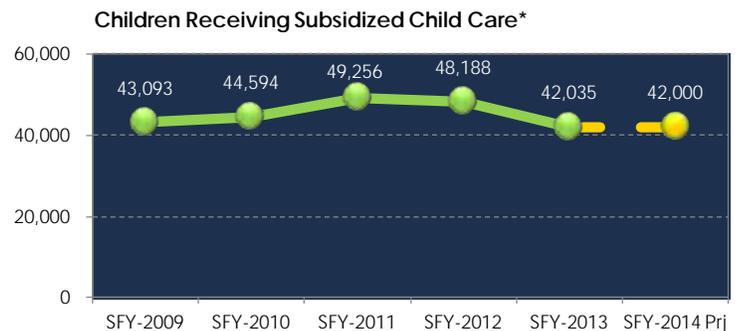
Children Adopted

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



Children Receiving Subsidized Child Care

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



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

HIGHLIGHTS

CFSR and PIP

- The Child and Family Services Review (CFSR) is federally mandated to improve child welfare services through an assessment of safety, permanency and wellbeing outcomes for children and families as established in the Adoption and Safe Families Act.
- The CFSR has three phases: the statewide assessment conducted in March 2010, the on-site review completed in June 2010 and the Program Improvement Plan (PIP), which was approved by the federal government on October 1, 2011.
- Four broad areas addressed in the PIP to improve the CFSR measures include:
 - Increase safety for children;
 - Increase accountability and oversight to align policy with practice;
 - Support staff with enhanced training, tools, guides, data and educational materials using case consultations, coaching, mentoring and modeling; and,
 - Collaborate with other agencies to improve practice through establishing and sharing of service resources.
- The Children's Division has until September 30, 2014, to complete the negotiated PIP action steps and meet agreed upon goals.

- All of the action steps were completed by September 30, 2013. CD is awaiting confirmation of completion from the Federal Children's Bureau.
- The Federal Children's Bureau has identified two remaining practice items (out of 23) related to safety, permanency, and well-being the division must continue to improve upon. These items are measured through case reviews on a quarterly basis. Once each item has met the established goal for one quarter, the PIP will be complete.

Results Oriented Management and Accountability

- CD collaborated with the University of Kansas to develop the Results Oriented Management (ROM) data reporting system, which allows managers and staff to identify CFSR and other child and family outcomes quickly.
 - The first phase of ROM production was completed in July 2011 and included reports for Child Abuse and Neglect Investigations and Family Assessments (CA/N), foster care, and all CFSR measures.
 - Final development and testing of new Family-Centered Services caseload data reports, will occur this year.
 - Statewide, in-person supervisory and management training on ROM was completed in July-September 2011. In December 2012, all CD staff began trained through electronic and in-person training.
- In 2011, CD implemented two Perform Measures for which each staff person is held accountable over the course of the year.
- As a result, staff performance on these measures improved in all major program areas including; CA/N, foster care, adoption, Family-Centered Services, and resource development.

Child Care Program Integrity

- Early Childhood and Prevention Services Operations Unit has developed an enhanced monitoring plan and monitoring tools to be used with the Quality Contracts. This plan includes desk monitoring of child care payments, on-site monitoring of quality contract providers, and provisions for follow-up and corrective action.
- In collaboration with the Division of Finance and Administrative Services, a Child Care Review Team has been established to complete on-site monitoring and desk monitoring of child care facilities using a risk-based approach in selecting providers for monitoring. The approach focuses on ensuring compliance, efficiency, and accountability by detecting and preventing fraud, waste and program abuse.



Recruitment and Retention of Foster and Adoptive Families

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

- The task force was reconstituted as an advisory workgroup to Children’s Division and has continued to meet quarterly throughout 2012 and 2013 to champion strategies and action steps contained in the initial report.
- Areas of focus for the advisory workgroup include:
 - Improving the recruitment of and expanding support for resource providers;
 - Enhancing training and professional development for resource families;
 - Increasing the use of relative and kin providers;
 - Improving the licensure process; and,
 - Building consensus and enhancing consistency across the state among agencies and providers.
- The RFP for the privatization pilot for the Recruitment, License, Approval, and Retention of Missouri Resource Homes in the Jackson County/Northwest Region was awarded to Cornerstones of Care on September 6, 2013. Full implementation in this pilot site began January 1, 2014.

Reaccreditation

- In 2004, the General Assembly established a goal to have the Children’s Division attain accreditation by the Council on Accreditation (COA) within five years.
- COA rigorously reviewed Missouri’s child welfare system, measuring it against more than 800 nationally recognized standards that address the entire organization including its policies, procedures, programs and practices.
- Statewide accreditation was achieved on November 13, 2009.
- In 2011, the Children’s Division began the reaccreditation process by engaging staff at a variety of levels within the organization to develop the statewide self study, encompassing all of the COA standards. The self study was completed in December 2012.
- Reaccreditation site visits began in March 2013 and will continue through June 2014.

Federal Compliance of FACES

- In 1994, Children’s Division began to develop Family And Children’s Electronic System (FACES), a Statewide Automated Child Welfare Information System (SACWIS), to provide an automated, integrated case management tool for staff and take advantage of enhanced federal funding.
- Development and implementation of FACES components were completed as follows:
 - November 2004 - Eligibility Determination (Version 1);
 - June 2005 – Child Abuse/Neglect Intake;
 - May 2006 – Investigation and Assessment;
 - December 2007 – Case Management; and,
 - July 2010 – Resource Management and Financial Management.
- Following implementation of the final SACWIS component, a preliminary SACWIS review by the Administration for Children and Families/Children’s Bureau was held in March 2011. The final, formal SACWIS review was scheduled for September 2013.
- When the final report from the full SACWIS review is received, the Children’s Division will have two years to address any areas of concern.

Crossover Youth

- A multi-system approach to working with youth who crossover between child welfare and juvenile justice has been implemented. DSS agencies and partners are doing pilot work with the Juvenile and Family Courts and two local communities, Greene and Jefferson counties, to more effectively address the unique issues presented by crossover youth through case reviews, data-driven decision-making and implementation of a Crossover Youth Practice Model (CYPM).
- Crossover youth generally require a more intense array of services and supports than other youth known to each system individually. Crossover youth tend to have more extensive trauma histories, less family and social support, fewer community placement options and more complex mental health, educational and transition issues.
- The Children's Division and Division of Youth Services continue to engage Missouri Supreme Court, OSCA, Department of Mental Health, Missouri Juvenile Justice Association and the Division of Youth Services Advisory Board on a statewide policy team to coordinate research on the prevalence of crossover youth, build awareness, recommend system improvements, expand the implementation of trauma-informed and effective crossover youth policies and practices and engage other key stakeholders.

Older Youth Summits

- The Governor's Blue Ribbon Panel on Youth Aging Out of Foster Care submitted recommendations to the Governor in 2009 to improve outcomes for older youth exiting the foster care system. The recommendations focused on five domains: Education; Employment and Job Readiness; Permanency and Life-Long Connections; Health and Mental Health; and Cross System Collaboration.
- Older Youth Summits were initiated to bring awareness to the community level of barriers and challenges facing older youth in the foster care system and as they exit to independence.
- The first Older Youth Summit was held at Missouri Girls Town in Kingdom City in April, 2013, for the 12th, 13th, 14th, and 19th Judicial Circuits. Participants included older youth in foster care and representatives from the juvenile court, local school districts, residential treatment facilities, transitional living programs, Chafee providers, contracted case management agencies, and other state and private agencies.
- Summit participants received an overview of recommendations from the Blue Ribbon Panel, a national perspective of issues facing older youth in foster care, current projects underway in local Circuits, conversations with a panel of youth currently in foster care, and data specific to their community. Each Circuit developed a plan to address barriers and challenges for older youth in foster care.
- Additional summits are planned for 2014.

ON THE CD HORIZON . . .

Mobility Project

- During the next year, specialized FACES applications using tablet technology will be developed and tested by frontline staff working in the field. Development and testing will be complete in the spring of 2014.
- Initially, 60 frontline field staff across the state will pilot the mobile application and devices. The pilot is expected to be completed by October 2014.
- The Mobility Project will be evaluated with assistance from the University of Missouri – Columbia. If the evaluation demonstrates improved efficiencies for staff in the field and cost savings to the state, a strategic plan for statewide rollout of mobile technology will be developed.



Tim Decker
CD Director

New Proposed Federal Child Care Rule

- Administration for Children and Families within the Department of Health and Human Services has published a proposed rule amending regulations governing the Child Care and Development Fund; which states use to provide subsidy child care payments and support services for families and providers. The new proposed rules focus on:
 - Improving health and safety in childcare;
 - Improving the quality of child care;
 - Establishing family friendly policies; and
 - Strengthening program integrity.

Two Levels of Transitional Child Care Benefits

- Transitional Child Care (TCC) provides benefits to families whose income exceeds the regular Child Care Assistance income limit. Effective January 2014, there will be two levels of transitional child care benefits.
- The first level of TCC benefits, currently available to families receiving child care subsidy, has income guidelines from 124% FPL up to 150% FPL and provides up to 75% of the regular child care benefits.
- In January, the second level of TCC will go into effect and will have income guidelines from 151% FPL to 175% FPL and provide up to 50% of the regular child care benefits.

DIVISION OF YOUTH SERVICES

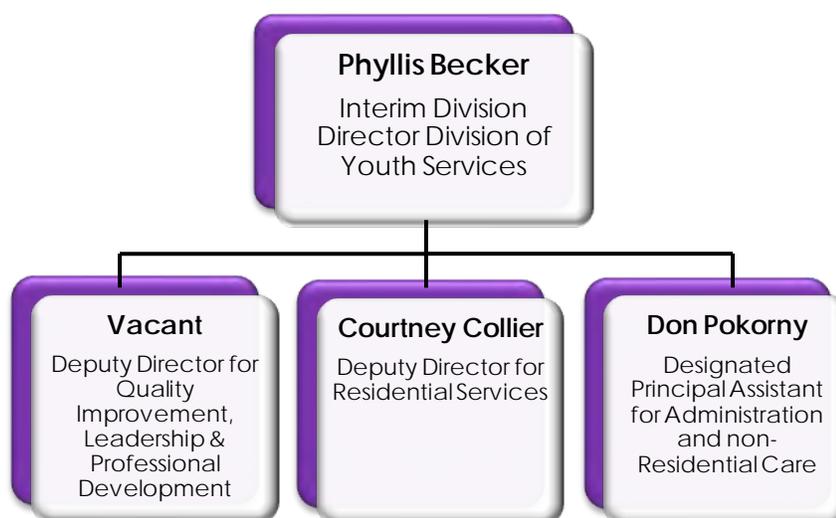
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Programs & Services

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

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



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

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

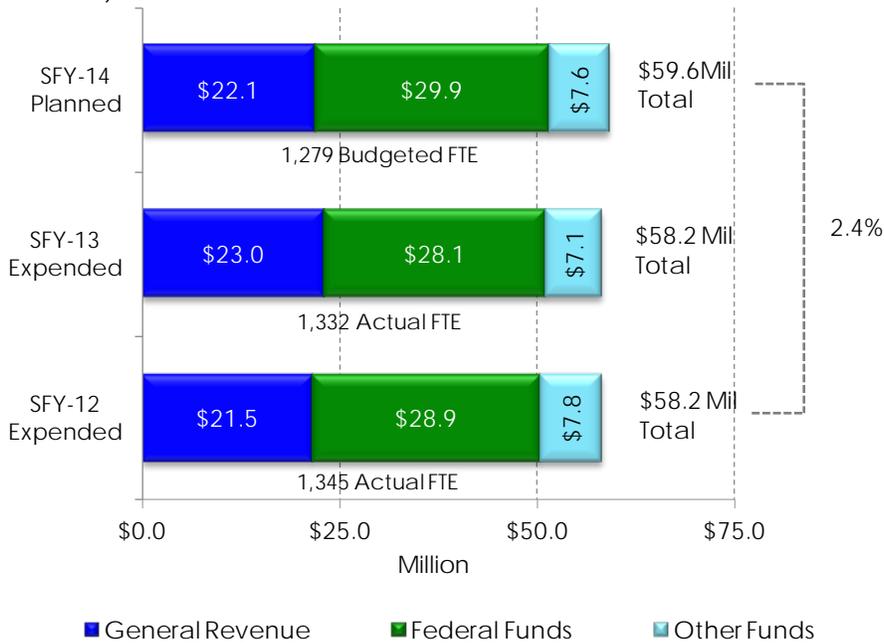
- Administrative, Court Diversion and Constituent Services
- Supervises the Southeast Region
- Coordinates DYS' Efforts to Expand and Strengthen Non-Residential Programs

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



FINANCING

DYS Expenditures SFY-12 to SFY-14 Planned (in millions)



- Total spending increased 2.4% (\$1.4 million).
- In FY-14 DYS medical was transferred to MO HealthNet Division (MHD) from Division of Youth Services (DYS) GR to provide medical services funding for youth in DYS custody.
- During this three-year time period, full time equivalent (FTE) staff decreased by 4.9%, or 66 FTE.

