pennsylvania

DEPARTMENT OF HUMAN SERVICES

STRATEGIC PLAN

2019–2022

Table of Contents

Mission

To assist Pennsylvanians in achieving safe, healthy, and productive lives, while being an accountable steward of commonwealth resources.

Message from the Secretary

To paraphrase Hubert Humphrey, former Senator and Vice President, the moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those in the shadows of life, the sick, the needy, and individuals with disabilities.

At the Department of Human Services, we are tasked with serving and protecting Pennsylvanians who don't always get the spotlight of our society's attention. But it's important to remember that children, the elderly, the sick – that is every single one of us at some point in our life. And I know that we all feel our shared moral duty to take care of our neighbors when they are vulnerable, whether from age, ailment, or just because they are going through hard times and need a hand to grasp so they can pull themselves back to their feet. I am confident that I speak for my DHS colleagues when I say we strive every day to make sure that Pennsylvania passes that moral test, so that every Pennsylvanian can be secure in the knowledge that they have somewhere to turn on that nearly inevitable day when they find themselves or a friend or family member struggling, perhaps with a physical or intellectual disability, addiction, cancer, abuse, mental illness, or any number of other circumstances. DHS exists to protect and advocate for some of our most vulnerable Pennsylvanians, and we are steadfastly committed to that work.

As we look forward to the coming years, I am excited to share this strategic plan for how we can continue to improve and streamline our programs, always with the aim of fulfilling our mission to assist Pennsylvanians in achieving safe, healthy, and productive lives and protecting Pennsylvanians under care of our licensed providers. We've identified some big goals, like ensuring every child has a strong foundation for physical and behavioral well-being and bending the health care cost curve, and an array of initiatives to support them. I do want to

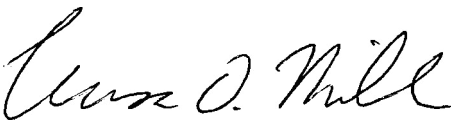
note that with an agency the size of DHS, we will be working on many great projects that are not explicitly named in this plan. We are always committed to continuous improvement and will always actively seek opportunities to better serve, protect, and advocate for Pennsylvanians who use DHS' services and providers. Whether you are a DHS employee, service provider, advocate, or other stakeholder, I hope you will see how you and your work fit into these goals, even if you do not see a specific project on these pages.

I am particularly excited by the Department's increasing focus on how we approach health and well-being holistically. We must continue to move away from paying for sick care – care you get when you're already sick – and start rewarding care that keeps you healthy in the first place. And because studies show the medical care you receive is responsible for only roughly 20 percent of your health, that means we need to widen our lens to look at nutrition, housing, poverty, and the other social and environmental factors that have a big impact on health outcomes and spending.

As we embrace this holistic view of health and health care, I am also committed to reworking our programs to make sure you don't need a Ph.D. in government to navigate them. Too often, the system is hard for the individuals we serve to understand. By investing in technology to connect government services with our local partners, we will improve our ability to link individuals to the right service at the right time, regardless of whether it's provided by the commonwealth, a county, a managed care organization, or a community partner. We will also work to expand delivery of services in a trauma-informed manner, because we recognize that we are often delivering services to people in the midst of a difficult period in their life, and we all deserve to be treated with open-mindedness, patience, and compassion.

Woven throughout our efforts in the coming years, you'll see a renewed emphasis on telling the stories of the people we serve, and more important, helping those we serve tell their own stories so that, together, we can chip away at the stigma that surrounds so many of the issues that Pennsylvanians face. Stigma around issues like poverty, mental illness, addiction, or domestic violence can keep the people we serve, and the programs that serve them, in the shadows. Stigma holds people back from seeking the care they need to be healthy and safe, and it stifles the conversations that we as a society need to have around what we're struggling with and how we take care of each other. So, we will be inviting everyone we serve to step out of the shadows and into the spotlight, because I think the best way to break down stigma is to hear from real people who are willing to share their experience.

If you've got a story you'd like to share, let us know. You can reach out to us at RA-PWDHSPRESSOFFICE@pa.gov. I hope to hear from you. I look forward to working with all of our stakeholders in the coming years as we strive to make this plan a reality and make government be there for Pennsylvanians when they are most vulnerable.



Teresa Miller
Secretary, Department of Human Services

Guiding Principles

We are committed to providing services that are...

Person-centered and holistic: We will consider our services from the perspective of the person being served and strive to design and provide individualized services that efficiently and compassionately meet their needs as a whole.

Relationship-driven: We will recognize and elevate the importance of relationships among our clients and trusted individuals who can support them as they seek to develop or maintain physical and emotional well-being, strong families, and economic stability.

Grounded in the community: We will deliver services to people where they live, work, and play, and strive to balance our services to support their ability to live in the community. We will also work with communities to engage them in their own health improvement.

Informed by data: We will use data and evidence to guide our decision making, continually monitor our performance, and engage in quality improvement activities to advance our programs.

Collaborative: In order to deliver coordinated and integrated services in an efficient manner, we will work closely with the individuals we serve and their advocates; with our partner agencies in state and federal government; with counties, local government, and local community partners; and with the health and human services organizations and providers on whom we rely to deliver services.

Innovative: We will identify and implement promising practices and work with our partners in the human services system to do the same, and to scale effective practices to maximize their impact.

Equitable: We will work to promote equity for everyone, regardless of race, ethnicity, national origin, gender, sexual orientation, gender identity, age, and disability, so that everyone has an equal opportunity to live the healthiest life possible.

Multi-generational: We will focus on creating opportunities for and addressing the health, economic, and educational needs of children, adults, and seniors as a family unit, using programs and policies designed with the whole family's future in mind to put the family on a path that harnesses their full potential to achieve physical and emotional well-being, economic stability, and resiliency.

Efficient: We will carefully steward taxpayer resources to ensure that dollars are well spent, and use continuous incremental improvement (Lean) strategies throughout our programs to empower employees to identify opportunities to increase efficiency so that we can maximize resources for Pennsylvanians.

Transparent: We will be transparent with the public, stakeholders, our staff, and our legislative partners in our actions and programs and seek their input as we administer our programs.

Delivered by staff who are skilled, supported, and engaged: We will invest in our staff to make sure they have the skills and support they need to provide effective services to the public, and we will communicate agency goals and priorities clearly so that they see their role in carrying them out.

