Missouri Department of Social Services

14

2014

Annual

Report

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Girl in front of a crowd (DSC8606) by Haley Howard	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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Month 2015

Dear Fellow Missourians:

Each day, the Department of Social Services provides essential services and support that will strengthen families and build stronger communities in Missouri. It is paramount that those services are timely, accurate, and efficient to ensure the safety and wellbeing of Missourians. When a Missourian who is struggling to survive reaches out to us, our response is and will always be immediate. As the leader of thousands of Department of Social Services professionals, I am proud to say we will absolutely do everything we can to assist anyone in need.

One of our greatest achievements and challenge this year has been the replacement of our dated Family Support Division eligibility and case management system. Our new technology has enabled us to remove barriers which formerly restricted our ability to serve citizens. This has been a very transformative year and we will continue to grow and evolve into our new system as we adapt to the new methods that will maximize our capacity to better serve the people of Missouri.

I would like to share some of our performance highlights and achievements of this past year.

- The Family Support Division (FSD) developed and implemented the Missouri Eligibility Determination and Enrollment System (MEDES) to replace the outdated, green-screen case management system. The new system was implemented under a very tight timeframe and successfully met federally mandated timelines. MEDES managed the Medicaid cases for children and families (321,115 individuals) at the end of December 2014. Nearly 50,000 applications transferred from the online federal exchange were processed through MEDES during 2014. Food Stamps, Temporary Assistance for Needy Families, child care, and other programs will be phased in over the coming years. The new technology will enable FSD to transform workflows and business processes to increase efficiencies and workload management capacities. FSD completed its child support imaging project in June 2014, converting over 52 million documents into an electronic format, eliminating paper files.

- The Children's Division and partners have steadily increased the number of children in foster care who are placed in relative or kinship care, which is typically less traumatic and more stable for the child. In 2014, 43.7 percent of the children in foster care were placed in the home of relative or kin.

- The Children's Division (CD) received additional funding to increase staffing levels to better serve the growing number of children in foster care, to purchase iPads for staff to retrieve and record case information while working in the field, for secondary trauma training for staff, and to create a frontline staff career ladder to improve worker recruitment and retention. CD and educational partners, Missouri State University and University of Missouri—Kansas City, received federal grants of over $1.4 million grants to enhance the child welfare educational experience to improve student readiness for child welfare careers.

- The Division of Youth Services (DYS) Special Education program was honored in 2014 for meeting all federal and state compliance regulations for a school district in the delivery of special education services. Over 75 percent of DYS students with a disability improved in reading, writing, and math between their entry into DYS and their exit from the program in 2014.

- In 2014, the MO HealthNet Division continued to emphasize improved patient care through greater communication between health care providers. The Primary Care Health Homes program expanded to serve 16,876 patients and enrollment increased to 20,890 patients in the Community Mental Health Center Healthcare Homes program.

- The Division of Youth Services and Children's Division worked together in a pilot project in Jefferson and Greene Counties with the Judicial Circuits and local communities to reduce the number of youth who likely to become involved with both the child welfare and the juvenile justice systems and help those youth successfully transition to adulthood.

I take great pride in serving our state and I am honored to lead the devoted people of this department who work every day to build a brighter future for Missourians.

Sincerely,

Brian Kinkade
Director

INTRODUCTION

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

The department is organized into 4 program divisions:

- Children's Division;

- Family Support Division;

- MO HealthNet Division; and,

- Division of Youth Services.

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

Mission

To maintain or improve the quality of life for Missouri citizens

Vision

Safe, healthy and prosperous Missourians

Guiding Principles

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

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

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

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

- **INCLUSIVNESS** – We will value our differences and celebrate the contributions of all.

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

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

Core Functions

- Child protection and permanency

- Youth rehabilitation

- Access to quality health care

- Maintaining and strengthening families

DEPARTMENT LEADERSHIP
(DECEMBER 2014)

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

Jennifer Tidball
Deputy Director
Department of Social Services
573-751-4815

Pat Luebbering
Division Director
Division of Finance and Administrative Services
573-751-7533

Alyson Campbell
Division Director
Family Support Division
573-751-3221

Rebecca Woefel
Communications Director
573-751-4815

Joel Anderson
Division Director
Division of Legal Services
573-751-3229

Tim Decker
Division Director
Children's Division
573-522-8024

Stephan Tomlinson
Legislative Liaison
573-751-4815

Phyllis Becker
Interim Division Director Division of Youth Services
573-751-3324

Joe Parks
Division Director
MO HealthNet Division
573-751-3425

TOP DSS NEWS STORIES OF 2014

Brian Kinkade Appointed Director Department of Social Services

Gov. Nixon named Brian Kinkade as the director of Social Services. Kinkade previously served as the acting director and deputy director for the department. His career with the department spans five administrations. Kinkade also directed the Division of Budget and Finance, as well as the Division of Child Support Enforcement and is a former Missouri Public Service Commission executive director.

General Assembly Does Not Expand Medicaid

Gov. Nixon proposed strengthening Medicaid to provide health coverage to an additional 300,000 working, low-income Missourians who can't afford health insurance and earn less than 138 percent of the Federal Poverty Level. The General Assembly did not pass legislation to expand the Medicaid program.

Children's Division Receives $5.1 Million Funding Boost

The General Assembly approved Gov. Nixon's proposed increase of $5.1 million in Children's Division funding to strengthen the program through new technology, enhanced approaches for recruitment and retention of staff, and training of workers dedicated to preventing child abuse and neglect.

DSS Names Two New Division Directors

Tim Decker was named the new director of the Children's Division and Joe Parks, M.D., became the new director of the MO HealthNet Division. Decker was the director of the Division of Youth Services (DYS) and has served DSS since 1984. Decker, a past president of the Council of Juvenile Corrections Administrators, helped DYS become a nationally recognized program, earning the Harvard Innovations in American Government Award in 2008. Parks was division director for the Division of Comprehensive Psychiatric Services for the Missouri Department of Mental Health. Parks is a former director of the Missouri Institute of Mental Health, University of Missouri-St. Louis, past president of the Medical Director's Council of the National Association of State Mental Health Program Directors and the recipient of the American Psychiatric Association Bronze Achievement Award in 2006.

FSD Launches New Missouri Eligibility Determination and Enrollment System

On January 1, 2014 the Missouri Department of Social Services launched a new computer system to modernize the eligibility, enrollment and case management system used for the state's Medicaid program, MO HealthNet. The new system replaces the paper-based, manual entry process and its use will be expanded to the Food Stamp, Temporary Assistance, Child Care, and other Medicaid programs in the coming years.

Federally-Facilitated Marketplace Impacts Medicaid Application Processing

Missouri media outlets reported on the processing of applications submitted from the Federally-Facilitated Marketplace (FFM) and its impact on applications directly submitted to DSS for MO HealthNet benefits for families, children, mothers, and pregnant women. The low quality and large volume of FFM applications increased the processing time for all MO HealthNet applications that used Modified Adjusted Gross Income (MAGI) method to determine eligibility.

FSD Reorganizational Changes Effect Customers

Media outlets around the state reported the Family Support Division reorganizational changes had negatively impacted service and timely processing of applications for some customers.

DSS Withdraws Proposed Rule to Modify Food Stamp Waiver

Gov. Nixon directed the Missouri Department of Social Services to withdraw a proposed rule to modify Missouri's existing waiver under the federal Supplemental Nutrition Assistance Program (SNAP). The waiver, a temporary measure to lessen the impact of the national recession, allowed able-bodied adults, age 18-50, without dependents to receive food stamps. The proposed rule would have returned the eligibility criteria for these adults back to parameters prior to the recession.

FINANCING

- Total spending has increased 5.4% ($435.9 million) between SFY-13 and SFY-15 planned.

- General Revenue (GR) has decreased by 4.8% ($71.7 million), while Federal fund spending has increased 13.4% ($540.2 million) and Other fund spending has decreased 1.3% ($32.6 million) respectively.

- Most department expenditures continue to be from Federal and Other fund sources in SFY-15. GR spending will account for only 16.8% of planned spending.
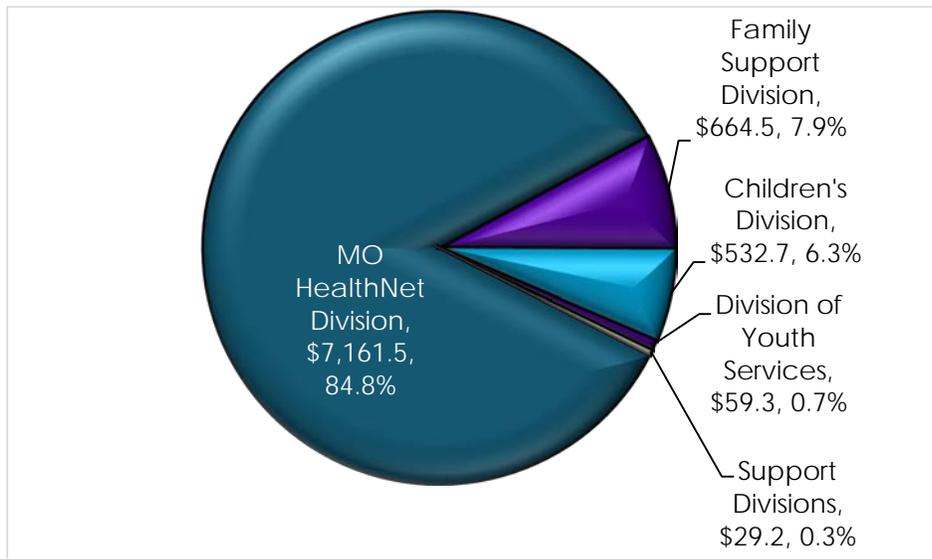
- Between SFY-13 and SFY-15 full time equivalent (FTE) staff has declined 3.5%, or 252 FTE.

Department Expenditures
SFY-13 to SFY-15 Planned
With Fund Source Comparison
(in billions)

	General Revenue	Federal Funds	Other Funds	Total
SFY-15 Planned	$1.4	$4.6	$2.4	$8.5 Bil Total
6,946 Budgeted FTE				
SFY-14 Expended	$1.6	$4.2	$2.4	$8.2 Bil Total
7,196 Actual FTE				
SFY-13 Expended	$1.5	$4.0	$2.5	$8.0 Bil Total
7,198 Actual FTE				

+5.4%
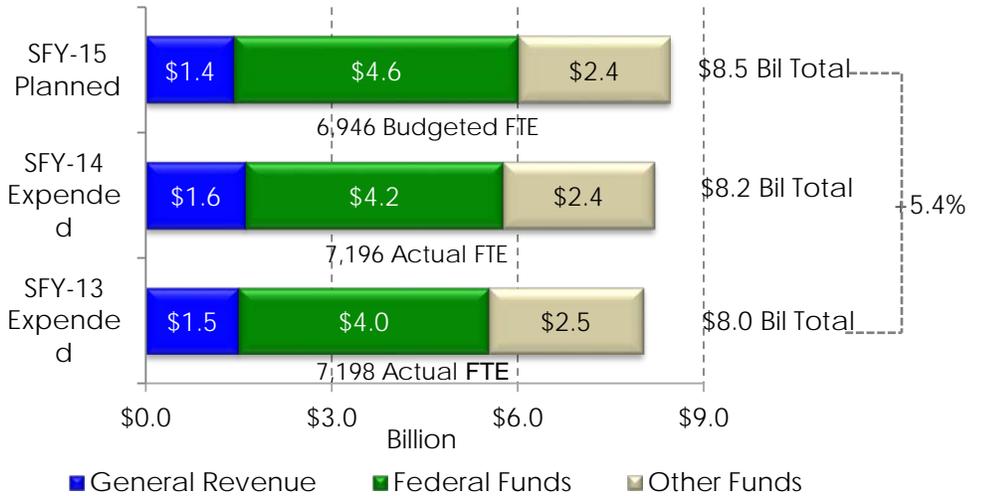
SFY-15 Planned Expenditures
Total Funds by Division

- MO HealthNet Division, $7,161.5, 84.8%
- Family Support Division, $664.5, 7.9%
- Children's Division, $532.7, 6.3%
- Division of Youth Services, $59.3, 0.7%
- Support Divisions, $29.2, 0.3%

2014 QUICK FACTS ABOUT DSS IN MISSOURI

MO HealthNet[1]

Number of people enrolled for MO HealthNet services	842,888
MO HealthNet dollars spent in state fiscal year 2014[2]	$7,371.8 mil
Estimated federal portion of MO HealthNet dollars spent	$4,355.3 mil
MO HealthNet dollars for inpatient hospital services	$581.0 mil
MO HealthNet dollars for physician services	$532.6 mil
MO HealthNet dollars for nursing home services	$1,038.6 mil
MO HealthNet dollars for pharmacy services	$1,157.1 mil
MO HealthNet dollars for managed care payments	$1,019.5 mil

Family Support

Child support collections (IV-D and non-IV-D)	$872.1 mil
Average monthly temporary assistance families[3]	35,271
Total temporary assistance payments[3]	$92.4 mil
Average monthly food stamp benefit recipients	879,122
Total food stamp benefits distributed	$1,284.4 mil

Child Protection and Permanency

Children involved in completed hotline reports[4]	98,725
Children with substantiated abuse or neglect	6,439
Children with family assessments[5]	54,500
Average monthly children in foster care[6]	12,104
Children adopted	1,250
Total Children's Services expenditures[7]	$192.7 mil
Average monthly children receiving subsidized child care[8]	36,038
Child care expenditures	$130.7 mil

Youth Services

Youths Committed[9]	802
Average monthly youths in DYS custody	1,373

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 2013-June 2014
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 2013-June 2014
9. Includes dual jurisdiction cases

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PROGRAM DIVISIONS

FAMILY SUPPORT DIVISION

2014

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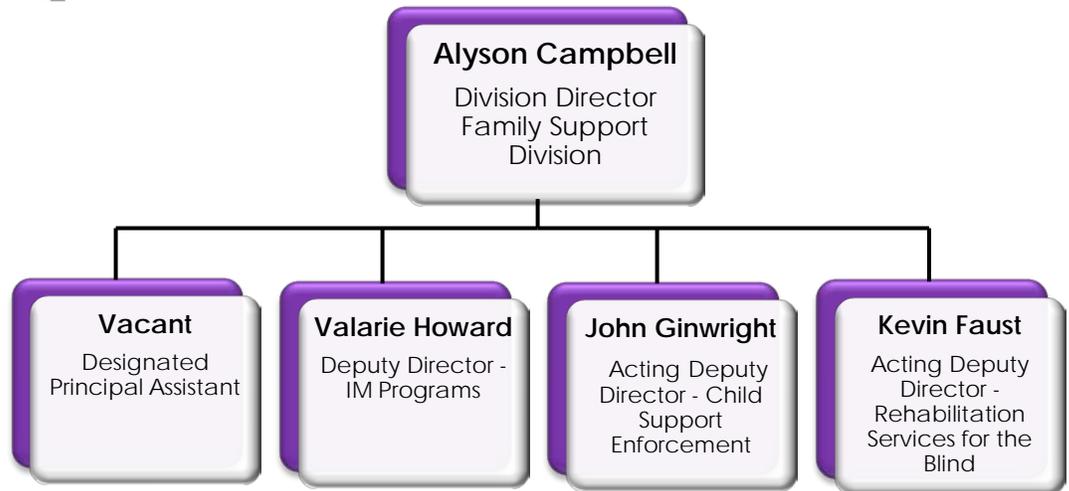
Programs & Services

