

DPW Priorities 2009-10

<p>Office of Administration</p> <p><i>making DPW's work more efficient</i></p>	<ul style="list-style-type: none"> • Collect \$110 million in Third Party Payments. • At the CAOs implement the Incremental Renewal Phase IV-B which will improve and streamline case processing by transforming the current legacy eligibility system into a more user friendly web-based system. • Recover \$27.725 million in fraud. • Continue the DPW Leadership Development Institute to create a collaboration of up-and-coming leaders in the DPW; to date, 66 leaders have been trained. • Negotiate year-one pricing reductions of \$17 million to contracts finalized during FY 2009-10 and overall reductions of \$52 million for lifespan of contracts finalized during FY 2009-10.
<p>Office of Child Development and Early Learning</p> <p><i>improving the early learning of PA children</i></p>	<ul style="list-style-type: none"> • Serve 255,628 children in Child Care Works, 177,530 in Keystone Stars, 33,212 in Early Intervention, 4,247 in Nurse Family Partnership, 11,800 in PreK county and 35, 311 in Head Start. • Implement the Early Head Start Program with and additional 128 at risk children through the OCDEL continuum of Head Start, Nurse Family Partnership and Keystone STARS programs. • Pilot the Keystone Babies program to provide quality early learning experiences for infants and toddlers in Keystone STARS child care settings. • Implement the Early Learning Network for STARS 3 and 4 centers including PA Pre-K Counts, Head Start and full-day kindergarten, and develop a comprehensive Kindergarten ELN plan to include child outcomes assessment from birth through kindergarten. • Implement a new, nationally innovative leadership program through PDE Inspired Leadership Program for school system instructional leaders which includes both community and school based administrators to align leadership and build effective relationships between early childhood and K-12 communities. • Expand the career lattice to include other management and leadership roles, as well as ancillary roles so that early childhood professionals can map their careers in the field through management and administration. • Deepen parent counseling to increase the number of Child Care Works children enrolled in quality early learning programs from 45% to 55% and STAR 2 or above from 25% to 30%, and to assure that families receive the full range of information about early education options available to them such as STARS, PA PKC, HS, EI, NFP, etc. • Increase the number of infants and toddlers in EI who receive their EI in learning environments outside the home from 10% to 15% and increase opportunities for preschool children to receive Early Intervention in inclusive settings from 63% to 66% to provide children with the most typical setting possible. • Increase the number of subsidy children in STARS programs from 45% to 50%; 20% of STARS programs to move up at least one STAR level.
	<ul style="list-style-type: none"> • Provide 251,521 children services in their own home with services designed to prevent out of home placement. • As a part of the National Governors' Association (NGA) initiative to safely reduce the number of children in out-of-home care, work with 16 counties to provide on-site assistance to facilitate safely meeting a 12% reduction of children in out-of-home care by developing alternative services and/or strategies to maintain the children in safe and