DHS Strategic Priorities, 2019-2022

1. Provide every child with a strong foundation for physical and behavioral well-being

Every child should be part of a loving family that has the resources to care for them. By focusing on children and their parents from prenatal care to the age of three, we can direct our resources at a period of development that is particularly critical in laying a strong foundation for a child's physical and behavioral well-being.[1] Babies' brains develop at an astonishing pace: in the first few years of life more than one million new neural connections are formed every second.[2] By the age of 2, the brain is about 80 percent of its adult size.[3]

Early experiences shape children's rapidly developing brains and influence lifelong emotional and physical health, social skills, and cognitive-linguistic capacities that contribute to success in school and later in the workplace and community.[4]

Studies show that adversity in the first three years of life, as a result of factors like poverty, caregiver substance use or mental illness, or exposure to violence, can impair cognitive and emotional development and have long-term physical, psychological, and developmental impacts. Harvard's Center on the Developing Child notes that "Toxic stress in early childhood is associated with persistent effects on the nervous system and stress hormone systems that can damage developing brain architecture and lead to lifelong problems in learning, behavior, and both physical and mental health. ... As a result, children who experience toxic stress in early childhood may develop a lifetime of greater susceptibility to stress-related physical illnesses (such as cardiovascular disease, hypertension, and diabetes) as well as mental health problems (such as depression, anxiety disorders, and substance abuse)."[5]

The good news is that we know that there are proven, evidence-based interventions that can make a difference. As the RAND Corporation concluded after a comprehensive evaluation of early childhood programs, "Programs that help children learn and grow

[1] Center on the Developing Child at Harvard University. *8 Things to Remember about Child Development*. 2016. https://developingchild.harvard.edu/resources/8-things-remember-child-development/
[2] Center on the Developing Child at Harvard University. Brain Architecture. 2015. https://developingchild.harvard.edu/science/key-concepts/brain-architecture/
[3] Chudler, Eric H. *Neuroscience For Kids*. 2015. https://faculty.washington.edu/chudler/dev.html
[4] National Scientific Council on the Developing Child and the Harvard University Center on the Developing Child. *The Science of Early Childhood Development*. 2007. https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/Science_Early_Childhood_Development.pdf
[5] Ibid.

in their earliest years can change the trajectories of their lives."[6] By investing in infants, toddlers, and their families, we can break intergenerational cycles of poverty, build up our communities, reduce public spending, and strengthen the economy. Researchers have found that every dollar invested in early childhood programs yields returns of $2 to $4 or more, by reducing child welfare costs, substance use disorders, criminal behavior, and need for public benefits, and by improving maternal and child health and increasing tax revenues from program participants as they increase their participation in the workforce. [7]

DHS plays a central role in funding and overseeing a variety of programs that support infants and toddlers. Medicaid (known as Medical Assistance, or MA, in Pennsylvania) pays for one in three births in Pennsylvania. After birth, about 1.4 million children have high-quality, affordable health care coverage through MA or the Children's Health Insurance Program (CHIP). Many of those children also benefit from the Supplemental Nutrition Assistance Program (SNAP), the nation's largest and most successful anti-hunger program, which helps the families of about 330,000 children put food on the table. Over the last four years, the Wolf Administration has worked with the legislature to increase funding for evidence-based home visiting programs, which now match more than 9,700 families with trained professionals who help parents support their child's development and connect to community resources.

The Wolf Administration is equally focused on supporting working families who need high-quality child care. Pennsylvania's subsidized child care program, Child Care Works (CCW), supports more than 69,000 working, low-income families each month.[8] Since 2015, Governor Wolf and the legislature have invested in CCW to provide 5,800 more children with child care services. And DHS is also focused on requiring child care providers to offer a high-quality learning environment that benefits children's healthy growth and development. To that end, DHS now requires all child care providers to participate in the Keystone STARs quality rating program, and has increased tiered payment rates to pay providers for increasing the quality of care provided to low-income children.

DHS, as the entity charged with overseeing the commonwealth's state-supervised, county-administered child welfare system, also plays a critical role in ensuring that children have safe and stable homes in which to grow and that their well-being needs are met – a duty that we share with county and private children and youth agencies. Through effective prevention and intervention strategies, we seek to connect children and families with the services and supports necessary to meet their needs and to prevent situations from escalating to a more serious nature.

1.1. Expand access to quality child care for low-income, working families

The dual benefit of child care is clear: Working families need child care that is safe, reliable, and affordable; and children gain positive outcomes for school and life success

[6] Irving, Doug. *High-Quality Early Childhood Programs Can Change Lives*. 2018. https://www.rand.org/blog/rand-review/2018/01/high-quality-early-childhood-programs-can-change-lives.html

[7] Cannon, Jill et al. *Investing Early: Taking Stock of Outcomes and Economic Returns from Early Childhood Programs*. 2017. https://www.rand.org/content/dam/rand/pubs/research_reports/RR1900/RR1993/RAND_RR1993.pdf

[8] Data as of August 26, 2019.

when engaged in a high-quality child care setting. High-quality child care programs also positively impact communities, supporting early learning professionals in their career development and strengthening local economies. Over the coming years, DHS will expand its efforts to afford access to child care for low-income working families; increase enrollments in high-quality child care through CCW, advance professional development for child care workers; and increase availability of care during non-traditional hours. These efforts will combine to grow the number of high-quality child care providers, strengthen the child care workforce, and increase the availability of child care at hours that meet working families' schedules.

1.2. Help families thrive by connecting parents to supports early in their child's life

Regardless of its composition, the family as a holistic unit can benefit from comprehensive services that support their individual goals and success. When families thrive in Pennsylvania, communities win. Working with expectant mothers, infants, young children, and their families in the early identification and treatment of difficulties is most effective. If intervention is delayed until physical, social, and emotional problems manifest as behavioral problems, such efforts will require a greater expenditure of resources and may be less effective.

Under federal law, MA covers a broad array of preventive and treatment services, including developmental screening. And due to the Affordable Care Act, most private health plans must cover preventive health services for children, including developmental screenings, at no cost. However, we have not established and implemented consistent best practices for developmental screening, referral, and follow-up in child-serving systems across the commonwealth. To address this, we will work to analyze our current system, identify gaps in screening, referral, and follow-up, and develop and disseminate best practices.

Evidence-based home visiting demonstrates strong positive outcomes for both children and caregivers. By expanding the number of families reached through home visiting, DHS can support healthy transitions for children into an array of programming and school opportunities, while caregivers receive coaching and assistance in developing their parental skills. By bolstering the interconnectivity of the many systems that address families' unique needs, DHS can expand the opportunity to create lifelong impact on Pennsylvanians.

DHS has long recognized the role that relatives play in supporting their family members through life's challenges and opening their homes when a child can no longer remain with their parents or other caregivers. There are about 4,300 children in foster care from birth to age three, which represents 27 percent of all children in care.[9] Parental substance use remains the leading reason that children are entering care. The Wolf Administration continues to identify strategies to combat the opioid epidemic and to ensure that infants born exposed to substances or suffering from fetal alcohol spectrum disorders have appropriate care to meet their needs. Development of a plan of safe care to connect

[9] Data as of March 31, 2019.

parents, caregivers, and infants to community-based services and supports is essential in developing a plan toward long-term recovery. We have already issued guidance on the development of plans of safe care and engaged county teams in building local protocols to implement that guidance, and will continue to work with state and local partners on this important issue.

