MMDL Balancing Incentive Program

Report Date

This report provides information regarding the Balancing Incentive Program as of the following date:

09/30/2015

Contacts

Please enter contact information for key individuals responsible for the State's Balancing Incentive Program.
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Lead Staff for No Wrong Door / Single Entry Point System (if different from project director)

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Lead Staff for Core Standardized Assessment (if different from project director)

Name:

Title:

Organization:

Address 1:

Address 2:

City:

State:

Zip:

Phone:

Fax:

Email:

Lead Staff for Conflict-Free Case Management (if different from project director)

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Report Preparer

- (●) **Balancing Incentive Program Project Director**
- ( ) **Lead Staff for No Wrong Door / Single Entry Point System (if different from project director)**
- ( ) **Lead Staff for Core Standardized Assessment (if different from project director)**
- ( ) **Lead Staff for Conflict-Free Case Management (if different from project director)**
- ( ) **Other**

Name:

Title:

Organization:

Address 1:

Address 2:

City:

State:

Zip:

Phone:

Fax:

Email:

Structural Changes

The Structural Changes section collects the State's progress toward implementing the State's previously submitted Work Plan. This section is organized according to the Work Plan Template, Appendix E of The Balancing Incentive Program: Implementation Manual.

General No Wrong Door/Single Entry Point (NWD/SEP) Structure (page 1 of 2)

1.1 Develop standardized informational materials that NWD/SEPs provide to individuals:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

09/30/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables:

- (●) **This task was completed.**
- ( ) **This task is not yet complete.**

Estimated percentage complete: %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

1.2 Train all participating staff on eligibility determination and enrollment processes:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

12/31/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

2.2 Detailed system design for the process to guide a person through assessment and eligibility determination (i.e., single eligibility coordinator, case management system, or otherwise coordinated process):

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

12/31/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

Structural Changes

General No Wrong Door/Single Entry Point (NWD/SEP) Structure (page 2 of 2)

2.3 Selection of vendor to develop the automated system for the process to guide a person through assessment and eligibility determination (i.e., single eligibility coordinator, case management system, or otherwise coordinated process):

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

(mm/dd/yyyy)

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **The task is not applicable because the system will not be automated or state staff will develop the system.**

○ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

2.4 Pilot implementation and testing of the process to guide a person through assessment and eligibility determination (i.e., single eligibility coordinator, case management system, or otherwise coordinated process):

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

04/30/2014 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

2.5 Process to guide a person through assessment and eligibility determination (i.e., single eligibility coordinator, case management system, or otherwise coordinated process) is implemented statewide:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

04/30/2014 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

2.6 System updates for the process to guide a person through assessment and eligibility determination (i.e., single eligibility coordinator, case management system, or otherwise coordinated process).

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

Missouri rolled out the NWD/SEP system upon completion of the automated Level I screening tool. The Level I screening tool has been incorporated into the BIP website. A toll free number also quickly connects participants to the NWD/SEP that can best meet their needs. All SEP's tested the system prior to roll out to ensure referrals were made appropriately for the Level II assessments.

Describe changes to the system that were implemented:

No major system changes were made form the original design.

Describe experienced or anticipated challenges:

Due to the complexity of the IT projects, the MOCOR website, Level I assessment and toll free number were delayed six months. Since the Level I assessment tool and the toll free number became operational October 1, 2013 we are seeing steady usage of the SEP's. The biggest challenge Missouri has faced has been bridging the generation gaps and help participants to use the automated systems over the face to face contact.

Describe the State's plan to address the challenges described above:

Missouri will continue to address challenges by continuing to educate our population with the use of the brochures and flyers. Missouri is guiding our providers to direct new and current participants to use the automated systems. Missouri's Toll free number and Level I assessment online continue to show steady use.

Structural Changes

General No Wrong Door/Single Entry Point (NWD/SEP) Agencies

3.3 Develop and implement a Memorandum of Understanding (MOU) across the Medicaid Agency, Operating agencies, and the NWD/SEPs:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

12/28/2012 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

- [x] **This task was completed.**
- [ ] **This task is not yet complete.**

Estimated percentage complete: _____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

4.1 Identify service shed coverage of all NWD/SEPs:

- [ ] **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

09/28/2012 *(mm/dd/yyyy)*

- [ ] **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

- [x] **This task was completed.**
- [ ] **This task is not yet complete.**

Estimated percentage complete: _____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

4.2 Ensure NWD/SEPs are accessible to older adults and individuals with disabilities:

- [ ] **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

09/28/2012 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**
○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

Structural Changes

NWD/SEP System Website

5.1 Register a domain name, which provides the right to link content to a Uniform Resource Locator (URL):

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

09/28/2012 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)
The URL for the website has been changed to "http://mocor.mo.gov"

◉ **This task was completed.**
○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

5.2 Develop and incorporate content:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

10/01/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

Enter the web site address (a.k.a. URL):

http://mocor.mo.gov

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

5.3 Incorporate the Level I screen (recommended, not required):

☑ **The task is in the Work Plan.**

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

10/01/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

Structural Changes

NWD/SEP System 1-800 Number

6.1 Contract 1-800 number service:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

10/01/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

Enter the 1-800 number: (855) 834-8555

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

6.2 Train staff on answering phones, providing information, and conducting the Level I screen:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

10/01/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

Structural Changes

NWD/SEP System Advertising

7.1 Develop advertising plan:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

12/28/2012 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**
○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

7.2 Implement advertising plan:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

10/01/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**
○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

Structural Changes

Core Standardized Assessment

8.1 Develop questions for the Level I screen:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

05/15/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

8.3 Incorporate additional domains and topics into assessments if necessary:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

09/28/2012 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**
○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

8.4 Train staff members at NWD/SEPs to coordinate the CSA:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

12/31/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**
○ **This task is not yet complete.**

Estimated percentage complete: ____ %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

8.5 Identify qualified personnel to conduct the CSA:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

09/28/2012 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

Updates to Core Standardized Assessment:

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

Describe changes to the Core Standardized Assessment that were implemented:

Describe experienced or anticipated challenges:

Describe the State's plan to address the challenges described above:

Structural Changes

Conflict-Free Case Management

9.2 Establish protocol for removing conflict of interest:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

06/28/2013 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

Structural Changes

Sustainability

11.2 Develop sustainability plan:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

05/15/2015 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

Structural Changes

Coordination with Health Insurance Exchange Information Technology (IT) System

12.1 Describe plans to coordinate the NWD/SEP system with the Health Insurance Exchange IT system:

☐ **The State intends to seek CMS approval to change the date this deliverable will be submitted.**

When does the State anticipate deliverables for this task will be submitted?

