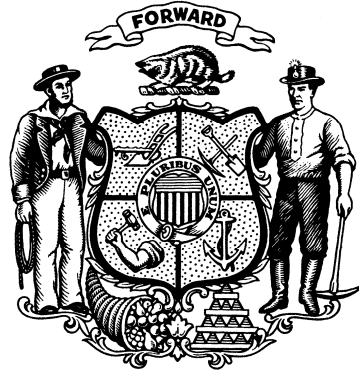


State of

Wisconsin

Department of Health Services



2007-2009 Biennial Report

Publication required by s.15.04(1)(d) Laws of Wisconsin

DEPARTMENT OVERVIEW

The Department of Health Services is one of the largest and most diverse state departments in Wisconsin with an annual budget of some \$7.8 billion and 5,500 employees.

The Department oversees Medicaid, the single largest program in the state budget, and other health and social service programs. Department activities include alcohol and other drug abuse prevention, mental health, public health, implementation of long-term care, disability determination, regulation of state nursing homes and numerous other programs that aid and protect the citizens of our state. The Department also oversees seven large institutions: three centers for the developmentally disabled; a facility for mentally ill inmates; two psychiatric hospitals; and a facility for treating sexually violent persons.

The Department has six divisions and two offices.

The **Division of Long Term Care (DLTC)** manages programs involving long term support and care, aging, physical and developmental disabilities, and sensory disabilities. In addition, the division operates state institutions that provide care and treatment for persons with developmental disabilities.

The **Division of Mental Health and Substance Abuse Services (DMHSAS)** manages programs that provide community mental health and substance abuse services. The division also operates four state institutions that provide care and treatment for persons with mental illness and/or sexually violent behavior. DMHSAS is responsible for client rights reviews and investigations at the institutions and in the community. The division's community forensics program provides treatment for persons placed on conditional release and monitors the outpatient competency evaluation process.

The **Division of Quality Assurance (DQA)** assures the safety, welfare and health of persons utilizing health, long-term care and community-care provider services. The division assures quality of care and quality of life through the development of rules and standards, on-site inspections (surveys), complaint investigations, enforcement activities, facility plan reviews, training, policy interpretations, best practice initiatives, nurse aide registration, caregiver background checks and investigations, provider information and education, proactive relationships among providers and consumers, and through the development of rules and standards.

The **Division of Public Health (DPH)** manages programs in the areas of environmental health, occupational health, family and community health, injury prevention, chronic disease prevention, health promotion, communicable disease prevention and preparedness, emergency medical services, public health preparedness and health information.

The **Division of Health Care Access and Accountability (DHCAA)** focuses on the purchase of quality health care for low income families with children, pregnant women, the elderly and persons with disabilities. In addition, it manages eligibility

determinations for Medicaid and FoodShare, the federal supplemental security income and social security disability insurance programs, and the provision of Medicaid and FoodShare benefits.

The **Division of Enterprise Services (DES)** provides management support for fiscal services, information and technology services, purchasing and contract administration, intergovernmental relations, personnel, affirmative action and employment relations, institutional support services, internal audit and project management to the program divisions of the Department.

The **Office of Policy Initiatives and Budget (OPIB)** provides departmentwide budgeting, policy development and implementation, research and evaluation, and eHealth services. It is also responsible for management of tribal affairs.

The **Office of Legal Counsel (OLC)** is the law office for the Department, providing the Department with legal advice and representation. The Office provides formal legal opinions, informal legal advice, and litigates DHS cases in administrative hearings and in some court proceedings. The Office coordinates Department rulemaking activities, administers Department compliance with HIPAA regulations and other privacy laws, coordinates the Department's rehabilitation review approval process, and provides training and guidance in investigation methods and legal issues.

DIVISION OF LONG TERM CARE

1. Performance and Operation

A. Reform the state's long-term care system through the statewide expansion of the Family Care program.

- Family Care Expansion: Family Care expansion proceeded at a rapid pace in the 2007-09 biennium:
 - During the biennium, 19 additional Aging and Disability Resource Centers (ADRCs) became operational serving 32 counties and 1 Tribe. As of July 1, 2009, a total of 32 ADRCs were operational, serving 55 counties and 1 Tribe, which accounted for 73% of the state population. ADRCs provide information and assistance regarding the complex system of long-term care and the array of local options for adults with disabilities and senior citizens. ADRCs assist with eligibility determinations for publicly-funded long-term care. Over 80,000 citizens contact ADRCs by telephone or in person each year. Of these calls, 85% provide assistance and problem solving related to the person's disability, health, financial or basic needs or related to finding a living arrangement that can accommodate their long term care needs. Another 15% are assisted to determine if they are eligible for publicly funded long term care.
 - During the biennium Family Care Managed Care Organizations became operational in 37 new counties. As of July 1, 2009, Family Care MCOs were operational in a total of 44 counties, accounting for 60% of the state population. As of this date, enrollment in Family Care was 23,540 and enrollement in Family Care Partnership was 4,186.
 - Family Care is projected to be implemented in an additional 15 counties in the 09-11 biennium. Based on this projected schedule, Family Care would be available in a total of 59 counties, accounting for 90% of the state population by the end of the 09-11 biennium.
- IRIS (Include, Respect, I Self-Direct) Self-Directed Supports Waiver: IRIS, a new self-directed supports waiver, began in July 2008. IRIS is available in Family Care counties as an alternative to managed care. IRIS provides individuals flexibility and control regarding their plan for long-term care services. At the end of the biennium, 566 individuals were enrolled or were exploring enrollment in IRIS.