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<p>Office of Children Youth and Families</p> <p><i>working to create a safe, permanent family for all PA children</i></p>	<p>nurturing environments or to move the children to permanent homes as soon as possible.</p> <ul style="list-style-type: none"> • With the Administrative Office of the Pennsylvania Courts, reduce the number of youth ages birth to 18 in non-permanent care (i.e., out of home, congregate services, foster care) and increase permanence through the Permanency Practice Initiative, which involves improved social work and court-specific change. • Increase to 66 the number of counties participating in the special grant programs of the Needs Based Budget, which is designed to prevent out of home placements and reduce abuse and re-entry. • Improve abuse screening by implementing the statewide mandatory state-of-the-art safety assessment tool and process for all children receiving services in their own home. • Convene a state Child Fatality Review Team, develop a format for public information on an annual and quarterly basis, and implement three Citizen Review Panels to provide oversight of child welfare services. • Improve fiscal controls by enhancing the review process to establish state reimbursement levels related to federal Title IV-E dollars available for out of home placement. • Continue to work with federal Agency for Children and Families (ACF) to resolve outstanding issues related to federal Title IV-E dollars. • Continue to make improvements to the Career and Technical programs for youth in delinquency facilities to better prepare them for their release back into their home communities. • Issuance the Shared Case Responsibility Bulletin which will improve the services to and care for youth who are under direct supervision of either the dependency or delinquency systems, or both concurrently, and the families of these youth. • As part of implementation of the Round 2 Program Improvement Plan, ensure best-practice services throughout the child welfare service system by reviewing the Child Welfare Practice Model and Standards and aligning them with a new Continuous Quality Improvement Process, including piloting a Quality Service Review tool and process. • Implement the first phase of a five-year statewide strategic Information Technology plan beginning with an interim plan to consolidate and support county case management needs and meet federal reporting requirements. • Work collaboratively with counties to identify PA Promising Practices geared toward addressing county specific cases of out-of-home placements to dependent and delinquent youth and provide resources and incentives to 51 counties to implement them.
<p>Office of Developmental Programs</p> <p><i>supporting individuals with intellectual disabilities and autism</i></p>	<ul style="list-style-type: none"> • Move 293 individuals off the waitlist and secure services enabling them to succeed in their home communities. • Serve 500 high school special ed graduates to enable them to succeed at home and keep them off the waiting list. • Clarify service definitions for the two primary MR programs in order to improve service quality and manage efficiently. • Up to 200 individuals to participate in the state-wide behavioral health Autism Waiver and up to 75 to benefit from the ACAP integration waiver, including the development of new provider networks to support both waivers. • Expand ACAP into Chester county. • Complete ASERT (Autism Services, Education, Research, and Training) family needs assessment to identify region-specific strengths, issues and strategies. • Award 2,000 additional mini-grants to support individuals and families living with autism who do not otherwise receive state/federal services; funds can be used for respite care, summer camp or community programs, safety modifications and autism workshops and trainings.

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	<ul style="list-style-type: none"> • Develop ASERT center initiatives to provide regional resources, training, and information to individuals with autism and their families, each ASERT is a collaboration of medical centers, centers of autism research and services, universities, and other providers of services involved in the treatment and care of adults and children with an autism spectrum disorder. • Develop and implement an outreach and communication strategy. • Release Autism Census report and continue data analysis. • Improve the quality of personal care home services by continuing enforcement actions against noncompliant homes, implementing a new administrative fine system, and adopting a centralized, uniform approach to monitoring providers who operate numerous homes statewide operations from a centralized location.
<p>Office of Medical Assistance Programs</p> <p><i>providing quality, cost-efficient healthcare for millions of Pennsylvanians</i></p>	<ul style="list-style-type: none"> • Provide 2,068,699 Pennsylvanians with health care. • Implement a new AccessPlus contract expanding Disease Management to 6 disease states encompassing 21 conditions covered diseases from 5 to 30, increasing focus on physical health and behavioral health coordination and on the coordinated management of all a person's conditions and health needs. • Expand options for patients by implementing new HealthChoices contracts in the Southeast and Lehigh/Capital regions adding two new plans to both regions. • Issue RFP to re-procure the HealthChoices program in the Southwest zone. • Improve safety and clinical practice by implementing prescribing checks for drugs with high risk potential in children. • Further enhance management controls by expanding the list of drugs included in the automated pharmacy prior authorization program. • Pending federal legislation, prepare plan to realize additional revenues by collecting federal rebates on drug expenditures of Medicaid managed care organizations, resulting in substantial savings to the Commonwealth. • Under the ARRA stimulus electronic health record provisions, encourage the "adoption" and "meaningful use" of "certified" electronic health record (EHR) systems and provide education and outreach to make sure the purchase of certified EHR technology is not an end in and of itself; secure approval of Advanced Planning Document which allows the department to start the planning phase for the development of the State Medicaid Health IT Plan (SMHP). • Continue SMI Innovations Pilot to integrate physical health and behavioral health care systems to improve quality of care for members with mental illness and physical co-morbidities. • With the Office of Long Term Living, gain further improvements in care by expanding the prohibition on payment for Preventable Serious Adverse Events to nursing homes. • Continue to strengthen the quality of DPW's fee-for-service provider network by expanding credentialing and the use of the national provider database to additional provider types. • Improve care and reduce costs by completing a Transition of Care Pilot to proactively manage patient transitions from acute care discharge through the first weeks of community-based care and follow up in order to reduce days in post-acute care, hospital readmissions and emergency department visits. • As required by CMS begin implementation of 50.10, the newest version of the HIPAA compliant standard electronic health insurance transaction used by MA for medical/pharmacy claims submission and reconciliation. • Begin Implementation of national initiative to upgrade diagnosis reporting by medical providers from version ICD9 to ICD10; this increases the specificity of diagnosis reporting