2. Bend the health care cost curve

Health care costs are growing unsustainably nationwide. From 1991 to 2014, per capita health care spending in Pennsylvania grew at an average rate of 5% annually, outpacing inflation and state GDP growth.[10,11,12] In 2014, the most recent year for which statewide data is available, we spent $9,258 per capita, 15% more than the national average.[13] That represented nearly 16% of the median household income in Pennsylvania that year.[14] In the years since, health care spending has continued to grow faster than general economic inflation.[15] This is a problem for all of us – families, businesses, and the commonwealth. Growing health care costs eat away at wages and employer profits and crowd out spending on other priorities, like education and infrastructure.

In contrast to the private insurance market, the MA program actually does a remarkable job at controlling cost growth. Between state fiscal years 2008-2009 and 2018-2019, per capita spending in the Pennsylvania Physical HealthChoices program, which is the MA program with benefits that are most comparable to employer-sponsored coverage, increased an average of 2.8%, significantly less than the average annual increases of 4.6% that employer-sponsored coverage experienced over a similar period.[16] This success comes without sacrificing quality or access to providers. In Federal Fiscal Year 2017, Pennsylvania's MA managed care organizations (MCOs) met or exceeded median

[10] Kaiser Family Foundation. *Average Annual Percent Growth in Health Care Expenditures per Capita by State of Residence (1991-2014)*. https://www.kff.org/other/state-indicator/avg-annual-growth-per-capita

[11] Kamal, Rabah and Cox, Cynthia. *How has U.S. spending on healthcare changed over time?: Health spending generally grows faster than general economic inflation*. December 10, 2018.

[12] For state GDP growth rate 1991-2014, see U.S. Bureau of Economic Analysis Interactive Data: GDP by State, Annual Gross Domestic Product by State, GDP in current dollars, all industry total. Data available at https://www.bea.gov/data/gdp/gdp-state.

[13] Kaiser Family Foundation. *Health Care Expenditures per Capita by State of Residence (2014)*. https://www.kff.org/other/state-indicator/health-spending-per-capita

[14] Federal Reserve Bank of St. Louis. *Real Median Household Income in Pennsylvania*. https://fred.stlouisfed.org/series/MEHOINUSPAA672N

[15] Kamal, Rabah and Cox, Cynthia. *How has U.S. spending on healthcare changed over time?: Health spending generally grows faster than general economic inflation*. December 10, 2018. https://www.healthsystemtracker.org/chart-collection/u-s-spending-health care-changed-time/

[16] Kaiser Family Foundation. *Premiums and Worker Contributions Among Workers Covered by Employer-Sponsored Coverage, 1999-2019*. September 25, 2019. https://www.kff.org/interactive/premiums-and-worker-contributions-among-workers-covered-by-employer-sponsored-coverage-1999-2018/#/?coverageType=worker_contribution

performance in nearly 80% of frequently reported national Medicaid health care quality measures.[17] And providers continue to join MA networks: between May 2018 and May 2019, the MA program gained a net of 1,099 primary care physicians and 716 certified registered nurse practitioners.[18]

In MA, most health care coverage is provided through privately owned MCOs, which are responsible for tasks like contracting with and paying providers and coordinating members' care. At DHS, we carefully monitor the MCOs and hold them accountable to ambitious targets so that we make sure they operate efficiently and provide high-quality, cost-effective care.

Despite our successes at controlling MA cost growth, even moderate growth in a program that covers more than 2.8 million people comes with a significant price tag. That's why we're focusing on how we can continue to bend the cost curve, that is, slow the long-term growth of medical and long-term services and supports costs. And we're focused not just on bending MA's cost curve, but on health care spending across the system, in both MA and private markets. We are committed to working with our fellow state agencies to advance strategies across the health and long-term care system to curb health care spending – while maintaining and enhancing quality – through innovative, coordinated whole-person care and value-based payments. We will also continue work to better coordinate physical health care, behavioral health care, and long-term services and supports, and to serve more people in their homes or other community settings.

It should be clear from the initiatives we're prioritizing that bending the cost curve does not mean slashing provider payment rates, reducing covered services, or compromising the quality of care. We're focused on how we can reduce the rate of growth in spending by serving people better and transforming the health care system to pay for value.

2.1. Drive innovative whole-person care

A. Holistically assess needs and connect to resources

Individuals who interact with DHS may receive or be eligible for services from multiple entities, such as an MA MCO, their county government, a community action agency, a faith-based organization, or another community organization. That means that individuals and families may need to complete redundant forms, repeat their stories to enrollment personnel, or waste time travelling to different organizations only to find they don't meet eligibility criteria for a certain program. From a broader perspective, we can't easily identify service needs or duplication in a community.

Going forward, through the implementation of a consistent social determinant of health (SDOH) assessment paired with an online information and referral tool, the Department will partner with MCOs, health care providers, local governments, and community-based organizations to establish an innovative statewide platform that can assess individuals'

[17] Medicaid.gov. *Medicaid & CHIP in Pennsylvania: Quality of Care in Pennsylvania*. Data reported in FFY 2017. https://www.medicaid.gov/state-overviews/stateprofile.html?state=Pennsylvania

[18] Pennsylvania Department of Human Services. Internal analysis as of July 11, 2019.

and families' complex needs and effectively link them to the services that can meet those needs. (See the next section, 2.1.B, for an explanation of SDOH.) Coordination across care systems will reduce duplication, enable the tracking of outcomes, and allow public and private resources to be used more efficiently and effectively.

The Department envisions a future in which individuals' and families' needs are clearly and consistently assessed; those needs are met through the delivery of the right service at the right time, regardless of whether the service is provided by a state agency, local government, or community organization; and individuals and families, particularly those who are most vulnerable, have a strong relationship with a person who can help them coordinate across systems and organizations.

B. Address the social determinants of health

Research suggests that what happens in the doctor's office is responsible for about 20 percent of a person's health outcomes.[19] The rest is driven by personal behavior and the conditions and circumstances in which people live, as these affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH) and include elements such as access to food, access to health services, education and employment, environmental conditions, income, housing, and relationships, among others. So, to effectively bend our spending on medical care, we need to address an individual or a family's needs holistically. Over the coming years, we will leverage our authority and ability to convene partners to improve Pennsylvanians' access to affordable housing, food, and transportation. Because once we have assessed a person's needs, we must have partners to which we can refer that person to help get those needs met.

C. Expand health care beyond the doctor's office and into the places people live, work, and play

DHS requires physical health MCOs to invest in community-based care management to address the needs of differing populations and communities. DHS plans to require behavioral health MCOs to similarly invest in community-based care management, with a focus on recovery services and supports. Over time, DHS expects the PH-MCOs to expand their use of community-based care management to better address the needs of differing populations and communities. DHS will further grow and support this concept through novel incentive programs that seek to use community-based efforts to lessen the impact of SDOH on Pennsylvanians, and by collaborating with DOH to ensure alignment with the State Health Improvement Plan. Additionally, we will consider new value-based models that incorporate the SDOH, health equity, and investment in our communities.