04/30/2014 *(mm/dd/yyyy)*

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

◉ **This task was completed.**

○ **This task is not yet complete.**

Estimated percentage complete: %

Describe progress for this task during the reporting period:

Describe experienced or anticipated challenges to completing this task:

Describe the State's plan to address the challenges described above:

Updates on coordination with the Health Insurance Exchange IT system, including the technological infrastructure.

☐ **The State intends to seek CMS approval to amend what will be submitted as deliverables for this task.**

Deliverables: (Please note any variance from Deliverables in the Work Plan)

Describe changes to coordination between the NWD/SEP system and the HIE IT system that occurred:

Describe experienced or anticipated challenges:

Describe the State's plan to address the challenges described above:

Data Collection - List of Measures

The Data Collection section documents the State's progress toward collecting the Service, Quality, and Outcome data the State agreed to collect as part of the State's Balancing Incentive Program application.

10.1 Service Measures:

Measure Name	Start of Measure Description	Implementation	Withdrawn
CMS 64	Quarterly statement of actual program costs and administrative expenditures for which States are ent	Complete	No
BIP Participant Data	Gather participant LTSS data including:•Total expenditures for community LTSS •Total expenditures f	Complete	No

10.2 Quality Measures:

Measure Name	Start of Measure Description	Implementation	Withdrawn
Adult Quality Measures	Missouri was approved for an Adult Quality Grant that has allowed MHD to develop its analytic capaci	Complete	No

10.3 Outcome Measures:

Measure Name	Start of Measure Description	Implementation	Withdrawn
Family/Guardian Survey	Consumer satisfaction with services delivered to individuals with Developmental Disabilities. Respo	Complete	No
MOCOR Survey	Missouri has developed an online survey that will measure the outcomes for the community based long	Complete	No
Customer Services Postcards	Measures outcomes related to Medicaid eligibility determination.	Complete	No
Adult Consumer Survey	The Adult Consumer Survey obtains responses to questions related to the following Core Indicators:	Complete	No
Adult/Family Survey	Consumer satisfaction with services delivered to individuals with Developmental Disabilities. Respo	Complete	No
Consumer Satisfaction Survey	Create an automated Consumer Satisfaction Survey that will allow individuals receiving community bas	Not Complete	Yes
Child/Family Survey	Consumer satisfaction with services delivered to individuals with Developmental Disabilities. Respo	Complete	No

Measure Detail

☐ The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.

Name of the measure:

Family/Guardian Survey

Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)

Consumer satisfaction with services delivered to individuals with Developmental Disabilities. Responses to questions relate to the following Core Indicators:

- Information and Planning
- Choices and Control
- Access and Support Delivery
- Community Connections
- Family Involvement
- Satisfaction
- Outcomes

Type of measure:

○ **Service**
○ **Quality**
◉ **Outcome**

Applicable populations: (select all populations for whom the measure is or will be used.)

☐ **Elderly individuals (age 65 or older)**
☑ **People with developmental disabilities**
☐ **People with a serious mental illness or severe emotional disturbance**
☐ **People with physical disabilities**
☐ **Other**

Please specify:

☑ **The State implemented the measure, i.e., it has the ability to report data for the measure**

Estimated implementation percentage complete: ____ %

Describe progress toward implementing this measure during the reporting period:

Describe experienced or anticipated challenges to implementing this measure:

Describe the State's plan to address the challenges described above:

☐ **The State no longer plans to implement this measure.**

Explain the reason(s) the State no longer plans to implement this measure:

Describe how frequently the State calculates the measure for internal use and/or external reporting:
Minimum of every 3 years - last survey year 2010/2011

☑ **The State calculated the measure for internal use and/or external reporting during the reporting period.**

Populations for which the measure was calculated (select all that apply):

- ☐ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☐ **People with a serious mental illness or severe emotional disturbance**
- ☐ **People with physical disabilities**
- ☐ **Other**

Please specify:

Describe the State's sampling approach:

- ○ **100%**
- ◉ **Representative sample**
- ○ **Stratified sample**
- ○ **Other**

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:
Sample size of 400 allows a 95% confidence interval with +/- 5% margin of error

What data source(s) does the State use to collect the data (e.g., information system or survey):
Family/Guardian Survey

Measure Detail

☐ The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.

Name of the measure:
CMS 64

Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)
Quarterly statement of actual program costs and administrative expenditures for which States are entitled to Federal reimbursement underthe authority of Title XIX of the Act

Type of measure:

- ◉ **Service**
- ○ **Quality**
- ○ **Outcome**

Applicable populations: (select all populations for whom the measure is or will be used.)

