

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

Challenge

Missouri's Division of Senior and Disability Services supports older adults and individuals with disabilities across the state, helping them remain active, safe, and independent in their homes and communities.

With 68,000 active participants and more than 75,000 assessments completed each year across four Medicaid waiver types, the program plays a vital role statewide. **As the number of individuals served continued to grow and new federal Medicaid requirements emerged**, the Missouri DSDS team recognized that their existing technology systems would no longer be sufficient.

Caseworkers were routinely **switching between five separate systems** to complete their daily responsibilities. These included a case management platform, a work order system, a provider database, a mobile assessment tool, and an intake portal—none of which communicated with each other. 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. Staff 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 At the same time, the DSDS technology infrastructure had become outdated and difficult to adapt. With new federal requirements, including CMS LTSS reporting mandates, and a growing population to serve, Missouri recognized it was time for a modernized approach.

Case Study for Missouri Division of Senior and Disability Services (DSDS)



68,000+ active participants served



75,000+ annual assessments



30% increase in productivity reported by the Intake & Referral team



Four 1915(c) Medicaid waivers supported



5 siloed legacy systems consolidated into a single platform

Solution: VIP + Tyler Tech

The team at Missouri DSDS chose to partner with VIP and Tyler Technologies to consolidate five disparate systems with one single platform. Built on the Tyler Application Platform, the "Fusion" case management system was configured to specifically meet the needs of Missouri's operations & workflows.

A key factor in the project's success was VIP's collaborative approach with the State of Missouri. Working side by side with the DSDS team, VIP used an **Agile Scrum framework** to deliver work in **four-week sprint cycles**. After each sprint, the state reviewed the completed components, tested them within real workflows, and offered feedback before development continued.

Together, the teams developed a platform that manages the **full lifecycle of a participant's case through a single login**. At its foundation are seven fully integrated workflows, including the complex assessment workflow that requires an in-home visit. When a participant is referred for services, an assessor visits the home to complete a clinical evaluation using the InterRAI HC v10 tool on a mobile device. The assessment can be performed offline and automatically syncs once a connection is available. After submission, the system processes the evaluation through a scoring algorithm that determines the appropriate level of care, identifies qualified providers, and advances the case through subsequent stages. Throughout the entire process, assessors, supervisors, and administrators have complete visibility into the case.

Missouri citizens are empowered to search for providers, submit service requests, and request changes to existing services through a **public-facing portal**—all without undue administration efforts required by the DSDS team. Nineteen integrated dashboards and daily data extracts give leadership visibility into key program metrics—intelligence that enables faster decision making and mitigates risk.

Results

The impact was immediate and measurable. Missouri DSDS's Intake and Referral team reported a **30% increase in productivity** compared to their legacy systems, with team members **processing 30% more work actions per hour, every hour**, against historical metrics. This matters beyond a number on a page. Intake and Referral serves as the front door for individuals seeking to apply for and request changes to their existing services. Bottlenecks there create downstream delays for people waiting on critical in-home care. Clearing that bottleneck means participants get connected to services faster.

Beyond productivity, the results touched every part of how the division operates:

- **Staff efficiency:** Caseworkers across the division reported the system is easy to use and has significantly reduced the administrative burden that once dominated their days.
- **Staff morale and retention:** With less time spent on paperwork and system navigation, staff report feeling more successful in their roles and more motivated to stay.
- **Better participant outcomes:** Time saved from administrative overhead is now spent on care planning and direct participant support, the work the job was always meant to be.
- **CMS compliance:** Integrated reporting and dashboards give leadership real-time visibility into key metrics and other federal reporting requirements.
- **Future-ready infrastructure:** The agency is already planning a secondary phase to bring additional programs onto the platform and is now positioned to take advantage of emerging technologies, including AI, that simply weren't possible before.