B. Maintain high quality in existing community-based waives for adults with disabilities and elders until transition to Family Care is completed.

- The Community Integration Programs (CIP 1A and CIP 1B) and Brain Injury Waiver Program, serving individuals with developmental disabilities, and the Community Options-Waiver (COP-W)/Community Integration Program II (CIP-II), serving elders and individuals with physical disabilities, continued to operate in counties that had not yet implemented Family Care. These programs provide

quality, community-based services to Wisconsin residents in need of long term care services. As of December 2008, a total of 15,320 adults were served on the COP-W/CIP II, CIP I and BIW waivers, composed of 4,607 elders, 2,600 individuals with physical disabilities, 8,113 individuals with developmental disabilities.

C. Expand the number of children with long term support needs served with high quality, family-centered, flexible services.

- Children with Disabilities: The Department continued to provide services to children with disabilities in their home or community setting through the home and community-based services waivers. Children served include children with autism spectrum disorders receiving intensive treatment services, as well as children with other long-term support needs. Counties can use county funding to support children on the children's waivers. As of July 1, 2009, there were 3,952 children (including state and county-funded children) receiving services through the Children's Long-Term Support Waivers, of which 2,747 were receiving intensive or ongoing autism services. However, over 2, 200 children were waiting for services.
- The Birth to 3 Program provided services to infants and toddlers with developmental needs. At any point-in-time, the Department served approximately 5,980 children. In spring 2009, the federal government determined that the Department successfully met all federal outcome measures for this program.

D. Expand opportunities for community-based living through relocations and diversions from institutional settings

- Relocations and Diversions: In FY08, 712 elders and people with physical and developmental disabilities successfully relocated from institutional settings and an additional 183 individuals were diverted from admission to a nursing home through the Department's relocation programs and diversion program. (Data is still being compiled for FY09). Since the beginning of these programs in 1995 through June 2008, a total of 2,639 individuals have been relocated and 492 individuals diverted from institutional settings. The quality of life for these 3,131 individuals has been enhanced through the opportunity to live in the community and be near family and friends and more fully engaged in community activities.
- Nursing Home Closures and Resident Relocations: During the 07-09 biennium, 6 Skilled Nursing Facilities (SNFs) and 1 Intermediate Care Facility for persons with Mental Retardation (ICFs-MR) closed. The Department is responsible under state law to assure the proper and orderly relocation of residents relocating from closing facilities. In each closure, division staff led a multi-agency Relocation Team assigned to the closing facility.

E. Strengthen integrated employment opportunities for people with disabilities

- During the biennium the Department awarded over \$5.2 million in federal grants and contracts to increase employment outcomes for persons with disabilities through the Pathways to Independence initiatives.
- The Department convened a Managed Care and Employment Task Force composed of a wide range of stakeholders. In its final report of July 2008, the Task Force developed a blueprint for a comprehensive strategy to expand integrated work opportunities for adults with disabilities involved in managed long-term care. The Department is implementing the recommendations.
- As one of the first implementation measures, the Department awarded ten re-balancing grants to community rehabilitation programs, which have been effective in creating changes from agency based employment to integrated employment for over 100 Wisconsin residents to date.

F. Promote evidence-based prevention practices for elders and people with disabilities to increase wellness and minimize or delay need for long-term care services

- The Department expanded evidence-based prevention programs in counties throughout the state. As of July 2009, the Living with Chronic Disease Self-Management program was available in 51 counties and the Stepping On falls prevention program was available in 39 counties. By promoting wellness and reducing hospitalizations, these programs help control health care costs and help preserve independence and a high quality of life for individuals.

G. Administer Medicaid nursing home reimbursement in ways that more closely reflect the acuity level of patients served, promote best practices and high quality care, and preserve adequate access to nursing home services.