- ☑ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☑ **People with a serious mental illness or severe emotional disturbance**
- ☑ **People with physical disabilities**
- ☐ **Other**

Please specify:

☑ **The State implemented the measure, i.e., it has the ability to report data for the measure**

Estimated implementation percentage complete: ____ %

Describe progress toward implementing this measure during the reporting period:

Describe experienced or anticipated challenges to implementing this measure:

Describe the State's plan to address the challenges described above:

☐ **The State no longer plans to implement this measure.**

Explain the reason(s) the State no longer plans to implement this measure:

Describe how frequently the State calculates the measure for internal use and/or external reporting:
Quarterly

☑ **The State calculated the measure for internal use and/or external reporting during the reporting period.**

Populations for which the measure was calculated (select all that apply):

- ☑ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☑ **People with a serious mental illness or severe emotional disturbance**
- ☑ **People with physical disabilities**
- ☐ **Other**

Please specify:

Describe the State's sampling approach:

- ◉ **100%**
- ○ **Representative sample**
- ○ **Stratified sample**
- ○ **Other**

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:

What data source(s) does the State use to collect the data (e.g., information system or survey):
MMIS

Measure Detail

☐ The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.

Name of the measure:
MOCOR Survey

Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)
Missouri has developed an online survey that will measure the outcomes for the community based long term care populations.

Type of measure:

- ○ **Service**
- ○ **Quality**
- ◉ **Outcome**

Applicable populations: (select all populations for whom the measure is or will be used.)

- ☑ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☑ **People with a serious mental illness or severe emotional disturbance**

- [x] **People with physical disabilities**
- [ ] **Other**

Please specify:

- [x] **The State implemented the measure, i.e., it has the ability to report data for the measure**

Estimated implementation percentage complete: %

Describe progress toward implementing this measure during the reporting period:

Describe experienced or anticipated challenges to implementing this measure:

Describe the State's plan to address the challenges described above:

- [ ] **The State no longer plans to implement this measure.**

Explain the reason(s) the State no longer plans to implement this measure:

Describe how frequently the State calculates the measure for internal use and/or external reporting:

Results will be tabulated Bi-annually and posted to the MOCOR website.

- [x] **The State calculated the measure for internal use and/or external reporting during the reporting period.**

Populations for which the measure was calculated (select all that apply):

- [x] **Elderly individuals (age 65 or older)**
- [x] **People with developmental disabilities**
- [x] **People with a serious mental illness or severe emotional disturbance**
- [x] **People with physical disabilities**
- [ ] **Other**

Please specify:

Describe the State's sampling approach:

- (●) **100%**
- ( ) **Representative sample**
- ( ) **Stratified sample**
- ( ) **Other**

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:

What data source(s) does the State use to collect the data (e.g., information system or survey):

Missouri has developed an online survey that measures the outcomes for the community based long term care populations.

Measure Detail

- [ ] The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.

Name of the measure:

BIP Participant Data

Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)

Gather participant LTSS data including:•Total expenditures for community LTSS •Total expenditures for institutional LTSS •Total participants accessing community LTSS •Total participants accessing institutional LTSS •Breakdown of community LTSS delivered during the quarter and number of participants served

Type of measure:

- (●) **Service**
- ( ) **Quality**
- ( ) **Outcome**

Applicable populations: (select all populations for whom the measure is or will be used.)

- [x] **Elderly individuals (age 65 or older)**
- [x] **People with developmental disabilities**
- [x] **People with a serious mental illness or severe emotional disturbance**
- [x] **People with physical disabilities**
- [ ] **Other**

Please specify:

- [x] **The State implemented the measure, i.e., it has the ability to report data for the measure**

Estimated implementation percentage complete: %

Describe progress toward implementing this measure during the reporting period:

Describe experienced or anticipated challenges to implementing this measure:

Describe the State's plan to address the challenges described above:

- [ ] **The State no longer plans to implement this measure.**

Explain the reason(s) the State no longer plans to implement this measure:

Describe how frequently the State calculates the measure for internal use and/or external reporting:

Data is collected quarterly

- [x] **The State calculated the measure for internal use and/or external reporting during the reporting period.**

Populations for which the measure was calculated (select all that apply):

- [x] **Elderly individuals (age 65 or older)**
- [x] **People with developmental disabilities**
- [x] **People with a serious mental illness or severe emotional disturbance**
- [x] **People with physical disabilities**
- [ ] **Other**

Please specify:

Describe the State's sampling approach:

- (●) **100%**
- ( ) **Representative sample**
- ( ) **Stratified sample**
- ( ) **Other**

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:

What data source(s) does the State use to collect the data (e.g., information system or survey):

MMIS

Measure Detail

☐ The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.

Name of the measure:

Customer Services Postcards

Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)

Measures outcomes related to Medicaid eligibility determination.

Type of measure:

- ○ **Service**
- ○ **Quality**
- ◉ **Outcome**

Applicable populations: (select all populations for whom the measure is or will be used.)

- ☑ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☑ **People with a serious mental illness or severe emotional disturbance**
- ☑ **People with physical disabilities**
- ☐ **Other**

Please specify:

☑ **The State implemented the measure, i.e., it has the ability to report data for the measure**

Estimated implementation percentage complete: %

Describe progress toward implementing this measure during the reporting period:

Describe experienced or anticipated challenges to implementing this measure:

Describe the State's plan to address the challenges described above:

☐ **The State no longer plans to implement this measure.**

Explain the reason(s) the State no longer plans to implement this measure:

Describe how frequently the State calculates the measure for internal use and/or external reporting:

Customer Services Postcards are received by the local county Family Support Division (FSD) office on a monthly basis and action taken immediately by local staff. The FSD Income Maintenance Quality Assurance/Quality Control Unit (IM-QA/QC) receives the Customer Services Postcards, records the information from the card onto a spreadsheet, then compiles a summary report of the information at the Federal Fiscal Year-end. All cards received are reviewed and recorded as they are received.

☑ **The State calculated the measure for internal use and/or external reporting during the reporting period.**

Populations for which the measure was calculated (select all that apply):

- ☑ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☑ **People with a serious mental illness or severe emotional disturbance**
- ☑ **People with physical disabilities**
- ☐ **Other**

Please specify:

Describe the State's sampling approach:

- ○ **100%**
- ○ **Representative sample**
- ○ **Stratified sample**

(●) **Other**

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:

What data source(s) does the State use to collect the data (e.g., information system or survey):
Customer Services Postcards

Measure Detail

☐ The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.