NEEDS BASED PROGRAMS

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

CHILD SUPPORT

REHABILITATION SERVICES FOR THE BLIND

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

LEADERSHIP

Alyson Campbell
Division Director
Family Support Division

Vacant
Designated Principal Assistant

Valarie Howard
Deputy Director - IM Programs

John Ginwright
Acting Deputy Director - Child Support Enforcement

Kevin Faust
Acting Deputy Director - Rehabilitation Services for the Blind

- 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
- Low Income Home Energy Assistance Program
- Refugee Administration
- Grants
- Food Stamps/ EBT/Food Distribution
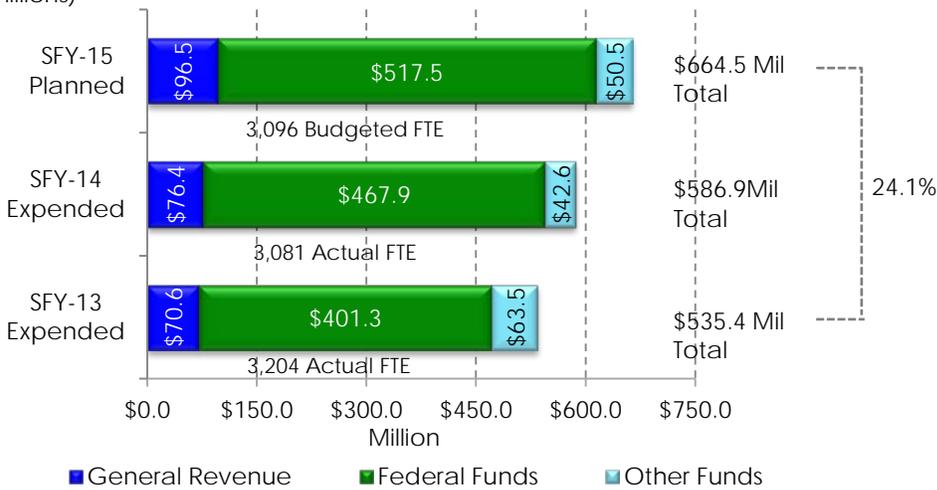- Training
- Field Operations

- 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-13 to SFY-15Planned
(in millions)

	General Revenue	Federal Funds	Other Funds	Total
SFY-15 Planned	$96.5	$517.5	$50.5	$664.5 Mil Total
	3,096 Budgeted FTE			
SFY-14 Expended	$76.4	$467.9	$42.6	$586.9Mil Total
	3,081 Actual FTE			
SFY-13 Expended	$70.6	$401.3	$63.5	$535.4 Mil Total
	3,204 Actual FTE			

24.1%

■ General Revenue ■ Federal Funds ☐ Other Funds

Total spending increased by 24.1% ($129.1 million).

- Between SFY-13 and SFY-15, GR expenditures increased by $25.9 million (36.7%). Significant contributing factors to this change are:
  - ➤ Blind Pension GR increased $2.5 million due to revenue declines in the Blind Pension Fund.
  - ➤ Blind Medical was transferred backed to FSD in SFY-15. In SFY-15, Blind Medical received $15 million as one-time funding from the MO Senior Services Protection Fund.
  - ➤ An $8.0 million increase in SFY-14 & SFY-15, for the implementation of the new MO Eligibility Determination Enrollment System (MEDES). IM Field was reduced 46 FTE as part of FSD's technology investment.
  - ➤ In SFY-14, $1.9 million was transferred from the Department of Economic Development (DED) budget to the Temporary Assistance for Needy Families (TANF) program for the MO Work Assistance (MWA) program.
  - ➤ In SFY-15, the FAMIS core was reduced $0.5 million for the transition to the new eligibility and enrollment system.

- Between SFY-13 and SFY-15, Federal spending increased by 29.0% ($116.2 million). Significant contributing factors to this change are:
  - ➤ A $63.4 million increase in FY-14 &15, for implementation of MEDES. IM Field was reduced 183.9 FTE as part of FSD's technology investment.
  - ➤ Due to loss of estimated fund designation (E) in SFY-13, Distribution Pass Through and Energy Assistance increased $55 million and $74 million respectively. The SFY-15 planned expenditures increased from SFY-13 by $11.4 million for Distribution Pass Through and $8.1 for Energy Assistance respectively.
  - ➤ $17.2 million was transferred for the Missouri Work Assistance Program funds from the DED budget to Temporary Assistance for Needy Families (TANF).

- Other funds decreased due to empty authority in the Child Support Enforcement Collection fund (CSEC). In SFY-15, Blind Medical was transferred from MHD to FSD.
- FSD full time equivalent (FTE) staff declined by 3.4%, or 108 FTE.

Each Day
in Missouri

2,461
Food Stamp applications are processed

166
Temporary Assistance applications are processed

303
refugee families are being helped toward economic self sufficiency

$2,389,281
in Child Support is collected and distributed to families

3,834
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 decrease in the number of Food Stamp households in SFY-14.

- 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 85.8% (based on state reported data for Oct. 2013 –Aug, 2014).

- Missouri's preliminary Food Stamp payment error rate is 1.41% based on the first eleven months of FFY-14. Missouri is better than the national average of 3.25%.

Food Stamp Households

	SFY-10	SFY-11	SFY-12	SFY-13	SFY-14	SFY-15 Prj
	398,979	429,633	441,440	439,815	413,571	405,000

Temporary Assistance Families

- The number of families receiving Temporary Assistance (TA) benefits declined in SFY-14.

- 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.

- 2,294 individuals met the 60-month lifetime limit for TANF benefits in SFY-14.

- The average number of months families receive TANF benefits is 23.6 months.

Temporary Assistance Families

	SFY-10	SFY-11	SFY-12	SFY-13	SFY-14	SFY-15 Prj
	43,070	43,808	42,969	40,654	35,271	32,200

This measure includes Transitional Employment Services (TEB) cases that began to receive services in November 2008. The TEB caseload was 1,393 for SFY-10; 1,387 for SFY-11; 1,569 for SFY-12; 1,887 for SFY-13, 1,810 for SFY-14 and a projected 1,700 for SFY-15.

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 20.5% for SFY-14.

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

Temporary Assistance Work Participation Rate

	SFY-10	SFY-11	SFY-12	SFY-13	SFY-14	SFY-15 Prj
	16.7%	14.0%	18.2%	22.7%	20.5%	20.0%
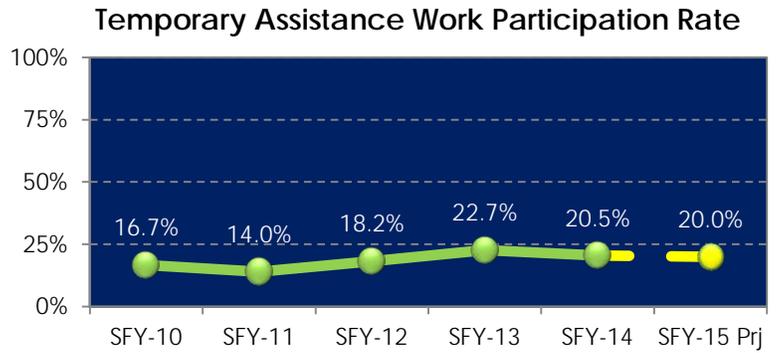
Child Support Distributed Collections (IV-D Cases)

- SFY- 14 Child Support collections and credits increased $15.4 million (2.3%) over SFY-13. This was achieved despite a 1.4% decrease in Internal Revenue Service (IRS) refund intercepts and a 39.6% decrease in unemployment compensation withholdings.

- Through improved new hire reporting and the income withholding process, collections from employers increased $8.4 million (2.4%) over SFY-13.

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

Child Support Distributed Collections (IV-D Cases)

Million	SFY-10	SFY-11	SFY-12	SFY-13	SFY-14	SFY-15 Prj
	$661.9	$664.1	$677.9	$668.4	$683.8	$690.0
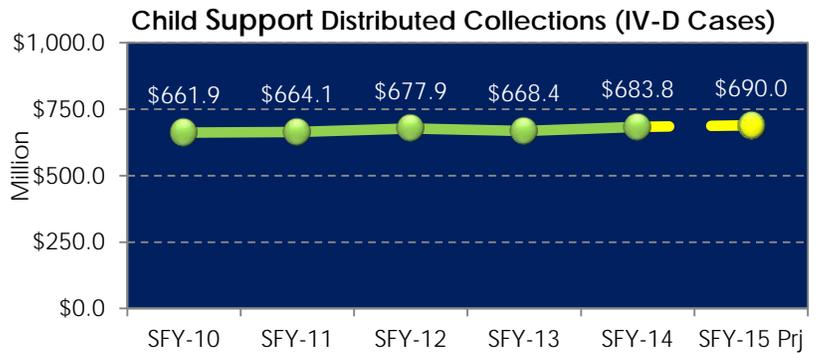
Child Support Orders Established

- The percentage of child support cases with orders has increased to 87.6%. Missouri performs well in this federal performance measure.

- Establishment of paternity continues to improve based on staff specialization and streamlined business processes.

Child Support Orders Established

FFY-10	86.5%
FFY-11	85.9%
FFY-12	86.3%
FFY-13	85.9%
FFY-14	87.6%
FFY-15 Prj	88.0%
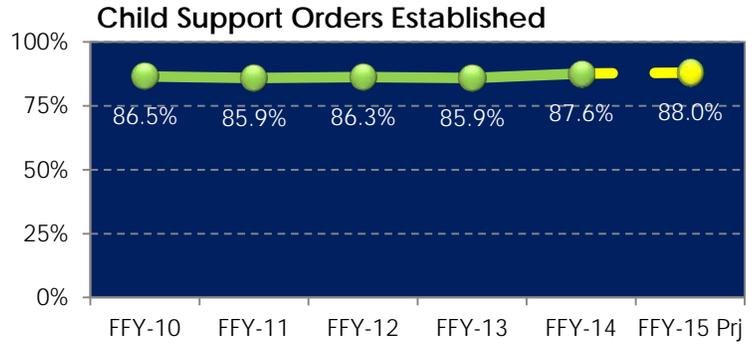
HIGHLIGHTS

Income Maintenance Programs

- Missouri's preliminary Food Stamp payment error rate is 1.41% based on first eleven months of the FFY-14. This compares to 2.05% for this time in FFY-13. Missouri is better than the national error rate of 3.25%. Over the past year, the division 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 2012, FSD introduced a regionalized approach to managing the MO HealthNet Spend Down Program. In 2014, the number of offices managing Spend Down was reduced to one statewide office in Texas County.   Statewide, Spend Down requests are now processed within 48 hours.

- The Federal Middle Class Tax Relief and Job Creation Act of 2012 (Section 4004) and Missouri Senate Bill 251 were enacted to ensure that TANF funds are used to provide cash assistance to indigent families with dependent children. Effective January 15, 2014, the use of Electronic Benefits Transfer (EBT) cards for Temporary Assistance for Needy Families (TANF) transactions at ATMs or Point of Sale (POS) terminals have been blocked at liquor stores, casinos, gambling casinos or gaming establishments, retail establishments that provide adult-oriented entertainment, or in places primarily marketed to adults 18 or over and not in the best interest of the child or household.

- Effective January 1, 2014, eligibility for Medicaid for individuals who are not elderly or disabled is determined using Modified Adjusted Gross Income (MAGI) based rules. MAGI is a methodology for how income is counted and how household composition and family size is determined. This change in federal rules resulted in the Family MO HealthNet manual being re-written, the development of a new eligibility system, extensive forms revisions and training of specialized processing staff.

- Income Maintenance has increased coordination with the Departments of Mental Health and Health and Senior Services to provide FSD program services and on-site staffing to those with disabilities and seniors.

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 $7.72 in child support for every dollar spent.

- The Child Support Program includes 312,087 active orders for support. Of the families with orders, 70.7% receive child support payments.

Federal Measure	Needed to Earn Maximum Incentive	FFY-10	FFY-11	FFY-12	FFY-13	FFY-14 (preliminary)
Paternity Establishment	90%	90.6%	93.4%	97.7%	95.5%	94.4%
Order Establishment	80%	86.4%	85.9%	86.3%	85.9%	88.1%
Current Collections	80%	56.7 %	56.8%	57.4%	57.7%	57.9%
Arrearage Payment	80%	58.2%	58.6%	59.4%	59.2%	59.4%
Cost Effectiveness	$5.00	$6.71	$7.46	$7.43	$7.42	$7.72

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

- FSD/RSB assisted 271 blind and severely visually impaired Missourians in reaching their employment goals in FFY-14 with an average hourly wage of $14.92 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-14 and obtained gainful work will earn an average of $22,001 in wages during their first year of work. During that first year, each of these new wage earners will pay approximately $3,300 in Federal taxes; $1,098 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 3.6 years.

KEY FSD PROJECTS

Reorganization of Income Maintenance County Offices

- In SFY-11, the division began reorganizing its Income Maintenance Offices across the state. To date, 19 offices have been reorganized into processing centers and 92 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 a new eligibility and enrollment system and reorganization of work flows and business practices, FSD estimates it can reduce FTEs by 708 by 2018.

Eligibility and Enrollment System

- The Missouri Eligibility Determination and Enrollment System (MEDES) project encompasses the design, development and implementation of a federally certified system for the MO HealthNet, Food Stamp, Temporary Assistance, Child Care Assistance, and Low Income Home Energy Assistance programs. MEDES is being designed to meet the present and future needs of DSS and its clients. Since October 2013, Family MO HealthNet applicants can create web based user accounts and apply for benefits online through the Citizen Portal at mydss.mo.gov. In coming months, they will be able to elect to receive notices of eligibility determinations or notice of additional information required in order to determine eligibility through their online accounts. As of January 2014, eligibility specialists have been making eligibility determinations for Family MO HealthNet programs based on the Modified Adjusted Gross Income (MAGI) through the Caseworker Portal. In September 2014, the inbound and outbound account transfers for the federally-facilitated marketplace were automated. In addition, DSS began implementing an electronic document management system (EDMS/FileNet) for integrating document imaging of case records with the MEDES system. The MEDES and EDMS will allow the Family Support Division to streamline workflows and business processes to improve program performance and efficiencies. DSS plans to continue adding additional programs and functionality such as plan selection and enrollment. These plans are conditional on federal approval of enhanced federal match on development costs,

Going Paperless in 2014

- As of June 2014, all 360,000 active child support cases were electronically imaged. This reduces the cost of paper and printing, frees up office space and allows the program to equalize caseloads easily by moving work electronically between offices. This 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 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.

- Development of the Business Enterprise Program has been completed and was operational on April 4, 2014.

- The Vocational Rehabilitation, Independent Living, Older Blind Services, Children's Services, Business Enterprise Program, 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, a maintenance-of-effort project to make MI training videos available through the Department's Employee Learning Center was completed in March 2014.

- A fee for services contract with Missouri Agribility was signed in December 2013. This provides a fee for service relationship where RSB may receive consulting services from the Missouri Agribility Project regarding individuals seeking an employment outcome in the agricultural field.

- A Memorandum of Agreement (MOA) between RSB and our partners at Missouri Vocational Rehabilitation (MVR) was signed in September 2013. The agreement allows both agencies to better serve individuals with deaf-blindness. RSB specializes in blindness while MVR provides specialties in deafness. Training for staff occurred in 2014.

ON THE FSD HORIZON . . .

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.

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

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

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 blind individuals who are of eligible transition age.

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 FFY-14. RSB is awaiting the results that will then be used to develop and implement a best practices guideline to enhance vocational and independent living services for the Missouri deaf-blind population and improve positive employment and independent living outcomes.