- The Department implemented full acuity-based rates for nursing homes in July 2008. In addition, as of January 2009, the Department aligned the nursing home reimbursement methodology in the fee for service and managed care systems, by requiring Family Care MCOs to reimburse nursing homes using the same acuity-based methodology as in the fee for service system.
- Wisconsin was selected as one of three states to participate in a federal Medicare Value-based purchasing/Pay for Performance pilot. Nursing homes are eligible for bonus payments based on high performance and/or significant improvement on key indicators. If determined to be sound, the methodology can be adopted in state Medicaid program as well
- In FY09, the Department implemented a new Capital Incentive Program to stimulate replacement and renovation of old, out-dated nursing homes with innovative, cost-efficient, person-centered design elements. In the first year of the program, 6 projects were approved.

H. Ensure quality of care and treatment for individuals with developmental disabilities served in the State Centers for the Developmentally Disabled.

- Quality Management Initiative at the Centers for People with Developmental Disabilities: During the biennium, the centers engaged in an initiative to develop a process to address quality using scientific quality management approaches. These goals focus on person centered planning to individualize the Centers programs and services; environmental improvements in the residential and program environments; reductions in the use of restrictive procedures and restraints; and improved resident and employee safety.
- Central Wisconsin Center (CWC): CWC has adopted the rigorous Baldrige national quality standards. In 2009, CWC won the Wisconsin Forward Award at the Mastery level. CWC was commended for its person-centered care.

2. 2009-11 Goals

- Reform the adult long-term care system through statewide expansion of Family Care.
- Restructure services at Southern Wisconsin Center (SWC) by accelerating relocations, with the goal of relocating 70 individuals on a voluntary basis by the end of the biennium. During the same period, expand the SWC short term Intensive Treatment Program (ITP) from 10 to 30 beds.
- Continue to implement IRIS, the self-directed supports option for individuals in Family Care counties, and implement the personal care self-directed supports option for IRIS clients to enable individuals the ability to manage their care in a more flexible and comprehensive manner.
- Maintain high quality in existing community-based waivers for adults with disabilities and elders until transition to Family Care is complete.
- Strengthen services to children with long-term care needs by implementing the autism insurance mandate, utilizing effectively the additional funding provided for the children's long term support waiver system, and implement the expanded services under the Birth to 3 program supported by the federal American Recovery and Reinvestment Act funding.
- Expand initiatives that prevent, postpone or lessen dependence on long term care, including falls prevention, chronic disease self-management, and medication management programs.
- Increase employment opportunities for individuals with disabilities through education and outreach to employers, increasing available supports for individuals with disabilities, and identifying and eliminating barriers to employment.

- Continue strong efforts to relocate elders and individuals with disabilities currently residing in institutions to community settings in cases where an appropriate community setting is developed.
- Refine acuity-based Medicaid nursing home reimbursement by implementing quarterly acuity updates, continue capital incentive program and promote best practices and high quality care in nursing homes.
- Ensure quality of care and treatment for individuals with developmental disabilities served in the State Centers for the Developmentally Disabled through a comprehensive data-driven quality improvement initiative in the State DD Centers, based on the national Baldrige quality model.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

1. Performance and Operation

A. Reduce the incidence of underage drinking by developing and implementing prevention activities targeted at underage drinking in local communities.

- Issued substance abuse prevention Strategic Prevention Framework, State Incentive Grants to 20 local coalitions to implement evidence-based environmental strategies.
- Implemented web-based Substance Abuse Prevention Services Information System to track the prevention activities and outcomes in counties and local coalitions.
- Completed an initial state-wide parental education campaign, “Parents Who Host Lose the Most” to target community support against providing alcohol to youth.

B. Decrease the percentage of adults discharged from all state and county psychiatric hospitals who are readmitted within 30 days by providing access to mental health services that support successful return to the community.

- Provided start-up funding to support 4 counties (Columbia, Iron, Walworth, Monroe) to develop alternative community programs, including Comprehensive Community Services and for five regionally based Crisis Intervention Service programs.
- Launched an effort the Network to Improve Addiction Treatment (NIATx) program at the University of Wisconsin-Madison to develop a learning collaborative with counties with high re-admission rates to help them use rapid cycle quality improvement projects to target key processes that result in high readmission rates.

2. 2009-11 Goals

- Complete construction of the Female Offender Treatment Center at Wisconsin Resource Center.
- Complete Phase 2 construction at Sand Ridge Secure Treatment Center.
- Implement the new Community Recovery Services program with initial counties.
- Complete strategic plan for system funding and delivery of mental health and substance abuse services statewide.

DIVISION OF PUBLIC HEALTH

1. Performance and Operation

A. Preparedness

- Public health emergency response plans now include systems for receiving and distributing federal emergency medicines and supplies, requesting mutual aid from neighboring communities and states, and organizing backup medical workers through the Wisconsin Emergency Assistance Volunteer Registry.
- In response to a rapidly developing outbreak of H1N1 influenza virus in the U.S., the Division Preparedness program worked to activate preparedness plans.
- The Emergency Operations Center was opened and Incident Command Structure implemented. During the spring 2009 H1N1 influenza outbreak, Wisconsin emerged as a national leader in surveillance and outreach capabilities, and helped provide valuable case data to national researchers.