Name of the measure:
Adult Consumer Survey

Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)
The Adult Consumer Survey obtains responses to questions related to the following Core Indicators:
- Community Inclusion
- Choice and Decision-Making
- Relationships
- Satisfaction
- Service Coordination
- Access
- Safety
- Health
- Wellness
- Medications
- Respect and Rights
- Self-Determination
- Work

Type of measure:
- ○ **Service**
- ○ **Quality**
- (●) **Outcome**

Applicable populations: (select all populations for whom the measure is or will be used.)
- ☐ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☐ **People with a serious mental illness or severe emotional disturbance**
- ☐ **People with physical disabilities**
- ☐ **Other**

Please specify:

☑ **The State implemented the measure, i.e., it has the ability to report data for the measure**

Estimated implementation percentage complete: ____ %

Describe progress toward implementing this measure during the reporting period:

Describe experienced or anticipated challenges to implementing this measure:

Describe the State's plan to address the challenges described above:

☐ **The State no longer plans to implement this measure.**

Explain the reason(s) the State no longer plans to implement this measure:

Describe how frequently the State calculates the measure for internal use and/or external reporting:

Annually - Last survey year 2011/2012

☑ **The State calculated the measure for internal use and/or external reporting during the reporting period.**

Populations for which the measure was calculated (select all that apply):

- ☐ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☐ **People with a serious mental illness or severe emotional disturbance**
- ☐ **People with physical disabilities**
- ☐ **Other**

Please specify:

Describe the State's sampling approach:

- ○ **100%**
- ◉ **Representative sample**
- ○ **Stratified sample**
- ○ **Other**

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:

Sample size of 400 allows a 95% confidence interval with +/- 5% margin of error

What data source(s) does the State use to collect the data (e.g., information system or survey):

Adult Consumer Survey

Measure Detail

☐ The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.

Name of the measure:

Adult Quality Measures

Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)

Missouri was approved for an Adult Quality Grant that has allowed MHD to develop its analytic capacity to collect and analyze data on a comprehensive set of CMS-approved Adult Quality Core Measures for the community LTSS population. MHD is wrapping up the development of new tools to produce HEDIS® data, analyze data in-house through a known standardized method across providers, conduct ad hoc analysis of claims data for a variety of quality-related purposes by augmenting its information technology infrastructure. MHD is also working to acquire dual eligible data from CMS for the purpose of care coordination at the state and provider levels, and to expand educational interventions and data sharing with service providers. Focus will be on development of process measures over time, collection and the evaluation of at least fifteen (15) core measures during the grant period and beyond.

Type of measure:

- ○ **Service**
- ◉ **Quality**
- ○ **Outcome**

Applicable populations: (select all populations for whom the measure is or will be used.)

- ☑ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☑ **People with a serious mental illness or severe emotional disturbance**
- ☑ **People with physical disabilities**
- ☐ **Other**

Please specify:

☑ **The State implemented the measure, i.e., it has the ability to report data for the measure**

Estimated implementation percentage complete: %

Describe progress toward implementing this measure during the reporting period:

Describe experienced or anticipated challenges to implementing this measure:

Describe the State's plan to address the challenges described above:

☐ **The State no longer plans to implement this measure.**

Explain the reason(s) the State no longer plans to implement this measure:

Describe how frequently the State calculates the measure for internal use and/or external reporting:

☐ **The State calculated the measure for internal use and/or external reporting during the reporting period.**

Populations for which the measure was calculated (select all that apply):

- ☐ **Elderly individuals (age 65 or older)**
- ☐ **People with developmental disabilities**
- ☐ **People with a serious mental illness or severe emotional disturbance**
- ☐ **People with physical disabilities**
- ☐ **Other**

Please specify:

Describe the State's sampling approach:

- ○ **100%**
- ○ **Representative sample**
- ○ **Stratified sample**
- ○ **Other**

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:

What data source(s) does the State use to collect the data (e.g., information system or survey):

Measure Detail

☐ The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.

Name of the measure:

Adult/Family Survey

Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)

Consumer satisfaction with services delivered to individuals with Developmental Disabilities. Responses to questions relate to the following Core Indicators:

- Information and Planning
- Choices and Control
- Access and Support Delivery
- Community Connections
- Family Involvement
- Satisfaction
- Outcomes

Type of measure:

- ○ **Service**

- ( ) **Quality**
- (•) **Outcome**

Applicable populations: (select all populations for whom the measure is or will be used.)

- [ ] **Elderly individuals (age 65 or older)**
- [x] **People with developmental disabilities**
- [ ] **People with a serious mental illness or severe emotional disturbance**
- [ ] **People with physical disabilities**
- [ ] **Other**

Please specify:

- [x] **The State implemented the measure, i.e., it has the ability to report data for the measure**

Estimated implementation percentage complete: %

Describe progress toward implementing this measure during the reporting period:

Describe experienced or anticipated challenges to implementing this measure:

Describe the State's plan to address the challenges described above:

- [ ] **The State no longer plans to implement this measure.**

Explain the reason(s) the State no longer plans to implement this measure:

Describe how frequently the State calculates the measure for internal use and/or external reporting:

Minimum of every 3 years - Last survey year 2008/2009

- [x] **The State calculated the measure for internal use and/or external reporting during the reporting period.**

Populations for which the measure was calculated (select all that apply):

- [ ] **Elderly individuals (age 65 or older)**
- [x] **People with developmental disabilities**
- [ ] **People with a serious mental illness or severe emotional disturbance**
- [ ] **People with physical disabilities**
- [ ] **Other**

Please specify:

Describe the State's sampling approach:

- ( ) **100%**
- (•) **Representative sample**
- ( ) **Stratified sample**
- ( ) **Other**

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:

Sample size of 400 allows a 95% confidence interval with +/- 5% margin of error

What data source(s) does the State use to collect the data (e.g., information system or survey):

Adult/Family Survey

Measure Detail

- [x] The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.

