

# MMDL Balancing Incentive Program

## Report Date

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

09/30/2013

## Contacts

Please enter contact information for key individuals responsible for the State's Balancing Incentive Program.  
State Medicaid Director

**Name:** Jennifer Tidball

**Title:** Interim Director

**Organization:** MO HealthNet Division, Department of Social Services

**Address 1:** 615 Howerton Court

**Address 2:** P.O. Box 6500

**City:** Jefferson City

**State:** MISSOURI

**Zip:** 65102-6500

**Phone:** (573) 751-6922

**Fax:** (573) 751-6564

**Email:** Jennifer.R.Tidball@dss.mo.gov

### Balancing Incentive Program Project Director

**Name:** Theresa Valdes

**Title:** Balancing Incentive Program Coordinator

**Organization:** MO HealthNet Division, Department of Social Services

**Address 1:** 615 Howerton Court

**Address 2:** P.O. Box 6500

**City:** Jefferson City

**State:** MISSOURI

**Zip:** 65102-6500

**Phone:** (573) 526-8924

**Fax:** (573) 526-3946

**Email:** Theresa.Valdes@dss.mo.gov

Lead Staff for No Wrong Door / Single Entry Point System (if different from project director)

**Name:**

**Title:**

**Organization:**

**Address 1:**

**Address 2:**

**City:**

**State:**

**Zip:**

**Phone:**

**Fax:**

**Email:**

**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)**

**Name:**

**Title:**

**Organization:**

**Address 1:**

**Address 2:**

**City:**

**State:**

Zip:   
 Phone:   
 Fax:   
 Email:   
 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

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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. 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?**

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- 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. 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?

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- This task is not yet complete.

Estimated percentage complete:  %

Describe progress for this task during the reporting period:

Training was conducted for NWD/SEP staff with the Department of Mental Health, Department of Social Services/Family Support Division, Department of Health & Senior Services/Division of Community & Public Health.

Content has been completed for the online training module for the Department of Health & Senior Services/Division of Senior & Disability Services.

Describe experienced or anticipated challenges to completing this task:

DSDS finalized training materials in October, 2013 following the implementation of the BIP website and Level 1 assessment tool.

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

DSDS is currently in the process of incorporating the training material into an on-line training module. This work will be completed in November, 2013. DSDS staff will be expected to complete the on-line training no later than December 31, 2013.

3. 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?**

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- This task is not yet complete.**

Estimated percentage complete:  %

Describe progress for this task during the reporting period:

Processes are in place for NWD/SEP staff with the Department of Mental Health, Department of Social Services/Family Support Division, Department of Health & Senior Services/Division of Community & Public Health.

Content has been completed for the online training module for the Department of Health & Senior Services/Division of Senior & Disability Services.

Describe experienced or anticipated challenges to completing this task:

DSDS finalized training materials in October, 2013 following the implementation of the BIP website and Level 1 assessment tool.

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

DSDS is currently in the process of incorporating this training material into an on-line training module. This work will be completed in November, 2013. DSDS staff will be expected to complete the on-line training no later than December 31, 2013.

## Structural Changes

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

4. 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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- 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. 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?**

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- This task is not yet complete.**

Estimated percentage complete:  %

Describe progress for this task during the reporting period:

Key elements of the process to guide an individual through the eligibility and assessment process (MOCOR website, toll free number and Level I assessment) became operational October 1, 2013.

Describe experienced or anticipated challenges to completing this task:

The referrals through the MOCOR Screening Tool and the toll free number have been very minimal. Because Missouri had a well established system for individuals to access services prior to BIP, individuals continue to access the NWD/SEP agencies directly, avoiding the need for the Level I assessment. Due to the small number of referrals coming through the system, more time will be needed to determine if there are any problems with the system.

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

Missouri will monitor the system and level of access over the next six months to determine if changes are needed.

- 6. 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?**

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- This task is not yet complete.**

Estimated percentage complete:  %

Describe progress for this task during the reporting period:

Missouri will provide notice to CMS that the system is fully operational and describe any major system changes from the original design.

Describe experienced or anticipated challenges to completing this task:

Low level of activity through the MOCOR screening tool and the toll free number will require additional time to evaluate whether process are working effectively.

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

Gather and review ongoing data to determine if the MOCOR system is operating as designed.

7. 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)

Describe changes to the system that were implemented:

Describe experienced or anticipated challenges:

Low level of activity through the MOCOR screening tool and the toll free number will require additional time to evaluate whether process are working effectively.

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

Gather and review ongoing data to determine if the MOCOR system is operating as designed.