Each Day

in Missouri

3

youths are committed to DYS custody

19

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

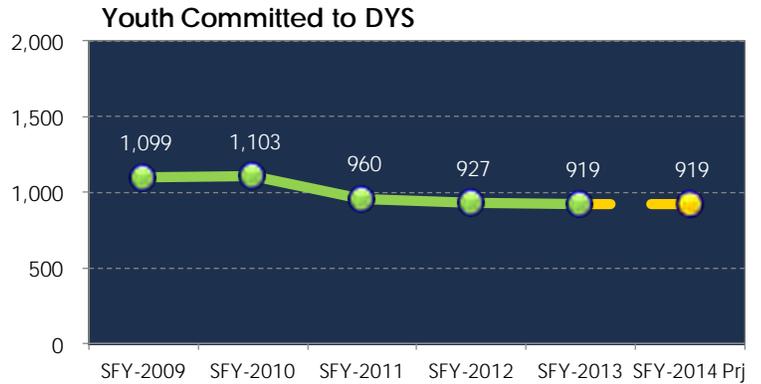
1,455

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

DYS PERFORMANCE

Youth Committed to DYS

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



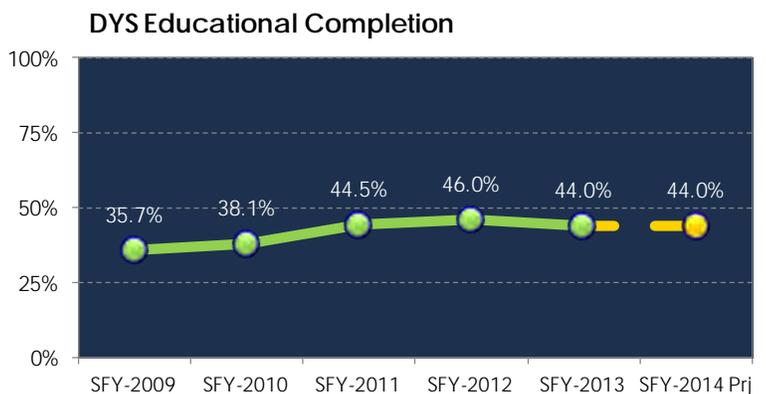
DYS Recommitment Rate

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



DYS Educational Completion

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



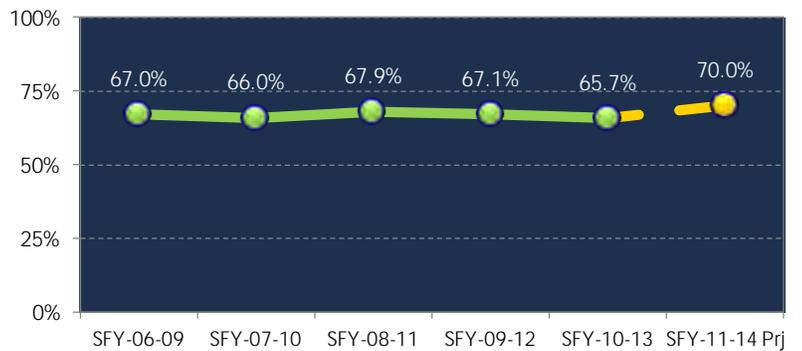
Note: Data is based on youth age 17

- DYS committed increased resources and established standards and goals focused on education achievement and completion.
- Teachers were provided increased professional development opportunities in instructional improvement.
- An enhance teacher and instructional evaluation tool has been implemented to improve student academic performance.

DYS 3-Year Law-Abiding Rate

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

DYS 3-Year Law-Abiding Rate

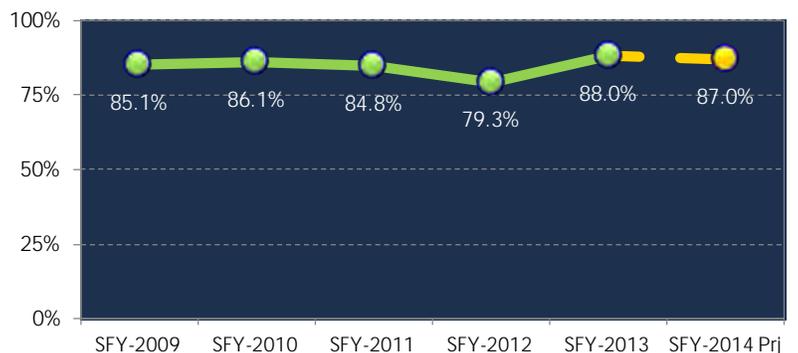


Note: Reflects a 3-year window after discharge from DYS

Productive DYS Youth Involvement

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

Productive DYS Youth Involvement





HIGHLIGHTS

Increases in Rates of Educational Completion and Academic Progress

- DYS 17-year-olds achieving a high school diploma or GED prior to discharge increased from 38% to 44% between SFY-10 and SFY-13.
- DYS educators and students set all-time agency records for GEDs (353), High School Diplomas (85) and total secondary school completion including both GEDs and high school diplomas (438).
- The GED passage rate of 85% (percentage of attempts resulting in a passing score) was the best rate in agency history, increasing from 80% in 2012 and 78% in 2011.
- 99% of DYS students improved in reading, compared to 73% nationally; and 99% of students improved in math, compared to 72% nationally (source: 2011-12 School Year Data for U.S Department of Education, Title I, Part D, Subpart 1, Juvenile Corrections Programs).
- 30 DYS students scored over 3,000 on the GED and qualified for a college scholarship; compared to 16 in 2012. 105 students enrolled in college courses; compared to 75 students 2012.
- Upgraded technology and classroom furnishings to support best practices in education.

Safe and Humane Approaches for Missouri Youth and Communities

- Two-thirds 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, 88.6% of DYS youth are productively involved in their communities through school, work or service.
- Missouri DYS programs are safer for staff and youth. In other states operating correctional models, staff members are 13 times and youth are 4½ more likely to be assaulted and injured than in Missouri.

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

- Consistent communication and collaborative planning with local courts have brought a greater focus to state and local juvenile justice efforts.
- The DYS Juvenile Court Diversion program, an extremely low recommitment rate of 7.6%, juvenile court system reforms and enhanced partnerships with the courts around the state have decreased DYS commitments from 1,103 in SFY-10 to 919 in SFY-13.
- DYS has partnered with Juvenile and Family Courts to strengthen non-residential services:
 - Case management and non-residential services located at the Innovative Concept School in St. Louis City;
 - A Day Treatment program opened at the MET Center in Wellston, Missouri, with redirected resources from DYS and St. Louis County; and,
 - Day Treatment programs in St. Charles, Hillsboro, Cape Girardeau, Sikeston, Springfield, Joplin and Kansas City serve both DYS and non-DYS at-risk students to prevent further deep-end contact with the juvenile justice system.

Expanded Non-Residential Services and Supports

- DYS Day Treatment programs are gradually evolving to family and community resource centers with expanded hours beyond the school day to cover 4-8 pm, the peak hours for juvenile crime, adding extended learning opportunities and increasing parental engagement.
- DYS initiated collaborative arrangements and contracts with Missouri's Community Partnerships in St. Louis, Kansas City, Springfield, Joplin, Cape Girardeau and southeast Missouri to provide enhanced transition supports, intensive supervision, mentoring and more effective use of community resources to support success for DYS youth and families. DYS' multi-year emphasis on stronger transitions and community support services has increased the law-abiding rate one year after discharge from 82.7% to 87.6% in the past 6 years.

Improvements in Continuity of Medical Care and Psychiatric Services

- DYS along with the Office of Administration Information and Technology Services Division and Missouri Telehealth Network, University of Missouri School of Medicine, and other community providers are providing telehealth services at 8 DYS residential sites to improve access and continuity of care, while reducing the need for outside transportation for psychiatric services.
- DYS and the University of Missouri School of Medicine School of Psychiatry are providing joint training to psychiatric fellows as part of their core educational requirements and in preparation for telepsychiatry rotations with DYS youth and potential careers serving youth in the juvenile justice system.

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

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

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

- DYS continues to be a national leader in juvenile justice.
 - DYS conducted a number of national and state presentations and hosted site visits from over 30 states;
 - A Missouri DYS Case Study and other materials continue to be used by the Harvard University Government Innovators Network and schools of public policy, social work and law;
 - *American Educator* published an article entitled "Metamorphosis: How Missouri Rehabilitates Juvenile Offenders" featuring DYS' successful practices in educating at-risk youth; and
 - Missouri DYS established a partnership with the Georgetown University Center for Juvenile Justice Reform (CJJR), including participating in numerous national presentations and launching a Youth in Custody Certificate Program for states and jurisdictions pursuing Missouri style reforms including improving quality of services, increasing cost-effectiveness and return on investment, and improving results.



KEY DYS PROJECTS

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

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

Strengthen Treatment Planning, Case Management and Transition Services

- Youth committed to the care and custody of DYS often have extensive histories with other agencies and have progressed to the deep end of the juvenile justice system. Over 46% have received prior mental health services, 23% have previously been in an out-of-home placement with the Children's Division and 34% have an educational disability (over 3 times the average in Missouri's schools).
- Because of these complex needs, DYS operates a continuum of individualized services for youth, strives for significant involvement of families and promotes effective community reintegration focused on law-abiding and productive citizenship. Youth come to the agency with multiple treatment models and ambitious goals.
- DYS has taken numerous steps to improve case management practices and develop more effective rehabilitative treatment plans including:
 - Redesigning treatment planning and coordination systems to more fully integrate continuum of care focusing on positive youth outcomes and developmental assets, the five domains of impact and family engagement;
 - Fully integrating various plans and strategies into a single individual treatment plan covering the assessment, treatment and transition to community phases of the rehabilitative process;
 - Implementing individualized trauma assessment and planning tools;
 - Developing train the trainer curriculum for a full roll-out of the new process by January 1, 2013; and,
 - Implementing transition services and continuum of supports and opportunities through Missouri's Community Partnerships.

Expand and Strengthen Non-Residential Continuum of Care

- When young people return to their families, schools and communities, they become less reliant on the formal structure provided by DYS staff and residential care environments. Community-based supports and opportunities play a vital role in ensuring a transition to productive citizenship.
- Because the current environment is far too reliant on formal supports and residential services, DYS has become more deliberate in developing stronger non-residential services and more fully engaging natural support networks through extended family, neighbors, faith communities and mainstream community resources. Some initial steps include:
 - More fully integrating DYS supports and opportunities with local continuums of care coordinated by Missouri's Community Partnerships, the courts, schools and community organizations;
 - Continuing to strengthen Juvenile Court Diversion initiatives and programs; and,

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

ON THE DYS HORIZON . . .

More Effectively Prepare Youth for Work, Education and Careers

- DYS has achieved very significant school progress and completion for its students, with school completion rates at least 3 times better than the national average. While many students are now achieving a high school diploma or GED, the lack of available post-secondary options is a growing

concern. DYS has set a multi-year goal of ensuring that over 50% of students complete their secondary education prior to discharge. Achieving this goal will require:

- Enrolling students without a feasible community school alternative in the distance learning/online school component in the DYS continuum of care, www.mostarschool.org;
- Expanding the National Career Readiness Certificate career program and other post-secondary education options;
- Assessing and monitoring implementation of education standards and individualized differentiated instruction focused on improvements in reading, math, and basic skills;
- Developing and implementing robust teacher evaluation tool to improve instructional practices; and
- Expanding job and vocational options for 18 – 21 year olds.