B. Tobacco Prevention and Control Program (TPCP)

- During this biennium, the TPCP has been working closely with key partners to provide education on Governor Doyle's three important tobacco issues:
 - Smoke Free Workplace legislation
 - Increase in the Wisconsin tobacco tax
 - Need to meet the minimum funding requirement for a comprehensive tobacco prevention and control program as identified by the U.S. Centers for Disease Control and Prevention.
- TPCP developed an expanded plan to address the following areas: tobacco dependence treatment, youth programs, tobacco-related disparities, community coalitions, media and counter-marketing, tobacco-related disease programs, evaluation and infrastructure.

C. Healthy Birth Outcomes

- The Department's Healthy Birth Outcome Initiative: Eliminating Racial and Ethnic Disparities, is advancing knowledge about reversing the cumulative effects of stress across generations, and over the course of a woman's lifetime, that will increase the chances of a healthy birth.
- The DPH website www.dhfs.wisconsin.gov/healthybirths/ provides detail on current activities.
- DPH has developed a statewide advisory committee to educate and increase public will to act, including developing indicators of success and evidence-based practice recommendations.

2009-11 Goals

- Promote positive and healthful life-styles.
- Reduce the prevalence of cigarette smoking among teens and adults.
- Reduce the number of people who acquire HIV infection.
- Increase the rate at which Wisconsin children are immunized against disease.
- Increase the number of Medicaid-enrolled children under age six who receive a blood lead test.
- Increase the number of pre-1950 dwellings where lead hazards are corrected.
- Decrease the number and percentage of children under age six who have blood lead levels equal to or greater than ten micrograms of lead per deciliter of blood.
- Reduce the African-American infant mortality rate.
- Reduce the disparity between African-American low-weight births and white low-weight births.

DIVISION OF QUALITY ASSURANCE

1. Performance and Operation

- In April 2007, the Department of Health and Family Services reorganized. As a result, the Office of Quality Assurance became the Division of Quality Assurance.
- DQA continues to ask all providers for post-survey (post-inspection) feedback regarding their experience with the survey process.
- DQA is responsible for overseeing the development and revision of administrative codes. Revisions resulted in less prescriptive rules. During the biennium, staff worked on the following rules:
 - Updated Chapter DHS 132, Nursing Homes, was fully implemented in September of 2007.
 - Chapter DHS 83, Community Based Residential Facilities. The revised DHS 83 was promulgated on April 1, 2009.
 - Chapter DHS 133, Home Health Agencies. The revised DHS 133 was promulgated on November 1, 2007.
 - Chapter DHS 85, Non-Profit Corporation as Guardian.
 - Chapter DHS 129, Certification of Programs for Training and Testing Nurse Aides, Medication Aides and Feeding Assistants. The Department re-created DHS 129 effective December 1, 2008.
 - Chapter DHS 124, Hospital.
 - Chapter DHS 131, Hospice. The proposed rule and fiscal estimate has been submitted to the Office of Legal Counsel for review.
 - Chapter DHS 105.17, Provider Certification.
 - Chapter DHS 12, Caregiver Background Checks.

A. Nursing Home Resident Care

- Nursing home beds and numbers decreased over the biennium as individuals select community living arrangements over the traditional nursing home setting.
 - Total licensed beds:
 - 2007: 39,715 licensed beds
 - 2009: 37,899 licensed beds
 - Total licensed facilities:
 - 2007: 419
 - 2009: 414

- 828 licensure and certification surveys (inspections) completed.
- 1,502 Complaint surveys completed
 - 3,011 complaint intakes
 - 4,343 allegations
- The Department consistently meets the Centers for Medicare and Medicaid Services (CMS) performance measures and has achieved superior ratings in the majority of measures during the biennium. During the biennium the Department has trained both surveyors and the provider community for multiple new federal nursing home.
- The Department made positive strides in working in collaboration with both State and Federal Departments of Justice to protect vulnerable residents from criminal activities.

B. Health Services

- Implemented weekly plan review status reports on the web to provide up-to-date information to providers and designers.
- Updated the construction plan review application to be more user- friendly.
http://dhs.wisconsin.gov/rl_dsl/PlanReview/index.htm
- Implemented new survey laptop technology-STAR for End Stage Renal Dialysis surveys.
- Piloted the delivery of statements of deficiency and receiving plans of correction electronically.
- Opened four new hospitals.
- Created an educational webcast for prospective home health agencies.
- Acute Care Compliance Section Workload Completed:
 - Federal Complaint investigations:145
 - Recertification Surveys:138
 - Verification Visits:150
 - Construction Plan reviews:560
- Behavioral Health Certification Section
 - Co-Issued a statewide variance recognizing Physician Assistants in the delivery of outpatient mental health services.
 - Assisted in the development and roll out of DHS 35, the new outpatient mental health clinic rule.
 - Approximately 650 recertification surveys. Issued 842 citations in 829 surveys (recertification and complaint).