D. Coordinate physical health care, behavioral health care, and long-term services and supports

There is a large body of evidence showing that people fare best when their physical

[19] Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. *County health rankings: Relationships between determinant factors and health outcomes*. American Journal of Preventive Medicine 50(2):129-135.

health, behavioral health, and long-term services and supports needs are addressed in tandem. There is no single pathway to achieve integrated care. The term behavioral health integration is used to describe a wide range of activities designed to provide care to the whole person (including physical health, behavioral health, long-term services and supports, and other services) in contrast to approaches that focus on specific body systems, diagnoses, or conditions. DHS currently oversees the Integrated Care Plan (ICP) initiative, which incentivizes physical and behavioral health MCOs to share data on high-need members and meet certain quality thresholds. Since the ICP initiative began, the number of members with ICPs engaging in substance use disorder treatment has increased by 16.5%, the rate of inpatient admissions for members with ICPs has fallen, equating to over 12,000 inpatient admissions avoided, and antipsychotic medication adherence has improved for those living with schizophrenia. These successes have been made possible by specialized outreach for individuals with serious mental illness and more collaborative relationships with community partners that allow individuals to receive care in their communities.

Due to the successes seen in the initial rollout of the ICP program, we will work to expand the program to improve care coordination for more members. Simultaneously, we will examine whether our policies create barriers or inhibit growth of co-located services. We will also work to improve coordinated care for individuals enrolled in Community HealthChoices (CHC), Pennsylvania's MA managed long-term services and supports program for seniors and people with physical disabilities.

E. Promote health equity

Health equity is the attainment of the highest level of health for all people. Studies in Pennsylvania have shown that there is an almost ten percent difference in access to prenatal and postpartum care between black mothers and white mothers.[20] Furthermore, the life expectancy of a baby born in Pennsylvania is strongly tied to zip code. A newborn in North Philadelphia has a life expectancy of 68 years, when just five miles to the south newborns are expected to live to 88.[21] In the U.S., it has been estimated that the combined cost of health disparities and subsequent deaths due to inequitable care is $1.24 trillion dollars.[22] Health shouldn't be predetermined by the color of your skin, the language that you speak, the country that you were born in, the zip code that you live in, or your sexual orientation, gender, or gender identity. As such, we will seek to more accurately measure health inequities within the commonwealth encourage MCOs to promote health equity by considering VBP models that reward improvement in health equity, and promote MCO adoption of the NCQA multicultural distinction.

[20] Parekh, Natasha, Marian Jarlenski, and David Kelley. *Prenatal and Postpartum Care Disparities in a Large Medicaid Program*. Maternal and Child Health Journal (2018) 22:429–437. https://doi.org/10.1007/s10995-017-2410-0

[21] Lubrano, Alfred. *In Philly your zip code sets your life expectancy*. Published April 17, 016. https://www.inquirer.com/health/philly-your-zip-code-sets-your-life-expectancy-20160418.html

[22] LaVeist, T. A., Gaskin, D. J., & Richard, P. *The economic burden of health inequalities in the United States*. 2009. Retrieved from the Joint Center for Political and Economic Studies website: http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf

2.2. Lead the health care system toward value-based purchasing coordinated across payers

We want to make sure that providers are compensated for the work they do to keep people healthy. In our current fee-for-service payment system, providers are paid for each service they perform without regard to how their patients fare. VBP, in contrast, links provider payments to patient outcomes, aligning incentives to improve care and reduce costs. In 2017, DHS began holding PH-MCOs accountable to use value-based contracting for a steadily increasing percentage of their provider payments, and in 2018, DHS expanded that requirement to BH-MCOs.

Moving forward, we will expand VBP in MA and CHIP, and work with our fellow state agencies to lead VBP coordination across government and private payers to align provider incentives and reduce administrative burden. As we expand VBP across our health system, we will also develop unified, coordinated, value-based models across all payers, so that providers have aligned incentives for improving population health.

We will continue to support the Department of Health's (DOH's) implementation of the Rural Health Model, a global budget initiative for rural hospitals. Because providers' success in a VBP environment depends on having timely data to manage their patients' care, we will work to give providers access to the data they need, including by continuing to increase the number of providers and payers participating in Pennsylvania's electronic health information exchange, the Pennsylvania Patient and Provider Network (P3N), and by expanding electronic encounter notification services.

2.3. Serve more people in the community

Serve more people in the community

Community-based living increases quality of life for individuals with disabilities or mental illness. Being involved in community life creates opportunities for new experiences and interests, the potential to develop friendships, and the ability to make a contribution to the community. An interdependent life, where people with and without disabilities are connected, enriches the lives of everyone.

DHS is committed to continuing to rebalance care to serve people in the setting of their choice, which is most often in their home or another community setting. One of our largest demonstrations of that commitment was our launch, in 2018, of CHC, a managed care program for individuals who are dually eligible for Medicare and MA, and individuals with physical disabilities. CHC was developed to enhance access to and improve coordination of medical care, and create a person-driven, long-term support system in which people have choice, control, and access to a full array of quality services that support independence, health, and quality of life.

DHS is also working hard to move individuals out of institutions and into the community, if that is their wish. Since 2015, more than 100 people have moved from a state center for individuals with intellectual disabilities into the community. DHS has also and made

significant investments to reduce the waiting list for services for individuals with intellectual disabilities and autism, as further discussed in section 3.4. In Governor Wolf's first term, we worked with counties to fund more than 600 treatment beds in the community for individuals with mental illness, as further discussed in section 3.5.

In the coming years, we plan to close two more state centers, Polk State Center and White Haven State Center, continuing the Wolf Administration's work to serve more people in the community, reduce reliance on institutional care, and improve access to home- and community-based services so every Pennsylvanian can live an everyday life. For children for whom the level of care of a residential treatment facility (RTF) for individuals with mental illness is medically necessary, we will work to systematize complex case management to support minimum necessary stays and return to the community. And we will focus on providing families of infants, toddlers, and children who are medically complex with the services and support they need to take their children home from the hospital, or out of congregate care, to live with family.

3. Enhance access to health care and services that help Pennsylvanians lead healthy, productive lives

In 2015, the Wolf Administration spearheaded an unprecedented increase in access to health care by expanding MA eligibility to all individuals at or below 138% of the federal poverty limit. MA expansion allows approximately 700,000 additional Pennsylvanians to access regular, preventive health services. These services can detect serious health risks early and save lives. In fact, more than 37,000 cancer diagnoses have been made within the MA expansion population in Pennsylvania.[23] Preventive screenings and services set people up for early treatment and better long-term health outcomes.

Since April 2015, more than 1.4 million people – or one in 10 Pennsylvanians – have been covered at some point through MA expansion. MA protects people by affording access to health care when it isn't otherwise available. It's a key reason that Pennsylvania's uninsured rate has fallen to its lowest level ever at 5.5%. In addition to the adults newly eligible for MA coverage because of the expansion, MA covers about 1.3 million families with children, 493,000 persons with disabilities and 360,000 seniors. A lower uninsured rate helps all Pennsylvanians, because everyone who does have insurance ends up covering the costs of people who don't – so when fewer people are uninsured, the costs that get spread across those with insurance are lower.