*Phyllis Becker
Interim DYS Director*

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

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

Implement Multi-Family Group Intervention Model and Family Governance Strategies

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

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

- Over 46% of DYS youths have received prior mental health services and have histories that include episodic health care, poor health habits and untreated illnesses. Treatment has included an over reliance on psychotropic medications and other interventions that may not represent best practices or be based on their current condition. DYS is implementing a more comprehensive approach that includes:
 - Implementing telepsychiatry services from 8 to 15 sites and eventually expanding system-wide through a partnership with the Missouri Telehealth Network, the University of Missouri School of Medicine and local mental health providers;
 - Developing assessment tools and practice guides leading to more effective and appropriate use of psychotropic medications;
 - Expanding health and wellness implementation sites integrating nutrition, exercise and health education; and
 - Implementing standards, training, and monitoring to improve the quality and nutritional value of meals in residential facilities and day treatment.

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

- DSS agencies and partners will continue working with the Juvenile and Family Courts and local communities to more effectively address the unique issues presented by crossover youth through case reviews, staff training, and development of community-based alternatives, data-driven decision-making and implementation of a Crossover Youth Practice Model (CYPM).
- Crossover youth generally require a more intense array of services and supports than other youth known to each system individually. Crossover youth tend to have more extensive trauma histories, less family and social support, fewer community placement options and more complex mental health, educational and transition issues.
 - The Children's Division and Division of Youth Services have engaged multiple champions including the Missouri Supreme Court, Office of State Court Administrator (OSCA), Department of Mental Health, Department of Health and Senior Services, Department of Elementary and Secondary Education, Missouri Juvenile Justice Association, DYS Advisory Board, and Community Partners to serve as part of a policy team to coordinate research on the prevalence of crossover youth, build awareness, recommend system improvements, expand the implementation of trauma-informed and effective crossover youth policies and practices and engage key stakeholders.
 - The project will be expanded from two to four court circuits, utilizing the CYPM and other strategies.

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

- PREA, which was passed by Congress in 2003, resulted in standards for adult and juvenile correctional facilities that became effective August 20, 2012. The standards seek to reduce sexual victimization in correctional and residential settings. The standards include areas such as:
 - Development of specific policies and protocols to effectively prevent sexual victimization in residential facilities;
 - Staff training requirements for current and future employees;
 - Updating of investigation protocols and training;
 - Specialized training of medical and mental health employees and contractors who work regularly in facilities; and,

- Identification and agreements with contract providers (e.g., locally operated juvenile detention facilities) and victim advocacy organizations.
- DYS will continue to implement and review facilities operated by the division and locally operated juvenile detention facilities for compliance with the PREA Standards.

PROGRAM DIVISIONS

MO HEALTHNET DIVISION

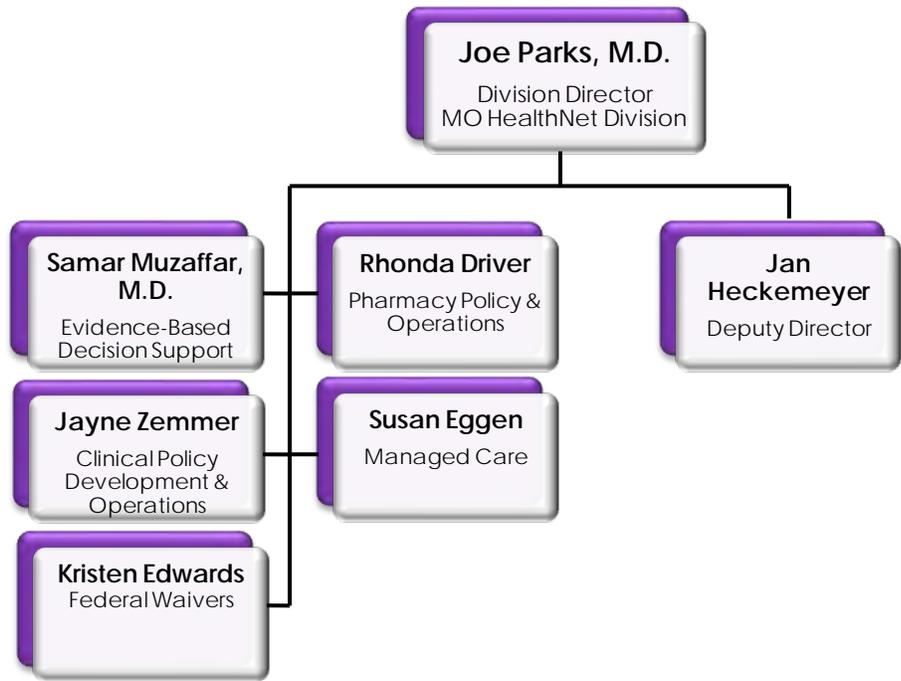
2013

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Programs & Services

- MO HEALTHNET
- MISSOURI RX (MORX) PLAN

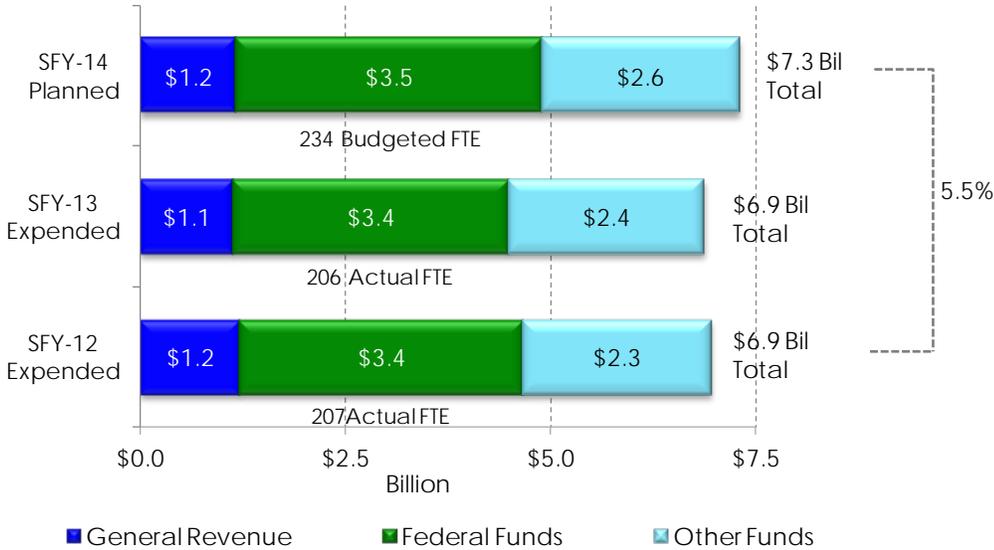
MO HealthNet Division (MHD) administers publicly financed health care programs for lower income Missourians.



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



MHD Expenditures SFY-12 to SFY-14 Planned (in billions)



- The Total MO HealthNet budget increased by \$382.1 million (5.5%) between FY-12 and FY-14. During this time GR decreased by \$21.3 million (-1.8%) while Other funds and Federal funds increased by 16.4% (\$374.7 million) and 0.8% (\$28.8 million) respectively.
- Major changes occurred in the following program lines:
 - GR decreased \$11 million from FY-2012 to FY-2014, offset by an increase in Federal and Other funds.
 - MO HealthNet caseload decreased from 889,159 in FY-12 to 879,344 in FY-13.
 - In FY-13 the State Medical appropriation was allocated between the Children’s Division, Division of Youth Services, Family Support Division and the Physician Related appropriation in MHD. In FY-14 the funding for the State Medical appropriations reverted to MHD.
 - FY-14 Planned MHD expenditure increases include additional funding for the Medicaid primary care rate increase, managed care inflation, pharmacy PMPM, and the nursing facilities rate increase.
 - Legislation extended medical coverage to age 26 for individuals who aged out of the foster care system. This legislation allows for greater continuity of care for these individuals who otherwise would not be eligible for Medicaid.
 - \$106.0 million increase in payments to Hospitals (Total funds). All but \$5.0 million is from Federal and Other fund sources (hospital provider tax proceeds).
 - \$88.0 million increase in payments to Nursing Care providers (Total funds). The majority of the increase is from Federal and Other fund sources (nursing home provider tax proceeds).
 - \$22.6 million increase in Child Health Insurance Program (Total funds) attributed to an increase in pharmacy cost and slight caseload growth.

Each Day

in Missouri

879,344

people have access to medical treatment through MO HealthNet

283,562

HealthNet claims are processed

\$216,558

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

\$3,243,691

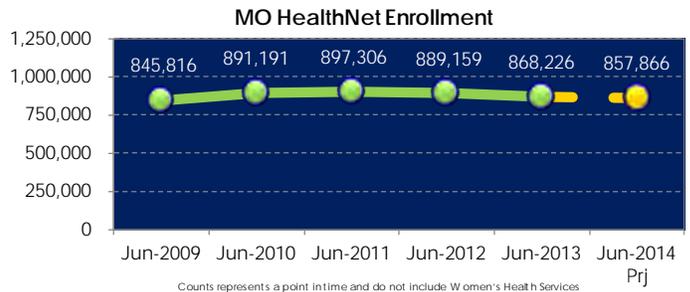
in provider taxes are collected from hospitals, nursing facilities ambulances and pharmacies

- \$32.8 million increase in Rehab and Specialty (Total funds). Implementing the ambulance provider tax contributed substantially to the increase.
- \$62.3 million increase in intergovernmental transfer appropriations to support payments to hospitals and Department of Mental Health providers.
- \$100.0 million in Federal funds for Electronic Health Record incentive payments to providers under the American Recovery and Reinvestment Act (ARRA).
- \$32.0 million in GR funding for state-funded health care benefit for children in Children's Division custody, for youth in the care of the Division of Youth Services and for certain blind individuals was eliminated from the MO HealthNet budget. Some of these funds were reallocated to other areas in DSS's budget.

MHD PERFORMANCE

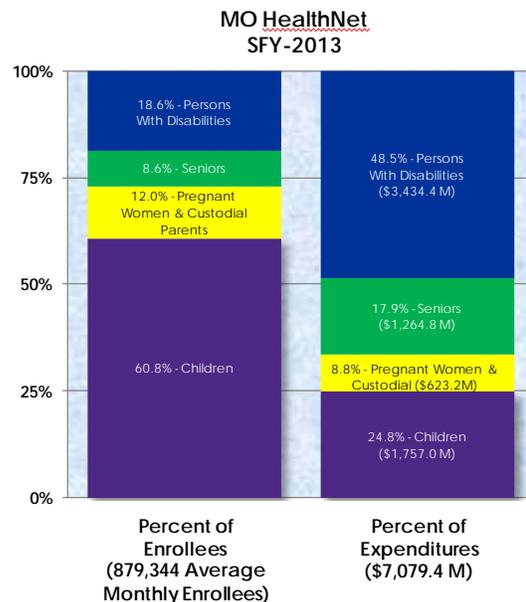
MO HealthNet Enrollment

- From June 2010 to June 2012, the change in MO HealthNet enrollment remained static, less than 1% variance. Enrollment declined 2.4% from June 2012 to June 2013



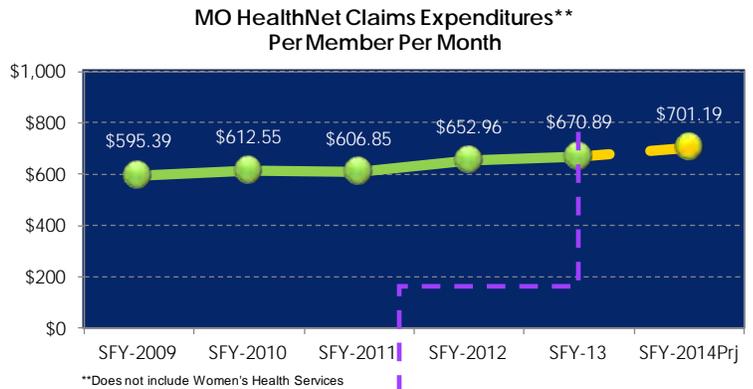
MO HealthNet Enrollees and Expenditures

- Seniors and persons with disabilities comprise 27% of MO HealthNet enrollees while accounting for 66% of expenditures.
- Nearly 73% of MO HealthNet enrollees are children, pregnant women and low-income parents – many of which are covered by managed care.



