Department of Health and Senior Services
Since 1883

Protecting health and keeping people safe.

House Appropriations
Committee on DHSS

Overview

January 23, 2019
Overview

- Dr. Randall Williams is the 40th State Health Director.
- The State Board of Health was created by the legislature in 1883.
- The Department of Health and Senior Services (DHSS) was created by the passage of House Bill 603 in May 2001, which transferred the responsibilities of the Division of Aging in the Department of Social Services (DSS) to the Department of Health.

Significant Departmental Milestones

- DHSS is implementing a comprehensive overhaul of the standards of eligibility for long-term care. These eligibility standards have not been updated since 1982. The changes will result in the right services for the right people at the right time.
- DHSS, DMH, and DSS collaboratively applied for and received CMS technical assistance to move towards a model of Value-Based Payment for home and community based services.
- DHSS helped pass legislation to provide a 30-day waiver for homeless and foster children to provide verification of immunizations to child care providers.
- DHSS worked with DSS to pass legislation to comply with federal requirements related to comprehensive background screenings for child care providers.
- DHSS assisted in the passage of SB826, which limits initial prescriptions for opioids to a seven-day supply. This is another component in decreasing overdose deaths in Missouri.
- Expanded newborn screening testing and follow up for all Missouri newborns by implementing screening for Hunter Syndrome and Spinal Muscular Atrophy.
- DHSS began the standing up of a medical marijuana program after voters approved Constitutional Amendment #2 in November.
- DHSS’ Bureau of Narcotics and Dangerous Drugs collaborated with DMH to issue controlled substance registrations to 25-30 clinics certified by DMH. This enabled controlled substances such as Suboxone, which are used to treat opioid addiction, to be prescribed via telehealth.
- Missouri was the first State Health Department to launch the Count the Kicks program.
- The Pregnancy Associated Mortality Review (PAMR) Board has been fully appointed and will be more clinically based to make timely recommendations to improve maternal mortality.
- DHSS applied to join the Alliance for Innovation on Maternal Health (AIM), a national data-driven maternal safety and quality improvement initiative based on proven implementation approaches to improving maternal safety and outcomes.
- The Centers for Disease Control and Prevention (CDC) Director, Dr. Robert Redfield, visited Jefferson City. This was the first time a CDC Director had visited Missouri since 2009.
- DHSS participated in the first ever Rural Health Summit during the Governor’s Healthcare Week.
- DHSS stood up an Emergency Operations Center in St. Louis to help respond to the opioid crisis.
What DHSS Does

Below is a summary of duties the department performs to improve the health, safety, and well-being of all Missourians:

- Prepares for and responds to disasters and other health-related emergencies such as floods and foodborne illness outbreaks.
- Provides over $911 million for in-home and community-based programs for Missouri’s seniors and adults with disabilities allowing them to remain in their homes and communities.
- Prevents and controls communicable diseases and detects genetic diseases through testing by the State Public Health Lab.
- Prevents and reduces the burden of chronic disease through federal grants administered by the Division of Community and Public Health.
- Protects Missourians through regulation and inspection of facilities, including hospitals, nursing homes, and child and adult day care programs through the Division of Regulation and Licensure.
- The Office of Rural Care and Primary Health participates in efforts to create more primary and rural providers so that all Missourians have access to health care.
- Protects Missouri seniors and adults with disabilities through the investigation of over 29,000 average annual hotline reports alleging abuse, neglect, or financial exploitation in the Division of Senior and Disability Services.
- Ensures food safety through facility inspections, education, surveillance, outbreak investigations and activities tied to food recalls.

