MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

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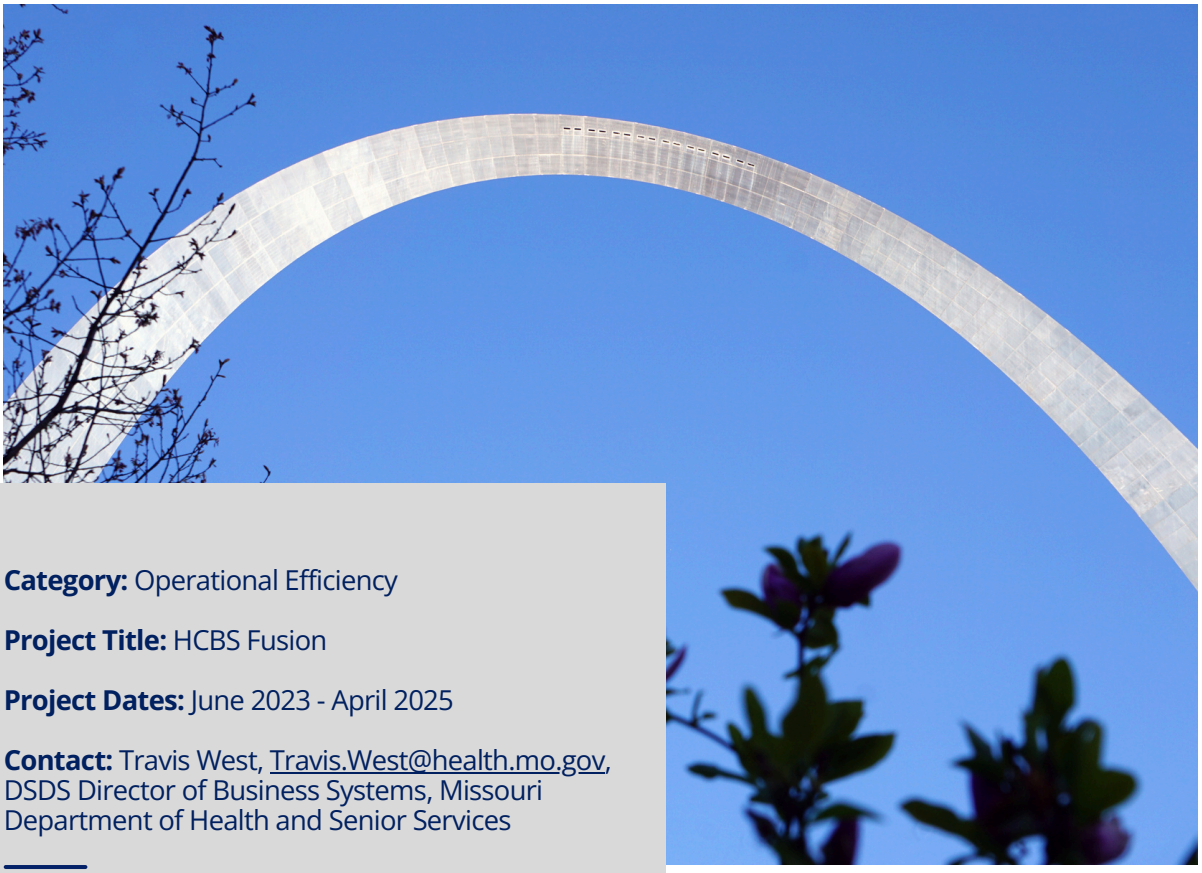
NASCIO Awards Submission

From 5 Systems to 1: Missouri's Case Management Transformation

May 2026

Missouri Division of Senior and Disability Services



Category: Operational Efficiency

Project Title: HCBS Fusion

Project Dates: June 2023 - April 2025

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Executive Summary

Missouri's Division of Senior and Disability Services (DSDS), in collaboration with VIP and Tyler Technologies, launched a statewide modernization of their home and community-based services case management system, consolidating 5 disconnected legacy systems into a single, unified system serving 68,000+ active participants across State Plan and 4 1915(c) Medicaid waivers.