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PROGRAM DIVISIONS

CHILDREN'S DIVISION

2014

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

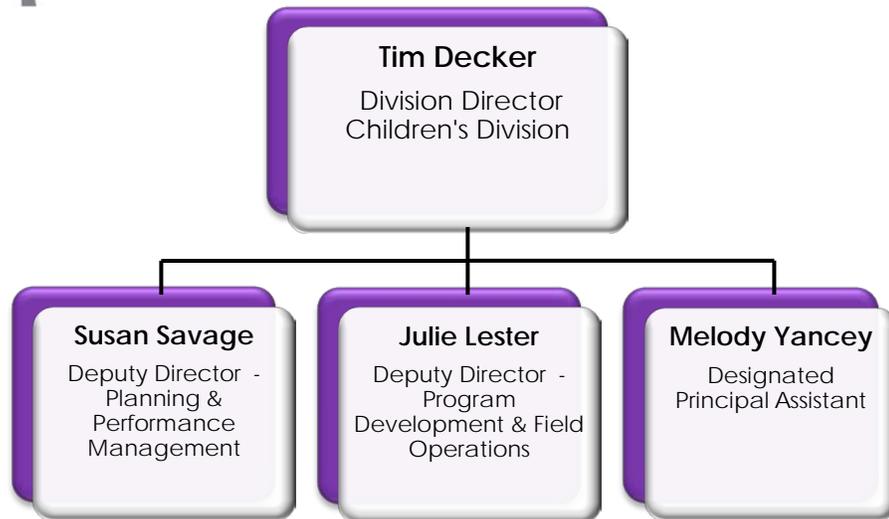## Programs & Services

CHILD SAFETY AND PERMANENCY

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

SUBSIDIZED CHILD CARE

EARLY CHILDHOOD

CHILD ABUSE PREVENTION

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

LEADERSHIP

Tim Decker
Division Director
Children's Division

Susan Savage
Deputy Director - Planning & Performance Management

Julie Lester
Deputy Director - Program Development & Field Operations

Melody Yancey
Designated Principal Assistant

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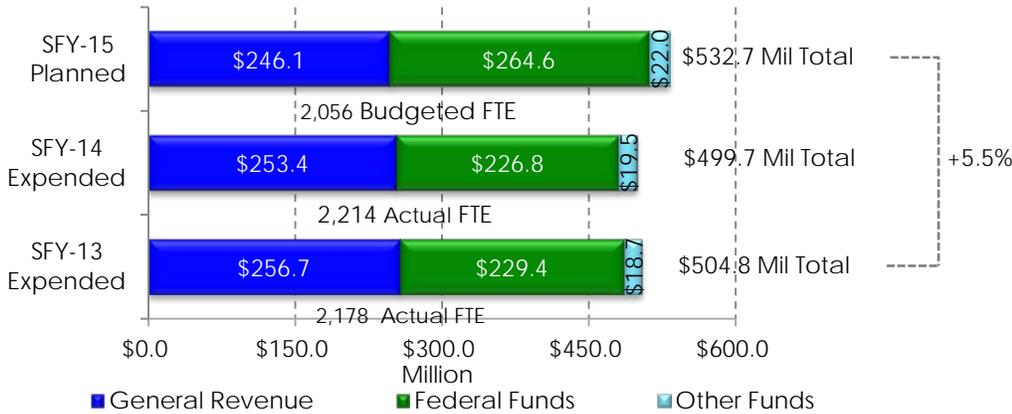- Professional Development and Training
- Interstate Compact

- 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/**

FINANCING

CD Expenditures SFY-13 to SFY-15 Planned
(in millions)

	General Revenue	Federal Funds	Other Funds		
SFY-15 Planned	$246.1	$264.6	$22.0	$532.7 Mil Total	
	2,056 Budgeted FTE				+5.5%
SFY-14 Expended	$253.4	$226.8	$19.5	$499.7 Mil Total	
	2,214 Actual FTE				
SFY-13 Expended	$256.7	$229.4	$18.7	$504.8 Mil Total	
	2,178 Actual FTE				

- Between FY-13 and FY-15, Total funds increased by $ 27.9 million (5.5%). During this same time period General Revenue (GR) decreased $10.6 million (4.1%). These changes are attributable to these areas:
  - The FY-15 budget included an additional $11.1 million ($4.9 million in Federal funds) to support the growth in the number of children in custody. $3.1 million ($1.4 million federal funds) was funded through foster care management and to manage the increasing caseload.
  - The FY-15 budget included $2.3 million ($760,000 federal funds) to create a career ladder for Children's Service Workers.
  - In FY-15, $1.9 million ($880,000) federal funds) was budgeted to support Children's Field staff with a mobility project and with trauma and forensic training.
  - Adoption resource centers received an increase in funding of $400,000 federal funds using the Adoption Incentives Grant.
  - The FY-15 budget continued funding for the FY-14 pay plan. In FY-14, 12 of 24 pay periods were funded. The FY-15 budget contained $500,000 ($340,000 federal funds) to continue the pay plan.
  - In FY-15, Children's Service Workers and Supervisors received a PAB recommended pay increase of one step ($960,000 total funds, $320,000 federal funds)

- CD full time equivalent (FTE) staff declined by 5.6%, or 122 FTE, from FY-13 to FY-15.

Each Day
in Missouri

187

child abuse and neglect incidents are reported

12

child abuse and neglect incidents are substantiated on 18 children

3

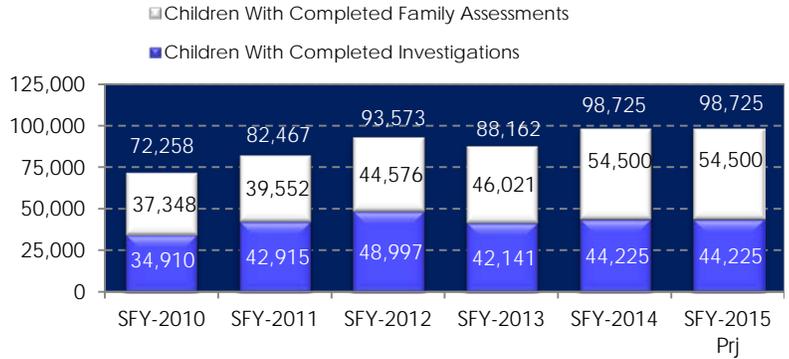*adoptions are finalized*

36,038

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.

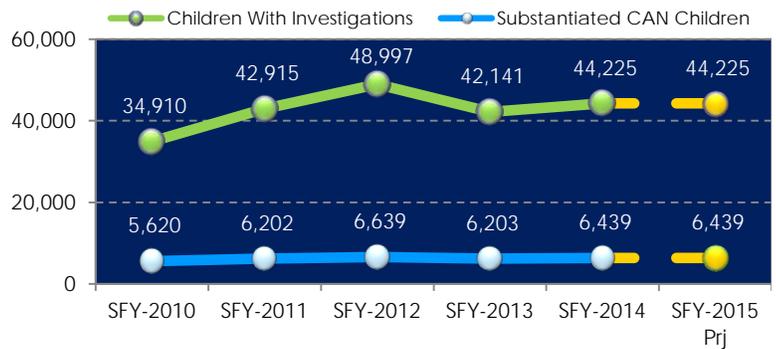**Children With CAN Hotline Reports Completed***

□ Children With Completed Family Assessments
■ Children With Completed Investigations

	SFY-2010	SFY-2011	SFY-2012	SFY-2013	SFY-2014	SFY-2015 Prj
Family Assessments (top)	72,258	82,467	93,573	88,162	98,725	98,725
	37,348	39,552	44,576	46,021	54,500	54,500
Investigations	34,910	42,915	48,997	42,141	44,225	44,225

*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 With Investigations — Substantiated CAN Children

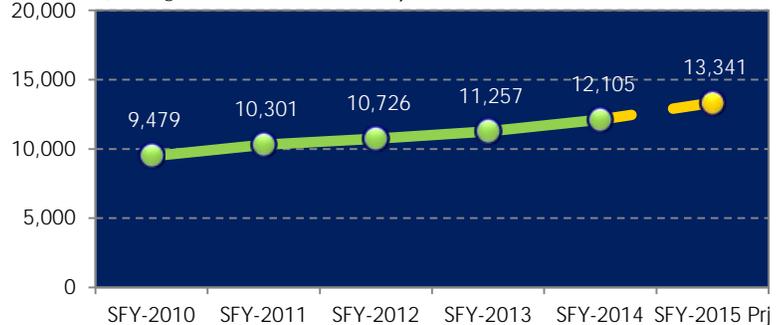|	SFY-2010	SFY-2011	SFY-2012	SFY-2013	SFY-2014	SFY-2015 Prj
Children With Investigations	34,910	42,915	48,997	42,141	44,225	44,225
Substantiated CAN Children	5,620	6,202	6,639	6,203	6,439	6,439

Children in Foster Care

- Fewer children are exiting than entering foster care.

- Over the last four years, Missouri has been experiencing an increase in the foster care population.

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

Children in Foster Care

(Average of Month End Numbers)

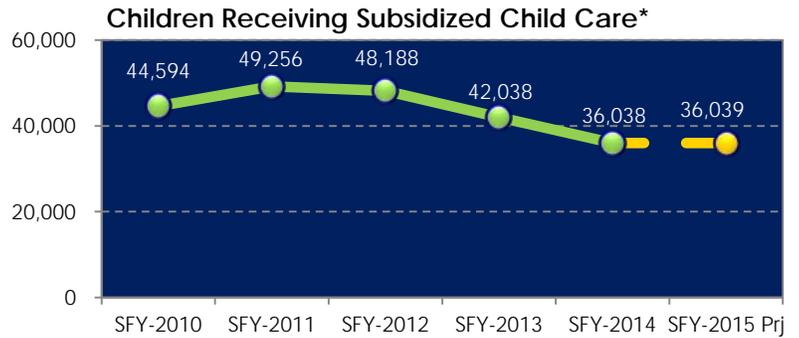|	SFY-2010	SFY-2011	SFY-2012	SFY-2013	SFY-2014	SFY-2015 Prj
Foster Care	9,479	10,301	10,726	11,257	12,105	13,341

20

Children Adopted

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

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

Children Adopted

Values: SFY-2010: 1,133; SFY-2011: 1,171; SFY-2012: 1,143; SFY-2013: 1,222; SFY-2014: 1,250; SFY-2015 Prj: 1,300

Children Receiving Subsidized Child Care

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

Children Receiving Subsidized Child Care*

Values: SFY-2010: 44,594; SFY-2011: 49,256; SFY-2012: 48,188; SFY-2013: 42,038; SFY-2014: 36,038; SFY-2015 Prj: 36,039

*SFY-11-14 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 completed the negotiated PIP action steps and met all agreed upon goals.

- Missouri Children's Division is scheduled to participate in the third round of the Child and Family Services Review in FFY-17. The process of conducting the statewide assessment, participating in an on-site review, and developing the Program Improvement Plan will be similar to the second round initiated in 2010.

Missouri Customer Services Partnership

- The Department of Social Services, Children's Division has partnered with Department of Economic Development, Division of Workforce Development to create the Missouri Customer Service Partnership, bringing together business, government and young people aging out of foster care to achieve mutually beneficial goals.

- Project Xcel was created as a result of this partnership. This is a professional training program designed specifically for young people aging out of foster care to introduce them to meaningful careers with opportunities for advancement in six occupational fields including: hotel/resort desk clerks, receptionist/information clerks, customer service representative, retail salesperson, cashier, host/hostess. Two pilot sites were completed in November 2014 with St. Louis Community College and Ozarks Technical College, Springfield.

  Project Xcel partnered with companies who have a large workforce of service employees and are committed to continuous employee learning and development. Upon completion of the program, Project Xcel represented the participant and provided a professional referral to these partner companies to ensure a successful employment match.

- Supportive community-based services and community and faith-based volunteers through ARCHS, Epworth Children and Family Services, and Community Partnership of the Ozarks were linked with individual youth beginning with the training sessions to be followed through the first year of employment.

Workforce Recruitment and Retention

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

- **Mobility Project -** Approximately 1,500 front-line staff members will receive tablets (iPads) with connections to various Apps that are useful for child welfare practitioners. This will provide the opportunity for real-time information and more efficient and accurate data entry.

- **Secondary Traumatic Stress –**

  - As helping professionals routinely exposed to the trauma experienced by children and families, Children's Division staff, particularly Children's Service Workers and Children's Service Supervisors, are at risk for developing secondary traumatic stress.
  - The Children's Division is committed to mitigating the impact of secondary traumatic stress experienced among staff by adopting multi-level prevention and intervention strategies which include consultation, training, and support components.
  - Training and follow-up activities and supports for staff to increase understanding and ability to cope with Secondary Traumatic Stress will be provided in order to more effectively support the workforce in managing the day-to-day challenges and trauma encountered by child welfare staff.
  - In the FY15 budget, the Division was given dollars for secondary traumatic stress training for staff. As a result, the Division developed a request for proposal which will yield a contractor who will

➢ provide training and consultation services regarding secondary traumatic stress for the Children's Division. Implementation of this training will occur in 2015.

- **Team Forensic Investigations -** Training for investigative staff will focus on enhancing interview skills, collection of evidence, and stronger collaboration with team members such as law enforcement and prosecuting attorneys, resulting in more thorough investigations and promoting safety for children.

- **Career Ladder -** A new Career Ladder was implemented July 1, 2014, for Children's Service Workers, providing the opportunity to advance within the Children's Division based on experience, competency, and performance. The Career Ladder adds two new job classes including Children's Service Worker III and Children's Service Worker IV.

  The purposes of the Career Ladder include:
  ➢ Increasing retention and improving performance and effectiveness of Children's Service Workers and Supervisors;
  ➢ Providing opportunities for advancement, while keeping the most effective staff on the front-lines working with children, youth, and families;
  ➢ Strengthening the team concept and shared responsibility of workers, supervisors, and specialists; and
  ➢ Creating a system of ongoing professional and leadership development tied to proven professional competencies (knowledge and skills).

KEY CD PROJECTS

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 (Section 210.113 RSMo).

- 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.

- On January 14, 2010, the Children's Division of Missouri Department of Social Services was deemed to be a COA-accredited agency for a four-year period.

- Maintenance of Accreditation utilized fourteen regionally-based Quality Assurance and Quality Improvement Specialists conducting quarterly accreditation maintenance visits to all COA-approved circuits in their regions.

- 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 COA standards relevant to services provided by the Children's Division.

- COA Peer Review Teams came to Missouri for on-site review of policy and practice, through interviews and observations from March 2013 through June 2014. These on-site visits occurred in designated regions in the state encompassing multiple circuits within each on-site visit.

- The Children's Division is receiving a response from COA about the status of these on-site visits. This response includes notification of compliance with COA standards or may include further questions and request for evidence. As of December 31, 2014, the Children's Division had received notification that 35 out of 45 circuits are in compliance with COA standards. Once all circuits are deemed in compliance, the Children's Division, as a whole, will become a COA reaccredited child welfare agency.

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 held in 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.

- Children's Division has recently focused on several large enhancement projects in FACES. These enhancements are geared towards system usability, reducing duplicate data entry and streamlining processes to ensure more timely and accurate data. Many of these enhancements resolve known issues anticipated to be included in the final SACWIS report.

Crossover Youth Initiative

- Work continues toward an integrated continuum of care which more effectively serves Missouri's youth by reducing crossover between child welfare and juvenile justice systems, preventing penetration more deeply into either system, and enabling youth to successfully transition into a safe, stable and productive adulthood.

- Crossover youth generally require a more intense array of services and supports than other youth known to each system individually. Crossover youth tend to have more extensive trauma histories, less family and social support, fewer community placement options and more complex mental health, educational and transition challenges.

- DSS agencies and partners continue to 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 implementation of a Crossover Youth Practice Model (CYPM)including data-driven decision-making, trauma awareness training, coordinated case management, mentoring, educational partnerships, risk assessment and crossover prevention. The state policy team in partnership with the Center for Juvenile Justice Reform and pilot site coaches will support the development of up to three additional model sites in 2015.

- The Children's Division and Division of Youth Services continue to engage the Missouri Supreme Court, Office of the State Courts Administrator, 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-awareness and effective crossover youth policies and practices and engage other key stakeholders and positively impact the long term outcomes of Missouri's youth.