How DHSS Delivers Services

DHSS directly performs some functions, but the majority of DHSS’ programs and services are delivered through contracts with third parties overseen by DHSS. Examples include:

- Contracting with the 114 Local Public Health Agencies to improve public health;
- Contracting with the 10 Area Agencies on Aging to improve the lives of seniors;
- Contracting with institutions of higher education for a variety of purposes; and
- Working with more than 1,500 home and community based service providers throughout the state who assist Missouri seniors and persons with disabilities who require nursing facility level of care to remain in their homes as an alternative to more costly facility care.
### DHSS FY-19 Budget

<table>
<thead>
<tr>
<th>Division/Program</th>
<th>Amount</th>
<th>Percent</th>
<th>FTE</th>
</tr>
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<tbody>
<tr>
<td>Director's Office</td>
<td>1,156,143</td>
<td>0.08%</td>
<td>25.20</td>
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<tr>
<td>Division of Administration</td>
<td>5,365,049</td>
<td>0.38%</td>
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<tr>
<td>Federal Grants and Donated Funds</td>
<td>3,555,179</td>
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<tr>
<td><strong>Division of Community and Public Health Program Operations</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Aid to Local Public Health Agencies</td>
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<td>Nutrition Services</td>
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<td>Office on Women’s Health</td>
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<td>Office of Minority Health</td>
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<td>Office of Rural Health and Primary Care</td>
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<td>PRIMO and Loans Programs</td>
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<td>State Public Health Laboratory</td>
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<td><strong>Division of Senior and Disability Services Program Operations</strong></td>
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<td>Childcare Improvement Program</td>
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<td>Bureau of Narcotics and Dangerous Drugs</td>
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<td><strong>Total</strong></td>
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<td><strong>General Revenue</strong></td>
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<td>Federal Funds</td>
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<td>Other Funds</td>
<td>22,645,497</td>
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*Amount does not include amounts from the MO Senior Services Protection Fund (0421)-$23,973,124

- $999 million (71.2 percent) of all DHSS’ funding comes from federal funds—Medicaid; Women, Infants and Children; Maternal and Child Health; etc.
- Only 27 percent of DHSS’ funding comes from General Revenue (GR).
- 83 percent of all DHSS’ GR funding is for one program—Medicaid Home and Community Based Services (HCBS).
Program Highlights

Division of Community and Public Health

- Supports and collaborates with Missouri's public health system to protect Missourians.
- Prevents and controls communicable diseases and detects emerging diseases through surveillance and monitoring. Programs surveil and investigate over 100 reportable communicable diseases and conditions of public health significance.
- Environmental public health programs focus on the reduction and risk of illness, injury, and death related to environmental causes by assessing and promoting the reduction of chemicals in the environment, implementing and assuring sanitation and safety practices that protect and promote wellness.
- Provides assessments of the burden of cancer, heart disease, diabetes, asthma, arthritis, and other chronic diseases. Provides education and awareness of chronic conditions through screening and early detection and making referrals into care.
- Provides programs focused on increasing access to health, nutritious foods, which in turn reduce preventable, nutrition related illnesses.
- Coordinates the public health response to regional, state, and national emergencies working very closely with SEMA.
- Maintains birth, death, marriage and divorce records; certifying over 197,000 records, amending 16,000 records, and issuing over 102,000 copies to customers each year.
- Maintains the organ and tissue donor registry and works to increase the number of people who receive life-saving transplants.
- Facilitates the Comprehensive Cancer Control program through which communities and partner organizations pool resources to reduce the burden of cancer.

State Public Health Lab

- Newborn Screening
  - Screened 91,577 samples for 73 metabolic, genetic and endocrine disorders for nearly all infants born in Missouri.
- Environmental Bacteriology
  - Tested 132 food samples as part of associated food outbreak investigations
  - Tested 66,848 drinking water samples for bacterial contamination
- Infectious Disease
  - Tested 8,612 samples for infectious disease investigations occurring throughout Missouri to interrupt and control the spread of disease.
  - Tested 107,400 samples for sexually transmitted diseases (HIV, Syphilis, Chlamydia, and Gonorrhea) in 2018 to interrupt and control the spread of sexually transmitted diseases