The initiative replaces fragmented, manual workflows with a fully integrated digital environment that manages the complete lifecycle of a participant's case — including 75,000+ annual assessments — through one system and a single login. With mobile assessment capabilities, automated level-of-care determinations, a public-facing citizen portal, and real-time program dashboards, DSDS has transformed a traditionally siloed and administratively burdensome operation into a scalable, efficient model for human services delivery while positioning itself among first agencies in the state to modernize their case management system at this scale.

Idea

What problem or opportunity does the project address?

Missouri's Division of Senior and Disability Services (DSDS) administers home and community-based services for older adults and individuals with disabilities, helping them remain safe and independent in their homes. The program supports more than 68,000 active participants and processes more than 80,000 assessments annually. As the population served continued to grow and new federal CMS LTSS reporting mandates took effect, the technology infrastructure was no longer equipped to keep pace.

Case managers were routinely switching between five separate systems to complete their daily responsibilities. These included a case management system, a work order system, a provider database, a mobile assessment tool, and an intake portal—with limited interoperability.

This created siloed information and increased the likelihood of data entry issues. Any information that needed to move between systems had to be transferred manually, while forms and documentation had to be located in policy manuals and completed by hand. Case managers expressed that this workflow resulted in significant administrative burden, limiting the time they could dedicate to supporting participants. At the same time, the DSDS technology suite had become outdated and difficult to adapt. With new federal requirements, including CMS LTSS reporting mandates, and a growing population to serve, DSDS recognized it was time for a modernized approach.

With one platform, one login, and real-time visibility, Missouri DSDS turned five disconnected systems into a seamless model for human services modernization.

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What makes it different?

DSDS's Fusion project was able to eliminate siloed information across five different systems —including a case management system, a work order system, a provider database, a mobile assessment tool, and an intake portal — into one system with a single login. They were able to gain control of their cases in a more efficient manner and, by default, become more efficient and productive. The Intake and Referral team reported a 30% increase in productivity compared to legacy systems through the use of a built-out public-facing portal supported by end-to-end workflows for case managers.

What makes this solution different is the ability to accommodate DSDS's most complex assignments, workflows, assessments, and person-centered care planning. As these workflows often require careful consideration based on circumstances and geographic location, a visit to the home, an assessment, and a person-centered care plan - development processes need to be integrated with the system. After submission of an assessment, the system identifies the appropriate level of care, supports creation of a person-centered care plan, identifies qualified providers, and advances the case through the next stages. Throughout the entire life cycle of a participant's case, all parties — including assessors, supervisors, and administrators — have complete visibility into the case.

What makes it universal?

Every state regulates senior and disability service programs and must meet similar federal mandates — including level of care determinations, person-centered service planning, ongoing case management and monitoring, health and welfare protections, provider oversight, and quality reporting to ensure services are delivered safely in community-based settings. This project also supports Medicaid HCBS waiver requirements necessary to receive federal funding.

The Missouri model directly supports 3 State CIO top priorities:

- Modernization: Being among the first in the state of Missouri to modernize their system.
- Digital Government: Elevating citizen and user experiences through digital workflows and public portals.
- Consolidation/Optimization: Replacing 5 legacy systems with one modern system.

This single case management lifecycle model can be easily adapted by any state with similar licensing structures and integration needs.

Implementation

What was the roadmap?

The project kicked off June 5, 2023 and ran approximately 17 sprints over 16 months. The first 9 sprints focused on planning, technical setup, and core workflows — including participant setup, provider setup, waiver programs, the referral process, assessments, care plans, and prior authorizations. The remaining sprints focused on alerts, offline functionality, the public portal, reporting, data conversion, system testing, training, and go-live preparation. The go-live plan was finalized February 4, 2025. Legacy system cutover was completed April 30, 2025, and the production go-live of the enterprise case management system was May 5, 2025.