## Structural Changes

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

1. 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?**

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- 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. 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?**

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- 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:

3. 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?**

 (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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- 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

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NWD/SEP System Website

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?**

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- 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. 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?**

(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):**

- This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- 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:

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?**

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- 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

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NWD/SEP System 1-800 Number

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?**

(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:

- This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- 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. 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?

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- 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

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NWD/SEP System Advertising

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?

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- 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. 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?

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- 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

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Core Standardized Assessment

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?**

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- 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. 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?

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.
- 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:

3. 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?

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.
- This task was completed after the Program application was submitted, and its status remains current.

- This task is not yet complete.**

**Estimated percentage complete:**  %

Describe progress for this task during the reporting period:

Training was conducted for NWD/SEP staff with the Department of Mental Health, Department of Social Services/Family Support Division, Department of Health

Content has been completed for the online training module for the Department of Health & Senior Services/Division of Senior & Disability Services.

Describe experienced or anticipated challenges to completing this task:

DSDS finalized training materials in October, 2013 following the implementation of the BIP website and Level 1 assessment tool.

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

DSDS is currently in the process of incorporating the training material into an on-line training module. This work will be completed in November, 2013. DSDS staff will be expected to complete the on-line training no later than December 31, 2013.

4. 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?**

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- 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. 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

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### Conflict-Free Case Management

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?

 (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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- 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

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### Sustainability

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?

(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 by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- This task is not yet complete.**

Estimated percentage complete:  %

Describe progress for this task during the reporting period:

Major structural changes (website, automated Level I screening tool, and toll free number) became operational October 1, 2013.

Describe experienced or anticipated challenges to completing this task:

Major structural changes (website, automated Level I screening tool, and toll free number) just became operational October 1, 2013 and ongoing cost data is still being determined.

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

Ongoing operating costs are still being determined at this time. The last major structural change, an outcome survey, is still in development. Missouri requests an extension until February 15, 2014 to determine ongoing sustainability costs of these structural changes.

## Structural Changes

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### Coordination with Health Information Exchange Information Technology (IT) System

1. Describe plans to coordinate the NWD/SEP system with the Health Information 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?**

(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)

Missouri was notified that this deliverable was changed to address coordination with state Health Exchanges, not coordination with state Health Information Exchanges. Missouri will not be operating a state Health Exchange and will seek CMS guidance on how to coordinate with the Health Exchange that will be operated by the federal government.

- This task was completed by the time the Program application was submitted. Supporting information can be found in the application and/or Work Plan.**
- This task was completed after the Program application was submitted, and its status remains current.**
- This task is not yet complete.**

Estimated percentage complete:  %

Describe progress for this task during the reporting period:

Missouri is not operating a Health Exchange. No progress has been made on coordinating the NWD/SEP system with the Federal Health Exchange

Describe experienced or anticipated challenges to completing this task:

Missouri has received no guidance from CMS on how to coordinate with the Federally operated Health Exchange.

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

Continue to seek guidance from CMS on how to coordinate with the Federally operated Health Exchange.

2. Updates on coordination with the Health Information 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)

Missouri was notified that this deliverable was changed to address coordination with state Health Exchanges, not coordination with state Health Information Exchanges. Missouri will not be operating a state Health Exchange and will seek CMS guidance on how to coordinate with the Health Exchange that will be operated by the federal government.

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.  
Service Measures:

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

Quality Measures:

Measure Name	Start of Measure Description	Implementation	Withdrawn
Adult Quality Measures	Missouri has been approved for an Adult Quality Grant that will allow MHD to further develop its ana	Not Complete	No

Outcome Measures:

Measure Name	Start of Measure Description	Implementation	Withdrawn
Customer Services Postcards	Measures outcomes related to Medicaid eligibility determination.	Complete	No
Family/Guardian 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
Adult/Family Survey	Consumer satisfaction with services delivered to individuals with Developmental Disabilities. Respo	Complete	No
Adult Consumer Survey	The Adult Consumer Survey obtains responses to questions related to the following Core Indicators:	Complete	No

Measure Name	Start of Measure Description	Implementation	Withdrawn
Child/Family Survey	Consumer satisfaction with services delivered to individuals with Developmental Disabilities. Respo	Complete	No
MOCOR Survey	Missouri is developing an online survey that will measure the outcomes for the community based long	Not 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:**

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:**

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.)