Division of Senior and Disability Services

- Conducts investigations of approximately 29,000 alleged abuse, neglect, and financial exploitation and provides adult protective services for eligible adults.
- Collaborates with local prosecuting authorities to ensure perpetrators of abuse, neglect and financial exploitation are held responsible.
- Authorizes and oversees the provision of home and community based care for more than 60,000 seniors and persons with disabilities.
• Provides care plan management for home and community-based services for over 60,000 clients.
• Provides information about services for seniors and adults with disabilities.
• Monitors Older Americans Act programs and services provided through the Area Agencies on Aging.
• Advocates for the rights of residents of Missouri’s long-term care facilities through the Ombudsman office and a statewide network of volunteers.
• Oversees the Money Follows the Person program, which assists seniors and adults with disabilities to return to the community from a long-term stay in a skilled nursing facility.

Division of Regulation and Licensure
• Licenses, certifies, and registers:
  o 1,189 Long-term care facilities;
  o 166 Hospitals, 122 ambulatory surgical centers, 177 renal dialysis facilities, 5,780 clinical laboratories, 4,927 locations utilizing medical radiation devices, 152 home health agencies and 110 hospice providers;
  o 31,884 prescribers and dispensers of controlled substances;
  o 3,397 childcare facilities;
  o 18,545 Emergency medical technicians, 273 ambulance services, 276 training entities; and
  o 130 Adult day care.
• In 2018, provided 527,780 screenings of direct care workers through the Family Care Safety Registry.
• Tests, licenses, and disciplines 82 residential care/assisted living administrators and 1,576 nursing home administrators.
• Provides an average of 71 Certificate of Need reviews annually for proposed health care services.
• The Section of Medical Marijuana Regulation (SMMR) was added to the Division following the passage of Amendment #2 in November. Implementation of the program has been initiated. Three staff members have been hired and as of January 18, 351 pre-filed license application fees have been received totaling more than $2.5 million. The SMMR continues working toward implementation and will meet the requirements of the Constitution to create a successful system for Missouri.
• The Time Critical Diagnosis (TCD) system continues to designate hospitals in the state as Trauma Centers, Stroke Centers and STEMI Centers. A stakeholders group of approximately 25 members have conducted six meetings since August. Discussions within this group have focused on ways to improve the TCD system or possibly combine its efforts with other emergency-related programs. The group is also focusing on funding concerns and removing it from the umbrella of General Revenue.
Challenges

Public Health

- Nationally recognized key health indicators ranked Missouri 38th in 2018. In 1990, Missouri ranked 24th. Key indicators include rates of obesity, tobacco use, heart disease, stroke, cancer, etc.
- Since 2005, Missouri’s per person state public health funding has trended downward, from $8 per person to $6 per person in 2017. (SHADAC analysis of http://statehealthcompare.shadac.org/, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, Accessed January 22, 2019).

Senior Issues

- Public health advances permit our citizens to live longer, healthier lives. Those successes coupled with demographic change, have created a new challenge.
  - The number of Missourians 65 and over is projected to grow from approximately 1.0 million in 2016 to 1.4 million in 2030. At this point, one of four Missourians will be over the age 65.
  - Such growth will challenge the state’s ability to afford the existing level of services provided, much less expand the level of services. An additional challenge related to the expansive growth is caregiver workforce shortages.

Regulatory Issues

- We want to ensure citizens are safe without placing undue burdens on regulated entities that increase costs without enhancing safety.
- DHSS strives to reach an appropriate balance between regulatory enforcement and quality improvement initiatives for regulated industries.
DHSS Contact Information

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**Missouri: 2017 Long-Term Services and Supports Scorecard Results**


**Purpose:** The Scorecard aims to pick up the pace of improving LTSS and measures system performance from the viewpoint of service users and their families. It is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in all states can exercise choice and control over their lives, thereby maximizing their independence and well-being. State policymakers often control key indicators measured, and they can influence others through oversight activities and incentives.