[23] Pennsylvania Department of Human Services. *Medicaid Expansion Report Update*. 2019. http://dhs.pa.gov/cs/groups/webcontent/documents/document/c_286380.pdf

In MA and many of the other programs DHS oversees, we rely on an array of workers employed by private service providers to deliver the day-to-day services that we cover, including workers who deliver direct care services to individual with physical and intellectual disabilities, child care workers, and many others. These workers are critical partners in helping us realize our mission to assist Pennsylvanians in achieving safe, healthy, and productive lives. In order for us to fulfill that mission, it is important that these professions are attractive, competitive, and viable options for people to be self-sufficient and support a family. That's why DHS will continue to advocate for initiatives to support these workers' wages, including an increase in the minimum wage.

Although MA is the largest program that DHS administers, we also administer an array of other programs that meaningfully impact Pennsylvanians' lives, including SNAP (previously known as food stamps), which helps more than 1.8 million Pennsylvanians afford to put food on the table; the Low Income Heating and Energy Assistance Program (LIHEAP), which helps more than 300,000 low-income Pennsylvanians keep the heat on in the winter; and Temporary Assistance for Needy Families (TANF), which provides a small cash payment to about 30,000 parents and 100,00 children in poverty to help them afford necessities.

DHS also oversees the commonwealth's county-administered child welfare system. On any given day, there are approximately 16,000 children in Pennsylvania's foster care system. Through use of evidence-based and evidence-informed family engagement strategies, child welfare professionals are building rapport with families which is critical to identify their strengths and needs. Building effective relationships is the key to conducting quality assessments and linking families to services that build upon their strengths and are responsive to their needs.

These programs help people at critical points in their lives, so it's important that we make them easily accessible so that people can get the help they need when they need it, but also because public agencies have an obligation to provide high-quality customer service to the public they serve. Offering high-quality customer service doesn't just stop once people are enrolled – we also want to coordinate services so that families seamlessly receive the services they need. And as we provide services, we want to do our best to support individuals in taking steps to find family-sustaining jobs, so that they can enjoy the independence, dignity, and purpose that comes from work.

3.1. Make DHS services easily accessible

In the last four years, DHS has worked to offer Pennsylvanians new and improved ways of interacting digitally with the Department and to streamline applications for benefits. DHS released a mobile app to allow residents to manage their benefits through a mobile device and take advantage of features such as document uploading that not only allow citizens to be served in the manner most convenient for them, but also provide DHS with cost savings on postage. In addition to the mobile platform, DHS streamlined parts of the COMPASS online application (www.compass.state.pa.us) to encourage more online benefit application submissions. DHS also simplified the SNAP application process for

seniors and people with disabilities, cutting the application from 28 to 4 pages.

But we know there's always room for improvement. Future goals include the redesign of the COMPASS online portal to create a more person-centered experience. We will be adding EBT benefit balance and transaction information to the mobile app, thus reducing the estimated 3 million calls we get for this information each month. Going forward, we will continue to update the app to provide additional self-service access to customers and increase administrative efficiencies, relying on user feedback, usage data, and statistics from our customer service centers to guide our decisions. We also plan to launch on-demand SNAP interviews, making the SNAP enrollment process significantly more customer-friendly by giving applicants the flexibility to call a caseworker to complete the SNAP interview at a time of their choosing rather than at a time scheduled by DHS. As a result, we hope to see a reduction in rejected applications due to missed SNAP interviews.

We're excited to re-envision the enrollment process for long-term services and support to focus on an improved participant experience, enhanced navigation, simplification of hand-offs, and additional beneficiary supports. This presents an excellent opportunity to use "person-centered" design principles to guide us in developing an enrollment process that is as pleasant and straightforward as we would want for our parents and grandparents.

We're also going to work to expand delivery of services in a trauma-informed manner, with a particular focus on services provided to children in RTFs, because we recognize that we are often delivering services to people currently experiencing some kind of challenge, or who have had difficult experiences in the past. We all deserve to be treated with open-mindedness, patience, and compassion, and services will be more effective if delivered in a manner that recognizes the circumstances and needs of the persons who are receiving the services.

3.2. Coordinate services seamlessly across programs and agencies

DHS currently funds the development and upkeep of six child welfare case management IT systems used across the 67 different children and youth agencies, as well as a state system, the Child Welfare Information System (CWIS).An entirely separate case management system for various adults served by DHS programs is also in use. DHS will move forward to develop a single statewide case management system which will comply with federal regulations and provide significant fiscal advantages, improved data quality and process standardization, enhanced performance measurement and outcomes, improved system and process efficiencies, child safety and well-being, and fiscal functionality to meet the needs of counties and DHS. By moving from fragmented systems to a single statewide case management system, we will better protect vulnerable Pennsylvanians by making sure that critical information is consistently available to the people charged with protecting them and assisting with better coordination of services, and will use taxpayer dollars more efficiently.

We will also work to provide a clear pathway to best use, coordinate, and promote behavioral health supports within the school setting. We will increase the promotion and awareness of services and supports such as the Student Assistance Program and other school-based behavioral health services across the commonwealth to enhance the identification and referral of students who can benefit from these services.

Some of the individuals we serve have a complex mix of needs for physical health care, behavioral health care, and long-term services and supports. In the coming years we will work to enhance coordination among the entities that provide care to meet these needs by growing efforts to educate our partners, including counties, MCOs, and providers, on these requirements. In order to better serve individuals with complex health care needs as well as a personal history that creates challenges in securing housing and services, we released a Request for Information (RFI) in August 2019 to gather information to assist DHS in identifying the best possible care model for this population. Moving forward, we will use the responses to this RFI to inform work to enhance the care these individuals receive.

3.3. Expand connections to employment opportunities

DHS continues to focuse on connecting the individuals in our programs to education and training opportunities. DHS has made a number of changes over the past four years to support people who want to work to find and keep a job in the community. We added new services that are aimed at supporting people with intellectual and developmental disabilities in finding work, as well as a benefits counseling service that both helps dispel the myth that people will lose their benefits if they start working and helps people who are working manage their benefits as long as they still need them. For individuals with physical disabilities, we are working through CHC to encourage provision of benefits education, eligibility education, and opportunities for entrepreneurship. DHS also has programs that help those receiving TANF or SNAP benefits prepare for, find, and keep employment. Depending on the program, assistance may include job placement, skills training, case management, and support with completing community college coursework.

A. Develop employment and training programs that lead to family-sustaining wages

In 2018 and 2019, DHS conducted a comprehensive review of our employment and training policies and programs to align with Governor Wolf's goal of enhancing a skilled workforce by increasing training. Post-secondary education and training is an important factor contributing to the increased likelihood of reaching family-sustaining wages. However, access to education can be a challenge, particularly among families experiencing poverty. Some of the most common barriers to obtaining the necessary education and training for families with low income include access to child care, housing, and transportation. Additional barriers frequently identified are: childhood or adulthood trauma, mental health, substance use disorder, lack of social supports, and food insecurity, among others.