MO HealthNet Claims Expenditures Per Member Per Month

- From SFY-09 to SFY-13, there was an average annual spending increase of 3.1% per member per month (PMPM).
- Drivers of the PMPM increase from SFY-12 to SFY-13 are mental health services (\$9.47) and Nursing facilities (\$6.72).



SFY-2013 PMPM Cost

Persons With Disabilities	\$1,753.92
Seniors	\$1,396.91
Pregnant Women and Custodial Parents	\$490.24
Children	\$273.79



Health Homes

- The MO HealthNet Health Home initiative focuses on patients with complex and high cost chronic conditions. The goals of the initiative include improving patient clinical outcomes, functional status, care management, and care coordination and attaining a reduction in certain types of service utilization and associated costs. This includes avoidable emergency department visits and inpatient admissions and re-admissions for this high risk, high cost patient population.
- In partnership with the Department of Mental Health (DMH), the MO HealthNet Division (MHD) submitted a Health Home initiative for the behavioral health component to the Centers for Medicare and Medicaid Services (CMS) on July 19, 2011, in response to Section 2703 of the Affordable Care Act. This amendment was approved by CMS on October 20, 2011. Missouri was the first state to submit an application and to receive approval for mental health health homes. The mental health health home began January 2012.
- MO HealthNet developed a parallel primary care Health Home Initiative in response to Section 2703 of the Affordable Care Act. CMS approved MO HealthNet's State Plan amendment, the first primary care application to receive approval. MO HealthNet developed the logistics and infrastructure for the health home program and continues to fine tune them to keep pace with new challenges and requirements. The primary care health home program began January 2012.
- Missouri is developing an evaluation strategy and methodology to look at clinical benchmarks, qualitative practice level data, utilization and costs. Preliminary data indicates that there are improvements in clinical outcomes, a reduction in emergency department and inpatient utilization, an increase in outpatient utilization, and an increase in medication management and adherence.
- Although it is too early in the initiative to have complete data, preliminary data reporting and analysis show a reduction in hospitalization compared with the prior year from 23.9% down to 15.7% for Primary Care Health Homes (PC-HHs) and from 33.7% down to 24.6% for Community Mental Health Centers Health Homes (CMHC-HHs). In CMHC HHs, medication adherence has increased for cardiovascular, psychiatric, and asthma medications. PC-HHs have increased their rate of care coordination following

hospital discharge, depression screening, and screening and follow-up for alcohol and substance abuse.

- In the second year of the program, MHD began providing health home specific rosters of those individuals who have been admitted to a hospital or seen in an emergency department three or more times in the previous twelve months. The health homes use these lists to reach out to individuals and more intensely focus efforts on care management and coordination.
- In addition, MHD is working with Department of Health and Senior Services (DHSS) to identify in real time those individuals enrolled in a health home that are seen in the emergency department. This will enable the health homes to function on a real time basis.
- Finally, the practice coaches are helping health homes with health home transformation, including National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) accreditation.

Missouri Gateway to Better Health

- The MHD partnered with the St. Louis Regional Health Commission to establish a Section 1115 demonstration project to preserve and improve primary and specialty care access for uninsured residents in St. Louis City and County.
- In July 2010, Missouri's Gateway to Better Health was approved by CMS. This approval is effective July 28, 2010, through December 31, 2013.
- The Gateway program transitioned to a coverage model in July 2012. Under the Section 1115 demonstration, the St. Louis region will continue to receive up to \$30 million annually to pay for otherwise uncompensated care costs at primary and specialty care clinics. The demonstration project is funded from local, state (Federal Reimbursement Allowance) and federal resources.
- St. Louis Connect Care (SLCC) has provided specialty Tier 2 services throughout the duration of the program. In November 2013, SLCC discontinued providing specialty care services and closed its operations. Services previously offered by SLCC transitioned to other Gateway providers.
- In September 2013, CMS approved an extension of Missouri's Gateway to Better Health through 2014. Gateway will cover individuals up to 100% of the federal poverty level (FPL) beginning January 1, 2014. This is a change from the previous income limit of 133% FPL for primary care and specialty care services and up to 200% FPL for specialty care services.

340b Drug Pricing Program

- The MO HealthNet Program is working closely with the Hemophilia Treatment Centers (HTCs) within the State to develop a 340b drug pricing program for products used to treat hemophilia. The goal of the program is to ensure that MO HealthNet participants with hemophilia and other rare bleeding disorders receive comprehensive high quality clinical and pharmacy services. This program will provide for better management of the significant costs associated with hemophilia treatment.

Physician Primary Care Rates

- MHD implemented Section 1902(a)(13) of the Affordable Care Act which requires Medicaid payments for primary care services furnished by a primary care practitioner with a primary specialty of family medicine, general internal medicine or pediatric medicine to be paid at parity with Medicare beginning January 1, 2013. The law defines covered services as those evaluation and management

codes and immunization services that are covered by Medicare, as well as primary care codes that Medicare does not currently cover but for which it publishes and sets relative value units. The law provides 100% federal funding for the incremental cost of meeting this requirement. The 100% federal funding of the incremental cost is calculated based on the Medicaid rate as of July 1, 2009.

- Approximately 700 primary care codes utilized by MO HealthNet are affected. The increased reimbursement is estimated at \$59 million annually for fee-for-service and managed care effective for dates of service in calendar years 2013 and 2014.

Pursuit of Waste, Fraud and Abuse

- The MHD/Cost Recovery Unit is responsible for recovering the cost of health care from other liable third party payers. This unit helped MO HealthNet avoid \$188.0 million in costs and recovered \$52.9 million in expenditures for SFY-13.
- The Department of Social Services/Missouri Medicaid Audit and Compliance (MMAC) Unit (previously known as the MO HealthNet Division/Program Integrity Unit) is responsible for conducting participant and provider reviews to determine compliance with MO HealthNet program policy and regulations.

Managed Care Quality and Rates

- In January 2013, MHD implemented risk-adjusted rates. Risk adjusted rates are intended to prevent health plans from preferentially reaching out to healthier participants. MHD currently uses the Medicaid RX model which classifies disease conditions based on pharmacy data. Each health plan is assigned a regional risk score reflective of the health of the plans enrollment.

Missouri Rx Program

- The Missouri Rx Program (MoRx) provides affordable prescription drug access to low income and disabled Medicare beneficiaries with an annual income below 200% of the Federal Poverty Level. MoRx is currently assisting 227,208 members with the out-of-pocket cost of prescription drugs. The mission of MoRx is to help Missourians stay healthy by providing affordable, high quality prescription drug coverage. Easy access to medically necessary medications is a cornerstone to members maintaining a high quality of life and containing health care costs.
- The straightforward, cost efficient design of the MoRx program bridges the gap in Medicare Part D coverage with program benefits provided across the Medicare Prescription Drug Program coverage continuum. MoRx pays 50% of all out-of-pocket co-pays including the deductible, the coverage gap and beyond. As the payer of last resort, MoRx coverage is secondary to Medicare Part D.



340b Drug Re-pricing

- MHD is working towards implementing 340b drug pricing in the MO HealthNet Program. 340b covered entities are eligible to purchase discounted drugs through the Public Health Service's 340b Drug Discount program. Examples of 340b entities include federally qualified health centers, hemophilia treatment centers, disproportionate share hospitals, sole community hospitals, AIDS drug assistance, and family planning clinics. HD is working collaboratively with stakeholders to encourage 340b participation by covered entities and to expand 340b drug pricing in the MO HealthNet Program beyond its initial work with Hemophilia Treatment Centers (HTCs).

Missouri State Medicaid Health Information Technology Plan

- MHD, DHSS and DMH have a collaborative agreement to implement health information technology and health information exchange for their shared client base. The main feature of Missouri's technical infrastructure is the CyberAccesssm web portal allowing state staff and providers access to Medicaid claims data and care management tools to improve patient outcomes and coordination of care. The CyberAccess web portal will be connected to the statewide Health Information Network (HIN) during 2014 for the purpose of sharing Medicaid claims data electronically with members of the HIN.
- MHD launched its Medicaid Electronic Health Record (EHR) incentives program in June 2011, under the HITECH provisions of ARRA, to encourage provider adoption of EHR technology. In the first year of the program, providers can qualify for incentive payments to adopt, upgrade or implement certified EHR systems. To qualify for payments in subsequent years, providers must demonstrate meaningful use of their technology, in a phased approach requiring enhanced capabilities and performance over time such as creating electronic records for at least 80% of their patients and using their EHR system to report on 17 core measures. Through a web portal maintained by MHD, the providers must submit documentation to support their attestation of implementing an EHR and achieving meaningful use. After review of the provider's attestation and supporting documentation for compliance with program requirements, MHD makes the incentive payment to the provider. During the first two years of the program over 2,800 payments were made to 2,235 unique participating professionals and hospitals that have implemented EHRs with specific functionalities, and in many cases used those systems to achieve meaningful use. Total incentive payments to these providers were \$135 million.

Managed Care Quality and Rates

- MHD increased improvement activities to ensure quality services are provided to participants.
 - National Committee for Quality Assurance (NCQA) health plan accreditation is the nation's most trusted independent source for driving health care quality improvement that results in tangible value for health care purchasers. Accreditation enables health plans to distinguish themselves by demonstrating a commitment to improving the quality of health care and the quality of life for members.
 - The health plans are required to obtain NCQA health plan accreditation at a level of accredited or better for the MO HealthNet product and must maintain accreditation throughout the duration of the contract.
 - As of September 30, 2011, HealthCare USA and Missouri Care achieved an accreditation status of accredited or better.
 - Home State Health Plan (HSHP), a new managed care health plan effective July 1, 2012, is in the process of obtaining NCQA accreditation for the MO HealthNet product. NCQA's onsite review of HSHP is scheduled for July 2014. HSHP must obtain accreditation, at a level of "accredited" or better, for the MO HealthNet product from NCQA no later than thirty (30) months following the July 1, 2012 effective date of the contract.
- Managed Care health plans self-report a variety of quality outcome and performance measures for behavioral health services. These include measures of provider availability, service utilization counts, timeliness of follow-up after critical care events, patient satisfaction, and a number of nationally-reported quality metrics. Some of these measures have been collected for over 10 years, and in 2013 the entire dataset was assembled in a database for distribution to the health plans.
 - The database includes an easy-to-use interface that permits health plans to review their performance trends over time for selected measures, as well as compare their performance to that of other MO HealthNet managed care plans. Eventually, the database will house Fee for Service (FFS) data as well as managed care data, allowing for easy comparison between the two programs on a variety of metrics.

- At present, the database is being modified and enhanced at the plans' request. When enhancements are complete, the database will be a useful tool for MHD as well as the health plans for analyzing trends, identifying areas of opportunity, and measuring the impact of new strategies and interventions. In particular, the database tool should lead to a more data-driven approach to development of quality improvement projects by the health plans.
- Rate adjustments were used in the rate setting process as MHD focused on value-based purchasing.
 - The Low-Acuity Non-Emergency adjustment lowered rates by identifying instances when MO HealthNet eligibles would not have needed to make a trip to the emergency room if they had received effective outreach, care coordination and/or access to preventive care.
 - Potentially Preventable Hospital Admissions lowered rates by identifying inpatient admissions that could have been avoided with high-quality medical care through an alternative setting to inpatient services and/or reflects conditions that could be less severe and would not have warranted an inpatient level of care if treated early and appropriately.
 - The Risk Adjusted Efficiency adjustment identifies health plans whose regional financials reflect higher costs than other health plans in the region after considering the risk burden of their enrollees.

ICD-10

- The federal government has mandated the industry-wide implementation of the International Classification of Diseases Version 10 (ICD-10) code sets on October 1, 2014. The ICD-10 code sets replace the current ICD-9 diagnosis and inpatient service code sets.
- Effective on October 1, 2014, MO HealthNet will require all providers to submit ICD-10 codes in their claim transactions with a date of service on or after October 1, 2014. MO HealthNet will continue to require all providers to submit ICD-9 codes in their claim transactions with a date of service prior to October 1, 2014.
- MO HealthNet will start ICD-10 testing with providers in November 2013 and continue testing through the implementation date of October 1, 2014. MO HealthNet anticipates providing additional ICD-10 guidance and training opportunities for all providers.