- 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:**

Data is collected 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:**

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:**

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:  %

**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:**

Adult Quality Measures

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

Missouri has been approved for an Adult Quality Grant that will allow MHD to further develop its analytic capacity to collect and analyze data on a comprehensive set of HEDIS measures for the community LTSS population. MHD is developing the capacity 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, acquire dual eligible data from CMS for the purpose of care coordination at the state and provider levels, and expand educational interventions and data sharing with service providers. Focus will be on development of process measures over time, collection and evaluation of at least fifteen (15) core measures over time, implementation and evaluation of the quality improvement initiatives for the community LTSS population, and evaluation and root cause analysis of goals not met with an emphasis on lessons learned. The core set of measures are currently under development and will be reported separately as measures when identified.

**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:**

Adult Quality Grant awarded December 21, 2012. A core set of quality measures has been identified. The first report will be available in early 2014 for data from calendar year 2013. Quality measures will include Assessments (Adult BMI Assessment, Breast Cancer Screening, Cervical Cancer Screening, Annual Monitoring for Patients on Persistent Medications, Annual HIV/AIDS medical visit), Diabetes (Short-term Complications Admission Rate, Comprehensive Diabetes Care – LDL-C Screening, Comprehensive Diabetes Care – Hemoglobin A1c Testing), Hospitalization (COPD Admission Rate, Congestive Heart Failure Admission Rate, Adult Asthma Admission Rate, Comparison of Hospitalizations Admissions Between Community and Institutional), and Mental Illness (Follow-up After Hospitalization for Mental Illness, Antidepressant Medication Management, Adherence to Antipsychotics for Individuals with Schizophrenia).

**Describe experienced or anticipated challenges to implementing this measure:**

A challenge exists with quickly identifying Medicaid participants accessing community LTSS so HEDIS measures specific to this population can be gathered and analyzed.

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

Missouri will be adding a BIP indicator to identify Medicaid participants accessing community LTSS for ease of reporting.

- 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:**

**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 2008/2009

**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/Family 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 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:**

**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 under the 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:

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

## 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 is developing 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**
- 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:**

Missouri is developing an online outcome measure survey that will be available to all participants receiving community based long term services and supports. Questions from other state surveys have been gathered and sent out to a survey development workgroup for comment.

**Describe experienced or anticipated challenges to implementing this measure:**

The MOCOR Outcome Measure Survey will be automated and placed on the MOCOR website. The survey development was delayed pending completion of the online MOCOR Screening Tool (Level I Assessment) and the MOCOR website.

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

The workgroup will complete development of the information to be gathered through the online tool and how the information will be used to strengthen the NWD/SEP system.

**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):

## Expenditures Reporting, Current Reporting Period

- The State intends to seek CMS approval to change how institutional and non-institutional LTSS are reported for the purposes of the Balancing Incentive Program.
- The State is using the methodology from Attachment C of the Balancing Incentive Program Application Announcement to report expenditures during this reporting period:

Enter the following information based on data the State will enter in the CMS 64 report for this reporting period. 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.

Total non-institutional LTSS reported on the CMS 64 report:	\$419165921.00
Total institutional LTSS reported on the CMS 64 report:	\$336531086.00
Total qualified HCBS expenditures, demonstration services, and supplemental services funded by the Money Follows the Person demonstration:	\$2414097.00
<b>Total LTSS:</b>	<b>\$758,111,104.00</b>
<b>Percentage of LTSS for non-institutional services and supports:</b>	<b>55.61%</b>
<b>Change in percentage of LTSS for non-institutional services and supports from previous quarter (assuming no prior period adjustments):</b>	<b>0.78%</b>

## 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		
06/30/13		
09/30/12		

## Expenditures Reporting, Adjustments to Prior Reporting Periods Detail

This prior period adjustment applies to expenditures during the reporting period ending on the following date:

**06/30/13**

Enter the following information based on prior period adjustments the state will enter in the CMS 64 report for this reporting period. Enter only the expenditures not previously reported; do not enter total expenditures.

Total non-institutional LTSS on the CMS 64:	\$0.00
Total institutional LTSS on the CMS 64:	\$1310281.00

Total qualified HCBS expenditures, demonstration services,  
and supplemental services funded by the Money Follows the  
Person demonstration:

\$0.00

### Expenditures Reporting, Adjustments to Prior Reporting Periods Detail

**This prior period adjustment applies to expenditures during the reporting period ending on the following date:  
09/30/12**

Enter the following information based on prior period adjustments the state will enter in the CMS 64 report for this reporting period. Enter only the expenditures not previously reported; do not enter total expenditures.

Total non-institutional LTSS on the CMS 64:

\$252141.00

Total institutional LTSS on the CMS 64:

\$-2020.00

Total qualified HCBS expenditures, demonstration services,  
and supplemental services funded by the Money Follows the  
Person demonstration:

\$0.00

### 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 used the enhanced funds to expand 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 2,916 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.

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