Our goal is to redesign existing employment and training programs, and launch new ones, that will address these barriers to family-sustaining employment through multigenerational, comprehensive models of support services, education, and training. We aim to break intergenerational cycles of poverty and empower families to reach their full potential. To this end, we will be coordinating the work within DHS with partners within state government and local communities to launch Parent Pathways, a two-generational model for post-secondary education and training for low-income parents with children. We will implement redesigned employment programs for people receiving TANF and SNAP benefits that focus on gaining jobs with family-sustaining wages. Building on the commonwealth's existing workforce programming, we will connect MA beneficiaries to programs that can offer training and job placement and expand the SNAP 50/50 Program, which reimburses third-party non-profit organizations for 50 percent of the cost to train a participant in employer-recognized certifications and qualifications.

B. Expand employment opportunities for individuals with disabilities

The Department strives to support all people in living stable, healthy, everyday lives, including experiences such as being with family, having friends, and living and participating in the community. For many of us, this also means having a job. Work can bring the opportunity to utilize our strengths, contribute to our communities, find social connections, and have more independence. In 2016, Governor Wolf signed an executive order establishing competitive, integrated employment as the first consideration for publicly funded programs supporting people with disabilities, and the Department has worked hard over the past three years to develop and implement recommendations resulting from the executive order. In June 2018, the Employment First policy reflected in the Executive Order was enacted as a law, and we continue to work together with agencies across the commonwealth to ensure that all individuals can access opportunities that support their goals and dreams.

DHS has multiple programs working to raise the expectation of employment goals and the ability to access meaningful employment for a range of people with disabilities. Three program offices that focus on supporting individuals with disabilities– ODP, OLTL, and OMHSAS – now have a designated employment specialist dedicated to these efforts; they work in collaboration with providers, other employment staff in the Department, and other agencies to advance the mission of Employment First and implement the updated set of recommendations published in August 2019.

In the coming years, we will work to expand access to trained service providers to effectively serve people with disabilities and provide high quality employment services; increase the use of data across offices programs to identify areas for improvement, establish benchmarks for accountability, and measure progress; continue to expand the scope of coordinated care for people with disabilities to include support for achieving competitive, integrated employment; and Increase awareness of resources to reach employment and training goals through a campaign promoting work and employment support, in alignment with the Employment First website.

C. Expand education and training opportunities for children in the child welfare system

DHS is committed to assisting children in the child welfare system with attaining post-secondary education. The Pennsylvania Chafee Education and Training Grant Program is a federally funded program that offers grants to undergraduate students aging out of foster care who want to attend post-secondary education. On June 28, 2019, the Fostering Independence Through Education Act was signed into law in Pennsylvania. This law provides college and university tuition waivers for youth who were in the foster care system at the age of 16 or older, and for children who were adopted from the foster care system at the age of 16 or older. Through Pennsylvania Academic and Career/Technical Training Alliance (PACTT) affiliates, we also offer resources and programming that promote employment opportunities in the appropriate vocations of their choice for youth involved in the juvenile justice system. PACTT increases the employability of youth involved with the juvenile justice system, which promotes successful transitions, independence, and future success.

3.4. Expand services and supports for individuals with intellectual disabilities and autism

DHS makes services available to more than 56,000 people with intellectual disabilities and/or autism (ID/A), the majority of whom (74 percent or more than 41,000 individuals) live at home with their families. Our goal is not simply to provide care, but to create opportunities for growth and learning, help people get a job, practice their faith, join a health club, make friends, and become civically engaged – in other words, to fully participate in their community and live an everyday life. Services are funded primarily through MA and with state and local funds through county government. In his first term, Governor Wolf worked with the legislature to invest over $350M in state funds in programs for individuals with ID/A, resulting in the second-largest expansion of services for Pennsylvanians with ID/A in history. Because of this investment, 4,610 more people received waiver services (specialized Medicaid-funded supports and services to help individuals with an intellectual disability, autism or developmental disability to live more independently in their homes and communities and that promote community living) by July 2019, and every person enrolled and eligible for services has a supports coordinator to help them find and use resources in their communities.

As a result of these expansions, DHS is now able, with the current system capacity, to serve every student 21 years of age graduating from high school. In addition, waiver services have expanded to include eligibility for individuals with autism. The success in addressing the needs of graduating students means that we can shift our focus to those on the waiting list for waiver services.

Although the waiting list for ID/A services can seem daunting, over the years, service expansion has made a real impact. In April 2006, there were 24,500 people waiting for service. Today the waiting list is nearing half that size with about 13,000 people. Of those 13,000 people, about 10,000 have reported that they will need services within the next

two years, and of that group, about 6,800 are currently receiving services beyond basic supports coordination through a waiver or county program. Over the coming years, we will be working to better predict the needs of people waiting for services by collecting standardized data for individuals on the waitlist, which will help us shape program design and budget accurately, and will remain committed to working with the legislature to continue to reduce the waiting list.

3.5. Expand services and supports for individuals with mental illness

DHS serves a broad population of individuals with mental health needs, including those who receive services through MA and through county programs. Many of the individuals served have additional needs that may arise from co-occurring conditions and SDOH that make service delivery more complex.

The *Olmstead Plan for Pennsylvania's State Mental Health System*, first issued in 2011 and revised in 2013 and 2016, reflects the commonwealth's continued progress towards providing housing and supports in the most integrated settings possible for people with mental illness. The census of Pennsylvania's state hospitals has declined dramatically in the last 50 years, from 35,100 individuals in 1966 to fewer than 1,000 individuals in civil psychiatric beds in 2018.

In his first term, Governor Wolf worked with the legislature to allocate $74 million to fund 291 Community Hospital Integration Projects Program (CHIPP) beds and an additional 316 forensic community treatment slots. The community services developed with CHIPP funds not only assist in the transfer of individuals living with a mental illness from a state hospital into the community, but also offer services and supports to individuals with mental illness who would otherwise need hospitalization. Going forward, DHS will continue to work with counties to support the development of CHIPP and forensic community treatment slots.

In May, the Wolf Administration announced the formation of a statewide suicide prevention task force. The task force will develop Pennsylvania's statewide suicide prevention plan, which is a four-year strategy to reduce suicide in Pennsylvania and fight stigma associated with suicide, suicide attempts, and mental health services. By bringing together leaders from a variety of state agencies, elected officials, and Prevent Suicide PA, we will learn about how suicide impacts the lives of Pennsylvanians across the board and develop prevention efforts that reflect the diverse needs of individuals and families across the state.

There is still much to be done to continue to support individuals in the community. Working with our county partners and other stakeholders, we will continue work to develop and publish the 2021-2024 Statewide Suicide Prevention Plan, work to increase the current 37 percent in-state answer rate of the National Suicide Prevention Lifeline, continue efforts to expand the Housing First approach per the Olmstead Plan for Pennsylvania's State Mental Health System, May 2016 ("Housing First" focuses on enabling individuals to achieve recovery while in housing without making engagement in services a precondition to housing assistance), and expand community options for individuals with mental illness who

would otherwise need hospitalization and for forensic individuals determined to be non-restorable. In addition to these strategies, we will expand efforts to improve coordination of behavioral health care with physical health care and long term services and supports (see section 2.1.D), and will work to promote and improve coordination of behavioral health care services for children (see sections 2.3 and 3.2).