C. Assisted Living

- The Department increased monitoring of facilities with a poor compliance history and rewarded providers with good compliance history.
- A statewide committee approved a number of waivers that support innovative concepts to improve access and health care. During CY 2007 and 2008 the committee approved 166 waivers and variances.
- There are 2,973 licensed, certified and registered assisted living facilities and 41,755 beds. Nursing homes have 414 facilities and 37,899 beds.
- For the Calendar Year 2008
 - 2,973 facilities (CBRF, RCAC, AFH, ADC)
 - 41,755 beds
 - 282 new licenses and certifications issued
 - 2,245 surveys completed
 - 468 surveys with enforcement action including 918 sanctions
 - \$614,952 forfeitures assessed
 - 105 No New Admission sanctions
 - 23 Impending Revocation Sanctions
 - 15 Revocations
 - 789 complaints investigated
 - 749 self reports investigated
- National Recognition as a creative and effective regulatory agency:
 - CMS published the Wisconsin Assisted Living model as a promising practice under the category of “Creative Enforcement” – 2007.
 - Kevin Coughlin, Bureau of Assisted Living Director, was recognized as the 2007 Public Official of the Year by *Governing Magazine*
 - Participated in national research - Adult Foster Care: A Resource for Older Adults. <http://www.hcbs.org/moreInfo.php/doc/2273>
 - WI regulatory approach identified in Assisted Living Federation of America core principles in September 2007:
http://www.alfa.org/alfa/ALFA_Core_Principles1.asp?SnID=1496345143

D. Caregiver Quality

- In 2008:
 - 2,239 Caregiver Misconduct Incident Reports were received.
 - 570 allegations of misconduct were screened and investigated.
 - 188 findings of abuse, neglect or misappropriation were substantiated (1,976 substantiated findings are currently listed on the Caregiver Misconduct Registry.)
 - 273 credentialed staff were referred to the Department of Regulation and Licensing.
 - Implemented an online complaint process and 1-800 complaint phone line.
 - Introduced a “Conducting Internal Investigations” web-based training.

- Entity Background Checks are completed on owners, board members and non-client residents of regulated facilities at the time of license application and at least once every four years after that date. In 2008:
 - A background check fee increase was implemented in April 2008.
 - Over 3000 entity caregiver background checks were completed.
- Nurse Aide Training and Testing Programs ensure a statewide level of standard in training and testing. In 2008:
 - 13 new Nurse Aide Training Programs and 24 new feeding assistant programs were renewed.
 - 57 Nurse Aide Training Program on-site reviews.
 - 9,421 newly trained nurse aides were added to the Wisconsin Nurse Aide Registry. There were 210,439 aides on the registry at the end of the year.
- For the ninth time since 2000, Wisconsin's state survey agency, DQA, won an award for a promising practice in the Association of Health Facility Survey Agencies' (AHFSA) program. The Department won for its "Abuse and Neglect Prevention Training for Caregivers" project in the Education category for the 2008 AHFSA Promising Practice.

E. Technology, Licensing and Education

- 2008: DQA sponsors an annual conference for staff and providers of long term care facilities. In 2007 over 800 individuals attended, and in 2008, over 700 attended. The 2008 conference focused on care issues in bariatric health and emerging issues in long-term health care.
- DQA implemented the use of live meeting/web cameras. These devices have allowed DQA to reduce travel and conference call costs without the loss of in person communication.
- Improved access to DQA training. DQA has provided training on changes to regulation and guidance to regulations over the past year via webcast so that both DQA staff and affected providers receive the same training. The webcasts are available 24 hours a day, 7 days a week.
- Increased the amount of data that is available to consumers via the internet, specifically in the Assisted Living area
- Improved licensing procedures. DQA is streamlining and improving its licensing processes, including providing more information via the internet.
- Electronic records: DQA is in the beginning stages of an electronic records project that, once fully implemented will result in all surveys being electronically filed for easier and faster retrieval.

2. 2009-11 Goals

- Expand consumer access to health care provider information by posting survey statements of deficiency and enforcement actions on the internet.
- Decrease the incidence of pressure ulcers among nursing home residents.
- Ensure compliance with federal state agency performance standards.
- Revise the administrative codes and implement statutory changes to streamline regulations and reflect current practice by July 1, 2011.
- Enhance services to stakeholders and the public by exploring the automation of DQA record storage and provider interface processes by July 1, 2011.
- Deliver electronically official notices to providers.

DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY

1. Performance and Operation

A. Medicaid

- At the end of August 2009, the Medicaid program, including BadgerCare Plus, Family Care, and SeniorCare, covered 1,039,491 individuals. This represents an increase of nearly 125,000 individuals or 12% when compared to the total 12 months ago.

B. BadgerCare Plus

- BadgerCare Plus Standard and Benchmark Plans were implemented in January 2008.
- BadgerCare Plus is both an expansion and a simplification of the BadgerCare Program for families. The program expanded to cover all uninsured children, all pregnant women with incomes up to 300% of the federal poverty level and uninsured parents and other relative caretakers with incomes up to 200% of the federal poverty level. The program was also streamlined so that the differences between the 22 different subprograms under Medicaid and the State Children's Health Insurance Program that covered families were eliminated and the programs rules simplified.
- At the end of August 2009, there were 419,597 children, 223,764 adult parents and caretaker relatives, and 19,160 pregnant women enrolled in BadgerCare Plus.
- The BadgerCare Plus Core Plan for Adults Without Dependent Children was implemented in January 2009. The program covers uninsured childless adults with incomes no greater than 200% of the federal poverty level. This is a population group not covered by the Medicaid program in the past, although General Assistance/Relief Medical Programs, including a large one in Milwaukee County, which were paid for using some state dollars had existed. The group is covered under a demonstration project waiver granted by the federal government in November 2008. The waiver requires federal budget neutrality that effectively imposes an enrollment ceiling.
- At the end of August 2009, the program had enrolled 24,686 individuals.

C. SeniorCare

- The federal SeniorCare waiver was renewed by the federal government guaranteeing the program's continuation through December 31, 2012.

- The extension again validated results showing SeniorCare was a more cost effective way to deliver pharmacy assistance to Wisconsin seniors than Medicare Part D.
- At the end of August 2009, SeniorCare enrollment was 86,235 individuals.

D. FoodShare

- FoodShare participation continues to increase. In August 2009, there were 618,538 individuals in 264,623 households enrolled in the program. This represents an increase of 36% over the last 12 months.
- Through August 2009, the Department's FoodShare program payment accuracy error rate for FFY09 was 1.8% and the percentage of cases that were closed in error was 1.64%. This represents a huge improvement over the previous year, in which Wisconsin's payment error rate was 6.93% and our negative error rate was 11.16%.

2. 2009-11 Goals

A. Medicaid Rate Reform.

- As required in the 2009-2011, the Division will implement changes that will result in \$625 million in benefit savings over the course of the biennium. This project includes more than 71 different strategies that save benefit dollars, improve quality where possible and do not affect access to services for our members.
- The Department is in the process of issuing a Request for Proposals that will improve the health care outcomes and reduce administrative costs for BadgerCare Plus families who receive their health care through managed care organizations in Southeastern Wisconsin.

B. Complete the implementation of the BadgerCare Plus Core Plan.

C. Certification of interChange MMIS

In order to receive enhanced federal funding for the operation of the Medicaid Management Information System implemented in November 2008, the Department must seek and receive certification of its system by the federal government.

D. Complete implementation of hospital and ambulatory surgical center assessments.

E. Assume full responsibility for Milwaukee County Income Maintenance Programs as of January 1, 2010.

- The Department is assuming full responsibility for the Income Maintenance programs (Medicaid, BadgerCare Plus, FoodShare, SSI Caretaker Supplement, Medicaid Transportation and the Wisconsin Funeral and Cemetery Assistance Program) from Milwaukee County. In addition, the Department will handle the determination of child care subsidy eligibility and the authorization of benefits. This will involve direct state supervision of county workers.
 - On May 1st Department staff located in Milwaukee began processing all applications that are submitted via the ACCESS web site. As these cases are determined and certified as eligible, the staff will retain and manage these cases.
 - 1,580 applications were processed in May.
 - 2,815 applications were processed in June.
 - 3,981 applications were processed in July.
 - 3,493 applications were processed in August
 - On July 1st the Department took control of Milwaukee's Change/Call Center. Using 9 state managers and 59 county workers, the new Change/Call Center will:
 - Handle general IM program questions;
 - Handle case-specific IM program questions and problems; and,
 - Receive and process all changes reported over the telephone, mail and FAX.
 - From 7/1/09 to 9/11/09 we have answered 70,744 calls with an average “hold” time of 15 minutes. Other than 10 minutes of unexpected system “down time”, we have experienced no busy signals.
- F. Implement a program that provides family planning services to males, ages 15 to 44, across Wisconsin. This will require amending our existing federal demonstration project waiver that currently covers females only.
- G. Keep track of national health care reform legislation.