The project management approach used by Visionary Integration Professionals was the "VIPDeliver" Scrum methodology, built around 4-week sprints, daily stand-ups, JAD sessions, sprint planning, acceptance testing built into every cycle, and sprint retrospectives.

The project goals going in were to successfully implement a case management solution, secure enhanced federal funding, and implement quickly. The objectives from the system integrator were to optimize business processes, effectively and efficiently serve citizens, and achieve strategic cost reductions through the system.

From an enterprise view, DSDS positioned itself among the first agencies in Missouri to modernize their case management system, with the intent to demonstrate the value of modernization for other agencies within the state.

Who was involved?

The project was a collaboration across four key groups: DSDS program staff, VIP serving as the system integrator, Tyler Technologies providing the underlying platform, and legacy system teams coordinating cutover and data migration.

Project success also required coordination and cutover with legacy system staff. DSDS program staff — assessors, supervisors, intake workers, and administrators — were embedded in every sprint review throughout development to assist with all workflows catering to their needs. A help desk was established before go-live, and all staff confirmed training completion before the cutover date.

How did you do it?

The technical architecture included the Tyler Technologies TAP web-based platform, a mobile application for offline field assessments, 7 fully integrated workflows, 19 integrated dashboards and daily data extracts, and a public-facing citizen portal. The most complex workflow was the on-site in-home assessment, which required both offline and online capabilities, a scoring algorithm to determine level of care, and provider matching.

The data migration was an 18-step process coordinated across several vendors and DSDS. Data migrated included participants, assessments, care plans, services, tasks, contacts, providers, prior authorizations, and medical claims. Data validation and integrity checks were performed throughout, and DSDS conducted independent spot testing as well.

Impact

What did the project make better?

The project directly supported DSDS' goal of enhancing citizen and staff experiences through a modern, full-cycle case management system.

Key improvements included:

Increased capacity and faster service

According to the DSDS intake team, they saw a 30% productivity increase after the system was in place. Before the system, the staff needed to log in to 5 separate systems to do their jobs.

Simplified in-home visits

·Assessors could now easily complete assessments and generate level of care determinations while performing in-home assessments. Downstream person-centered care planning and productivity workflows were automatically accounted for, eliminating tedious data entry.

Expanded online services for citizens

The public portal allowed citizens to make requests and get assistance in a timely manner, with submissions fully integrated into the system.

Operational efficiency improved

The new system streamlined operations, reduced workload, and helped with staff retention. Because it is a centralized system that all teams can utilize, it has significantly boosted morale among staff and shifted staff time toward care and citizen services rather than tedious administrative tasks.

How do you know?

- Feedback from all teams confirms a positive impact on performance, morale, and productivity.
- The Intake and Referral team, often the “front door” for all services, has seen a **30% increase in productivity**, processing approximately **30% more work actions pehour** compared to the legacy system suite.
- Multiple operational improvements include reduced administrative burden, less time between systems, and fewer bottlenecks between teams.
- System and financial improvements include the **consolidation of five systems into one** and improved data interoperability.
- The vulnerable communities DSDS serves can now access help and provider information directly online through self-service.
- Case managers can spend more time with participants rather than on tedious administrative tasks.

What now?

HCBS Fusion is a flexible, configurable system designed for continuous improvement without major overhauls. Ongoing data collection and reporting will guide operational refinements and help address emerging needs across the program.

Currently, DSDS is focused on continuing to enhance workflows, utilize reporting for better decision-making, and further optimize intake and assessment processes. The system makes these updates efficient and cost-effective by allowing changes without significant system disruption.

DSDS will also continue expanding online services for citizens, increasing accessibility through the public portal and improving how individuals request and manage services.
What DSDS has accomplished so far is just the beginning—the possibilities for future improvements are significant. By leveraging a modern, unified system, the agency is better positioned to adapt, scale, and meet the evolving needs of individuals receiving home and community-based services. This foundation also positions the agency to lead and set the pace for other programs modernizing similar services.

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