Missouri Eligibility Determination Enrollment System (MEDES)

- The MO HealthNet Division is working with the Family Support Division to implement Sections 1301-2201 of the Affordable Care Act (ACA) which changes the health coverage landscape in a number of fundamental ways. The ACA requires the establishment of a single integrated process to determine client eligibility for all coverage options and subsidies to facilitate enrollment into health coverage. Missouri's solution includes the implementation of the Missouri Eligibility Determination and Enrollment System (MEDES) to meet the ACA requirements. The MEDES will incorporate certain key components of the MO HealthNet Division's daily operations that have a direct impact on the client's eligibility case. These components are currently housed in systems separate from those determining the client's eligibility and require batch files to update those systems. The MEDES will change the way the MO HealthNet Division does business by streamlining the following processes:
 - Financial transactions including those related to premium and spend down invoicing and collections.
 - The Third Party Liability (TPL) information collection and coordination with the Health Insurance Premium Payment (HIPP) program.
 - Updating information for the Medicare Buy-In program.
 - Existing interfaces and communications with the Family Support Division to improve quality of data transmitted between the two agencies.
- In addition, the MEDES functionality will allow for improved managed care plan management and enrollment.

ON THE MHD HORIZON . . .

Early Elective Delivery (EED)

- Early elective induced birth less than 39 weeks gestation is associated with complications such as respiratory morbidity and neonatal intensive care unit admission for the newborn, an increased risk of death within the first year of life and problems with brain development including long term psychological, behavioral and emotional problems.
- Early induction of labor is associated with maternal complications including but not limited to increased risk of cesarean delivery, maternal infection and longer maternal hospitalizations. Early elective delivery also creates a significant cost to the health care system. Allowing EED infants to reach full gestation and achieve spontaneous vaginal delivery would avoid complications associated with early elective delivery, improving outcomes and achieving cost reduction.
- MHD has convened clinicians and other stakeholders to discuss this issue and potential solutions, to review the data, and to come to consensus. Based on this input, MHD has developed an evidence-based, best practice policy as a payer. MHD will be sharing this proposed policy with its interested parties in the fall of 2013. Goals of this policy include:
 - Improvement of maternal and fetal outcomes by avoiding complications associated with EED, and,
 - Reduction of health care costs associated with EED and associated complications.



Joe Parks, MD
MHD Director

Pilot Program for Fee for Service Nurse Care Management

- MHD is developing a program to provide nurse care management for members of the Fee for Service population. This program will seek to provide smooth transitions of care, care coordination, and care management to this population.
- The population for this pilot will be identified based on intensity of resource utilization, including emergency department visits, hospital admission, and hospital readmission, which serves as a proxy measure for individual case complexity, and medical complexity. The care management and coordination will be provided by registered nurses at MHD.

Care Coordination for Foster Children

- MHD is working with Children's Division (CD) to develop a care coordination model for the foster child population. The model will consider the unique, complex needs of foster children; the role of the foster parent or kinship placement in assessing health care for the foster child; and the role of the CD case manager in overseeing the health care needs of the foster child.
- MHD and CD will target the St. Louis area to develop a pilot program, engaging the St. Louis Regional Health Commission, St. Louis area hospital systems, St. Louis area Federally Qualified Health Centers (FQHCs) and other relevant local stakeholders in development of the care coordination model. The goal would be to test the model in the St. Louis area, seeking a waiver from CMS, with the intent to use best practices and lessons learned from the pilot to influence care coordination for all children in the care and custody of CD.

MMIS Procurement

- As required by state and federal law, MO HealthNet must periodically reassess the strategic plan for the Medicaid Management Information System (MMIS), considering alternatives including enhancements to the existing system or system replacement and assess the level of automation and maturity of the MO HealthNet business processes using the Medicaid Information Technology Architecture (MITA) framework. MO HealthNet anticipates completion of the strategic plan and the MITA assessment in first quarter of 2014.
- Based on the strategic plan, MO HealthNet plans to proceed with the reprocurement of the Fiscal Agent contract for developing and maintaining the MMIS. MO HealthNet anticipates releasing the Request for Proposal in July 2015 and awarding the contract in May 2016 with an effective date of July 1, 2016.
- It is estimated that implementation of a replacement system will take three to five years.

Long Term Care Modernization Project

- During the fall of 2011, the state of Missouri developed strategy teams to work on long term care modernization. Several state agencies, including the DSS, DHSS and DMH, are working in conjunction with the nursing home industry, other stakeholders and contracted consultants, to undertake a large scale, multifaceted project to modernize Missouri's long term care system. All parties have the shared interest to promote the least restrictive long term care options. Additionally, it is the desire of the state to maximize Medicaid resources to provide optimal service delivery in a long term care system.
- During the course of the project, Missouri's long term care delivery and reimbursement systems will be evaluated and strategies developed to meet the goals of the project. These goals are to ensure facilities are prepared to meet the changing consumer demands by maximizing community-based long term care options while maintaining adequate traditional bed space, to reduce Medicaid long term care cost, to generate savings for the continuum of long term care and related services and to maximize federal resources.
- To support the changes to the delivery and reimbursement systems, a funding stream is needed. A public/private long term care services and supports partnership supplemental payment to nursing facilities is the primary focus of the initial phase of the project. The State Plan Amendment implementing the payment was approved for inclusion in the Missouri Medicaid State Plan by the Centers for Medicare and Medicaid Services (CMS) in July 2013. MHD anticipates making the initial payments in January 2014 once the state regulations are revised to reflect these payments.
- The second phase will focus on modernizing the delivery system. Strategies to modernize the delivery system include creating financial incentives and removing regulatory and administrative barriers to assist the nursing home industry to align service offerings with changing market demands (i.e., rebalancing and rightsizing). Technical support will be provided to educate the industry to consider the changing market, identify where opportunities lie and assist with diversification (i.e., expansion of Home and Community Based Services providers, for a more robust array of services).
- During the third phase, Missouri's reimbursement system will be reviewed. Modern reimbursement systems are designed to be more responsive to the changing market. Missouri's system will be evaluated to determine whether system changes, such as acuity adjustments and incentives, are necessary to support rebalancing and rightsizing.
- Finally, the impact of these changes on the nursing facility reimbursement allowance will be evaluated.

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

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

Planning and Development

- The MO-HITECH Advisory Board appointed by Governor Nixon recommended the creation of a new, public-private not-for-profit, 501(c)(3) organization called the Missouri Health Connection (MHC) to govern a statewide health information exchange (HIE).
- Created in July 2010, MHC is overseen by a 17-member Board of Directors that reflects diverse stakeholder representation, including both providers and consumer advocates. The board began meeting in August 2010 and has continued to meet monthly to oversee and actively participate in the development of Missouri's HIE Operational Plan and overall strategies relative to HIE governance, technology and operations, privacy and security and consumer engagement.
- The state of Missouri and MHC received grant approval from both Centers for Medicare & Medicare Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) for strategic and operational plans to implement a technology solution for exchange of health information across providers throughout the state.
- MHC has contracted with a Technical Services Partner (TSP) to provide the technical platform and expertise to create the statewide HIN.

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

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

- Missouri has also made significant progress on its phase 2 implementation plans. Phase 2 includes the implementation of the patient query function allowing unaffiliated health care service providers to exchange continuity of care documents containing all health information for a patient for consumption into the provider electronic health records. Accomplishments and current or planned activities include:
 - Developed detailed phase 2 technology requirements;
 - Identified health care services providers to participate in alpha and beta pilot implementations of phase 2;
 - Completed technical assessments with the health care services providers to determine connection strategies and requirements;
 - The Technical Service Partner (TSP) creating the framework for the Missouri statewide HIN;
 - The TSP working with the health care service providers to establish connectivity between the providers and the statewide HIN to facilitate the exchange of health information;
 - The TSP working with Missouri Medicaid to establish a connection with the MMIS to allow providers access to Missouri Medicaid claims data; and
 - The TSP worked with the MO HealthNet Division and the health care service providers to establish and test the exchange of health information through the HIN.

SUPPORT DIVISIONS

2013

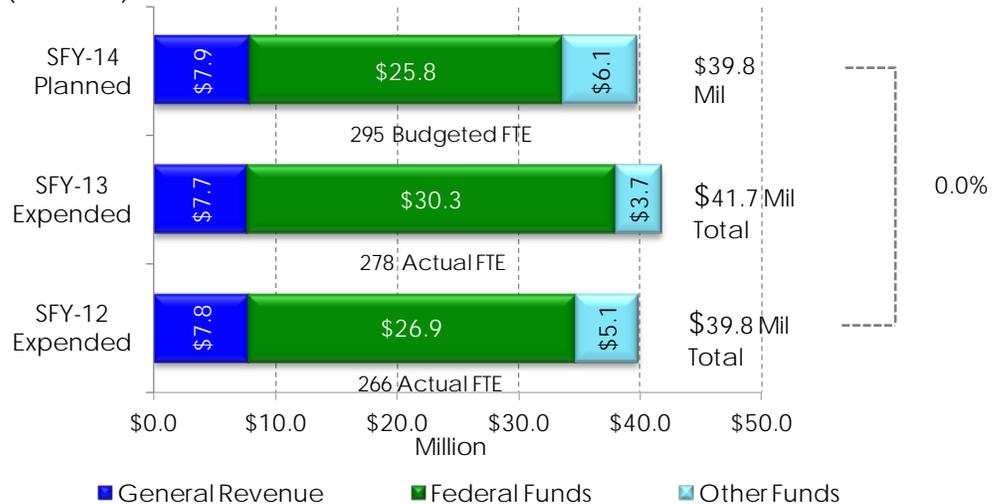
Supports

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

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



Support Division Expenditures SFY-12 to SFY-14 Planned
(in millions)



- Between SFY-2012 and SFY-2014, General Revenue (GR) increased by \$0.5 million (1%)
- Federal expenditures decreased \$1.1 million (4%) from FY12 to FY14. Key components to the decrease are:
 - Funds in the Federal Grants and Donations appropriation from the American Recovery and Reinvestment Act (ARRA) ended.
 - Pass through payments for Fort Leonard Wood food services and the Blind Enterprise also ended.
- Other expenditures increased 19% (\$1 million). This is tied to the appropriation increase in Receipts and Disbursements due to the loss of the estimated status.
- During this 3-year time period, full time equivalent (FTE) staff increased by 10.9 (29 FTE). This is the result of a reorganization/consolidation of Division of Youth Services (DYS) and the Department of Finance and Administrative Services (DFAS).

SUPPORT DIVISIONS

DIVISION OF FINANCE & ADMINISTRATIVE SERVICES

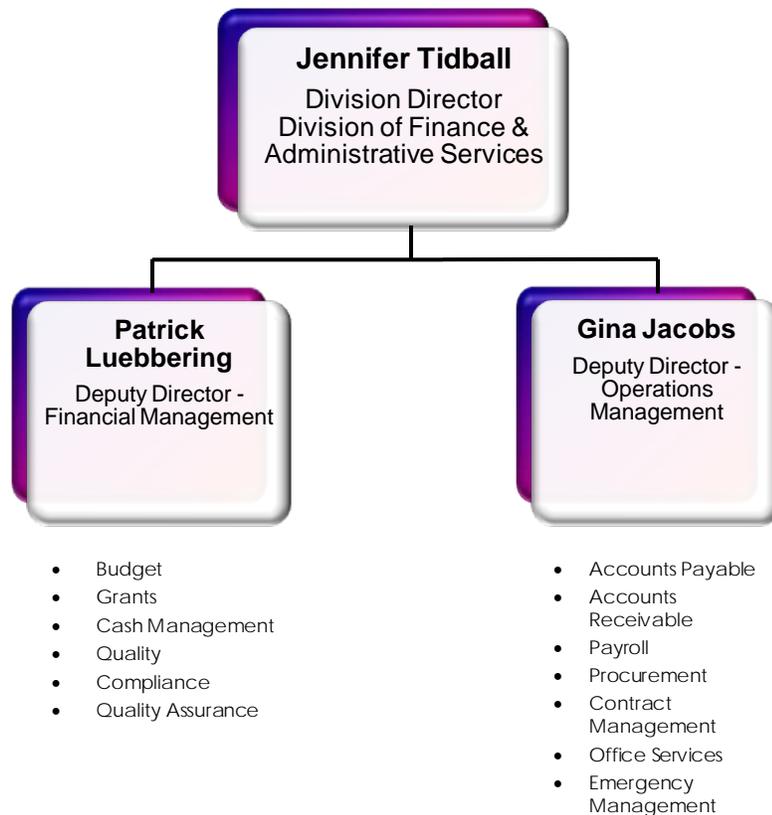
2013

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Services

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

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



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



PERFORMANCE

Average Time Between Invoice and Vendor Payment

- To ensure timeliness of payment, during 2012, DFAS began moving data entry functions of payment processing from DSS divisions to DFAS Accounts Payable.
- DFAS will assume responsibility for all payment processing in SFY-14.