Child Care Program Integrity

- Early Childhood and Prevention Services has streamlined its functions based on division responsibilities in order to continue improving program integrity. In August 2014, the responsibility to process child care provider subsidy payments transferred to the Division of Finance and Administrative Services (DFAS). The processing of payments is better aligned with the functions of DFAS and will give Early Childhood staff more time to concentrate on prevention and quality services and programs.

Child Care Federal Authorization

- In November 2014, Congress passed and the President signed into law the Child Care and Development Block Grant (CCDBG) Act of 2014. The passage of this act has brought about a new era for early childhood care and education. The new law (Pub.L. 113-86) not only reauthorizes the Child Care and Development Fund (CCDF) program, but makes expansive changes that will greatly improve child care services for children and families.

  The law includes a number of substantive changes to program requirements, some of which include statutorily mandated effective dates. Legislation enacted in Missouri will allow the Children's Division to strengthen the Child Care Subsidy program by:

  ➢ Improving health and safety requirements for non-licensed child care providers;
  ➢ Improving the quality of child care by requiring the completion of specified training for providers;
  ➢ Allowing for greater parental choice when selecting a child care provider; and
  ➢ Allowing for continued enhancements in the area of program integrity.

ON THE CD HORIZON . . .

National Child Welfare Workforce Institute (NCWWI)

- The Children's Division is partnering with two universities – Missouri State and University of Missouri Kansas City and the National Child Welfare Workforce Institute (NCWWI) through an innovative university-agency partnership grant from the federal Children's Bureau to develop Bachelor of Social Work (BSW) and Master of Social Work (MSW) traineeship programs, local child welfare agency engagement strategies, and specialized child welfare curriculum that are evidence based and trauma informed.

- Missouri Children's Division is one of three jurisdictions selected nationally as a Workforce Excellence Project – a proactive, strategic, collaborative, and sustainable initiative designed to address critical workforce challenges through implementation of:
  ➢ Leadership academies for supervisors and managers with curriculum and implementation projects based on best practice research and focused on the knowledge and skills required of child welfare leaders.
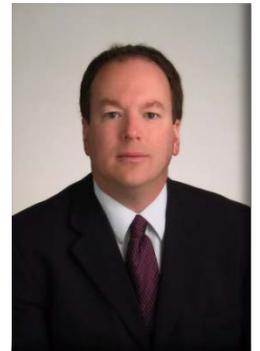
> ➤ Organizational intervention strategy in four demonstration sites designed to strengthen the child welfare workforce, implement a specific change initiative, and improve practices and effectiveness.

- Expansion of competency-based training and professional development.

Family-Centered Services Model

- The Children's Division recognized a need to examine the current Family-Centered Services (FCS) philosophy and organizational culture regarding engaging families.

- A workgroup was established and charged with developing a new FCS model for the Children's Division. The goal is to improve the current model, enhance family engagement, and reduce the number of children entering foster care.

- During the next few months, the workgroup will develop a framework, recommend a new FCS model, and develop the core training implement the new model. The new program is expected to be implemented in 2015.

Trauma

Trauma-Informed System

- Research suggests exposure to trauma can impact children's physical health, emotional health, learning, behavior, and social skills.

- As an agency which provides child welfare services, CD and its contractors should be aware of the impact trauma has on children and families and should educate partners about the impact of trauma. The Division is committed to becoming a trauma informed agency.

- To drive the development and implementation plan for becoming a trauma-informed agency, the Children's Division partnered with the Department of Mental Health (DMH).

- In order to examine strengths and gaps within the agency, each of the forty-five circuits in the state completed a trauma self-assessment. The surveys uncovered clear strengths in a few circuits, particularly the metro areas, with most of the state recognizing the need for staff training and trauma-informed practitioners.

- In September, 2014, designated state agency staff was trained on the Child Welfare Trauma Toolkit. In 2015, these staff will serve as trauma specialists who will provide training to staff across the state.

- Young children ages 0-6 have been identified at a great risk of maltreatment because their brains, which are still developing, are vulnerable. In addition, children who have experienced trauma are more vulnerable to future trauma. Searation from a caregiver can be extremely traumatic even if abuse or neglect existed.

- Children's Division is working to mitigate the effects of separation trauma on young children in foster care through development of interventions, training and support created in partnership with the Department of Mental Health.

Health Care Homes for Foster Children

- Children's Division and MO HealthNet working with partners in the St. Louis Region will be developing a Health Care Home Pilot Project to more effectively coordinate health and mental health services for foster children.

- Children's Division maintains and supports a Health Care Coordination Committee composed of many partners from around the state who are invested in improving the health and well-being of foster children.
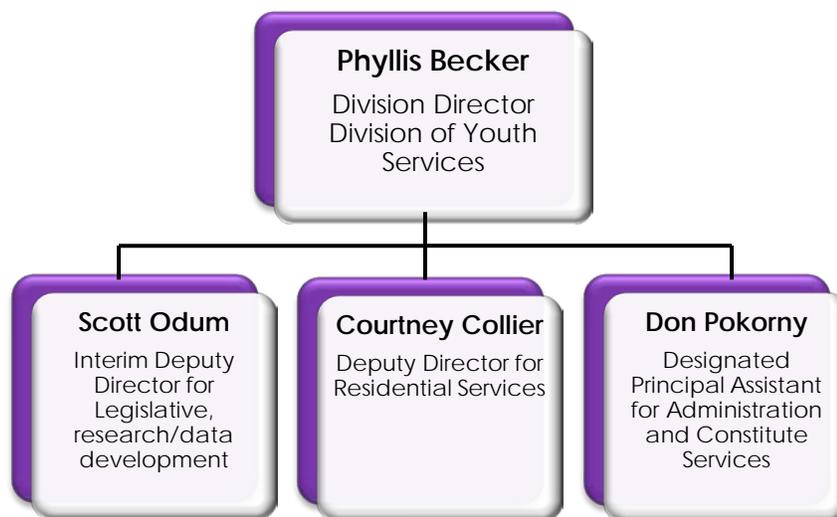
DIVISION OF YOUTH SERVICES

2014

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

Programs & Services

- CASE MANAGEMENT

- RESIDENTIAL TREATMENT

- DAY TREATMENT

- JUVENILE COURT DIVERSION

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

LEADERSHIP

Phyllis Becker
Division Director
Division of Youth Services

Scott Odum
Interim Deputy Director for Legislative, research/data development

Courtney Collier
Deputy Director for Residential Services

Don Pokorny
Designated Principal Assistant for Administration and Constitute Services

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

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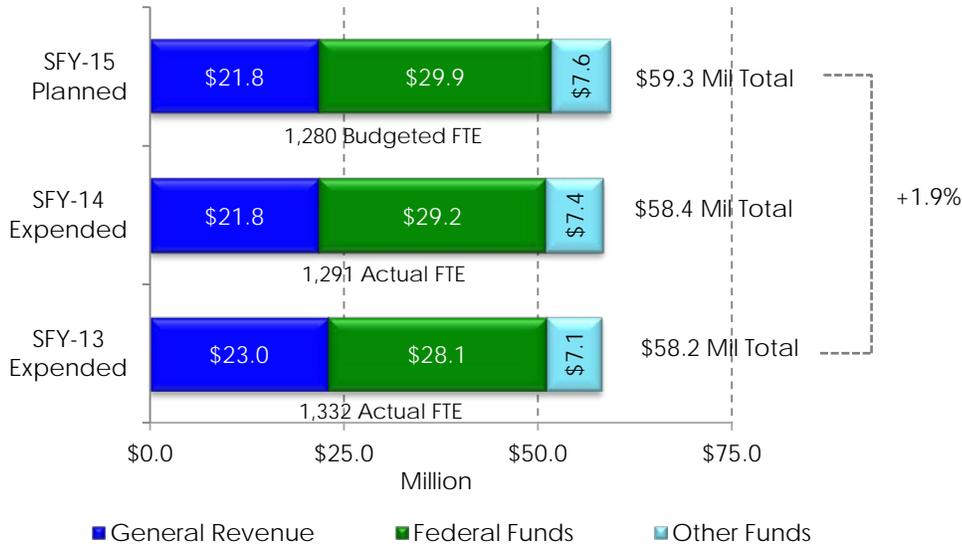- Specialized services for youth including older youth/ gang involved youth/families

- Designated Principal Assistant
- Administrative and Constituent Services
- Partnership development
- Juvenile Court Diversion
- Human Resources and Educational services

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

FINANCING

DYS Expenditures SFY-13 to SFY-15 Planned
(in millions)

- SFY-15 Planned: $21.8 General Revenue, $29.9 Federal Funds, $7.6 Other Funds — $59.3 Mil Total — 1,280 Budgeted FTE
- SFY-14 Expended: $21.8 General Revenue, $29.2 Federal Funds, $7.4 Other Funds — $58.4 Mil Total — 1,291 Actual FTE
- SFY-13 Expended: $23.0 General Revenue, $28.1 Federal Funds, $7.1 Other Funds — $58.2 Mil Total — 1,332 Actual FTE

+1.9%

■ General Revenue   ■ Federal Funds   ▫ Other Funds

- Between SFY-13 and SFY-15, General Revenue (GR) decreased by $1.2 million (5.2%).

- SFY-15 planned expenditures include *a 1% pay increase and* increases for certain classifications as recommended by the Personnel Advisory Board.

- During this three-year time period, full time equivalent (FTE) staff decreased by 3.9%, or 52 FTE.

Each Day
in Missouri

2

youths are committed to DYS custody

19

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

1,373

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

DYS PERFORMANCE

Youth Committed to DYS

- The downward commitment trend is a result of fewer referrals to Missouri's Juvenile Courts, increased emphasis on Juvenile Court diversions and greater collaboration between DYS and the courts.

- This trend allows DYS resources to be focused on the youth most in need of intervention and most at risk for future offenses.

- DYS is continually monitoring commitment trends and intervening where courts are experiencing increased commitments.

Youth Committed to DYS

SFY-2010	SFY-2011	SFY-2012	SFY-2013	SFY-2014	SFY-2015 Prj
1103	960	927	919	802	802

DYS Recommitment Rate

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

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

DYS Recommitment Rate

SFY-2010	SFY-2011	SFY-2012	SFY-2013	SFY-2014	SFY-2015 Prj
8.4%	7.4%	6.5%	7.6%	6.6%	Below 10.0%

DYS Educational Completion

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

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

DYS Educational Completion

SFY-2010	SFY-2011	SFY-2012	SFY-2013	SFY-2014	SFY-2015 Prj
38.1%	44.5%	46.0%	44.0%	49.2%	49.2%

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

	SFY-2010	SFY-2011	SFY-2012	SFY-2013	SFY-2014	SFY-2015 Prj
	66.0%	67.9%	67.1%	65.7%	69.0%	69.0%

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

	SFY-2010	SFY-2011	SFY-2012	SFY-2013	SFY-2014	SFY-2015 Prj
	86.1%	84.8%	79.3%	88.0%	90.0%	90.0%
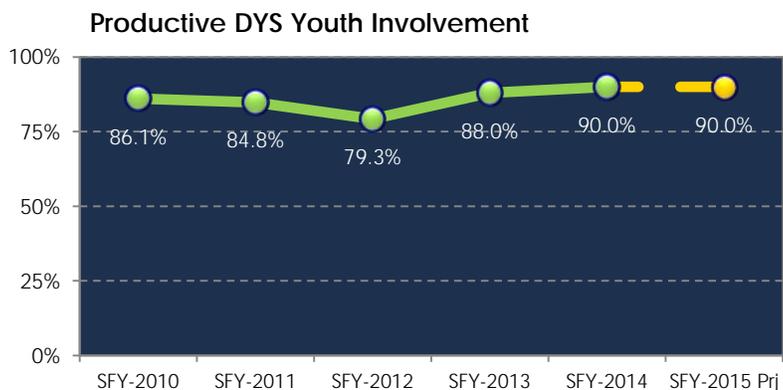
HIGHLIGHTS

Comprehensive Treatment Planning Improves Youths' Productive Involvement

DYS has successfully enhanced and strengthened its treatment planning process through an intensive effort to further improve youth outcomes by strengthening transitions; engaging families at the forefront and throughout the youth's treatment; and requiring more comprehensive strengths based treatment plans. All regions have implemented the new process resulting in:

- Customized treatment plans that are better tailored to the strengths and needs of the youth and family.

- Increased youth and family engagement, input and decision-making on treatment plans.

- A stronger focus on youth and family wellbeing (Five Domains of Wellbeing), strengths, trauma histories, and positive youth development assets.

- Connecting youth and families to more community resources to ensure productive involvement in the community.

- Increased interdisciplinary treatment planning.

Families and DYS Together Support Positive Youth Outcomes

- DYS continues to support and increase family involvement through the implementation of multi-family groups, support services and family engagement activities. DYS has completed two cycles of the Families and Schools Together (FAST) program with youth and families involved in the juvenile justice system. Families and Schools Together® is an evidence-based, parental involvement, and prevention/intervention program that teaches parents to become empowered and how to empower their children to succeed. Evaluation reports received from FAST indicate that its implementation has been a successful endeavor that has benefitted youth and families.
Program highlights include:

  ➢ DYS is the first juvenile justice program in the nation to operate FAST.
  ➢ DYS personnel are becoming nationally certified FAST trainers under the supervision of a FAST National Trainer Supervisor.

Successful Implementation of Federal Prison Rape Elimination Act Standards

The Prison Rape Elimination Act of 2003 (PREA) is a federal law developed to prevent, detect and eliminate incidents of sexual abuse and harassment. In 2010, DYS was honored to appear before the Review Panel on Prison Rape in response to the United States Department of Justice Bureau of Justice Statistics (BJS) because they identified the division's Missouri Hills Campus (Fort Bellefontaine) as having among the lowest prevalence of sexual victimization. This was based on the United States Department of Justice report, *Sexual Victimization in Juvenile Facilities Reported by Youth, 2008-09.* In the latest *Sexual Victimization in Juvenile Facilities Reported by Youth, 2012,* Missouri DYS is listed among other organizations with the lowest prevalence of sexual victimization. This year DYS successfully completed the following:

- Updated policies, hiring processes, and volunteer/practicum processes; and created and implemented required youth, employee and volunteer/practicum and contractor training.

- Reviewed and updated reporting requirements, response to allegation, investigation procedures, and critical incident review processes.

- Reviewed and updated youth assessment and placement processes.

- Contracted with Department of Justice Certified Auditor and developed a three year audit plan cycle process (1/3 of DYS and Contractual facilities to be audited each year).

- Successfully met the PREA standards at 16 DYS sites (1/3 of sites).

Contributing to Best Practices in Juvenile Justice

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

- Hosted an intensive site visit from the Council of State Governments (CSG) which included meetings with DSS/DYS partners, leaders, staff, and youth to get feedback on national best practices in juvenile justice.

- DYS was one of the states featured in *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System* as an example of utilizing best practices for improving outcomes for youth. This white paper was supported by the CSG, MacArthur Foundation, Bureau of Justice Assistance (BJA), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

- DYS was represented on the faculty and taught at the Center for Juvenile Justice Reform at Georgetown University's Public Policy Institute which is designed to support leaders in juvenile justice and related systems of care. The Youth in Custody Certificate Program offers leaders in youth-serving systems an opportunity to develop capacity, effectuate change, and sustain and build on system improvements over time.

- DYS presented at the Council of State Governments conference on a panel with OJJDP Administrator, Bob Listenbee, and Marc Schindler of the Justice Policy Institute. DYS also presented at the Los Angeles Gang Violence Prevention and Intervention Conference in partnership with Katya Smyth, President of the Full Frame Initiative.