**Results:** The Scorecard examines state performance, both overall and along five key dimensions. Each dimension comprises 3 to 6 data indicators, for a total of 25. It also measures changes in performance since the second Scorecard (2014), wherever possible (on 23 of the 25 indicators). The table below summarizes current performance and change in performance at the dimension level. State ranks on each indicator appear on the next page.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Rank</th>
<th>Number of Indicators with Trend*</th>
<th>Number of Indicators Showing:</th>
<th>Substantial Improvement</th>
<th>Little or No Change</th>
<th>Substantial Decline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVERALL</strong></td>
<td>27</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Affordability &amp; Access</strong></td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>14</td>
<td>3</td>
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<tr>
<td><strong>Choice of Setting &amp; Provider</strong></td>
<td>10</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td></td>
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<tr>
<td><strong>Quality of Life &amp; Quality of Care</strong></td>
<td>43</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td><strong>Support for Family Caregivers</strong></td>
<td>47</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td></td>
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<tr>
<td><strong>Effective Transitions</strong></td>
<td>37</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
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</tbody>
</table>

* Trend cannot be shown if data are missing for either the current or baseline data year. In each state, 16 to 19 indicators have enough data to calculate a trend. **See full report for how change is defined.

**Impact of Improved Performance:** If Missouri improved its performance to the level of the average of the top-five-performing states,

- 143,838 more place-based subsidized units and vouchers would be available to help low-income people with LTSS needs afford housing;
- 66,273 more people of all ages would receive Medicaid LTSS to help them with daily activities;
- 17,049 more home health and personal care aides would be available to provide care in the community;
- 25,584 more low-/moderate-income adults with disabilities would have Medicaid coverage;
- $4,092,000,000 more would go to home-and community-based services instead of nursing homes.
Missouri

**Behaviors**

- **Drug Deaths** (deaths per 100,000 population)
  - Value: 19.5
  - Rank: 31
  - State: 6.8

- **Excessive Drinking** (% of adults)
  - Value: 19.8
  - Rank: 35
  - State: 12.2

- **High School Graduation** (% of students)
  - Value: 89.0
  - Rank: 6
  - State: 91.3

- **Obesity** (% of adults)
  - Value: 32.5
  - Rank: 34
  - State: 22.6

- **Physical Inactivity** (% of adults)
  - Value: 29.2
  - Rank: 36
  - State: 19.2

- **Smoking** (% of adults)
  - Value: 20.8
  - Rank: 40
  - State: 8.9

- **Behaviors Total**
  - Value: -0.083
  - Rank: 37
  - State: 0.301

**Community & Environment**

- **Air Pollution** (micrograms of fine particles per cubic meter)
  - Value: 7.9
  - Rank: 31
  - State: 4.5

- **Infectious Disease** (mean z score of chlamydia, pertussis and Salmonella)*
  - Value: 0.047
  - Rank: 30
  - State: -1.017

- **Infectious Disease**
  - Chlamydia (cases per 100,000 population)
    - Value: 507.0
    - Rank: 33
    - State: 260.6
  - Pertussis (cases per 100,000 population)
    - Value: 5.9
    - Rank: 34
    - State: 0.2
  - Salmonella (cases per 100,000 population)
    - Value: 16.8
    - Rank: 33
    - State: 6.8

- **Occupational Fatalities** (deaths per 100,000 workers)
  - Value: 4.7
  - Rank: 26
  - State: 2.5

- **Violent Crime** (offenses per 100,000 population)
  - Value: 530
  - Rank: 44
  - State: 121

- **Community & Environment Total**
  - Value: -0.036
  - Rank: 34
  - State: 0.305

**Policy**

- **Immunizations**—Adolescents (mean z score of HPV, meningococcal and Tdap)*
  - Value: -1.403
  - Rank: 48
  - State: 1.518