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	<p>will help to facilitate disease reporting.</p>
<p>Office of Income Maintenance</p> <p><i>supporting PA families as they move toward self-sufficiency</i></p>	<ul style="list-style-type: none"> • Provide employment and training services to 33,212 individuals; process 529,436 applications received from COMPASS, the online application system. • Increase participation in a work activity for individuals on TANF to 43,000 individuals. • Complete issuance of Special Allowance Regulations to improve accountability in the system that supplies support services to individuals entering the work world. • Continue to advocate Congressional recession of the prohibition on federal financial participation in program costs paid for with high performance bonus funds, yielding an \$18 million state savings; PA Senators have signed on as co-sponsors of the bill that would accomplish this. • Enhance access to SNAP (FS) by 1) broadening eligibility to 160% FPIG (or about \$34,000 for a family of four); 2) eliminating separate SSI and SNAP application, and simplifying reporting for the elderly and disabled. • Enhance the COMPASS online application system to provide user friendly, secure, and confidential access to apply for Medical Assistance, TANF, SNAP, LIHEAP and other programs. • Redesign critical client communication pieces including Client Notices and the Application for Benefits to increase readability of eligibility notices and eliminate duplicate notices. • Implement Imaging Improvements initiative to simplify the scanning and attaching process for client documentation and move one step closer to an electronic case record. • Implementing Incremental Renewal Phase IV-B, the next step in the DPW strategy to consolidate CAO systems to simplify case processing, benefit authorization and case maintenance and help OIM achieve its goal of modernization. • Continue implementing Modern Office Phase II, which focuses on maximizing client self-service, enhancing program accuracy and accountability, increasing staff productivity by decreasing redundancies, and leveraging new technologies.
<p>Office of Mental Health and Substance Abuse Services</p> <p><i>supporting individuals with mental health and substance abuse needs</i></p>	<ul style="list-style-type: none"> • Provide behavioral health services to 532,899 individuals. • Conduct Year 1 (of 6), a planning year, of the federal System of Care Grant serving youth aged 8-18 who have serious mental illness; identify the 15 counties who will participate in the grant, which will support cross-systems support for families at the county level. • Improve services to children by implementing High Fidelity Wraparound model, a strength based planning process for children and families, in five counties. • With PDE, improve services to children by expanding School Based Behavioral Health including Positive Behavioral Interventions and Supports (PBS) to 60 schools, school based behavioral health teams, and school based outpatient services for mental health and for substance abuse services. • With OCDEL, provide thirteen mental health consultants to improve access to behavioral health services for children in the early learning system. • Draft regulations for Residential Treatment Facilities. • With DOH, work on Integrated Treatment regulations which improve drug and alcohol treatment through better sharing of clinical information. • Ensure continued quality improvements and maintenance of accreditation and certification at the State Hospitals by implementing several clinical enhancements that increase evidence-based clinical practices. • Expand access to quality psychiatric services in community programs, with a focus of rural areas, through recruitment, expansion of psychiatric physician extenders and telepsychiatry.