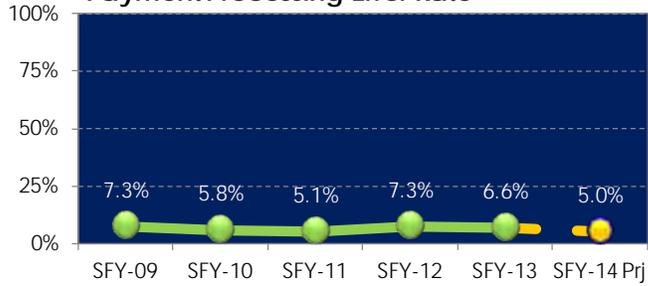
Average Time Between Onvoice and Vendor Payment (Days)



Payment Processing Error Rate

- Historically, many payment processing errors were caused by incorrect data entry.
- As DFAS continues streamlining the payment process errors are expected to decline.

Payment Processing Error Rate





HIGHLIGHTS

Procurement and Contract Management

- This year, DFAS procurement staff has continued its priority to streamline contract management and procurement activities, to provide better support to program divisions and to make better use of available technologies.
- The procurement unit has implemented strategies in support of these priorities, including:
 - Developing and implementing a long term Strategic Procurement Plan (6 Year) for contracts bid by OA Purchasing;
 - Developing a standardized RFP template for contracts bid by OA Purchasing;
 - Standardizing General Contractual Requirements (GCRs) language for University of Missouri contracts;
 - Establishing a SharePoint site for facilitating bid evaluations and other shared data;
 - Completion of an Identification and Validation Project to identify, catalog and organize Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA) in a centralized manner;
 - Implementation of an electronic tool to log quantities and types of documents processed by the unit; and
 - Completion of Phase I of an extensive File Validation Project for Foster Care, Child Care and Adoption Subsidy agreements to re-organize current files and archive non-active files.
- The procurement unit continues to provide assistance and oversight in the development, planning, execution and coordination of the Department's contracts for services and supplies and technical expertise and training for Department staff concerning procurement statutes, regulations and rules, contracting procedures and protocols.

DSS Financial Operations Structure – Phase II Implementation

- In FY-11, DFAS, with the support of DSS financial management staff and DSS executive leadership, led an initiative to centralize, restructure and create capacity in the department's financial management and administrative operations to achieve the following goals:
 - Streamline financial operations to improve efficiency and effectiveness;
 - Build bench strength to develop future financial operations leaders; and,
 - Create opportunities for cross training, where applicable, to strengthen core financial functions.
- Phase I of the project included streamlining Jefferson City based staff. Phase II of the project was completed in November 2012 and involved transforming Division of Youth Services (DYS) business and administrative staff to DFAS staff supporting all divisions.
- Phase II implementation has allowed the department to evaluate which responsibilities should be centralized in Jefferson City and which responsibilities are best managed at a local/regional level.
- Transforming DYS staff to DFAS staff has allowed some small contracts issued and purchases generally made in Jefferson City to be managed by local/regional staff, cutting down on time and the number of parties involved. Many times these are purchases key to the operation of local offices and facilities.

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



KEY DFAS PROJECTS

Strengthening DSS Audit/Compliance Initiatives

- Nine staff oversees and coordinates audit and compliance initiatives for the Department of Social Services in a central compliance unit. One additional staff has been added and four more staff will be added within the next month to implement oversight initiatives specifically for Child Care providers receiving CCDF subsidy funds from DSS.
- Allocating resources to audit and compliance initiatives has allowed DSS to accomplish the following:
 - Increased oversight of program divisions' implementation of corrective action plans developed in response to findings from the State Auditor's Office and other audit bodies. A draft policy on how program divisions should respond to DFAS to ensure responsiveness to outside audit agencies has been submitted to the DSS Policy Council to be included in the Administrative Manual.
 - Development of risk assessments, policies, procedures and monitoring tools for sub-recipient oversight and monitoring and contract compliance. Compliance/monitoring training for program staff responsible for contract/grant management and oversight was provided for DSS staff.
 - Increased physical presence in sub-recipient agencies and partnering with program staff to monitor DSS sub-recipients of federal grants (e.g., community action agencies).
- Current planning continues to be focused on internal monitoring to:
 - Assure DSS program divisions' corrective action plans are sufficient to correct audit findings; and,
 - Develop a tiered approach to monitoring DSS programs, using criteria such as expenditures, past audit findings and substantial involvement with Division of Legal Services/Investigations.

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

- The plan DSS uses to allocate costs to federal grant programs is obsolete and in part does not clearly define claiming activities. Recent feedback from the Single State Audit and federal grantor agencies supports DSS' assessment.
- DSS has contracted with a third party to review the current cost allocation plan and time studies used to allocate costs and to rewrite the plan, minimizing impact to federal dollars received.
- The final plan and system to effectuate the plan is scheduled to be completed by October 1, 2013, for all programs except Medicaid. The Medicaid component will follow in FY-14.
- DSS will work with federal grantor agencies to ensure the plan is compliant with Federal laws and regulations.
- Annually, DSS allocates over \$1.2 billion in claims for partial reimbursement from federal grants through the cost allocation plan.

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

- A comprehensive assessment of the department's data needs for collection, analysis, coordination and reporting was completed during the summer of 2012.
- A report of findings and recommendations was presented to the Division Director and other department management and was issued to all executive staff and stakeholders.
- The results of the assessment were to:
 - Improve internal and external communication.
 - Update the unit's name to reflect its work, affirm the goals and think more broadly about how to get work done, including evaluating existing tools.
 - Enhance efforts to improve morale.
 - Increase and deepen bench strength.
 - Establish an automated system for all divisions to make requests including suggestions to existing reports and to track information regarding requests to maximize efficiencies in the delivery of products.
 - Embed routine quality reviews into unit protocols.
 - Engage customers as partners to evaluate when reports need to be developed or retooled to fit the department's changing business.
 - Coordinate efforts of all partners involved in data gathering and reporting to eliminate role confusion and duplication.
- As a result of the assessment, the unit's name was changed from Center for Management Information to Research and Data Analysis (RDA) and reorganization of staff and duties occurred.
- Over the past year, RDA staff has taken the opportunity to implement actions that support feedback provided by program divisions. For example, RDA has:
 - Implemented standing, face-to-face meetings with program divisions;
 - Enhanced communication to convey system limitations that impact timeliness;
 - Educated customers about differing results with data sets;
 - Implemented redundancies to prevent work stoppage when staff is absent;
 - Recruited talent to mentor and teach staff SAS (programming language for data extraction);
 - Provided customized training for RDA staff;
 - Mandated cross-training;
 - Piloted an automated system with FSD for processing requests;
 - Enhanced quality measures; and
 - Encouraged staff to be involved in cross-cutting department initiatives.

ON THE DFAS HORIZON . . .

Maximizing Electronic Payments

- DFAS is leading the initiative to save administrative costs and mitigate risk by moving to electronic payment methodologies.
- To date, DFAS has engaged a workgroup with representatives from various programs and legal counsel to review opportunities to encourage and/or require that individuals receiving payments from DSS do so by electronic payment. This initiative includes requiring remittance advices be received through electronic media.
- The project will be managed in two phases.
- **Phase I**, was completed June 30, 2013. Activities included:
 - Identifying the rate of electronic fund transfer (EFT) payments in all DSS payment systems (i.e., SAMII, FACES, FAMIS, MACSS, MMIS) and working with program staff to determine opportunity to increase EFT use.
 - Identifying any conflict in program mandates by requiring DSS vendors to accept EFT payments and ensuring no conflict arises between DSS mandated EFT requirements and other agencies' mandates (specifically OA/SAMII).
 - Prioritizing programs/vendors to develop plans to require receipt of EFT payments (identify outreach/ education needs, system changes, contract changes, etc.)
 - Planning to address existing payment systems to determine capability to support mandated EFT as well as remittance advice delivery/accessibility.
- To date, **Phase II**, with a projected completion date of June 30, 2014, includes the following activities:
 - Finalize policies, procedures and rules to support mandated EFT payments where allowable.
 - Implementation will be rolled out based on priority. This will ensure systems changes are complete, contracts are amended, customer outreach and education is provided and remittance advice portals are established/functioning, etc.



*Jennifer Tidball
DFAS Director*

Standardizing and Strengthening Management of DSS Accounts Receivables

- Today, DSS has numerous program areas and units managing accounts receivables. Although federal program guidance varies on how DSS must manage receivables when the initial payment DSS involves federal funds, there are common elements and best practices in management of receivables. DFAS, in coordination with the Division of Legal Services, will be working with DSS programs to develop common policies and procedures to oversee and manage DSS receivables.
- Goals are to decrease the age of debt and increase the percentage of collections through streamlined, consistent processes and a more active role in debt collection, as allowable under state and federal law.

SUPPORT DIVISIONS

DIVISION OF LEGAL SERVICES

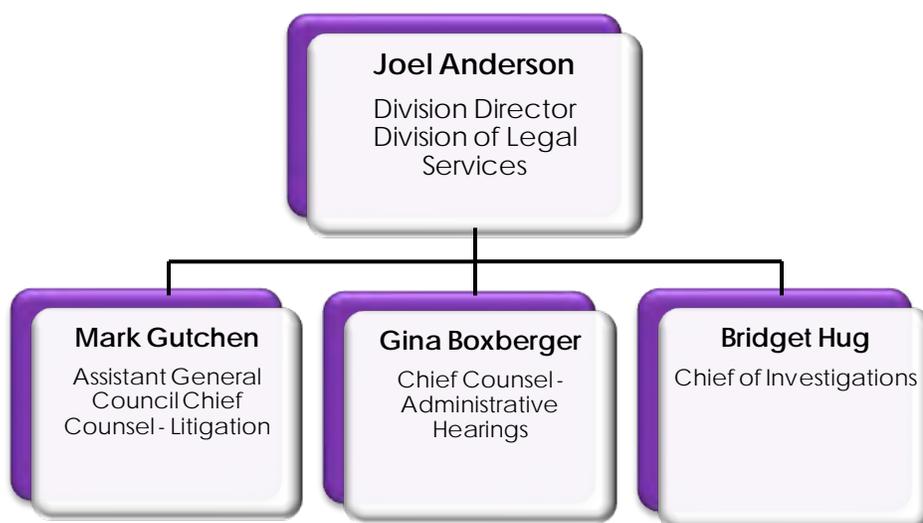
2013

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Services

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

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



- Litigation
- Risk Management

- Administrative Hearings

- Investigations

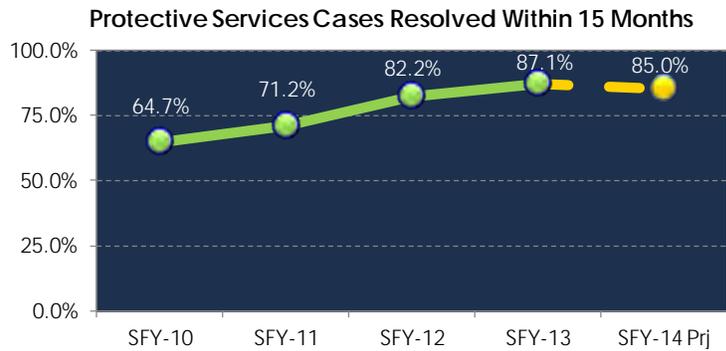
Find the Division of Legal Services on the web at <http://dss.mo.gov/dls/>



PERFORMANCE

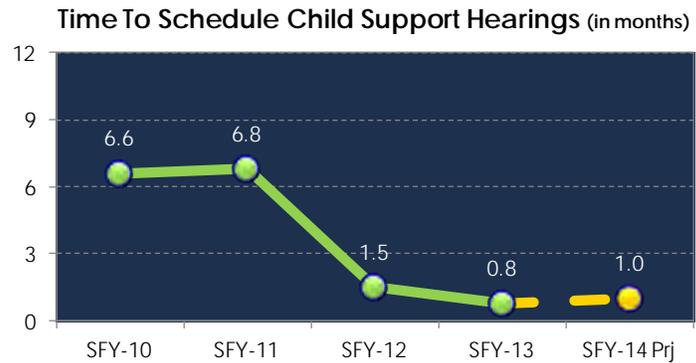
Protective Services Cases Resolved

- DLS attorneys closed 1,268 permanency planning cases involving abused and neglected children, 251 terminations of parental rights cases and 162 guardianships for foster children.