Increasing Health/Wellness, Nutrition, Fitness and Integrated Mental Health Services

The Division has continued to focus on improving the health, wellness, and nutrition of DYS Youth. In addition, DYS has further integrated mental health services as part of its comprehensive approach resulting in the following:

- The expansion of tele-psychiatry including supplying 15 sites with telehealth equipment providing regular/easy access to 23 of 32 residential sites, and the completion of training for the second class of fellows at Missouri University Psychiatry Center.

- The implementation of the Fitness and Wellness Program in all residential programs in two of the five DYS regions. The program is in progress in another region and a Train the Trainer Fitness and Wellness training has begun for lead staff statewide.

- USDA guidelines implemented in DYS programs statewide.

Educational Outcomes: Transitioning from GED to HISET and Special Education Honors

The GED high school equivalency test changed in Missouri on January 1, 2014 to the HiSET assessment. The following are results achieved:

- From January 1 - June 30, 2014, 184 out of 200 DYS students who attempted the HiSET passed resulting in a 92% passing rate. This success fueled the best year ever in high school completion for DYS.
- More students in FY-14 passed the GED, HiSET and graduated with a High School Diploma since 1989 when DYS became a Missouri Public School District. This includes 49.2% of discharged students completing their high school education with DYS.

DYS Special Education program received honors during FY-14. Highlights for the program include:

- Meeting all federal and state compliance regulations for a school district in delivering special education services.

- Thirty-five percent (35%) of DYS high school completers were students with a disability.

- Over three fourths of DYS students with a disability improved in reading, writing and math from entry to exit in FY-14.

KEY DYS PROJECTS

Develop and Implement Strategies for Sustainable Safety and Optimal Treatment Practices in DYS Programs & Services

- DYS operates an integrated approach in the treatment of youth and families in our residential/educational and non-residential services that are humane, trauma informed and developmental. DYS has implemented a comprehensive strengths based treatment planning process. In DYS residential programs youth participate in highly structured treatment and educational services utilizing a group systems approach. Research confirms that Juvenile Justice programs with a therapeutic philosophy and group approach are notably more effective than those with a control philosophy and a sufficient amount of program service is important with multiple coordinated services and quality implementation. Key initiatives include:

  - Continued support and participation in the Crossover Youth Initiative to provide supports and best practices for the treatment of youth who cross over or may be at risk of crossing over between the child welfare and juvenile justice systems.
  - Continued coaching and implementation of a quality improvement process for the redesigned treatment plan.
  - Professional development and technical assistance to regions.
  - Complete physical plant assessments, upgrades in DYS facilities and ongoing maintenance and upkeep.
  - Integrate the Fitness and Wellness Initiative in DYS programs and implement the Train the Trainer for the initiative statewide.

Increase College Placement, Career Readiness Certifications and Improve Other Post-Secondary and Transitional Learning Programs

- DYS has achieved significant school progress and completion for its students, with a 49.2% completion rate in FY-14, nearing its target that over 50% of students complete their secondary education prior to discharge. The division's focus on transitional learning was greatly enhanced by significant success and improvement in FY-14 from previous years. One hundred twenty-seven DYS students attended on-line or on-site college courses. One hundred twenty-six DYS students achieved National Career Readiness Certificates to apply toward future employment. While many more DYS students are now enrolled in college and other post-secondary activities, more progress is needed to achieve target completion rates. Achieving this goal will require the division to:

  - ➢ Assess and monitor implementation of education standards and improvement in reading, math and writing skills to prepare for the HiSET test and educational completion.
  - ➢ Expand National Career Readiness Certificate preparation (WorkKeys program) into all regions of the division.
  - ➢ Implement training to strengthen teacher and staff capacity to utilize, supervise and facilitate technology-based learning strategies.
  - ➢ Encourage Individual Student Learning plans with transitional goals of educational completion and career plans of post-secondary learning, training or work.

Integrate and Align Prison Rape Elimination Act (PREA) Standards, Processes and Practices with DYS Missouri Approach

- DYS successfully completed its first round of audits and is compliant with Federal Standards. DYS worked to develop practices and processes to integrate PREA in support of and in alignment with our treatment beliefs and practices. To fully integrate this as a part of DYS' overall approach and meet second and third year requirements of PREA will require:

  - ➢ Auditor Selection for second round of audits to be conducted between May-August 2015.
  - ➢ Collaborative work with the Office of State Courts Administrator (OSCA)/contractual juvenile detention centers to assist with PREA compliance and preparation for audits in 2016.
  - ➢ Update PREA Compliance Manager Responsibility Training and implement the training as part of manager's training at the minimum, annually.
  - ➢ Upgrade DYS statewide and regional systems for PREA desktop reviews, polices and other tools related to PREA.

On the DYS Horizon . . .

Building Capacity and Skills of Frontline Leaders and Treatment Staff

- The Division has expanded and enhanced its treatment planning process to better customize and meet youth and family needs. The comprehensive treatment plan has been professionalized and updated to meet Medicaid requirements. Upcoming strategies to further sustain optimal practices include intensive training, support, and capacity building with front line leaders and treatment staff in the following areas:

  - ➢ Advanced training in the Five Domains of Well Being.
  - ➢ Strengthening staff skills in trauma informed approaches.

➢ Building staff skills in implementing Dialectic Behavior Therapy skills as supplementary treatment tool.
➢ Additional training in recognizing the signs of sexual abuse and treatment strategies.

Increased Family and Community Engagement

• A key belief of the division is that the family is vital to the treatment process. Family expertise and participation is essential in the youth's treatment process, and facilitates system change within the youth's family. The Division plans to further engage families and the community as follows:

➢ Development of DYS FAST Trainers, complete the second cycle evaluation and begin the third round of FAST statewide.
➢ Upgrade Family Therapy Training package and processes.
➢ Formation of regional parent/guardian-led, agency facilitated governance groups.
➢ Increased inclusion of DYS family members in local community liaison councils.
➢ Work with FAST National, Local Investment Commission and other community partnerships to deepen relationships and enhance transition opportunities.

Assessment of the Division's Information Technology Foundation and Exploration of Improved Information Systems for Case Management and School Functions

• Planning for migration from outdated information systems.

• Reviewing internal and external possibilities for modern, compatible information systems to improve efficiency and effectiveness of case management and school functions within the agency.

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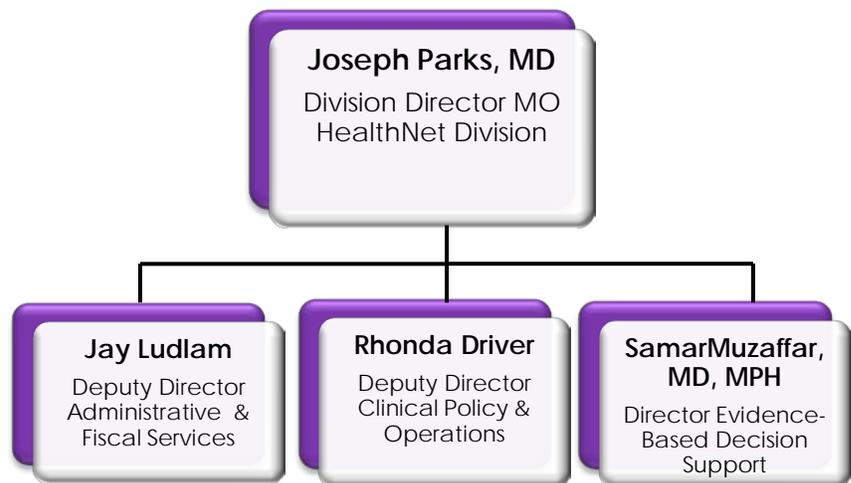
PROGRAM DIVISIONS

MO HEALTHNET DIVISION

2014

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

Programs & Services

- MO HEALTHNET

- MISSOURI RX (MORX) PLAN

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

LEADERSHIP

Joseph Parks, MD
Division Director MO HealthNet Division

Jay Ludlam
Deputy Director Administrative & Fiscal Services

Rhonda Driver
Deputy Director Clinical Policy & Operations

SamarMuzaffar, MD, MPH
Director Evidence-Based Decision Support

- MMIS/Fiscal Agent Operations and Reprocurement
- Budget & Financial Services
- Post-payment Recovery and Cost Avoidance
- Outpatient, Hospital, Nursing Home Policy & Reimbursement
- Premium Collections
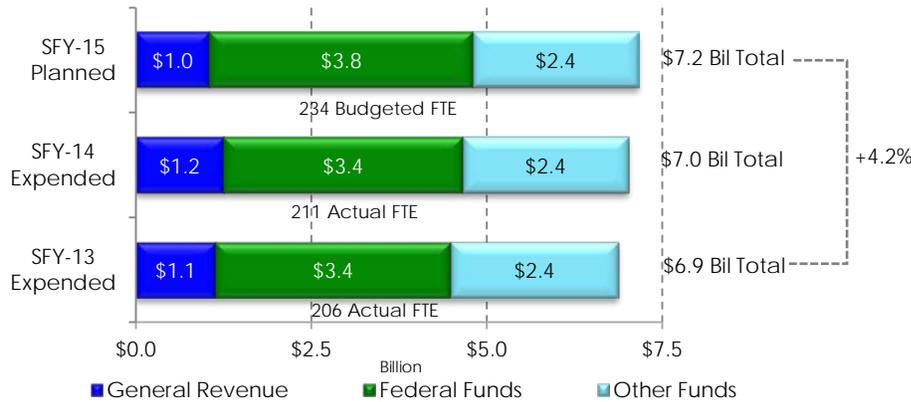- Human Resources
- Provider Education

- Pharmacy Services Management
- Clinical Services Management and Operations
- Managed Care Administration
- Non-Emergency Medical Transportation
- Waivers
- Money Follows the Person

- Evidence-Based Medical Policy Development
- Health Home Program
- Fee For Service Case Management Pilot Program
- Managed Care and FFS Clinical and Quality Review
- Physician Consultation, Utilization Review and Prior Authorization
- Quality Program
- Behavioral Health Program

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

FINANCING

MHD Expenditures SFY-13 to SFY-15 Planned

	General Revenue	Federal Funds	Other Funds	
SFY-15 Planned	$1.0	$3.8	$2.4	$7.2 Bil Total
	234 Budgeted FTE			
SFY-14 Expended	$1.2	$3.4	$2.4	$7.0 Bil Total
	211 Actual FTE			
SFY-13 Expended	$1.1	$3.4	$2.4	$6.9 Bil Total
	206 Actual FTE			

+4.2%

- In FY-2014, an increase in Pharmacy expenditures was driven by specialty drug costs. The specialty drug sector is a growing percentage of overall MHD Pharmacy expenditures, from 38.6% in FY-14, to an estimated 46% in FY-16.

- MO HealthNet caseload decreased from 879,344 in FY-13 to 842,888 in FY-14.

- The intergovernmental transfer appropriations were increased $75.2 million to support payments to Department of Mental Health providers.

- The Federal Reimbursement Allowance appropriation increased $30.5 million between FY-13 and FY-15 to support payments to hospitals.

- Rehab, Specialty and Managed Care were increased $17.6 million and $1.1 million (Total Funds) respectively to support payments to ambulance service providers.

- The Nursing Care provider appropriation (Total Funds) was increased $31.3 million. The majority of the increase is from Federal and other fund sources (nursing home provider tax proceeds).

- In FY-14, physician related federal funding increased due to the Affordable Care Act Primary Care rate increase. Funding for this program is through the end of CY-14.

- Elimination of MO HealthNet supplemental pool appropriations in FY-15 resulted in a reduction of $35.7 million in federal and other funds.

- In FY-14 Blind Pension Medical program was allocated to MHD. In FY-15, the Blind Pension Medical program was reallocated to the Family Support Division.

- In FY-15, a $50 million funding switch occurred in Pharmacy appropriations from general revenue to tobacco funding.

- The Adult Medicaid Quality Grant is a two-year grant which began in CY-13 and expended the majority of the funds in FY-14. The grant helps MHD develop the capacity to expand quality measures for the Fee-For-Service programs and expand the ability to better capture quality related data from claims data.

- The Money Follows the Person demonstration grant, which helps transition individuals from habilitation centers and nursing homes back into the community, began in FY-14 and will be extended through FY-16.

- FY-15 planned MHD expenditure increases include additional funding for managed care inflation, pharmacy PMPM, ambulance rate increase and the NFRA rate increase.

Each Day
in Missouri

842,888

people have access to medical treatment through MO HealthNet

273,425

HealthNet claims are processed

$218,874

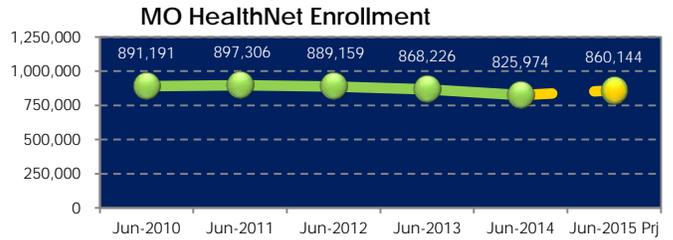are recovered and reinvested in MO HealthNet through third party liability and pharmacy rebate collection

$3,282,425

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

MHD PERFORMANCE
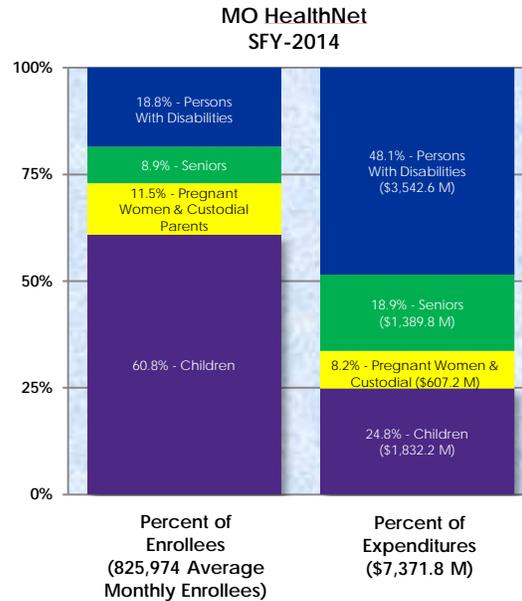
MO HealthNet Enrollment

- From June 2010 to June 2012, the change in MO HealthNet enrollment remained relatively static, less than 1% variance. Enrollment declined 7.3% from June 2012 to June 2014.

MO HealthNet Enrollment

	Jun-2010	Jun-2011	Jun-2012	Jun-2013	Jun-2014	Jun-2015 Prj
Enrollment	891,191	897,306	889,159	868,226	825,974	860,144

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

MO HealthNet Enrollees and Expenditures

- Seniors and persons with disabilities comprise less than 28% of MO HealthNet enrollees while accounting for 67% of expenditures.

- More than 72% of MO HealthNet enrollees are children, pregnant women and low-income parents – many of which are covered by managed care. This group accounts for the other 33% of expenditures.

MO HealthNet SFY-2014

Percent of Enrollees (825,974 Average Monthly Enrollees)
- 18.8% - Persons With Disabilities
- 8.9% - Seniors
- 11.5% - Pregnant Women & Custodial Parents
- 60.8% - Children

Percent of Expenditures ($7,371.8 M)
- 48.1% - Persons With Disabilities ($3,542.6 M)
- 18.9% - Seniors ($1,389.8 M)
- 8.2% - Pregnant Women & Custodial ($607.2 M)
- 24.8% - Children ($1,832.2 M)

MO HealthNet Claims Expenditures Per Member Per Month

- From SFY-10 to SFY-14 there was an average annual spending increase of 4.7% per member per month (PMPM).