Name of the measure:

Consumer Satisfaction Survey

Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)

Create an automated Consumer Satisfaction Survey that will allow individuals receiving community based LTSS to self report satisfaction in the following areas: Access to Care, Person Centered/Consumer Choice, Overall Satisfaction, Satisfaction with Medicaid Eligibility.

Type of measure:

- ○ **Service**
- ○ **Quality**
- ◉ **Outcome**

Applicable populations: (select all populations for whom the measure is or will be used.)

- ☑ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☑ **People with a serious mental illness or severe emotional disturbance**
- ☑ **People with physical disabilities**
- ☐ **Other**

Please specify:

☐ **The State implemented the measure, i.e., it has the ability to report data for the measure**

Estimated implementation percentage complete: 30 %

Describe progress toward implementing this measure during the reporting period:

Potential questions have been gathered and disseminated to the NWD/SEP agencies for feedback.

Describe experienced or anticipated challenges to implementing this measure:

A challenge may occur with gathering a representative sample with the use of the self-assessment process.

Describe the State's plan to address the challenges described above:

Missouri will monitor the feedback received and make adjustments should a representative sample not be obtained.

☑ **The State no longer plans to implement this measure.**

Explain the reason(s) the State no longer plans to implement this measure:

Measure has been changed to include more than just consumer satisfaction.

Describe how frequently the State calculates the measure for internal use and/or external reporting:

☐ **The State calculated the measure for internal use and/or external reporting during the reporting period.**

Populations for which the measure was calculated (select all that apply):

- ☐ **Elderly individuals (age 65 or older)**
- ☐ **People with developmental disabilities**
- ☐ **People with a serious mental illness or severe emotional disturbance**
- ☐ **People with physical disabilities**
- ☐ **Other**

Please specify:

Describe the State's sampling approach:

- ○ **100%**
- ○ **Representative sample**
- ○ **Stratified sample**
- ○ **Other**

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:

What data source(s) does the State use to collect the data (e.g., information system or survey):

Measure Detail

☐ The State intends to seek CMS approval to amend the name, description, or type of measure, or the applicable populations.

Name of the measure:

Child/Family Survey

Describe the measure:(Please note any variance from a similar measure submitted with the Work Plan)

Consumer satisfaction with services delivered to individuals with Developmental Disabilities. Responses to questions relate to the following Core Indicators:

- Information and Planning
- Choices and Control
- Access and Support Delivery
- Community Connections
- Family Involvement
- Satisfaction
- Outcomes

Type of measure:

- ○ **Service**
- ○ **Quality**
- ◉ **Outcome**

Applicable populations: (select all populations for whom the measure is or will be used.)

- ☐ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☐ **People with a serious mental illness or severe emotional disturbance**
- ☐ **People with physical disabilities**
- ☐ **Other**

Please specify:

☑ **The State implemented the measure, i.e., it has the ability to report data for the measure**

Estimated implementation percentage complete: %

Describe progress toward implementing this measure during the reporting period:

Describe experienced or anticipated challenges to implementing this measure:

Describe the State's plan to address the challenges described above:

☐ **The State no longer plans to implement this measure.**

Explain the reason(s) the State no longer plans to implement this measure:

Describe how frequently the State calculates the measure for internal use and/or external reporting:

Minimum of every 3 years - Last survey conducted 2009/2010

☑ **The State calculated the measure for internal use and/or external reporting during the reporting period.**

Populations for which the measure was calculated (select all that apply):

- ☐ **Elderly individuals (age 65 or older)**
- ☑ **People with developmental disabilities**
- ☐ **People with a serious mental illness or severe emotional disturbance**
- ☐ **People with physical disabilities**
- ☐ **Other**

Please specify:

Describe the State's sampling approach:

- ○ **100%**
- ◉ **Representative sample**
- ○ **Stratified sample**
- ○ **Other**

If the sampling approach is not 100%, explain the sampling approach below. Include information such as confidence interval, margin of error, and variables used for sample stratification, if applicable:

Sample size of 400 allows a 95% confidence interval with +/- 5% margin of error

What data source(s) does the State use to collect the data (e.g., information system or survey):

Child/Family Survey

Expenditures Reporting, Current Reporting Period

Describe the non-institutional Medicaid services and supports submitted in the State's application for purposes of determining eligibility for the Balancing Incentive Program and for determining the percentage of payments (i.e., 2% or 5%):
The non-institutional services determined eligible for the BIP include: personal care, 1915(c) waivers, private duty nursing, home health, rehabilitation services, PACE, psychiatric rehabilitation, and substance abuse treatment.

Enter non-institutional Medicaid LTSS expenditures for services and supports described above. Please include total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.

1915(c) waivers:	$ 219624299.00
Personal care services authorized under Section 1905(a)(24):	$ 162288479.00
Home health care services authorized under Section 1905(a)(7):	$ 1346232.00
Rehabilitative services authorized under Section 1905(a)(13):	$ 57879268.00
Private duty nursing services authorized under Section 1905(a)(8):	$ 15652677.00
Program for All-Inclusive Care for the Elderly (Section 1934):	$ 1811509.00
Home and community-based services state plan option (Section 1915(i)):	$ 0.00
Self-directed personal assistance services (Section 1915(j)):	$ 0.00
Case management services authorized under Section 1905(a)(19):	$ 18163009.00
Health home services authorized under Section 1945:	$ 8046551.00
Community First Choice services authorized under Section 1915(k):	$ 0.00
Other home and community-based services authorized under Sections 1115, 1915(a), 1915(b), 1915(d), and/or 1929(a):	$ 21557491.00
Other non-institutional LTSS:	$ 2359133.00
Please describe: Other is the MFP State Plan and Waiver expenditure.	
Total non-institutional LTSS:	**$508,728,648.00**

Describe the institutional Medicaid services and supports submitted in the State's application for purposes of determining eligibility for the Balancing Incentive Program and for determining the percentage of payments (i.e., 2% or 5%)

Enter institutional Medicaid LTSS expenditures for services and supports described above. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.