DIVISION OF ENTERPRISE SERVICES

1. Performance and Operation

A. Improve Strategic Sourcing and Contract Administration

- Instituted a quality assurance process for all major solicitations to promote and assure timely and effective procurements that complied with all laws and policies.
- Automated the State-County contract process and documentation, which has greatly improved the organization and efficiency of the process in managing complex contracts with 72 counties covering dozens of programs and hundreds of millions of dollars.

B. Implement the Department Workforce Plan

- Developed a Department workforce plan to guide department efforts to more effectively recruit and retain employees in an increasingly diverse workforce, and to manage and prepare for the retirement implications of an aging workforce.
- Published the Supervisors Resource Center on the DHS workweb, which brings together in one place key information Department supervisors need to have in order to on-board new employees, manage employee performance, engage in knowledge management (Knowledge Journaling and Exit Interview Questionnaire), and more.
- Developed and implemented a Leadership Institute, taught by Department administrators and leaders. The first cycle included 29 participants including 22 (67%) representative of Affirmative Action's targeted group. More than 26% of the students have already promoted or transferred to new positions.
- Developed a Knowledge Journal and published train-the-trainer training online and to the Inter Divisional Training Council and to human resource contacts throughout the Department to assist key retirement-vulnerable employees and their managers in getting started on knowledge journaling.
- Conducted occupational safety and health compliance training at all Department facilities, in addition to providing consultation and support for a variety of injury reduction and compliance initiatives. Coordinated the purchase and installation of 25 evacuation chairs at 1 West Wilson Street to assist those with mobility impairments during building evacuations.

C. Enhance Agency Continuity of Operations Plans (COOP) and Develop Pandemic Plans.

- Completed COOP tabletop and functional exercises involving all ICS and service plan staff in an effort to identify opportunities for improvement and to increase the

department's level of readiness. Plans became increasingly refined and improved throughout the biennium.

- Completed the COOP/pandemic agency-level, service-level and site-level preparedness checklists for critical areas in the Department.
- Facilitated development of department-wide work at home policies and protocols, including analyzing and addressing several information technology issues related to supporting dozens of employees working from remote sites.

D. Expand and Enhance Project Management throughout the Department.

- Created the Office of Enterprise Performance Management (OEPM), and provided project management services on several key department-wide initiatives, such as BadgerCare Plus, the Vital Records system, and Healthiest Wisconsin 2020 planning.
- Facilitated improved project management practices throughout the department by providing in-person training; consultation and technical assistance to division managers and staff leading projects; and providing a web-based Project Management Resource Center which offered information, guidance, and project management templates.

E. Implement IT Portfolio Management and IT Governance.

- Developed and began implementing detailed, comprehensive plans for transitioning most IT technical services to DOA's Division of Enterprise Technology as part of the Governor's high priority initiative to consolidate server and network management and other technical services.
- Secured federal funding and began performing an enterprise-wide analysis of department IT systems and needs, using the federally required Medicaid Information Technology Architecture (MITA) framework. Analysis will be used to identify priority project needs and will establish the basis for seeking and obtaining federal funding at favorable matching rates.
- Instituted a new department-wide incident response process to respond in an effective, timely, and coordinated manner to incidences of data security breaches.

F. Enhance Operating Budget Monitoring and Analysis.

- Closely monitored on a continuous basis 43 GPR and GPR-like appropriations and dozens of program revenue appropriations to promptly flag potentially emerging deficits and to identify options for resolving budget issues.
- Developed and made available to all DHS program managers a budget projection tool to quickly access financial information and spreadsheets for use in analyzing and preparing budget reports.

G. Implement Business Process Re-engineering.

- Successfully rolled out the first phases of the automated DHS PTAWeb Timekeeping system, eliminating the need for paper checks and reducing administrative costs.
- Developed and began implementing plans to install an automated scheduling system at the department's seven facilities, which will create considerable efficiencies by replacing a manual, paper-based process.
- Successfully transitioned to a new E-mail system that meets state standards and instituted an improved process for managing and meeting e-mail archiving and retention needs.

2. 2009-11 Goals

- Improve strategic sourcing and contract administration by promoting increased use of performance based procurements and contracts, achieving MBE procurement goals, and developing and implementing model contracts and improved policies and procedures.
- Enhance agency continuity of operations plans and pandemic plans to ensure increased readiness for emergencies and critical events.
- Expand and enhance project management throughout the Department to better assure that high priority projects are completed on time, within budget, and deliver expected results.
- Improve employee recruitment efforts and retention, effectively manage the impacts of the increase in retirements, and achieve our workforce diversity goals through implementing the Department Workforce Plan.
- Complete the server consolidation process with the transfer of most Information Technology infrastructure technical services to the Division of Enterprise Technology.
- Comply with reporting requirements of the American Recovery and Reinvestment Act (ARRA) of 2009 with thorough and timely reporting of contracting and expenditure information.
- Re-engineer key business processes such as scheduling and time keeping, e-Mail retention, and business IT planning.
- Improve DES customer service through timely measurement of our customers' satisfaction with our services and action steps to respond to customer needs for improved services.