3.6. Expand services and supports for individuals with substance use disorder

DHS has focused its efforts to address the opioid epidemic in Pennsylvania to provide the individuals we serve with the best chance at recovery through access to clinically appropriate treatment and recovery support services. Our efforts were reinvigorated by the January 10, 2018 Emergency Disaster Declaration issued by Governor Wolf, which prompted us to join more than fifteen other state agencies in the Opioid Command Center to develop strategies centered around the triple aims of Prevention, Rescue, and Treatment.

To prevent opioid addictions from taking root, DHS has worked with DOH to develop and implement opioid prescribing guidelines. We have also tightened prior authorization requirements for prescribing opioids in the MA program to decrease the supply of opioids. In an effort to rescue those who overdose from opioids, MA covers the life-saving drug naloxone without prior authorization or copays.

DHS has worked extensively to expand treatment for individuals with opioid use disorders. The development of Opioid Use Disorder Centers of Excellence (COEs) in 2016 was a landmark investment in transforming the way treatment and recovery support services are provided. The COEs are focused on coordinating physical and behavioral health care to treat the whole person, engaging individuals by using community-based care management teams, and increasing access to medication-assisted treatment. In 2019, DHS launched the Hospital Quality Incentive Program - Follow-Up Treatment After Emergency Department Visit for Opioid Use Disorder to encourage follow-up after an opioid-related emergency department visit. Through this initiative, hospitals can earn incentive payments for connecting individuals to treatment within seven days of discharge from an emergency department visit for opioid use disorder.

Pregnant women and infants are especially at risk of adverse health outcomes when they are exposed to opioids. DHS recently assisted in the development of a Perinatal Quality Collaborative for hospitals and health systems, which launched in the spring of 2019 to improve the quality of care for mothers and babies, with an initial focus on care for pregnant women with opioid use disorder and infants with neonatal abstinence syndrome. This effort will be coordinated with the commonwealth's implementation of Plans of Safe Care for infants who are born substance-exposed, discussed in section 1.2.d.

DHS is also focusing on connecting individuals seeking treatment with the recovery supports they need to be successful, such as housing and transportation. In 2018, DHS funded pilot projects serving individuals with opioid use disorder who are experiencing homelessness

or unstable housing. These projects include comprehensive case management, housing services and education, and short-term rental assistance, as needed.

To preserve existing access to treatment, DHS applied for and received federal approval of a 2018 waiver amendment allowing DHS to continue to use federal Medicaid funding for the treatment of more than 12,000 individuals in substance-use disorder (SUD) treatment facilities. In addition, the waiver approval recognizes the transition from the Pennsylvania Client Placement Criteria to the evidence-based American Society of Addiction Medicine (ASAM) criteria as a placement tool and guide for clinical care.

Moving forward, DHS will look to expand treatment system capacity and incentivize high-quality care through continued development of COE initiative, continued roll out of the ASAM criteria, and engagement with providers on multiple fronts, including by working to increase the number of providers enrolled in the MA program who obtain a waiver from the federal government to prescribe buprenorphine and by ongoing implementation of the Hospital Quality Incentive Program. We will work to tailor treatment and recovery support services by building on the work of the Perinatal Quality Collaborative and supporting other services for specific populations affected by SUD. In recognition of the changing landscape of SUD, we will establish a strategy for ongoing triage of SUD needs within our communities.

3.7. Ensure child welfare professionals provide children, youth, and their families opportunities with an active role and voice in decisions about case planning and services

The Pennsylvania Child Welfare Practice Model, which guides child welfare professionals in their day-to-day practice, is built on values and principles of honesty, open and consistent exchange of information, respected and valued cultural identity, treatment with respect and dignity, giving all parties a role and voice, and fostering collaborative strength-based interactions. A core value is that public and private child welfare professionals must meaningfully engage with children, youth, and biological and resource families in order to achieve safety, permanency, and well-being for children and families.

Meaningful engagement should occur in all interactions with family members and key partners during the entire involvement of a family with the child welfare system. Counties have successfully used a wide array of enhanced family engagement practices to meet the specific needs of the children, youth, and families they serve. To better support these efforts, the Department has promoted and more than doubled funding for the use of outcome-based family engagement models, such as Family Team Conferences and Family Group Decision-Making Meetings. Our efforts to improve engagement with families increased in 2013 when the Child Welfare Demonstration Project launched in Allegheny, Dauphin, Lackawanna, Philadelphia, and Venango counties. Crawford County joined the project in 2014. These six counties scaled up engagement strategies where families are integral to the decision-making process and as valuable resources for the child, regardless of the child's placement status. Other components of the project included structured

assessment and expanded use of evidence-based practices driven by local need. When these things are done in concert, children, youth, and families are more likley to remain engaged in and benefit from treatment so that they can remain safely in their homes, experience fewer placement changes, have less trauma, and improve functioning. Over the course of the project, five of the six participating counties reduced admissions into congregate care settings. The likelihood that a child's first entry would be placement in a kinship care setting increased for all six counties. Pennsylvania as a whole saw increases in the use of kinship or relative care when children are placed outside the home; from 27 percent of those in placement in 2013 to 38 percent in 2018.

Building on this work, the Administrative Office of the Pennsylvania Courts (AOPC), in collaboration with OCYF, launched the Family Engagement Initiative (FEI) in January 2018 in seven counties. This initiative is comprised of three components designed to meaningfully involve families in decision-making and to strengthen partnerships between families and child welfare professionals: (1) Crisis/Rapid Response Family Meetings to quickly gather family, kin, and community supports directly following an event that will likely result in an out-of-home placement for a child in order to actively involve family in decision-making and strengthen partnerships between family and child welfare professionals; (2) enhanced efforts to locate and actively involve family/kin/community to surround the child with a lifelong network of support; and (3) additional training for lawyers who work in the child welfare system. Three more counties joined this initiative in 2019.

Looking ahead, we will continue to partner with AOPC to support and expand the FEI; work to equip resource parents with the skills to meet the needs of older youth with emotional and behavioral health challenges by evaluating the services and supports necessary to equip resource parents to meet the needs of older youth, and leveraging Title IV-E prevention funding to increase evidence-based service availability to children and families to help meet those needs; and develop effective supports for child welfare practitioners to improve engagement practices, including a toolkit of training and technical assistance resources, engagement of technical assistance providers to integrate the toolkit into a structured continuous quality improvement process to support implementation and monitoring of county-specific plans for improving engagement, and by issuing revised proposed Chapter 3131regulations, which govern the administration of county children and youth agencies, to reinforce expectations for family engagement at the case practice level.