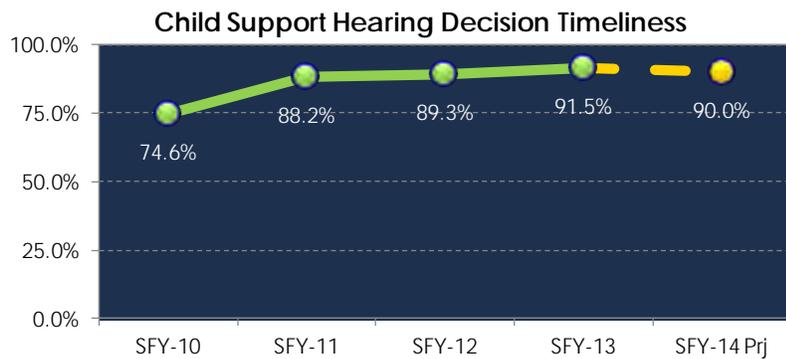
Time to Schedule Child Support Hearings

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



Child Support Hearing Decision Timeliness

- The Child Support Hearings Unit continues to strive to maintain the issuance of decisions within 60 days from the date the hearing record closes in at least 90% of its cases.





HIGHLIGHTS

- During SFY-12, DLS attorneys handled many legal matters for the department. Among the highlights, DLS attorneys:
 - Closed 1,268 permanency planning cases involving abused and neglected children in the Foster Care system. In these cases, DLS advocated for the achievement of safe and permanent placements for foster children.
 - Handled 251 terminations of parental rights cases to ensure that children in the foster care system are afforded the opportunity to have a safe, stable and permanent home and to make the children available for adoption.
 - Handled 162 guardianship cases for children and young adults in foster care to enable them to transition from the Foster Care system into permanent, stable and loving homes, frequently with relatives or to ensure that youth with serious disabilities who are unable to manage their own affairs will have the care that they need when they leave the Foster Care system.
 - Closed 96 cases defending of petitions for de novo judicial review of decisions of the Child Abuse and Neglect Review Board to Circuit Court.
 - DLS provided advice on legal issues pertaining to 162 Sunshine law requests.
 - DLS attorneys handled 576 subpoenas for confidential records and information, including many cases that required requests for protective orders to protect the privacy rights of those involved.
 - DLS assisted the program divisions in drafting or revising administrative regulations, including regulations governing third party liability claims and regulations implementing changes in Medicaid eligibility requirements.
- In FY-13, the Child Support Hearings Unit issued 8,619 hearing decisions and the Benefits Hearings Unit issued 22,196 hearing decisions, for 30,815 clients served. This is an increase from 25,584 in FY-10, 25,053 in FY-11 and remains constant at 30,815 in FY-12. In spite of this increase in clients served, the length of time to schedule Child Support hearings and issue Child Support decisions decreased. In FY-13, the number of days from the date a hearing request is received to the date of hearing was reduced to an average of 23 days from 201 days in FY-10, 198 days in FY-11 and 46 days in FY-12. In addition, in FY-13 Child Support hearing decision timeliness increased to 91.5% despite the requests to leave the record open and hearing officer turnover that typically delay the issuance of such decisions. This was an improvement from 74.6% in FY-10, 88.2% in FY-11 and 89.3% in FY-12.
- During FY-12, there was a large increase in the number of Benefits Hearings Unit hearing requests. As a result, the length of time to schedule hearings from date of receipt to date of hearing increased. In FY-13, three Child Support Hearings Unit FTEs (two hearing officers and one clerical) were allocated to the Benefits Hearing Section to help address this issue. In addition, as of January 2, 2013, a reorganization of distribution of counties assigned to each Hearing Region (Jefferson City, St. Louis and Independence) was implemented to share the hearing caseloads. This has reduced the length of time to schedule hearings from date of receipt to date of hearing to a reasonable time period of less than three weeks.
- Through 1,667 investigations of fraudulently received public benefits, the DLS Welfare Investigations Unit in the Investigations Section, collected \$1.7 million in SFY-13 through payment agreements, prosecutions and the Treasury Offset Program.
- In FY-13, DLS and the Family Support Division (FSD) worked on a Temporary Assistance for Needy Families (TANF) project. The Investigations Unit in DLS reviewed over 10,000 Electronic Benefit Transactions (EBT) that occurred at vacations spots, liquor stores, gambling establishments, strip clubs and/or out-of-state transactions. Of these transactions, 1,447 clients were identified and attempts were made by investigators to interview the clients. Based on the interviews conducted the

Investigations Unit provided information to FSD to help reevaluate client eligibility for TANF benefits. Additionally, as of August 28, 2013, it became illegal to use an EBT card at liquor stores; casinos or gambling/gaming businesses (including bingo hall); adult-entertainment businesses; or any place mainly for or used by adults 18 or older and/or not in the best interest of the child or household. The purchase of the following items with an EBT card are also now prohibited by law: alcoholic beverages, lottery tickets, gambling, bingo, tobacco products, illegal drug, controlled drugs without a valid prescription, or any item mainly for or used by adults 18 or older and/or not in the best interest of the child or household. Finally, it is also a criminal offense to “knowingly engage in a transaction to convert public assistance benefits or EBT cards to other property contrary to state or federal statutes, rules, and regulations.” Offenses range from Class A Misdemeanor to Class C Felony.



KEY DLS PROJECTS

Regulation Review

- DLS continues its work on reviewing and revising all of DSS administrative regulations in conjunction with the department's program divisions. The primary focus of the review is to eliminate unnecessary and outdated regulations; to make certain that DSS' code of state regulations sections are up to date; to make the department's administrative regulations easier for the public to access and understand; and, to improve the efficiency of department operations.

Increasing Accessibility

- DLS is implementing the first phase of rolling out its new, inter/intranet site by December 31, 2013. The first phase is to update and implement a new, web based, intranet site for DLS attorneys to maintain and exchange legal forms to increase the efficiency of information sharing between different offices. Phase two will update the intranet site so that other DSS Divisions can access legal information necessary for their duties and phase three will be creating and launching a website accessible to the public with relevant legal information such as where to serve subpoenas and legal papers.

Provider Regulations

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

Procurement and Contract Management

- DLS is working closely with the Division of Finance and Administrative Services in the streamlining of its contract management and procurement system. This has included:
 - Implementing revised policies for contract development and procurement;
 - Developing standardized contract templates and language; and
 - Training DLS attorneys and DLS staff on state contracting requirements.

Waste, Fraud and Abuse Identification

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

Child Abuse and Neglect

- DLS is working with the Children's Division to review and update its policies and procedures governing the investigation of reports of child abuse and neglect.

Fraud Investigation

- As a result of the TANF Project the Investigations Unit determined the need for an operating system to effectively track suspicious EBT cash transactions. DLS Investigations is currently working with FSD and Information Technology Support Division (ITSD) in the Office of Administration to develop the DLS/FSD EBT Transaction Review System. The system will allow for both divisions to track cases simultaneously, allowing for immediate action on case closings when necessary.



Increasing Accessibility

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



*Joel Anderson
DLS Director*

Contract Administration

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

Improving Benefit Hearing Scheduling and Decision Time

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

Child Care Fraud

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

DSS Employee Threat Awareness

- Threats to department employees occur on a regular basis, and with the national increase in violent crimes and the increased awareness of the need to be responsive to warning signs of such violence, the Investigations Unit initiated development of the DSS Employee Threat SharePoint site. This site provides designated personnel access to valuable evidence of threats made to DSS employees. The website was completed on April 1, 2013 increasing awareness of threats, tracking persons who make repeated threats and improving communication to law enforcement officials.



TOP DSS NEWS STORIES OF 2013

Governor Nixon proposes to expand Medicaid

During the 2013 legislative session, Gov. Nixon proposed strengthening Medicaid to provide health coverage to an additional 300,000 working Missourians. Under the proposed expansion, low-income Missourians who can't afford health insurance and earn less than 138 percent of the Federal Poverty Level would have been eligible for coverage. However, the General Assembly did not pass legislation to expand Medicaid.

Media Questions Consistency in Release of Child Abuse and Neglect Fatality or Near-Fatality Case Records

Kansas City and Springfield media outlets questioned the Missouri Department of Social Services director's consistency in the release of child abuse and neglect fatality or near-fatality case records requested by media between the period of January 2010 and January 2013. The department provided an accounting of responses to media request for records during that period of time. The department reported it had received requests for 24 records. In two cases, the department had no case records to consider for release and in the remaining 22 cases the department had not refused to open the record.

House Probes Public Consulting Group Contract

The House Governmental Oversight and Accountability committee discussed the Department of Social Services plan to use the services of Public Consulting Group (PCG) to shift individuals eligible for federal welfare programs from current state programs. DSS subsequently modified the contract with PCG to allow only Medicaid participants with a serious medical condition or disability.

New Medicaid Eligibility Determination and Enrollment System Funded

The Missouri Department of Social Services received funding to modernize MO HealthNet's eligibility, enrollment and case management system for the state's Medicaid program. The new system replaced the paper-based, manual entry process and will expedite and streamline DSS operations. The system will enable participants greater access to account information through the internet and new self-service options.

Freeman Resigns as Director of Social Services

Missouri Department of Social Services Director Alan Freeman resigned from the department on May 31, 2013 to return to his position as president and chief executive officer of Grace Hill Health Centers Inc. Governor Nixon named Deputy Director of Social Services Brian Kinkade as acting director following Freeman's departure.

Alan Freeman New Director of Social Services

Governor Jay Nixon named Alan O. Freeman, president and chief executive officer of Grace Hill Health Centers, as the new director of the Missouri Department of Social Services. Freeman brought more than 20 years of experience in health care administration to the position; he took over from acting DSS Director Brian Kinkade, who served in that role June 2011 through January 2013 and who remained with the department as deputy director.

Crossover Youth Pilot Program Launched

The Missouri Department of Social Services and the State Crossover Youth Policy Team selected Judicial Circuits in Greene and Jefferson Counties as pilot sites for a program to reduce the number of youth who are likely to move between the child welfare and the juvenile justice systems helping those youth transition successfully to adulthood.



Speeches and presentations of the department's leadership during SFY-2013 (sites are in Missouri unless otherwise noted).