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	<ul style="list-style-type: none"> • Decrease incarceration by creating, with PCCD, jail diversion and reentry initiatives using stimulus funds. • Improve efficiency and consistency of services by standardizing the three Regional Forensic Centers' policies. • With DOC and Pennsylvania Board of Probation and Parole, engage in release planning on individuals with complex need to reduce the chance of recidivism. • With PCCD create a Mental Health Justice Advisory Committee to improve behavioral health services for individuals served in the justice system and a Center of Excellence (CoE) for the Development and Improvement of Programs Serving Adults with Mental Illness Involved in the Criminal Justice System.
<p>Cross-Office Initiatives</p> <p><i>efforts that reach across multiple DPW offices</i></p>	<ul style="list-style-type: none"> • Through the federal Money Follows the Person grant, which provides enhanced federal match, transition over 200 individuals from institutions (nursing homes, state mental retardation centers and state mental hospitals) into the community. • Develop a formal Local Lead Agency system statewide to ensure maximum utilization of Low Income Housing Tax Credit units and an online housing resource guide for consumers, family members, and service providers. • Streamline the Integrated Children's Services Planning guidelines to focus on 3 main areas: tiered criteria, family engagement, and prevention indicators. • Refine PACildStat adding indicators, restructuring, and automating data updates. • Ensure consistent response to licensing / certification and monitoring of no prone statement of policy across all offices. • Achieve certification for 30% of the 29 Sanctuary Model sites. • Develop a strategy to advance the creation of an adult protective services system.

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<p>Office of Administration</p> <p><i>making DPW's work more efficient</i></p>	<ul style="list-style-type: none"> • Continue implementation of Incremental Renewal Phase IV-B a large scale IT initiative which will improve and streamline CAO case processing by transforming the current legacy eligibility system into a more user friendly web-based system. • Improve the human resource functions by implementing HR Transformation which will centralize the administration of human resource services provided at the Bureau of Human Resources. • Improve the efficiency and impact of the auditing process by developing and implementing a prioritization process to ensure audit resources are dedicated to high risk or high impact providers, including implementing data mining and sampling techniques as part of the selection process. • Maximize synergies of IT centralization by continuing to eliminate redundancies, decrease inefficiencies, and standardize and consolidate IT resources. • Select new vendor(s) to support DPW's enterprise application strategy, with the main systems including CIS, COMPASS, HCSIS and PELICAN.
<p>Office of Child Development</p>	<ul style="list-style-type: none"> • Serve 249,556 children in Child Care Works, 177,530 in Keystone Stars, 34,384 in Early Intervention, 4,247 in Nurse Family Partnership, 11,800 in PreK Counts and 35, 311 in Head Start. • Plan a career advising system for early childhood professionals among higher education and early childhood education community and implement a pilot. • Fully implement Early Head Start and Keystone Babies to provide high quality early education to more at-risk infants and toddlers, setting them on the right track for

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<p>and Early Learning</p> <p><i>improving the early learning of PA children</i></p>	<p>development as early as possible.</p> <ul style="list-style-type: none"> • Incorporate STARS 3 and 4 family and group providers; Keystone Babies programs; STARS 2 providers – family, group and center providers; Early Head Start; and pilot of the parent support programs; i.e. Nurse Family Partnership and Parent Child Home Program into the Early Learning Network data. • Increase the number of subsidy children in STARS programs from 50% to 55%; 20% of STARS programs to move up at least one STAR level. • Implement use of Keystone STARS as the child care provide for county Children and Youth Services (CYS) funded child care programming in order for these at-risk children to benefit from quality early childhood education. • Continue to increase the number of infants and toddlers in Early Intervention (EI) who receive their EI in learning environments outside the home from 15% to 20% and to increase opportunities for preschool children to receive EI in inclusive settings from 66% to 69% to provide the most typical setting for children as possible, resulting in better outcomes for children.
<p>Office of Children Youth and Families</p> <p><i>working to create a safe, permanent family for all PA children</i></p>	<ul style="list-style-type: none"> • Provide 255,545 children services in their own home with services designed to prevent out of home placement. • As a part of the National Governors’ Association (NGA) initiative to safely reduce the number of children in out-of-home care, work with 16 counties to provide on-site assistance to facilitate safely meeting a 20% reduction of children in out-of-home care by developing alternative services and/or strategies to maintain the children in safe and nurturing environments or to move the children to permanent homes as soon as possible. • With the Administrative Office of the Pennsylvania Courts, reduce the number of youth ages birth to eighteen in non-permanent care (i.e., out of home, congregate services, foster care) and increase permanence through the Permanency Practice Initiative, which involves improved social work and court-specific change. • Offer statewide training for the Family Finding processes, a comprehensive strategy using intensive searches and outreach efforts, including the use of national databases, to locate all possible family placements for a child. • Decrease by 15 million dollars the amount budgeted to community residential and institutional placements through participation of all 67 counties in at least one special grant program and increasing the array of the special grant program opportunities by adding a truancy grant and the evidence-based high-fidelity wraparound grant. • Improve abuse screening by implementing the statewide mandatory state-of-the-art safety assessment tool and process for all children in placement at foster family homes, with kin and in adoptive homes. • Work to advance support for a Children’s Ombudsperson, who would conduct an independent review of child welfare and juvenile justice services when a complaint is raised and all avenues of remediation have been exhausted. • Further streamline processes related to federal Title IV-E dollars for out of home placement. • Improve services across the dependency and delinquency systems by implementing revising policies to support systems collaboration for children and families through the Shared Case Responsibility Bulletin. • Improve services system-wide by implementing the Round 2 Family Services Review Program Improvement Plan including moving beyond the pilot and into Phase 1 of Continuous Quality Improvement Process and Quality Service Reviews. • Continue the next phase of the five year Strategic IT Plan by creating a unified Data dictionary, business process review and general system design to ensure the standardization of information across counties and facilitate the transition to the centralized database for all