- **Immunizations—Adolescents**
  - HPV Females (% of females aged 13 to 17 years)
    - Value: 45.2
    - Rank: 43
    - State: 76.8
  - HPV Males (% of males aged 13 to 17 years)
    - Value: 34.2
    - Rank: 41
    - State: 78.4
  - Meningococcal (% of adolescents aged 13 to 17 years)
    - Value: 74.3
    - Rank: 44
    - State: 95.3
  - Tdap (% of adolescents aged 13 to 17 years)
    - Value: 80.1
    - Rank: 48
    - State: 96.2

- **Immunizations—Children**
  - Children (% of children aged 19 to 35 months)
    - Value: 71.2
    - Rank: 21
    - State: 82.1

- **Public Health Funding** (dollars per person)
  - Value: $55
  - Rank: 44
  - State: $281

- **Uninsured (% of population)**
  - Value: 9.0
  - Rank: 33
  - State: 2.7

- **Policy Total**
  - Value: -0.052
  - Rank: 41
  - State: 0.201

**Clinical Care**

- **Dentists** (number per 100,000 population)
  - Value: 48.5
  - Rank: 41
  - State: 82.7

- **Low Birthweight** (% of live births)
  - Value: 8.7
  - Rank: 35
  - State: 5.9

- **Mental Health Providers** (number per 100,000 population)
  - Value: 184.2
  - Rank: 36
  - State: 590.9

- **Preventable Hospitalizations** (discharges per 1,000 Medicare enrollees)
  - Value: 56.6
  - Rank: 40
  - State: 23.3

- **Primary Care Physicians** (number per 100,000 population)
  - Value: 166.4
  - Rank: 15
  - State: 264.5

- **Clinical Care Total**
  - Value: -0.073
  - Rank: 38
  - State: 0.185

**Outcomes**

- **Cancer Deaths** (deaths per 100,000 population)
  - Value: 207.2
  - Rank: 40
  - State: 150.4

- **Cardiovascular Deaths** (deaths per 100,000 population)
  - Value: 291.7
  - Rank: 40
  - State: 190.3

- **Diabetes** (% of adults)
  - Value: 10.4
  - Rank: 19
  - State: 7.1

- **Disparity in Health Status** (% difference by high school education)
  - Value: 22.3
  - Rank: 8
  - State: 13.1

- **Frequent Mental Distress** (% of adults)
  - Value: 13.7
  - Rank: 35
  - State: 9.2

- **Frequent Physical Distress** (% of adults)
  - Value: 13.8
  - Rank: 39
  - State: 9.2

- **Infant Mortality** (deaths per 1,000 live births)
  - Value: 6.5
  - Rank: 33
  - State: 3.9

- **Premature Death** (years lost before age 75 per 100,000 population)
  - Value: 8,717
  - Rank: 38
  - State: 5,653

- **All Outcomes**
  - Value: -0.103
  - Rank: 36
  - State: 0.283

  - OVERALL
    - Value: -0.345
    - Rank: 38
    - State: 0.882

* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 5.

**Overall Rank:** 38

**Change:** ▲ 2

**Dentifiers Rank:** 36

**Outcomes Rank:** 36

**Strengths:**
- High percentage of high school graduation
- High rate of primary care physicians
- Low prevalence of diabetes

**Challenges:**
- High violent crime rate
- High cancer death rate
- Low per capita public health funding

**Highlights:**
- In the past three years, excessive drinking increased 23% from 16.1% to 19.8% of adults
- In the past five years, chlamydia increased 9% from 465.6 to 507.0 cases per 100,000 population
- In the past four years, meningococcal immunization increased 22% from 60.7% to 74.3% of adolescents aged 13 to 17
- In the past five years, the percentage uninsured decreased 36% from 14.1% to 9.0% of the population
- In the past five years, low birthweight increased 10% from 7.9% to 8.7% of live births
- Since 1990, cancer deaths increased 5% from 198.2 to 207.2 deaths per 100,000 population

**Ranking:**
Missouri is 38th this year; it was 40th in 2017. The state ranks 42nd for senior health and 35th for the health of women and children.

**State Health Department Website:** health.mo.gov