Alan Freeman, Director, Department of Social Services

Date	Location	Topic	Audience
February 9	St. Louis	Department Overview and Medicaid	FOCUS Leadership Group of St. Louis
April 11	St. Louis	Medicaid Overview	Women's Voices Raised for Social Justice Group

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

Date	Location	Topic	Audience
November 7	Lake Ozark	Medicaid Presentation to Missouri Hospital Association Board	Physicians and hospital executives
February 5	St. Louis	Medicaid Presentation at St. Louis University	College students
April 9	Jefferson City	Boys and Girls Club Essay Judge	Youth participants

Alyson Campbell, Director, Family Support Division

Date	Location	Topic	Audience
July 26	Moniteau, Cooper and Howard Counties	Program Initiatives and Strategies	Income Maintenance staff
July 27	Saline and Pettis Counties	Program Initiatives and Strategies	Income Maintenance staff
August 1	Jefferson City	Program Initiatives and Strategies	Staff Council
August 20	Pike and Lincoln Counties	Program Initiatives and Strategies	Income Maintenance staff
August 22	Hickory and Benton Counties	Program Initiatives and Strategies	Income Maintenance staff
September 6	Jefferson City	Spend Down	Advocates and Stakeholders
September 10	Warren County	Program Initiatives and Strategies	Income Maintenance and Child Support staff
September 18	Macon County	Program Initiatives and Strategies	Northern Region IM Managers
September 26	Columbia, MO	Child Support Program	Missouri Child Support Enforcement Association conference attendees
October 12	Jefferson City	Spend Down	Advocates and Stakeholders
October 17	Jefferson City	Quality Control	Income Maintenance staff

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Date	Location	Topic	Audience
October 30	Jefferson City	Program Initiatives and Strategies	County and Circuit Managers
June 20	Pemiscot and Dunklin Counties	Program Initiatives and Strategies	Income Maintenance staff
June 30	Washington D.C.	Child Support Program	National Council of Child Support Directors

Candace Shively, Director, Children's Division

Date	Location	Topic	Audience
September 14	Kansas City	Children's Division Update on Current Issues	Kansas City Child Abuse Roundtable attendees
September 18	Columbia	Children's Division work with trauma	Missouri Trauma Roundtable attendees
September 28	Jefferson City	Children's Division Update on Current Initiatives	Missouri Juvenile Justice Association members
December 6	New Jersey	Participant at National Workshop on Using Data To Strengthen Practice	Child Welfare Leaders and executive staff from 8 states and members of the New Jersey DCF Fellows Program
December 20	Springfield	Strengths, Needs, Abilities, Preferences (SNAP) Program	Alternative Opportunities Public Grant Announcement attendees
February 5	Jefferson City	Update on Child Welfare Issues	Missouri Coalition of Children's Agencies Board Members
February 8	Kansas City	Children's Division Update and Current Issues	Kansas City Child Abuse Roundtable attendees
March 22	Jefferson City	Children's Division Update on Current Issues	Missouri Juvenile Justice Association members
April 5	Kansas City	Crossover Youth Practice Model (Panel Participant)	MINK Regional Supreme Court Conference Attendees
April 12	Kingdom City	Progress of recommendations of the Missouri Blue Ribbon Task Force on Youth Aging Out of Foster Care	Older Youth, Children's Division Staff, Juvenile Officers, Contractors and Community Stakeholders

Tim Decker, Director, Division of Youth Services

Date	Location	Topic	Audience
July 11	St. Louis	Led program tours and provided overview of Missouri DYS to an author writing a book on juvenile justice. Highlighted Missouri's therapeutic treatment approach.	Juvenile Justice Advocates
July 19	Denver, CO	National Center for Youth in Custody (NC4YC) meeting. Served on panel to discuss PREA standards and working relationship between NC4YC and PREA Resource Center. Participated in tour of Colorado Youth Services facility.	Directors of state Youth Services and correctional agencies.
July 20-22	Denver, CO	Council of Juvenile Correctional Administrators (CJCA) meeting. Provided leadership for newly appointed state juvenile justice leaders and chaired the summer business meeting as CJCA president.	Directors of state Youth Services and correctional agencies.
August 1	Jefferson City	Telephone interview for a video project with Office for Victims of Crime to discuss positive interventions with youth in the juvenile justice system.	Youth advocates interested in the video project, Children Exposed to Violence.
August 16	Jefferson City	Telephone interview with Missouri Telehealth Network to discuss DYS Telehealth Initiative.	Heartland Telehealth Resource Center newsletter.
August 21	Jefferson City	Opening remarks and discussion at DYS statewide education summit.	DYS statewide education leaders.
September 10-12	Washington, DC	Presentation and dialogue at Juvenile Justice Leadership Network meeting which included sessions on incorporating evidence based approaches and cross-systems work including juvenile justice, child welfare, education and behavioral health.	National juvenile justice leaders and policymakers.
September 23-24	Kansas City	Led DYS program visits and dialogue sessions with young people and staff to promote national replication of the Missouri approach to juvenile justice.	Juvenile justice leaders from Louisiana and New York.

Date	Location	Topic	Audience
September 28	Jefferson City	Presentation and dialogue at Missouri Juvenile Justice Association quarterly Administrative Concerns meeting.	Chief juvenile officers and court personnel from across Missouri.
October 5	Jefferson City	Presentation and dialogue with statewide juvenile detention leaders on the Prison Rape Elimination Act (PREA).	Chief juvenile court personnel from across Missouri.
October 24-26	Lake Ozark	Participated in Missouri Juvenile Justice Association (MJJA) Fall Conference.	Statewide juvenile court personnel, law enforcement and state agency leaders.
October 31	Columbia	Co-facilitator at Missouri Prevention Partners planning retreat.	Statewide nonprofit organizations with interest in preventing child abuse and neglect.
November 1-2	Poplar Bluff	Opening remarks and facilitated discussion on building community supports for transitioning young people more effectively back into their communities.	DYS southeast region staff, community leaders, partners and volunteers.
November 8-9	Springfield	Opening remarks and facilitated discussion on building community supports for transitioning young people more effectively transitioning back into their communities.	DYS southwest region staff, community leaders, partners and volunteers.
November 14-16	Lake Ozark	Participated in 2012 Missouri Re-entry Conference and attended sessions on community, corrections and collaboration.	Statewide community leaders, partners, law enforcement, and corrections.
December 10	Columbia	Participated in Central Missouri Stop Human Trafficking Human Rights Day to end and prevent forced labor and sexual exploitation of children, women and men.	Statewide advocates with interest in and statewide perspective of human rights and preventing human trafficking.
January 10	Jefferson City	Co-facilitator in a conference call with executives from Idaho Department of Juvenile Corrections on the topic of strengthening family engagement and community support.	Leaders from Idaho Department of Juvenile Corrections.

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Date	Location	Topic	Audience
January 23-25	Washington, DC	Panel presenter at the Georgetown Public Policy Institute LEAD (Leadership, Evidence, Analysis, Debate) Conference. Presentation focused on supporting healthy development of at-risk youth through education, employment, job training, family strengthening, and social development.	National advocates for children and youth and leaders from youth serving organizations.
January 28 – February 1	Kansas City	Led training and dialogue sessions on the Families and Schools Together (FAST) program which is a statewide DYS initiative to strengthen families and improve transition services.	DYS senior leaders and trainers.
February 6	Jefferson City	Telephone interview to discuss Missouri's therapeutic treatment approach to juvenile justice. Contributions will be quoted in a policy analysis paper published in Harvard Kennedy School library.	Harvard Kennedy School Library.
February 8	Jefferson City	Presentation and dialogue with Stover High School Students in a taped interview regarding Missouri's juvenile justice approach.	Stover High School students and faculty, statewide documentary competition.
February 8	Jefferson City	Telephone interview with HitPlay Productions to discuss Missouri's juvenile justice approach.	Film documentary.
February 18	Jefferson City	Speaker at annual 4-H Legislative Academy of student leaders regarding DYS and challenges facing young people in the juvenile justice system.	Student leaders and sponsors from communities around the state.
March 22	Jefferson City	Presentation and dialogue at Missouri Juvenile Justice Association quarterly administrative concerns meeting.	Chief juvenile court personnel from across the state.
April 2-4	Washington, DC	Juvenile Justice Leadership Network meeting. Led discussion and dialogue on collaboration, program measures and juvenile offender treatment.	National juvenile justice leaders and policymakers.

Date	Location	Topic	Audience
April 9	Jefferson City	National Re-entry Resource Center (NRRC) conference call. Served as a committee member to advise the NRRC on reentry related projects.	National juvenile justice experts and other leaders in the juvenile justice field.
April 12	Jefferson City	Presented DYS overview and highlighted agency collaboration at monthly MO HealthNet staff meeting.	Missouri HealthNet staff.
April 25-27	Tampa, FL	Panelist/speaker at University of Florida, Levin College of Law Juvenile Justice Conference. Spoke on the topic of reforming juvenile justice.	National leaders in the juvenile justice system.
May 2	Springfield	Served as speaker and participant at Crossover Youth Pilot Site meeting for the Greene County pilot model to address the needs of crossover youth in Missouri.	County officials, state officials, and other youth advocates.
May 13-15	New Orleans, LA	Presentation and dialogue on PREA implementation and organizational culture change at the Louisiana Office of Juvenile Justice Leadership Summit.	Leaders in juvenile justice systems from Louisiana, Texas, Kentucky, and Georgia.
May 21-23	Portland, OR	Attended annual strategic planning meeting of Emerging Adult Initiatives as a partner with the Healthy Transitions Grant Community.	Policy makers from seven states who are recipients of the Emerging Adult Initiative Grant along with federal project officers and technical assistance providers.
May 31	Fulton	Speaker at the division's northeast regional graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.
June 3-4	Chicago, IL	Attend National Council on Crime and Delinquency (NCCD) meeting to discuss trends in juvenile justice.	National juvenile justice advocates and experts.
June 6	Kansas City	Speaker at the division's northwest regional graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.
June 13	Springfield	Speaker at the division's southwest regional graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.

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Date	Location	Topic	Audience
June 17-18	Kansas City	Participated in Children's Policy Retreat to discuss inter-departmental priorities, initiatives and inter-agency collaboration on children's services.	Directors and senior leaders of state agencies that provide services for children.
June 25	St. Louis	Speaker at the division's St. Louis regional graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.
Ongoing	Jefferson City	Conference call every 4 weeks with Oregon Youth Authority to provide technical assistance for their juvenile justice reform efforts.	Leaders of the Oregon Youth Authority.

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

Date	Location	Topic	Audience
July 14-15	Tyson's Corner, VA	Panelist on topic of variations in state Medicaid perspectives	Attendees of World Congress Leadership Summit on Medicaid
July 13	Columbia	Participant in seminar focused on the implementation of the Accredited Standards Committee Version 5010 and the National Council for Prescription Drug Programs Version D.0 transaction sets	Attendees of seminar hosted by MO HealthNet Division in collaboration with Missouri strategic national Implementation process
August 10	St. Louis	Participant in St. Louis Integrated Health networking event	St. Louis health care stakeholders
August 18	Cape Girardeau	Health home site visit	Staff at Cross Trails Medical Center
August 18	Sikeston	Health home site visit	Staff at Sikeston Medical Clinic
August 19	Poplar Bluff	Health home site visit	Staff at Kneibert Clinic
August 19	Ellington	Health home site visit	Staff at Missouri Highlands Health Care
August 24	Cameron	Health home site visit	Staff at Cameron Regional Medical Center
August 24	Columbia	Health home site visit	Staff at University of Missouri Family and Community Medicine Greene Meadows Clinic
September 8	Jefferson City	Meeting participant regarding prompt pay, NQOA duplicate deeming issue, and health insurance exchange	Attendees of meeting sponsored by Missouri managed care health plans, Missouri Association of Health Plans
September 13	St. Louis	Participant at St. Louis Regional Health Commission 10 th Anniversary Summit	St. Louis health care stakeholders
September 22	St. Louis	Panelist on State of the Union in healthcare in Missouri and healthcare reform	Attendees of Future of Healthcare Finance conference sponsored by the Greater St. Louis Chapter – Healthcare Financial Management Association; Missouri Healthcare Executives Group; and Midwest Gateway Chapter – Healthcare Information Management Systems Society.
September 26	Chicago, IL	Participant in listening session regarding affordable insurance exchanges	Attendees of event sponsored by Centers for Medicare and Medicaid Services
October 2	Kansas City	Participant in discussion regarding Medicaid and CHIP Payment and Access	Participants of Medicaid and CHIP payment and access commission meeting
October 3-4	Kansas City	Participant at State Health Policy conference	Conference sponsored by National Association of State Health Policy
October 27	St. Louis	Attendee at Institute for Public	Washington University

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

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Toll-Free Informational Phone Numbers

Child Abuse/Neglect Hotline (MO only)	1-800-392-3738
Child Support Customer Service Call Center (enforcement calls only)	1-866-313-9960
Child Support Employer Information	1-800-585-9234
Child Support General Information	1-800-859-7999
Child Support Payment Information (IVR)	1-800-225-0530
Elderly Abuse/Neglect Hotline	1-800-392-0210
Food Stamp Case Information	1-800-392-1261
Foster Adoptline	1-800-554-2222
Income Maintenance Call Center	1-855-373-4636
Missouri Rx Plan (MoRx)	1-800-375-1406
Missouri School Violence Hotline	1-866-748-7047
Missouri's Long-Term Care Ombudsman (DHSS)	1-800-309-3282
MO HealthNet Case Information	1-800-392-1261
MO HealthNet Exception Process	1-800-392-8030
MO HealthNet Participant Services	1-800-392-2161
MO HealthNet Service Center	1-888-275-5908
Office of Child Advocate	1-866-457-2302
ParentLink WarmLine	1-800-552-8522
	En Español 1-888-460-0008
Rehabilitation Services for the Blind	1-800-592-6004
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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