Services in nursing facilities:	$ 272676525.00
Services in intermediate care facilities for individuals with intellectual disabilities (ICF/IID):	$ 21011549.00
Services in institutions for mental diseases (IMDs) for people under age 21 or age 65 or older:	$ 5733869.00
Disproportionate share hospital payments for IMDs:	$ 51808653.00
Services in long-term care hospitals,which have an average length of stay of 25 or more days:	$ 0.00
Services in psychiatric hospitals that are not IMDs:	$ 0.00
Other institutional LTSS:	$ 0.00

Please describe:

Total institutional LTSS:	**$351,230,596.00**
Total LTSS:	**$859,959,244.00**
Percentage of LTSS for non-institutional services and supports:	**59.16%**
Change in percentage of LTSS for non-institutional services and supports from previous quarter (assuming no prior period adjustments):	**2.08%**

Expenditures Reporting, Adjustments to Prior Reporting Periods

The State reports prior period adjustments to previously submitted reports for the following reporting periods:

Reporting Period End Date		
06/30/15		
03/31/15		
12/31/14		
09/30/14		
06/30/14		
03/31/14		
09/30/13		

Expenditures Reporting, Adjustments to Prior Reporting Periods Detail

This prior period adjustment applies to expenditures during the reporting period ending on the following date: 06/30/15

Enter ***prior period adjustments*** to previously reported non-institutional Medicaid LTSS expenditures for services and

supports described above during the reporting period. Please include total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration.
Enter only the expenditures not previously reported; do not enter total expenditures.

1915(c) waivers:	$
Personal care services authorized under Section 1905(a)(24):	$ 14395.00
Home health care services authorized under Section 1905(a)(7):	$ 1457.00
Rehabilitative services authorized under Section 1905(a)(13):	$ 248184.00
Private duty nursing services authorized under Section 1905(a)(8):	$
Program for All-Inclusive Care for the Elderly (Section 1934):	$
Home and community-based services state plan option (Section 1915(i)):	$
Self-directed personal assistance services (Section 1915(j)):	$
Case management services authorized under Section 1905(a)(19):	$
Health home services authorized under Section 1945:	$
Community First Choice services authorized under Section 1915(k):	$
Other home and community-based services authorized under Sections 1115, 1915(a), 1915(b), 1915(d), and/or 1929(a):	$ 2392345.00
Other non-institutional LTSS:	$

Please describe:

Enter ***prior period adjustments*** to institutional Medicaid LTSS expenditures for services and supports described above. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.
Enter only the expenditures not previously reported; do not enter total expenditures.

Services in nursing facilities:	$
Services in intermediate care facilities for people with mental retardation (ICF/MR):	$
Services in institutions for mental diseases (IMDs) for people under age 21 or age 65 or older:	$ -38406.00
Disproportionate share hospital payments for IMDs:	$
Services in long-term care hospitals,which have an average length of stay of 25 or more days:	$
Services in psychiatric hospitals that are not IMDs:	$
Other institutional LTSS:	$

Please describe:

Expenditures Reporting, Adjustments to Prior Reporting Periods Detail

This prior period adjustment applies to expenditures during the reporting period ending on the following date: 03/31/15

Enter ***prior period adjustments*** to previously reported non-institutional Medicaid LTSS expenditures for services and supports described above during the reporting period. Please include total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration.
Enter only the expenditures not previously reported; do not enter total expenditures.

1915(c) waivers:	$
Personal care services authorized under Section 1905(a)(24):	$ 20739.00
Home health care services authorized under Section 1905(a)(7):	$ 2075.00
Rehabilitative services authorized under Section 1905(a)(13):	$
Private duty nursing services authorized under Section 1905(a)(8):	$
Program for All-Inclusive Care for the Elderly (Section 1934):	$
Home and community-based services state plan option (Section 1915(i)):	$
Self-directed personal assistance services (Section 1915(j)):	$
Case management services authorized under Section 1905(a)(19):	$ 126093.00
Health home services authorized under Section 1945:	$
Community First Choice services authorized under Section 1915(k):	$
Other home and community-based services authorized under Sections 1115, 1915(a), 1915(b), 1915(d), and/or 1929(a):	$ 2427936.00
Other non-institutional LTSS:	$

Please describe:

Enter ***prior period adjustments*** to institutional Medicaid LTSS expenditures for services and supports described above. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.
Enter only the expenditures not previously reported; do not enter total expenditures.

Services in nursing facilities:	$
Services in intermediate care facilities for people with mental retardation (ICF/MR):	$
Services in institutions for mental diseases (IMDs) for people under age 21 or age 65 or older:	$ -33009.00
Disproportionate share hospital payments for IMDs:	$
Services in long-term care hospitals,which have an average length of stay of 25 or more days:	$
Services in psychiatric hospitals that are not IMDs:	$
Other institutional LTSS:	$

Please describe:

Expenditures Reporting, Adjustments to Prior Reporting Periods Detail

This prior period adjustment applies to expenditures during the reporting period ending on the following date: 12/31/14

Enter ***prior period adjustments*** to previously reported non-institutional Medicaid LTSS expenditures for services and supports described above during the reporting period. Please include total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration.
Enter only the expenditures not previously reported; do not enter total expenditures.