OFFICE OF POLICY INITIATIVES AND BUDGET

1. Performance and Operation

A. Budget

- Prepared the Department's 2009-11 biennial budget request for submission to the Governor in September 2008.
- Worked with the Department of Administration to develop new initiatives and savings measures for inclusion in the Governor's Budget.
- Provided policy and fiscal analysis to support the ongoing development and implementation of major Department initiatives, including BadgerCare Plus and statewide expansion of Family Care.
- Helped develop and implement state operations lapse plans.

B. Policy and Research

- Helped develop a \$50 million proposal to the federal government to cover additional individuals in the Core Plan. The five-year grant was approved effective September 1, 1009.
- Designed and implemented two large pilot initiatives under the Healthy Living component of BadgerCare Plus.
- Completed the evaluation of Healthy Families, a prevention program managed by the Department of Children and Family (DCF) in partnership with DHS, and made recommendations to improve accountability.
- Assisted in designing and implementing policy and procedures for managing all funds associated with the American Reinvestment and Recovery Act.
- Helped develop detailed evaluation plans for BadgerCare Plus, including the Core Plan.
- Represented the Department at national health care meetings and state conferences through presentations and poster sessions.
- Hosted a Wingspread Healthy Birth Outcome Best Practices Seminar for medical directors from each of the HMOs and other selected stakeholders.
- Assisted design and launch a high-risk pregnancy registry to identify women at risk of poor birth outcomes for the HMOs.
- Completed the evaluation of the Female Re-Entry.

C. Tribal Affairs

- Revised the Department's *Policy Regarding Consultation with Wisconsin Indian Tribes*. The policy improved government-to-government communications, collaboration, and services between the department and Wisconsin Tribal governments.
- Conducted the 2007, 2008, and 2009 Wisconsin Tribes and Department administration's biannual consultation meetings. Department and tribal government representatives reviewed progress of the current year's implementation plan, identified issues of mutual interest or concern, and developed strategies for improving services in tribal communities.
- Facilitated and coordinated the annual Tribal-Department and DCF Healing Our Communities Conference.

2. 2009-11 Goals

- Prepare the Department's 2011-13 biennial budget request for submission to the Governor in September 2010.
- Develop plans to meet state operations lapse targets required under the 2009-11 biennial budget.
- Provide ongoing policy and fiscal analysis to support implementation of BadgerCare Plus, Family Care expansion, and other Department initiatives.
- Complete the evaluation of the Family Planning Waiver in partnership with DHCAA.
- Issue Request for Applications for BadgerCare Plus Healthy Living Individual Incentives and award contracts in partnership with DHCAA.
- Reach agreement with AFSCME on contract for Family Child Care providers in partnership with the Office of the Secretary and DCFS.
- In partnership with DHCAA and DPH, develop recommendations for and implement Pay-for-Performance for: a) Healthy Birth Outcomes, including development of a high-risk pregnancy registry and b) Childhood Obesity.
- Collaborate with the DLTC to meet the long term care needs of tribal members of the 11 Wisconsin tribal governments. This initiative will respect each tribe's unique needs while creating a forum for communication among the various stakeholders.
- Progress toward the 2012 goals of achieving nearly 100% adoption and use of certified electronic health records and systems by Wisconsin health care providers,

and building a sustainable state Health Information Exchange organization, infrastructure and services.

- In parallel with state-level Health Information Exchange development, facilitate the development of regional HIEs and participation by providers in respective regions who have/use electronic health records.
- Raise Wisconsin constituents' (health care providers, payers, purchasers, and consumers) level of awareness and understanding of the Health Information Technology/Health Information Exchange value proposition.

DEPARTMENT ALTERNATIVE WORK PATTERNS

The Department of Health Services continues to support the use of alternative work patterns where applicable and without impacting the day to day operational needs of the Department. Use of alternative work patterns such as flextime, deviated work schedules, and permanent part-time positions are common throughout the Department's program divisions. As of September 2009, DHS employed over 600 permanent part-time positions.

In addition, where appropriate and giving consideration to operational needs, the Department continued to use alternative worksites, including temporary and ongoing telework and home-based work arrangements.

DES

In 2009, the Division of Enterprise Services led the development and implementation of a Department-wide policy to define and manage informal and formal alternative worksite arrangements.

DQA

In 2007, homes were designated as headquarters for travel and fleet purposes for full time teleworkers. As the full time teleworkers only visit regional offices once per month, DQA is in the process of significantly reducing office space and land telephone lines, resulting in cost savings.