MO HealthNet Claims Expenditures**
Per Member Per Month

SFY-2010	$612.55
SFY-2011	$606.85
SFY-2012	$652.96
SFY-13	$670.89
SFY-14	$728.83
SFY-2015 Prj	$755.06

** Does not include Women's Health Services

SFY-2014 PMPM Cost	
Persons With Disabilities	$1,860.84
Seniors	$1,541.27
Pregnant Women and Custodial Parents	$522.91
Children	$298.02

HIGHLIGHTS

Medicaid Managed Care Reform and Transformation

MHD is in the process of rebidding its managed care program with the new contracts being awarded March 2015 and taking effect July 1, 2015. The new managed-care contracts will require the following Medicaid reforms and transformation:

- **Member Incentives** - To promote responsible behavior and encourage efficient use of services, Healthcare Services plans will be required to offer member incentive programs to encourage and incentivize seeking early preventive care adopting healthier personal lifestyles and promoting appropriate use of the emergency room.

- **Provider Pay-for-Performance** - To incentivize providers to improve member's health outcomes and decrease inappropriate utilization of services and decrease the health risk factors in the people they serve, plans will be required to implement pay-for-performance contracting with providers.

- **Expand Health Homes** - To improve care coordination and disease management, plans will be required to implement local community care coordination programs utilizing the health care providers were patients actually receive their care. This may include implementing Health Homes, Primary Care Case Management, Person Centered Medical Homes, Accountable Care Organizations, or other similar models.

- **Assure Adequate Access** - To improve access to care the adequacy of the health care provider panels will be monitored using a secret shopper surveys.

- **Improve Accountability and Transparency** - Data is now available comparing cost, utilization of services, and quality of care.

- **Managed Care Plan Pay-for-Performance** - To incentivize successful performance of the above new requirements, plans will have a portion of their capitation withheld until successful performance is demonstrated.

Expanding Health Homes and Care Management

The MO HealthNet Health Home initiative continues to focus on patients with complex and high cost chronic conditions.

In 2014, MHD expanded both the Primary Care Health Home (PCHH) and Community Mental Health Center (CMHC) Health Home programs:

- The PCHH program added 10 new Health Home organizations with 26 sites and 13 new sites to existing PCHHs, bringing the total to 34 Health Home organizations with 112 sites statewide.

- With expansion, the PCHH population has grown by nearly 2,000 individuals, bringing the total population to16,876 patients.

- There are 28 CMHC Health Homes operating at 120 locations.

- With expansion, the CMHC population has increased enrollment to 20,890 patients.

- MHD is also proposing the inclusion of additional patient eligibility criteria and modifications to existing eligibility criteria in the PCHH program.

Evaluation of clinical and utilization measures continues to demonstrate improvements in HgBA1C, LDL cholesterol, and blood pressure.

- Reduction of blood pressure and cholesterol is linked to reductions in heart attacks and stroke.

- Improved blood sugar control is linked to lower rates of diabetes and complications due to diabetes.

- Evaluation of utilization continues to demonstrate:

  - ➢ Reductions in avoidable Emergency Department use;
  - ➢ Reductions in avoidable Hospital Inpatient use, and
  - ➢ Cost savings.

The Alcohol and Drug Abuse Disease Management (ADA DM) project was implemented in 2014. The ADA DM has outreached and enrolled 372 individuals in Substance Use Disorder treatment.

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 Centers for Medicare & Medicaid Services (CMS). In September 2013, CMS approved an extension of Missouri's Gateway to Better Health through 2014. Gateway began covering 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.

- 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.

- Without Medicaid expansion and without the Gateway Demonstration, the Gateway population will have limited options for accessing outpatient health care services. As of September 30, 2014, the Gateway program provides outpatient coverage for nearly 22,000 individuals, which is nearly 50 percent of all uninsured residents under 100 percent of the federal poverty level in St. Louis City and County.

- In August 2014, CMS approved an extension of Missouri's Gateway to Better Health through December 31, 2015.

- Key Gateway to Better Health outcomes achieved from October 1, 2013 – September 30, 2014 include:

  ➢ Gateway has maintained access to primary and specialty care for uninsured individuals living in poverty in St. Louis City and St. Louis County;
  ➢ Gateway provided nearly 56,000 primary care and dental visits;
  ➢ Gateway provided more than 228,000 medications to manage chronic conditions and other diseases;
  ➢ Gateway provided nearly 26,000 specialty and diagnostic care visits;
  ➢ Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better;
  ➢ Patients enrolled in Gateway report that access to low-cost medical care is having a positive impact on their health, and they are highly satisfied with Gateway's services and provider network, and
  ➢ More than 70% of survey participants "strongly agree" that the program helps them follow treatments recommended by their health care providers, makes it easier to coordinate care; and helps them lead a healthier life. When asked about what would happen if the Gateway program ended, more than 80% report that they are "not confident" that they could afford care.

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.

KEY MHD PROJECTS

Missouri State Medicaid Health Information Technology Plan

- MHD, Department of Health and Senior Services (DHSS) and Department of Mental Health (DMH) have a collaborative agreement to implement health information technology and health information exchange for their shared client base. The main feature of Missouri's technical infrastructure is the CyberAccess[sm] web portal allowing state staff and providers access to Medicaid claims data and care management tools to improve patient outcomes and coordination of care. The CyberAccess web portal was connected to the statewide Health Information Network (HIN) during 2014 for the purpose of sharing Medicaid claims data electronically with members of the HIN. The MO HealthNet Division intends to implement new functionality in the CyberAccess web portal in 2016 allowing CyberAccess users to access clinical data available through the HIN to use in supporting the MO HealthNet Program.

- MHD launched its Medicaid Electronic Health Record (EHR) incentives program in June 2011, under the HITECH provisions of the American Recovery and Reinvestment Act (ARRA), to encourage provider adoption of EHR technology. In the first year of participation, providers can qualify for incentive payments if they adopt, upgrade or implement certified EHR systems. To qualify for payments in subsequent years, providers must demonstrate meaningful use of their technology, in a phased approach requiring enhanced capabilities and performance over time such as creating electronic records for a certain percentage of their patients and using their EHR system to report on required core, public health and clinical quality 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 three and a half years of the program 4,620 payments were made to 2,864 unique participating professionals and hospitals that have implemented EHRs with specific functionalities. Of those receiving payments to date, 43% of professionals and 80% of hospitals have used their systems to demonstrate meaningful use requirements for Year 1. Thirty seven percent (37%) of all professionals and hospitals that met requirements for Year 1, have also achieved meaningful use requirements for Year 2. Incentive payments to all providers from June 2011 through December 2014 totaled $204 million.

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 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.

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.

- ➢ NCQA offers six levels of health plan accreditation, as follows (from lowest to highest): Denied, Interim, Provisional, Accredited, Commendable, and Excellent. The health plans are required to obtain NCQA health plan accreditation at a level of "Accredited" or better for the MO HealthNet product and must maintain accreditation throughout the duration of the contract.
- ➢ On August 8, 2014, NCQA awarded Home State the accreditation status of Accredited for the period August 5, 2014 through August 5, 2017.
- ➢ On August 12, 2014, NCQA awarded HealthCare USA the accreditation status of Commendable for the period August 12, 2014 through August 12, 2017.
- ➢ On September 18, 2014, NCQA awarded Missouri Care the accreditation status of Accredited for the period September 11, 2014 through September 11, 2017.

- Managed Care health plans self-report a variety of quality outcome and performance measures for behavioral health services. These include service utilization counts, timeliness of follow-up after critical care events, patient satisfaction, and a number of nationally-reported quality metrics. Many of these measures have undergone revisions in the past two years, and detailed specifications have been produced for all measures to improve reliability of reporting across the health plans. New service utilization measures and quality metric pertaining to general physical health have been added, to complement the historic focus on behavioral health. Beginning in 2013, the full set of measures has been assembled annually in a database for distribution to the health plans.

  - ➢ The database includes an easy-to-use interface that permits health plans to review their performance trends over time for selected measures, as well as compare their performance to that of other MO HealthNet managed care plans. Eventually, the database will house Fee for Service (FFS) data as well as managed care data, allowing for easy comparison between the two programs on a variety of metrics.
  - ➢ The database is 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 addition, the database tool should lead to a more data-driven approach to development of quality improvement projects by the health plans.

- Rate adjustments were used in the rate setting process as MHD focused on value-based purchasing:

  - ➢ The Low-Acuity Non-Emergency adjustment lowered rates by identifying instances when MO HealthNet eligibles would not 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.

Early Elective Delivery (EED)

Early Elective Delivery means inducing labor and delivery before it occurs naturally prior to 39 weeks, and not allowing infants to reach full gestation al development. A spontaneous vaginal delivery avoids maternal and infant complications and costs associated with early elective delivery. Early elective birth less than 39 weeks gestation is associated with complications such as:

- Respiratory illness and a higher risk of neonatal intensive care unit admission for the newborn;

- An increased risk of death within the first year of life;

- Problems with brain development including long term psychological, behavioral and emotional problems;

- Maternal complications including but not limited to increased risk of cesarean delivery, maternal infection, and longer maternal hospitalizations, and

- Significant increased costs to the health care system.

MHD implemented an evidence-based, best practice limits on EED in partnership with clinical experts and other stakeholders. The best practice establishes that MHD will no longer pay for EED, effective September 30, 2014. MHD is undertaking a chart review audit of delivery claims to determine compliance with the policy.

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 related complications.

ON THE MHD HORIZON . . .

MHD Care Management
Not all high cost/high risk enrollees have access to a Health Home so MO HealthNet has started a care management pilot program for medically complex and costly individuals without access to a Health Home in the Fee-For-Service population. The pilot focuses on:

- Providing enhanced care management and coordination by repurposing current MHD RN's on staff,

Joe Parks, MD
MHD Director

- linking MHD and various community resources and partners that impact social determinants of health,

- enhancing individual self-efficacy in managing chronic conditions and compliance with care plans,
- improving clinical outcomes, and

- impacting utilization parameters, including avoidable emergency department and inpatient hospital utilization.

MHD Chronic Disease Prevention Initiatives:

- **Obesity Intensive Behavioral Therapy for adults and children** - MHD is developing a policy proposal to stem the progression of obesity in the Missouri population. Evidence-based programs have demonstrated reductions in obesity and thus related comorbidities, ultimately resulting in cost savings.
- **Asthma Education and In-home Environmental Assessments** - MHD has developed an evidence-based program to provide asthma education and in-home environmental assessment services to children at risk or having poorly controlled asthma.

Fiscal Agent/MMIS Procurement
The Medicaid Management Information System (MMIS) makes all Medicaid payments and provides the data analysis needed to manage the Medicaid program. The current MMIS has been in place since 1978 and needs replacing to meet current federal standards. MO HealthNet has contracts with vendors to serve as a Fiscal Agent providing administrative services such as call centers and to provide information technology services for developing and operating the MMIS. The current contracts may be extended through June 30, 2017 and, as required by state and federal law, must be re-procured.

- The MMIS systems process approximately 100 million claims annually submitted by healthcare service providers for payment for services provided to Medicaid members.

- All claims are processed through system edits within one day of receipt with over 96 % of allowable claims paid within 30 days of receipt.

- The State receives enhanced federal funding for development and operation of the MMIS, but must comply with federal MMIS guidance, rules, and regulations.

- The federal government has issued new MMIS guidance requiring the use of modern technologies to receive enhanced federal funding.

- Replacement of an MMIS is typically a three to five year project.

- MO HealthNet is in the process of developing a procurement strategy for the Fiscal Agent and MMIS services and developing the related Request for Proposals (RFPs) for release during 2015.

- MO HealthNet is targeting contract award for July 1, 2016 to allow for a one-year transition period for services and systems.

Managed Care Contract Re-Procurement

- The state of Missouri is re-procuring the Managed Care contract which expires on June 30, 2015. The contract period is July 1, 2015, through June 30, 2016, and the Division of Purchasing and Materials Management has the right, at its sole option, to renew the contract for two additional one-year periods, or any portion thereof.

- The Office of Administration, Division of Purchasing and Materials Management is in the process of evaluating bid proposals from Amerigroup, HealthCare USA, Home State Health Plan, and Missouri Care and contract award is expected to occur in early March 2015.

- The following groups are included in the Managed Care Program: MO HealthNet for Families (MHF), MO HealthNet for Pregnant Women and Newborns, Refugees, MO HealthNet for Kids, and Children in the care and custody of the state. As of January 2015, there are approximately 419,621 individuals enrolled in the Managed Care Program in fifty-four counties.

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, 2015. The ICD-10 code sets replace the current ICD-9 diagnosis and inpatient service code sets.

- Effective October 1, 2015, 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, 2015. 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, 2015.

- The MO HealthNet Division has completed the necessary policy and computer system modifications necessary to support the implementation of the ICD-10 code sets.

- Mo HealthNet has started ICD-10 testing with providers and will continue to offer providers the opportunity for testing through the implementation date of October 1, 2015. MO HealthNet anticipates providing additional ICD-10 guidance for all providers.

MISSOURI OFFICE OF HEALTH INFORMATION TECHNOLOGY 2014

PO Box 6500 • Jefferson City, MO 65102 • Phone: 573-751-6961

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 HIT and HIE infrastructure for the state of Missouri that will:
    - Improve the quality of medical decision-making and the coordination of care;
    - Provide accountability in safeguarding the privacy and security of medical information;
    - Reduce preventable medical errors and avoid duplication of treatment;
    - Improve the public health;
    - Enhance the affordability and value of health care; and,
    - Empower Missourians to take a more active role in their own health care.

Planning and Development

- The MO-HITECH Advisory Board appointed by Governor Nixon recommended the creation of a new, public-private not-for-profit, 501(c)(3) organization called the Missouri Health Connection (MHC) to govern a statewide HIE.

- Created in July 2010, MHC is overseen by a 17-member Board of Directors that reflects diverse stakeholder representation, including both providers and consumer advocates. The board began meeting in August 2010 and 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 & Medicaid 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 Health Information Network (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 alpha and beta implementations with health care service providers to implement secure messaging;
  ➤ Developed and published security and patient consent policies;
  ➤ Convened a Consumer Advisory Council to provide consult on key work products;
  ➤ Conducted consumer research to assess understanding of and support for statewide health information exchange;
  ➤ Approved a framework for sustainability by modeling and testing fee structures for participating qualified organizations; and,
  ➤ Developed and negotiated participant agreements with several additional Missouri health systems to begin roll out phase 1 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;
  ➤ Completed pilot implementations with several health care services providers and the MO HealthNet Program;
  ➤ Completed technical assessments with additional health care services providers to determine connection strategies and requirements;
  ➤ The Technical Service Partner (TSP) created the framework for the Missouri statewide HIN;
  ➤ The TSP working with additional health care service providers to establish connectivity between the providers and the statewide HIN to facilitate the exchange and health information;
  ➤ Established a connection with the MMIS to allow providers access to Missouri Medicaid claims data.