1915(c) waivers:	$
Personal care services authorized under Section 1905(a)(24):	$ 14831.00
Home health care services authorized under Section 1905(a)(7):	$ 388.00
Rehabilitative services authorized under Section 1905(a)(13):	$
Private duty nursing services authorized under Section 1905(a)(8):	$
Program for All-Inclusive Care for the Elderly (Section 1934):	$
Home and community-based services state plan option (Section 1915(i)):	$
Self-directed personal assistance services (Section 1915(j)):	$
Case management services authorized under Section 1905(a)(19):	$ 91825.00
Health home services authorized under Section 1945:	$
Community First Choice services authorized under Section 1915(k):	$
Other home and community-based services authorized under Sections 1115, 1915(a), 1915(b), 1915(d), and/or 1929(a):	$ 1672506.00
Other non-institutional LTSS:	$

Please describe:

Enter ***prior period adjustments*** to institutional Medicaid LTSS expenditures for services and supports described above. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.
Enter only the expenditures not previously reported; do not enter total expenditures.

Services in nursing facilities:	$
Services in intermediate care facilities for people with mental retardation (ICF/MR):	$
Services in institutions for mental diseases (IMDs) for people under age 21 or age 65 or older:	$
Disproportionate share hospital payments for IMDs:	$
Services in long-term care hospitals,which have an average length of stay of 25 or more days:	$
Services in psychiatric hospitals that are not IMDs:	$
Other institutional LTSS:	$

Please describe:

This prior period adjustment applies to expenditures during the reporting period ending on the following date: 09/30/14

Enter ***prior period adjustments*** to previously reported non-institutional Medicaid LTSS expenditures for services and supports described above during the reporting period. Please include total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration.
Enter only the expenditures not previously reported; do not enter total expenditures.

1915(c) waivers:	$
Personal care services authorized under Section 1905(a)(24):	$ -17878.00
Home health care services authorized under Section 1905(a)(7):	$ -2195.00
Rehabilitative services authorized under Section 1905(a)(13):	$ 232768.00
Private duty nursing services authorized under Section 1905(a)(8):	$
Program for All-Inclusive Care for the Elderly (Section 1934):	$
Home and community-based services state plan option (Section 1915(i)):	$
Self-directed personal assistance services (Section 1915(j)):	$
Case management services authorized under Section 1905(a)(19):	$ 96416.00
Health home services authorized under Section 1945:	$
Community First Choice services authorized under Section 1915(k):	$
Other home and community-based services authorized under Sections 1115, 1915(a), 1915(b), 1915(d), and/or 1929(a):	$ 1671378.00
Other non-institutional LTSS:	$

Please describe:

Enter ***prior period adjustments*** to institutional Medicaid LTSS expenditures for services and supports described above. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.
Enter only the expenditures not previously reported; do not enter total expenditures.

Services in nursing facilities:	$
Services in intermediate care facilities for people with mental retardation (ICF/MR):	$
Services in institutions for mental diseases (IMDs) for people under age 21 or age 65 or older:	$
Disproportionate share hospital payments for IMDs:	$
Services in long-term care hospitals,which have an average length of stay of 25 or more days:	$
Services in psychiatric hospitals that are not IMDs:	$
Other institutional LTSS:	$

Please describe:

Expenditures Reporting, Adjustments to Prior Reporting Periods Detail

This prior period adjustment applies to expenditures during the reporting period ending on the following date: 06/30/14

Enter ***prior period adjustments*** to previously reported non-institutional Medicaid LTSS expenditures for services and supports described above during the reporting period. Please include total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration.
Enter only the expenditures not previously reported; do not enter total expenditures.

1915(c) waivers:	$
Personal care services authorized under Section 1905(a)(24):	$ 17027.00
Home health care services authorized under Section 1905(a)(7):	$ 513.00
Rehabilitative services authorized under Section 1905(a)(13):	$ 260943.00
Private duty nursing services authorized under Section 1905(a)(8):	$
Program for All-Inclusive Care for the Elderly (Section 1934):	$
Home and community-based services state plan option (Section 1915(i)):	$
Self-directed personal assistance services (Section 1915(j)):	$
Case management services authorized under Section 1905(a)(19):	$ 104100.00
Health home services authorized under Section 1945:	$
Community First Choice services authorized under Section 1915(k):	$
Other home and community-based services authorized under Sections 1115, 1915(a), 1915(b), 1915(d), and/or 1929(a):	$ 1483501.00
Other non-institutional LTSS:	$

Please describe:

Enter ***prior period adjustments*** to institutional Medicaid LTSS expenditures for services and supports described above. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.
Enter only the expenditures not previously reported; do not enter total expenditures.

Services in nursing facilities:	$
Services in intermediate care facilities for people with mental retardation (ICF/MR):	$
Services in institutions for mental diseases (IMDs) for people under age 21 or age 65 or older:	$
Disproportionate share hospital payments for IMDs:	$
Services in long-term care hospitals,which have an average length of stay of 25 or more days:	$
Services in psychiatric hospitals that are not IMDs:	$
Other institutional LTSS:	$

Please describe:

Expenditures Reporting, Adjustments to Prior Reporting Periods Detail

This prior period adjustment applies to expenditures during the reporting period ending on the following date: 03/31/14

Enter ***prior period adjustments*** to previously reported non-institutional Medicaid LTSS expenditures for services and supports described above during the reporting period. Please include total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration.
Enter only the expenditures not previously reported; do not enter total expenditures.

1915(c) waivers:	$
Personal care services authorized under Section 1905(a)(24):	$ 15135.00
Home health care services authorized under Section 1905(a)(7):	$ 128.00
Rehabilitative services authorized under Section 1905(a)(13):	$ 131780.00
Private duty nursing services authorized under Section 1905(a)(8):	$
Program for All-Inclusive Care for the Elderly (Section 1934):	$
Home and community-based services state plan option (Section 1915(i)):	$
Self-directed personal assistance services (Section 1915(j)):	$
Case management services authorized under Section 1905(a)(19):	$ 53733.00
Health home services authorized under Section 1945:	$
Community First Choice services authorized under Section 1915(k):	$
Other home and community-based services authorized under Sections 1115, 1915(a), 1915(b), 1915(d), and/or 1929(a):	$ 991544.00
Other non-institutional LTSS:	$

Please describe:

Enter ***prior period adjustments*** to institutional Medicaid LTSS expenditures for services and supports described above. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.
Enter only the expenditures not previously reported; do not enter total expenditures.