4. Promote accountable and transparent government

DHS is committed to being accountable and transparent to Pennsylvania's residents, including as an accountable steward of commonwealth resources. Our dedicated staff use sophisticated technology to confirm that only persons who are eligible receive public benefits; that our payments to providers and vendors are appropriate; and that we recover funds when they are owed to the commonwealth. DHS does a yearly risk assessment and monitoring of controls to identify the risk that an action or event will adversely affect our ability to achieve our organizational objectives.

We put a lot of work into administering payments properly on the front end and auditing payments on the back end to ensure we are protecting taxpayer dollars. Through program integrity efforts, DHS reclaimed and avoided $681 million in fiscal year 2017-2018, and a total of $2 billion since 2015. It's important to note that these recoveries and costs avoided are not fraud. Through cost avoidance we either prevent inappropriate payments from occurring in the first place or leverage other insurance sources before MA pays. Through recoveries, we're able to recoup dollars that were paid because, for example, services were inappropriately coded or the individual had other insurance that should have paid before MA.

One of the ways we prevent fraud from occurring before it has a chance to happen is through regular reviews of eleven state and federal databases to verify ongoing eligibility for our programs. This includes regular checks against databases run by the Internal Revenue Service, the state Department of Revenue, the lottery, the Commonwealth Judicial System, the Social Security Administration, and the Centers for Medicare & Medicaid Services.

When we do suspect fraud, we refer the case to the appropriate authority. We refer potential provider fraud to the Pennsylvania Office of the Attorney General. Recoveries from Attorney General cases yielded $5.4 million in 2018. The County Assistance Offices refer benefit applicants or recipients suspected of fraud to the Pennsylvania Office of the State Inspector General. In fiscal year 2017-2018, the State Inspector General collected more than $26.1 million in benefit overpayments for DHS, including fraudulent overpayments.

As important as it is to be a careful steward of public dollars, being accountable to the public also means operating in a way that minimizes red tape for the many entities that interact with DHS. That's why we'll be focusing on efforts to reduce the time and resources that health care providers spend on administrative tasks related to participating in MA, and streamlining the assessment processes that county child welfare staff must perform.

4.1. Use data exchanges to enhance program integrity

The DHS Income Eligibility Verification System (IEVS) is an automated system developed to allow for the exchange of information between the Pennsylvania Department of Labor and Industry, Office of Employment Security, the Social Security Administration, the Internal Revenue Service and other agencies. DHS receives information from these data sources when information from an applicant, recipient, or legally responsible relative is entered in DHS's electronic client information system and matches known data from fellow state agencies.

Currently DHS receives wage data, information on individuals who are newly employed, unemployment compensation information, Social Security and Supplemental Security Income benefit amounts, IRS data, court data from the Commonwealth Judicial Information System (CJIS), Lottery winnings, data from DOH and from the Veterans Administration, and interstate data matches. These data matches provide critical information that helps caseworkers correctly determine client eligibility while also maintaining program integrity through systematic cross-checks of information provided by the client.

DHS will continue to build upon the existing data matches as part of its commitment to program integrity and accurate eligibility determinations, so that we make efficient use of federal and state revenue while assisting Pennsylvania's most vulnerable citizens.

4.2. Reduce provider time and resources spent on administrative tasks

Over the coming years, we will be rolling out several major initiatives to streamline the ways that health care providers interact with the Department.

In order to offer services in the MA program, health care providers must enroll with DHS. Provider enrollment is currently conducted by the Department in four different program offices, each of which has slightly different policies. Once enrolled in the MA program, the provider must complete an MCO's credentialing process, which may take up to 60 days, to become part of an MCO's network. To streamline and speed these processes, the Department is working to consolidate provider enrollment into one program office and procure a vendor to perform all provider credentialing on behalf of all MA MCOs and CHIP, meeting all NCQA requirements. This centralized approach will enable a provider to be enrolled and credentialed at the same time by a single point of contact, using a single application process.

Providers licensed by DHS face a similarly multi-layered set of systems used to support the licensing process. IT systems vary within DHS and between DHS and the Departments of Health, Aging, and Drug and Alcohol Programs. In March 2018, these departments issued a Request for Information (RFI) soliciting public comment on licensing-related policies and procedures. In response to the feedback received, the commonwealth decided to pursue an enterprise licensing IT system that will be used by all four commonwealth agencies. The enterprise licensing system will provide an IT platform for commonwealth staff and health and human services providers to manage licensing applications, renewals, and activities

related to licensing inspections and surveys. A common licensing platform shared across agencies will enhance efficiency, expand the use of electronic sharing and storage of documents, and improve our ability to assure the ongoing compliance of licensed facilities with regulatory requirements. DHS is also standing up an interim licensing IT system for the DHS program offices that do not currently have a licensing IT system, to serve as bridge until the enterprise system launches.

Providers participating in MA interact with DHS systems to enroll in MA, to get claims processed, and to get prior authorization for services for MA beneficiaries, among other activities. Over the coming years, we will be modernizing the IT system that handles these activities, the Medicaid Management Information System, to simplify and streamline providers' experience.

4.3. Streamline the child welfare assessment processes

Gathering accurate and complete information to inform child welfare investigation and assessment activities is critical to children's safety and well-being, moving children towards permanency, and identifying services to meet the individual needs of children and families. County agencies have pointed to the growing number of assessments required of county children and youth workers and the need to identify ways to streamline and integrate assessment practices to maximize the value of the assessment while minimizing time spent on administrative tasks or duplicating work.

DHS is working with partners to review safety and risk assessment tools and functional assessment tools, with the goal of incorporating these components directly into one comprehensive tool. This will streamline the assessment process, require expertise in one tool versus multiple tools, and strategically tie in the risk and safety factors of a family with appropriate, individualized provision of services to meet the needs of children and families.

Appendix: Acronyms

ACA	Affordable Care Act
AOPC	Administrative Office of the Pennsylvania Courts
ASAM	American Society of Addiction Medicine
BH-MCO	Behavioral health managed care organization
CCW	Child Care Works
CHIP	Children's Health Insurance Plan
COE	Opioid Use Disorder Center of Excellence
CHC	Community HealthChoices
CHC-MCO	Community HealthChoices managed care organization
DHS	Department of Human Services
DOH	Department of Health
FEI	Family Engagement Initiative
ICP	Integrated care plan
Keystone STARS	Keystone Standards, Training/Professional Development, Assistance, Resources, and Supports
MA	Medical Assistance
MCO	Managed care organization
OCDEL	Office of Child Development and Early Learning
OCYF	Office of Children, Youth, and Families
ODP	Office of Developmental Programs
OIM	Office of Income Maintenance
OLTL	Office of Long Term Living
OMAP	Office of Medical Assistance Programs
P3N	Pennsylvania Patient and Provider Network
PH-MCO	Physical health managed care organization
RTF	Residential treatment facility
SDOH	Social determinant(s) of health
SNAP	Supplemental Nutrition Assistance Program
SUD	Substance use disorder
TANF	Temporary Assistance for Needy Families
VBP	Value-based purchasing

pennsylvania

DEPARTMENT OF HUMAN SERVICES

www.dhs.pa.gov