SUPPORT DIVISIONS

2014

Supports

- OFFICE OF THE DIRECTOR

- HUMAN RESOURCE CENTER

- MISSOURI MEDICAID AUDIT AND COMPLIANCE

- DIVISION OF FINANCE AND ADMINISTRATIVE SERVICES

- DIVISION OF LEGAL SERVICES

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

FINANCING

Support Division Expenditures SFY-13 to SFY-15 Planned
(in millions)
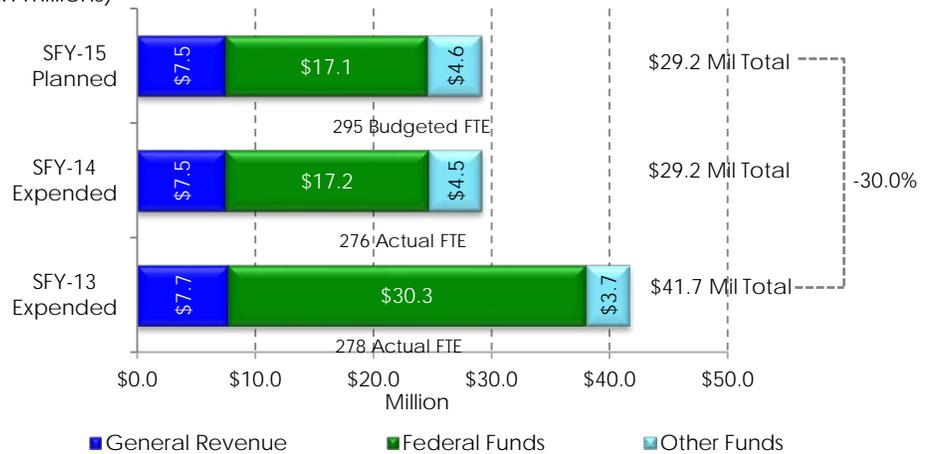
- Between SFY-2013 and SFY-2015, General Revenue (GR) decreased by $.2 million (2.6%) due to a core reduction in Neglected and Delinquents Children's fund
- Federal expenditures from FY-13 to FY-15 are planned to decrease by 43.6% ($13.2 million). The major contributors are timeliness of using funds running through Federal Grants and Donations.
- Other expenditures increased 24.3% ($.9 million) from FY-13 to FY-15. This is due the appropriation increase in Receipts and Disbursements because of elimination of the estimated status.

SUPPORT DIVISIONS
DIVISION OF FINANCE & ADMINISTRATIVE SERVICES

2014

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

Services

- ACCOUNTS PAYABLE

- AUDIT SERVICES

- BUDGET

- RESEARCH AND DATA ANALYSIS

- EMERGENCY MANAGE-MENT

- FLEET VEHICLE MANAGEMENT

- FACILITIES MANAGEMENT/OFFICE SERVICES

- OFFICE HEALTH AND SAFETY

- PAYROLL

- PURCHASING

- RECEIPTS AND GRANTS MANAGEMENT

- SUPPLIES/WAREHOUSING/ INVENTORY CONTROL

- TAX CREDITS (ADMINI-STERED BY THE DEPARTMENT OF SOCIAL SERVICES)

- VOICE TELE-COMMUNICATIONS

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

LEADERSHIP

Patrick Luebbering
Division Director
Division of Finance &
Administrative Services

Kristen Pattrin
Deputy Director -
Financial Management

- Budget
- Grants
- Cash Management
- Quality

Gina Jacobs
Deputy Director -
Operations
Management

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

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

PERFORMANCE

Average Time Between Invoice and Vendor Payment

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

- All payment processing functions are anticipated to be centralized by June 2015.

Average Time Between Invoice and Vendor Payment (Days)

SFY-10	SFY-11	SFY-12	SFY-13	SFY-14	SFY-15 Prj
20.5	23.5	26.0	26.0	28.3	20.0
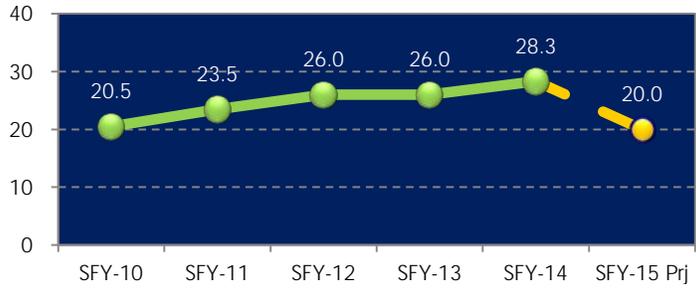
Payment Processing Error Rate

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

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

Payment Processing Error Rate

SFY-10	SFY-11	SFY-12	SFY-13	SFY-14	SFY-15 Prj
5.8%	5.1%	7.3%	6.6%	7.0%	5.0%
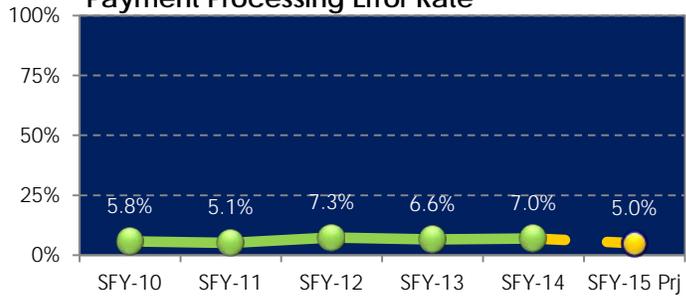
HIGHLIGHTS

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:

  - Developed a Strategic Plan database to track the lifecycle of contracts established by the Division of Purchasing and Materials Management (DPMM) to ensure timely, proactive completion of contract re-procurements.
  - Developed and issued a master agreement for LIHEAP suppliers (327 new agreements).
  - Developed a robust Master Contract database and implemented an intranet-based reporting tool to facilitate access to information regarding contracts.
  - Worked with Information Technology Services Division (ITSD) staff to create reports of contracts from the Family and Children Electronic system (FACES).
  - Revised and standardized boilerplate contract compliance and monitoring language.
  - Completed an extensive File Validation Project for Adoption Subsidy agreements to re-organize current files and archive non-active files.
  - Completed an extensive File Validation Project for Foster Care agreements to re-organize current files and archive non-active files.
  - Assisted the Residential Services for the Blind (RSB) in evaluating applications for a teaming partner for the Fort Wood dining services contract.
  - Established a new special delegation of authority for Social Innovation Projects for Children's Division.

- The procurement unit continues to provide assistance and oversight in the development, planning, execution and coordination of the Department's contracts for services and supplies. The unit also provides technical expertise and training for Department staff concerning procurement statutes, regulations and rules, contracting procedures and protocols.

KEY DFAS PROJECTS

Strengthening DSS Audit/Compliance Initiatives

- Fourteen staff oversees and coordinates audit and compliance initiatives for the Department of Social Services in a central compliance unit. Five of these staff focuses on oversight initiatives specifically for Child Care providers receiving Child Care and Development Fund (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.
  - 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 is continuously provided by compliance 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).
> ➤ Increased compliance oversight of internal DSS operations in program divisions.

- Current planning continues to be focused on external and internal monitoring to:

> ➤ Ensure Temporary Assistance for Needy Families (TANF) cash benefits are used in accordance with State statute;
> ➤ Increase communication and partnership between compliance initiatives and DLS investigations;
> ➤ Bring Child Care providers in compliance with state and federal laws, regulations and policies; and,
> ➤ Assure DSS program divisions' corrective action plans are sufficient to correct audit findings.

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 is scheduled to be completed by December 2014, for all programs except Medicaid. The Medicaid component will follow.

- 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

- As a result of the 2012 assessment of the department's data needs for collection, analysis, coordination and reporting, the unit's name was changed from Center for Management Information to Research and Data Analysis (RDA) and reorganization of staff and duties occurred.

- Over the past year, RDA staff has taken the opportunity to implement actions that support feedback gathered during the 2012 assessment.   For example, RDA has:

> ➤ Continued to coordinate efforts of all partners involved in data gathering and reporting, particularly with implementation of the new Medicaid system (MEDES),
> ➤ Implemented redundancies and mandated cross training to prevent work stoppage when staff is absent,
> ➤ Equalized workload distribution,
> ➤ Hired a mentor to teach staff SAS (programming language for data extraction),
> ➤ Added staff capacity to provide more robust data analysis,
> ➤ Mandated cross-training,
> ➤ Created efficiencies through the increased use of technology with implementation of a no-cost automated system to track and process FSD requests,
> ➤ Automated many regularly reoccurring reports,
> ➤ Enhanced quality measures, and

➢ Encouraged staff to be involved in cross-cutting department initiatives to promote leadership opportunities.

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.

Patrick Luebbering
DFAS Director

- The project is being managed in two phases.

- **Phase I,** was completed on 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.)
  ➢ Addressing existing payment systems to determine capability to support mandated EFT as well as remittance advice delivery/accessibility.

- To date, **Phase II,** 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.

Standardizing and Strengthening Management of DSS Accounts Receivables

- **Accomplishments:**

  ➢ Children's Division and DFAS have consolidated accounts receivable functions into the DFAS FACES payment unit. The unit is reviewing receivable accounts for accuracy and streamlining policies and procedures for establishment and collection of debt. Overpayments have been reduced through pre-payment reviews and a remittance advice portal is being explored.

  ➢ The Children's Division and Family Support Division are preparing state regulations to enhance their ability to establish and collect debt.

- **Goals:**

  ➢ Finalize CD and FSD state regulations,

  ➢ Continue to work with other program areas to streamline and manage DSS accounts receivables,

  ➢ As the Missouri Eligibility Determination and Enrollment System (MEDES) becomes fully implemented, it is anticipated the system will provide a more robust accounts receivable component.

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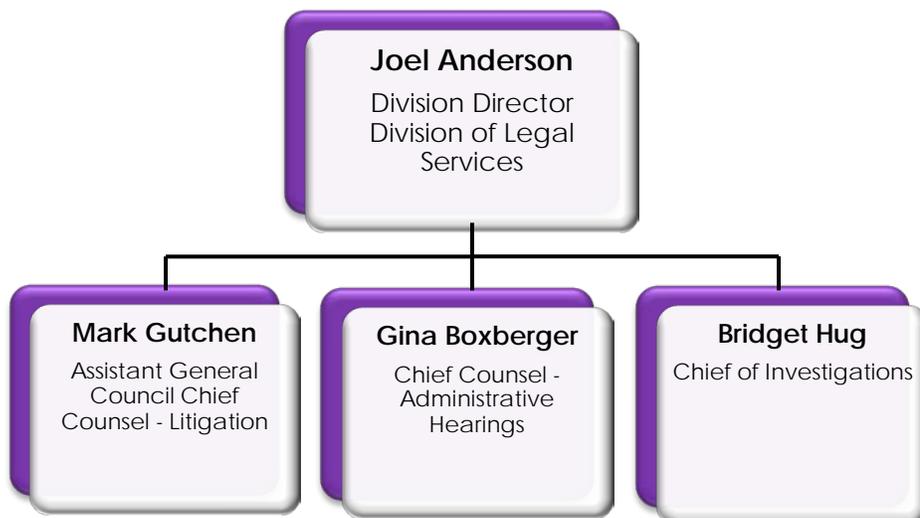
SUPPORT DIVISIONS

DIVISION OF LEGAL SERVICES

2014

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

Services

- CASE LITIGATION

- ADMINISTRATIVE HEARINGS

- INVESTIGATIONS

- STATE TECHNICAL ASSISTANCE TEAM

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

LEADERSHIP

Joel Anderson

Division Director
Division of Legal Services

Mark Gutchen

Assistant General Council Chief Counsel - Litigation

Gina Boxberger

Chief Counsel - Administrative Hearings

Bridget Hug

Chief of Investigations

- Litigation
- Risk Management

- Administrative Hearings

- Investigations

PERFORMANCE

Protective Services Cases Resolved

- DLS attorneys closed 1,540 permanency planning cases involving abused and neglected children and 328 terminations of parental rights cases.

Protective Services Cases Resolved Within 18 Months

64.7% (SFY-10), 71.2% (SFY-11), 82.2% (SFY-12), 87.1% (SFY-13), 87.8% (SFY-14), 87.8% (SFY-15 Prj)

Time to Schedule Child Support Hearings

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

Time To Schedule Child Support Hearings (in months)

6.6 (SFY-10), 6.8 (SFY-11), 1.5 (SFY-12), 0.8 (SFY-13), 0.5 (SFY-14), 0.5 (SFY-15 Prj)
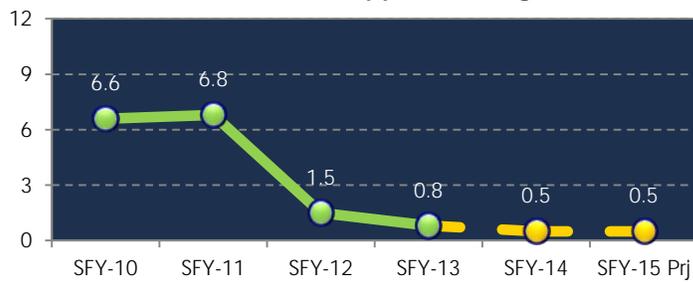
Child Support Hearing Decision Timeliness

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

Child Support Hearing Decision Timeliness

74.6% (SFY-10), 88.2% (SFY-11), 89.3% (SFY-12), 91.5% (SFY-13), 95.7% (SFY-14), 95.7% (SFY-15 Prj)
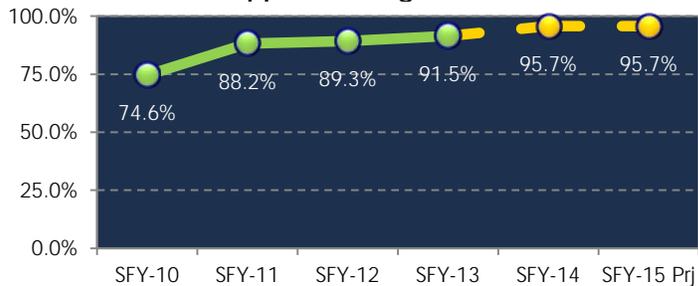
HIGHLIGHTS

- During CY-14, DLS attorneys handled many legal matters for the department. Among the highlights, DLS attorneys:

  - Closed 1,540 permanency planning cases involving abused and neglected children in the Foster Care system. In these cases, DLS advocated for the achievement of safe and permanent placements for foster children;
  - Litigated 328 terminations of parental rights cases, making affected children available for adoption and ensuring a safer, more stable and permanent home;
  - Litigated 131 guardianship cases for children and young adults in foster care to enable them to transition from the Foster Care system into permanent, stable homes;
  - Litigated 293 cases defending challenges to decisions of the Child Abuse and Neglect Review Board to place names of individuals on the Central Registry for abuse and neglect.
  - Handled 158 Sunshine law requests, many of which involved complex issues of law;
  - Represented DSS in 738 subpoenas for confidential records and information, including many cases that required securing court orders to protect the privacy rights of those involved, and protecting confidential records per state law;
  - Represented DSS in 459 drug-test related administrative hearings;
  - Assisted the program divisions in drafting or revising administrative regulations, including implementing regulations governing third party liability claims and regulations implementing drug testing for TANF applicants/participants, changes to procedures for enrollment of Medicaid providers and implementing changes in Medicaid law as authorized by the General Assembly;
  - Provided legal support for the drafting or revising of numerous administrative regulations, including those governing third party liability claims, implementing drug testing for TANF applicants/participants, implementing changes to enrollment procedures for Medicaid providers, and implementing changes in Medicaid law as authorized by the General Assembly;
  - Strengthened the relationship with the University of Missouri-Columbia law school by continuing our internship program which affords students exposure to the practice of law in a government agency, and a valuable mentoring relationship with one or more DLS attorneys.

- In CY-14 the Child Support Hearings Unit issued 7,619 hearing decisions and the Benefits Hearings Unit issued 12,516 hearing decisions, for 20,135 clients served.

- The Benefits Hearing Unit continued the efforts to convert to a paperless system in which hearing requests and exhibits are submitted electronically from most agency offices, and scheduling notices and decisions are sent to agency personnel electronically. Additionally, state courts are also converting to electronic filing, so appeals from Benefits Hearing decisions are now e-filed, eliminating the need to file large volumes of paper documents. Together, these processes reduce the paper documents received and processed through the office, lowering costs and helping the environment.

- In CY-14, DLS Investigation Section's Welfare Investigations Unit investigated 2,681 cases of fraudulently received public benefits and facilitated collection of $1.6 million dollars through payment agreements, prosecutions and the Treasury Offset Program.