Services in nursing facilities:	$
Services in intermediate care facilities for people with mental retardation (ICF/MR):	$
Services in institutions for mental diseases (IMDs) for people under age 21 or age 65 or older:	$
Disproportionate share hospital payments for IMDs:	$
Services in long-term care hospitals,which have an average length of stay of 25 or more days:	$
Services in psychiatric hospitals that are not IMDs:	$

Other institutional LTSS: $

Please describe:

Expenditures Reporting, Adjustments to Prior Reporting Periods Detail

This prior period adjustment applies to expenditures during the reporting period ending on the following date: 09/30/13

Enter ***prior period adjustments*** to previously reported non-institutional Medicaid LTSS expenditures for services and supports described above during the reporting period. Please include total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration.
Enter only the expenditures not previously reported; do not enter total expenditures.

1915(c) waivers: $

Personal care services authorized under Section 1905(a)(24): $

Home health care services authorized under Section 1905(a)(7): $

Rehabilitative services authorized under Section 1905(a)(13): $

Private duty nursing services authorized under Section 1905(a)(8): $

Program for All-Inclusive Care for the Elderly (Section 1934): $

Home and community-based services state plan option (Section 1915(i)): $

Self-directed personal assistance services (Section 1915(j)): $

Case management services authorized under Section 1905(a)(19): $

Health home services authorized under Section 1945: $

Community First Choice services authorized under Section 1915(k): $

Other home and community-based services authorized under Sections 1115, 1915(a), 1915(b), 1915(d), and/or 1929(a): $ -29978.00

Other non-institutional LTSS: $

Please describe:

Enter ***prior period adjustments*** to institutional Medicaid LTSS expenditures for services and supports described above. If this is a State's first report, the reporting period for purposes of the following fields includes all completed quarters for which the State has received Balancing Incentive Program payments.
Enter only the expenditures not previously reported; do not enter total expenditures.

Services in nursing facilities: $ -2118.00

Services in intermediate care facilities for people with mental retardation (ICF/MR): $

Services in institutions for mental diseases (IMDs) for people under age 21 or age 65 or older: $

Disproportionate share hospital payments for IMDs: $

Services in long-term care hospitals,which have an average length of stay of 25 or more days: $

Services in psychiatric hospitals that are not IMDs: $

Other institutional LTSS: $

Please describe:

Assurances

Explain how the State used the additional Federal funds paid to the State under the Balancing Incentive Program during the reporting period for purposes of providing new or expanded offerings of non-institutionally-based LTSS, as required in Section 10202(c)(4) of the Affordable Care Act.
Missouri expanded access to the Partnership for Hope Waiver, the Missouri Children with Developmental Disabilities Waiver, the Comprehensive Waiver, and the Adult Day Care Waiver. An additional 4,358 Medicaid participants have become eligible for community long term services and supports. The amendment to the Comprehensive Waiver was approved by CMS 02/01/2013 with additional slots approved back to July 1, 2012.

Below is the breakdown of expenditures and revenues by quarter:
Quarter Structural
2014-Q1 $12,010
2014-Q2 $7,126
2014-Q3 $4,116
2014-Q4 $6,403
2015-Q1 $3,624
2015-Q2 $6,134
2015-Q3 $6,355
2015-Q4 $6,150
TOTAL $68,136
Quarter Comprehensive Waiver
2014-Q1 $6,788,424
2014-Q2 $7,282,018
2014-Q3 $8,042,714
2014-Q4 $8,956,807
2015-Q1 $8,447,443
2015-Q2 $10,267,241
2015-Q3 $10,123,775
2015-Q4 $8,512121
TOTAL $90,315,278
Quarter Partnership for Hope Waiver
2014-Q1 $500,817
2014-Q2 $479,153
2014-Q3 $650,422
2014-Q4 $689,770
2015-Q1 $696,988
2015-Q2 $741,340
2015-Q3 $677,825
2015-Q4 $884,585
TOTAL $6,317,078
Quarter MOCDD Waiver
2014-Q1 $114,119
2014-Q2 $110,111
2014-Q3 $126,440
2014-Q4 $170,840
2015-Q1 $153,167
2015-Q2 $168,043
2015-Q3 $145,007
2015-Q4 $203,865
TOTAL $1,427,247
Quarter Adult Day Care Waiver
2014-Q3 $1,451,550
2014-Q4 $1,365,097
2015-Q1 $1,377,452
2015-Q2 $1,385,965
2015-Q3 $1,265,057
2015-Q4 $1,431,516

TOTAL $12,391,022
Quarter TOTAL
2013-Q4 $8,077,150
2014-Q1 $8,756,674
2014-Q2 $8,974,414
2014-Q3 $10,279,358
2014-Q4 $11,195,376
2015-Q1 $10,682,962
2015-Q2 $12,574,856
2015-Q3 $12,218,019
2015-Q4 $11,038,238
TOTAL $110,518,762
BIP Revenues to Date:
Ending 09/30/15
Quarter Revenues
2013-Q4 $8,401,833
2014-Q1 $8,372,582
2014-Q2 $8,035,947
2014-Q3 $9,048,583
2014-Q4 $8,798,440
2015-Q1 $9,048,583
2015-Q2 $9,000,000
2015-Q3 $9,107,193
2015-Q4 $10,374,167
TOTAL $110,518,762

☑ **The State attests it has not restricted eligibility standards, methodologies, or procedures for LTSS during the reporting period.**