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	<p>child welfare information.</p> <ul style="list-style-type: none"> • Increase the number of youth aging out of foster care who receive Education and Training Grants to participate in post-secondary education to 600.
<p>Office of Developmental Programs</p> <p><i>supporting individuals with intellectual disabilities and autism</i></p>	<ul style="list-style-type: none"> • Provide MR services to 54,496 individuals. • Add 150 waiver slots to avoid institutionalization • Annualize 793 slots that we added in FY09-10 • Expand program enrollment up to 300 in Autism Waiver and up to 108 in ACAP. • In the MR system, develop and implement a data-driven quality management system to capture regional and statewide use of data to identify and act upon areas for improvement. • In the MR system, revise the Individual Support Plan, the source document for monitoring of services and individual well-being for those participating in all Mental Retardation programs. • Improve public access to information about Personal Care Homes by expanding the available public information to include complaint and incident violation reports, as well as regulatory waivers. • Improve the quality of personal care home services by continuing enforcement actions against noncompliant homes, expanding training for personal care home administrators, and bringing homes in line with mandated building codes. • Maximize efficiency in licensing by designing a weighted rating system for all homes that weighs the risk, seriousness, and patterns of regulatory violations and implementing a national, statistically-based methodology to design a tool to: a) conduct abbreviated annual inspections for homes with a history of high regulatory compliance and b) provide additional oversight and technical assistance to homes with a troubled licensing history.
<p>Office of Income Maintenance</p> <p><i>supporting PA families as they move toward self-sufficiency</i></p>	<ul style="list-style-type: none"> • Continue implementation of Incremental Renewal Phase IV-B a large scale IT initiative which will improve and streamline CAO case processing by transforming the current legacy eligibility system into a more user friendly web-based system. • Provide employment and training services to 35,271 individuals; process 582,380 applications received from COMPASS, the online application system. • Maintain the federal Work Participation Rate ensuring that cash assistance recipients continue to have opportunities to engage in work. • Improve SNAP payment accuracy in order to receive SNAP Bonus payment. • Expand SNAP participation in the new 160% of Federal Poverty Income Guidelines group through the BenePhilly Outreach program. • Enable individuals to maintain SNAP participation by simplifying reporting requirements. • Procure federal funding to implement ExpressLane CHIP for children in child support cases, which would allow simplified, expedited application for CHIP benefits for children receiving child support. • Deploy electronic Paternity Tracking System and confirmation system for use by local OCYF children and youth agencies to reduce costs and expedite verifications and certifications. • Rollout Modern Office Phase II, a CAO reconfiguration project that improves business operations and technology, to 15 additional County Assistance Offices in order to reach 19 CAOs in total.
	<ul style="list-style-type: none"> • Provide 2,130,784 Pennsylvanians with health care. • Implement a comprehensive pharmacy care program that will monitor both physical and behavioral health services for treatment adherence/compliance, appropriate prescribing, gaps