- In CY-14, DLS Investigations worked jointly with the Family Support Division (FSD) and the Division of Finance and Administrative Services (DFAS) to ensure proper usage of Temporary Assistance for Needy Families (TANF) funds by program beneficiaries. DFAS reviewed all TANF transactions for inappropriate use at liquor stores, casinos or gambling/gaming businesses (including bingo halls), adult-entertainment businesses, or other establishments prohibited by section 208.024 RSMo. Clients discovered making purchases at these locations using TANF funds were referred to FSD to establish a

claim and the retailers were referred to Investigations where such cases were presented to the appropriate prosecuting attorney. Beginning in January 2014, DSS amended its contract with FIS to utilize the Fraud Navigator Program to block transactions at locations prohibited by section 208.204 RSMo. Once a business is identified as a location prohibited by statute, its merchant code is provided to FIS so that subsequent purchases at that location are blocked.

KEY DLS PROJECTS

Regulation Review

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

Procurement and Contract Management

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

Waste, Fraud and Abuse Identification

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

Child Abuse and Neglect

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

Fraud Investigation

- The Investigations Unit is working with county prosecuting attorneys throughout the state and the Missouri Office of Prosecution Services (MOPS) to collectively increase the number of successful welfare fraud prosecutions and the likelihood of successful recoupment of funds and benefits fraudulently obtained. In addition to increasing recoupment and restitution, DLS is also seeking to increase federal funds to the state to support the investigation and prosecution of these crimes against the public trust. The program DLS has proposed is modeled after similar successful partnerships between state social services agencies and prosecuting attorneys. The county prosecuting attorneys of Boone, Platte, and St. Louis counties have volunteered to be pilot counties for the program.

- The Investigations Unit, along with Division of Finance and Administrative Services, submitted a grant proposal to the U.S. Department of Agriculture in August 2014 aimed at deterring food stamp benefit trafficking. The grant proposes a narrowly tailored approach focused on gathering reliable intelligence to target individual traffickers in the act of solicitation, rather than trafficking by retailers. By utilizing a combination of benefit usage data, public reporting, geographic indicators and information gathered from key stakeholders, investigators will travel to targeted areas where trafficking is most likely to occur to investigate individual traffickers. The investigators will receive training specific to investigating acceptance of trafficker solicitation offer, identifying themselves to the trafficker as a special agent, and completion of the investigation on-site to collect necessary evidence for disqualification and/or prosecution. Furthermore, investigators will record their on-site investigations becoming an eye witness to the attempted trafficking and assuring sufficient evidence exists for a successful disqualification and/or prosecution of the trafficker. These tactics will improve efficient use of staff time, timely completion of investigations, and a higher success rate for disqualification and/or prosecution of traffickers. While difficult to measure, these activities can serve as a collateral deterrent to traffickers through "word of mouth" experiences.

ON THE DLS HORIZON . . .

Increasing External Accessibility

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

Improving Benefit Hearing Scheduling an Decision Time

- DLS' Hearing Section is targeting improvements in both scheduling and time to issue a decision 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 expects to reduce the time to render decisions in these cases from the current 188 days to an average 30 days.

Child Care Fraud

- DSL continues to look forward to increased efficiency and effectiveness of its daycare fraud investigations. While efforts continue to produce better trained investigators as new investigations are commenced, tighter controls with case reviews are being used to ensure that investigation time is spent in a more focused manner.

Improving Benefit Hearing Scheduling and Decision Time

- DLS' Hearings Section is targeting improvements in both scheduling and time to issue a decision 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 expects to reduce the time to render decisions in these cases from 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 produce investigators with greatly increased expertise at identifying this particular kind of abuse of public funds.

DSS Employee Threat Awareness

- Threats to department employees occur on a regular basis and, with the increase in violent crimes nationally and the increased awareness of the need to be responsive to warning signs of such violence, the Investigations Unit developed 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 and has increased awareness of threats, aided in tracking persons who make repeated threats, and improved communication with law enforcement officials. As of May 1, 2014, every threat made to a DSS employee has been added to the SharePoint site thereby serving as valuable historical information on those who have repeatedly made threats against DSS employees.

DSS in the Community

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

Alyson Campbell, Director, Family Support Division

Date	Location	Topic	Audience
July 9	Jefferson City	Medicaid Enrollment and Division Initiatives	MoHealthNet Oversight Committee
September 11	St. Louis	FSD Reorganization	CWA, Legislators and Staff
October 29	Trenton	FSD Reorganization	Nursing Home Administrators
November 12-13	Jefferson City	FSD Reorganization	FSD Transformation Team
November 18	St. Joseph	FSD Reorganization	Legal Services and Community Advocates
December 4-5	Jefferson City	FSD Reorganization and Other Initiatives	FSD Income Maintenance Executive Leadership and Managers
February 3	Jefferson City	Medicaid Enrollment and FSD Reorganization and MEDES Implementation	MOHealthNet Oversight Committee
March 18	Joplin	FSD Reorganization	Legal Services and Community Advocates
April 10	Jefferson City	Medicaid Enrollment and FSD Reorganization and MEDES Implementation	MOHealthNet Oversight Committee
June 2	Jefferson City	FSD Reorganization	Missouri Centers for Independent Living Board Members
June 10-11	Jefferson City	MEDES Goals and Strategic planning	FSD Processing Center Managers

Tim Decker, Director, Children's Division

Date	Location	Topic	Audience
July 8	Jefferson City	Children Division projects involving older youth	Older youth, Children's Division staff and partners
November 22	Kansas City	Children's Division Update	Kansas City Child Abuse Roundtable - local elected officials, community stakeholders and partners
January 31	Kansas City	Children's Division Update	Kansas City Child Abuse Roundtable - local elected officials, community stakeholders and partners
February 18	Jefferson City	Child welfare overview and how student leaders can make a difference	4-H Legislative Academy -Student Leaders and Sponsors from communities around the state

March 4	Jefferson City	Shared vision and discussed opportunities for system improvements	MCCA Board Members
March 5	Kansas City	Importance of leadership in the child welfare system	Clear Management Graduation – Leadership training graduates from Jackson County
March 19	Springfield	Community partnership and child welfare	Members of the Every Child Promise Group and the CA/N Collaborative
March 28	Kansas City	Progress of recommendations of the Missouri Blue Ribbon Task Force on Youth Aging Out of Foster Care and new opportunities	Older Youth, Children's Division Staff, Juvenile Officers, Contractors and Community Stakeholders
March 28	Jefferson City	Presentation and dialogue at Missouri Juvenile Justice Association quarterly Administrative Concerns Meeting	Chief juvenile court personnel, law enforcement and state agency leaders
April 1	Jefferson City	Opening Comments at Fostering Court Improvement Training	Children's Division staff, Office of State Court Administrators staff, local court judges and local court staff
April 11	Kansas City	Children's Division Update	Kansas City Child Abuse Roundtable –local elected officials, community stakeholders and partners
May 4	St. Louis	Involvement of the faith community in child welfare	Divine Compassion Partnership Event Attendees
May 9	Kansas City	Vision for child welfare system transformation	UMKC School of Social Work Capstone Project Poster Symposium – college students and faculty, families and community partners
June 4	Cape Girardeau	Closing Remarks at Youth Conference	Youth Conference Attendees
June 6	Kansas City	Children's Division Update	Kansas City Child Abuse Roundtable –local elected officials, community stakeholders and partners
January 16-17 January 20-21 January 27-28 February 21 March 17 May 20	Springfield, Mountain Grove, Caruthersville, Waynesville, Kansas City, Macon, St. Louis,	Shadowed front-line staff from the Children's Division and partners. Learned about the challenges faced by workers and families on a first-hand basis	Children's Division staff, families and partners

Tim Decker, Director, Division of Youth Services (July 1, 2013 to November 26, 2013)

Date	Location	Topic	Audience
July 7	*Columbia*	Challenges, innovations and trends in the Missouri child welfare system	National Foster Youth Institute Congressional Listening Tour- members of Congressional Caucus on Foster Youth, foster youth, adoptive families, agency leaders, policy makers and stakeholders
July 8	Cape Girardeau	Opportunities and challenges facing foster parents	Foster parents, community stakeholders and Children's Division staff
August 1	*Kansas City*	Welcome and overview of NCWWI partnership	NCWWI UMKC Student Orientation:-UMKC students and, faculty, community partners and Children's Division staff
August 22	*Ferguson*	Strategies for overcoming trauma	Staff from the North St. Louis County school district
September 17	*Kansas City*	Children's Division's Strategic Plan	Members of the Kansas City CQAC
September 19	*Washington, DC*	Opening Speaker at the 12th Annual Linking Hearts Adoption Event	Foster children and youth, foster parents, community stakeholders, Children's Division staff and university students
September 25	*Columbia*	CD Strategic Plan and opportunities and challenges facing older youth	FACT Board Meeting -FACT Board Members, community partnerships and foster youth
September 26	*Jefferson City*	Presentation and dialogue at Missouri Juvenile Justice Association semi-annual Administrative Concerns Meeting	Chief juvenile court personnel, law enforcement and state agency leaders
September 24	*Kansas City*	*Speaker at DYS Family and Schools Together (FAST) graduation.*	*DYS young people, staff, family members and community partners.*
November 1	*Kansas City*	Recruitment of Adoptive Homes	Wait No More Adoption Event - Faith based community and other partners
November 5	*Kansas City*	Child abuse prevention, foster care and Children's Division's strategic plan	Women's Public Service Network Meeting - Business and Civic leaders and community volunteers
November 10	*Jefferson City*	Child Welfare System improvement and vision for the future	HB1453 10th Anniversary Celebration - Legislators, stakeholders and partners

December 10	St. Louis	Progress of recommendations of the Missouri Blue Ribbon Task Force on Youth Aging Out of Foster Care and new opportunities	Older youth, Children's Division staff, juvenile officers, partners and community stakeholders
September 3 November 17 November 18 November 19 November 20 December 10	Kansas City Liberty Kirksville St. Louis Sikeston Jefferson City	Re-envisioning child welfare and the five Domains of Wellbeing	Community Conversations – Children's Division staff from multi-levels in the organization, community partners and stakeholders

Phyllis Becker, Interim Director, Division of Youth Services (November 27, 2013 to June 30, 2014)

Date	Location	Topic	Audience
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.
January 17	Columbia	Leadership for public service for the Executive MPA at UMKC.	UMKC Executive MPA students.
March 13-14	Kansas City	Led Overview and discussion of Missouri's therapeutic treatment approach to juvenile justice.	Leaders from the Council of State Governments Justice Center and Executive Director of the Council of Juvenile Correctional Administrators.
March 28	Jefferson City	Presentation and dialogue at Missouri Juvenile Justice Association administrative concerns meeting.	Chief juvenile court personnel from across the state.
April 7-8	Jefferson City	Presentation of DYS operations and issues impacting the agency.	DYS Advisory Board which includes judges, former legislators, civic officials and concerned citizens.
April 30	Columbia	Opening remarks and facilitated discussion on building community supports for transitioning young people more effectively back into their communities.	DYS northeast region leaders, community leaders, partners and volunteers.
May 30	Fulton	Presentation of DYS operations and issues impacting the agency.	DYS Advisory Board which includes judges, former legislators, civic officials and concerned citizens.
May 30	Fulton	Opening remarks at DYS northeast region graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.
June 5	Kansas City	Opening remarks at DYS northwest region graduation ceremony where DYS youth were presented with their GED or High School diplomas.	DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.

June 9	*Jefferson City*	*DYS legislative overview regarding DYS operations and contracts.*	*Representatives Allen and Mims.*
June 11-13	*Washington, DC*	*Instructor and panelist at Youth in Custody Certificate Program at Georgetown University.*	*National juvenile justice leaders and policymakers.*
June 24	*St. Louis*	*Opening remarks at DYS St. Louis region graduation ceremony where DYS youth were presented with their GED or High School diplomas.*	*DYS young people, staff, family members, community partners, local elected officials and DYS Advisory Board members.*

Joseph Parks, MD, Director, MO HealthNet Division

Date	Location	Topic	Audience
July 14-15	Tyson's Corner, VA	Panelist on topic of variations in state Medicaid perspectives	Attendees of World Congress Leadership Summit on Medicaid
July 13	Columbia	Participant in seminar focused on the implementation of the Accredited Standards Committee Version 5010 and the National Council for Prescription Drug Programs Version D.0 transaction sets	Attendees of seminar hosted by MO HealthNet Division in collaboration with Missouri strategic national Implementation process
August 10	St. Louis	Participant in St. Louis Integrated Health networking event	St. Louis health care stakeholders
August 18	Cape Girardeau	Health home site visit	Staff at Cross Trails Medical Center
August 18	Sikeston	Health home site visit	Staff at Sikeston Medical Clinic
August 19	Poplar Bluff	Health home site visit	Staff at Kneibert Clinic
August 19	Ellington	Health home site visit	Staff at Missouri Highlands Health Care
August 24	Cameron	Health home site visit	Staff at Cameron Regional Medical Center
August 24	Columbia	Health home site visit	Staff at University of Missouri Family and Community Medicine Greene Meadows Clinic
September 8	Jefferson City	Meeting participant regarding prompt pay, NGQA duplicate deeming issue, and health insurance exchange	Attendees of meeting sponsored by Missouri managed care health plans, Missouri Association of Health Plans
September 13	St. Louis	Participant at St. Louis Regional Health Commission 10th Anniversary Summit	St. Louis health care stakeholders

September 22	St. Louis	Panelist on State of the Union in healthcare in Missouri and healthcare reform	Attendees of Future of Healthcare Finance conference sponsored by the Greater St. Louis Chapter – Healthcare Financial Management Association; Missouri Healthcare Executives Group; and Midwest Gateway Chapter – Healthcare Information Management Systems Society.
September 26	Chicago, IL	Participant in listening session regarding affordable insurance exchanges	Attendees of event sponsored by Centers for Medicare and Medicaid Services
October 2	Kansas City	Participant in discussion regarding Medicaid and CHIP Payment and Access	Participants of Medicaid and CHIP payment and access commission meeting
October 3-4	Kansas City	Participant at State Health Policy conference	Conference sponsored by National Association of State Health Policy
October 27	St. Louis	Attendee at Institute for Public Health National Council meeting	Washington University
October 28	Washington, DC	Presenter on Managed Care and its value to the MO HealthNet program	Congressional staff briefing sponsored by Alliance for Health Reform and The Centene Corporation
November 2-3	Portland, OR	Presenter on what primary care will look like in the future	Participants in conference sponsored by Centers for Health Care Strategies
November 4	Kansas City	Site visit	Staff at Cerner Vision Center
November 7	Arlington, VA	Presenter on the impact of proposed provider tax changes	Attendees of the National Association of Medicaid Directors annual meeting
November 17	St. Louis	Participant at Task Force on Prematurity and Infant Mortality initial meeting	Task force members
November 29	Jefferson City	Presenter on Models for Health Homes Program Development – How Missouri is Building upon Existing Community Mental Health Centers and Primary Care Providers	Participants of Webinar sponsored by Integrated Care Resource Center,
December 15	St. Louis	Opening speaker at medical home learning collaborative	Health home providers
February 23	Baltimore, MD	Presenter on deficit reduction and health care	Senior Congressional health staff retreat sponsored by Alliance for Health Reform
February 24	Baltimore, MD	Participant in discussion regarding shared savings proposals for health homes, both duals and non-duals, both primary care and CMHCs, and value-based purchasing initiative	Staff from Centers for Health Care Strategies

March 20	St. Louis	Attendee at discussion regarding pediatric needs within St. Louis City	Community workgroup sponsored by Cardinal Glennon and St. Louis Children's Hospital
March 21	St. Louis	Attendee at Institute for Public Health National Council meeting	Washington University
April 10-12	Baltimore, MD	Leveraging of Health Information Technologies to support the Health Home Initiative	Attendees of Fourth Annual CMS Multi-State Medicaid HITECH conference
April 19-20	Minneapolis, MN	Panelist on discussion regarding service integration	Attendees of National Governor's Association meeting

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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