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<p>Office of Medical Assistance Programs</p> <p><i>providing quality, cost-efficient care for millions of Pennsylvanians</i></p>	<p>in care, and drug-drug and drug-disease interactions and provide clinically appropriate interventions.</p> <ul style="list-style-type: none"> • Improve efficiency and access by implementing Electronic Prescribing by Physicians. • Pending federal legislation, implement initiative to realize additional revenues by collecting federal rebates on drug expenditures of Medicaid managed care organizations, resulting in substantial savings to the Commonwealth. • Provide incentives to encourage Health Information Technology (HIT) adoption by providers and hospitals to improve the quality and coordination of care. • Manage first full year of new AccessPlus contract expanding Disease Management to 6 disease states encompassing 21 conditions, increasing focus on physical health and behavioral health coordination and on the coordinated management of all a person's conditions and health needs. • Gain further improvements in care by expanding the prohibition on payment for Preventable Serious Adverse Events to physicians. • Continue to maximize automation by expanding automated prior authorization, developing automated reports that can measure actual program savings, and supporting a paperless process in the pharmacy call center. • Continue to improve the identification of high need individuals for case management services through the expansion of the use of predictive modeling software to examine claims and other data to build profiles of patients most likely to benefit from this service. • Further improve care and reduce costs by expanding the Transition of Care Program beyond the pilot to other high-volume MA hospitals; the program proactively manages patient transitions from acute care discharge through the first weeks of community-based care and follow up appointments with goals of improving overall quality of care, the patient experience and health status. • As required by CMS continue implementation of 50.10, the newest version of the HIPAA compliant standard electronic health insurance transaction used by MA for medical/pharmacy claims submission and reconciliation. • Continue implementation of national initiative to upgrade diagnosis reporting by medical providers from version ICD9 to ICD10; this increases the specificity of diagnosis reporting will help to facilitate disease reporting. • Prepare for the policy, systems and operations changes that are anticipated to accompany the passage of federal health care reform.
<p>Office of Mental Health and Substance Abuse Services</p> <p><i>supporting individuals with mental health and substance abuse needs</i></p>	<ul style="list-style-type: none"> • Provide behavioral health (BH) services to 535,607 individuals. • Complete closure of Allentown State Hospital allowing 125 individuals to achieve community living • With ODP, transition 18 people with intellectual disabilities from state hospitals to the community • Develop a strategic plan (the Call for Change) to improve children's BH services. • Implement Year 2 of the federal System of Care Grant, 15 counties will serve at least 50 youth using a national practice model that build on the natural supports that exist in families and communities. • With the Department of Education, improve services to children by expanding School Based Behavioral Health including Positive Behavioral Interventions and Supports (PBS) to 60 schools, school based behavioral health teams, and school based outpatient services for mental health and for substance abuse services. • Release draft regulations for Residential Treatment Facilities. • Support, with the Department of Health, Integrated Treatment regulations to improve drug and alcohol treatment through better sharing of clinical information.

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	<ul style="list-style-type: none"> • Continue evaluation of state hospital closures using the Service Area Planning process, an integrated and coordinated planning process between OMHSAS, state hospitals administrative and clinical staff, and the stakeholder community served by the hospitals. • Expand access to quality psychiatric services in community programs by expanding the availability of telepsychiatry. • Decrease incarceration and recidivism through implementation of a Center of Excellence (CoE) providing statewide technical assistance and resources for jail diversion and re-entry programs.
<p>Cross-Office Initiatives</p> <p><i>efforts that reach across multiple DPW offices</i></p>	<ul style="list-style-type: none"> • Transition over 250 individuals from institutions (nursing homes, state mental retardation centers and state mental hospitals) into the community, through the federal Money Follows the Person grant, which provides enhanced federal match, • In the area of housing, provide technical assistance and support for Local Lead Agencies statewide; with the Pennsylvania Housing Finance Agency and the Department of Community and Economic Development, develop an affordable housing locator; and ensure all program offices have comprehensive discharge planning policies/housing plans in place for consumers transitioning into the community. • 100% of the 29 Sanctuary Model sites certified by the national Sanctuary organization. • Work collaboratively to win acceptance of the need for an adult protective services system.