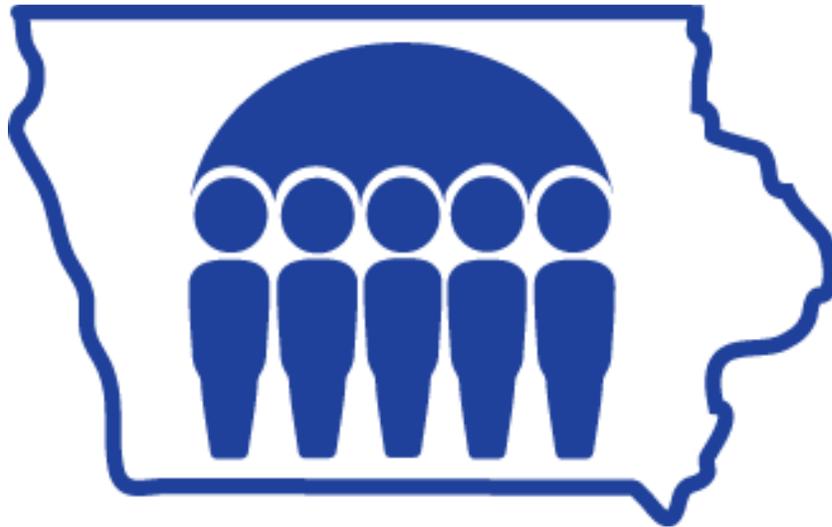


**Iowa Department of
Human Services**



***Strategic Plan
January 2018 – SFY19***

Jerry Foxhoven, Director

Strategic Framework

Vision

The Iowa Department of Human Services makes a positive difference in the lives of Iowans we serve.

Mission

To help Iowans achieve healthy, safe, stable, and self-sufficient lives through the programs and services we provide.

Guiding Principles

Customer Focus

We listen to and address the needs of our customers in a respectful and responsive manner that builds upon their strengths. Our services promote meaningful connections to family and community.

Excellence

We are a model of excellence through efficient, effective, and responsible public service. We communicate openly and honestly and adhere to the highest standards of ethics and professional conduct.

Accountability

We maximize the use of resources and use data to evaluate performance and make informed decisions to improve results.

Teamwork

We work collaboratively with customers, employees, and public and private partners to achieve results.

Core Services

The Department of Human Services (DHS) provides services to over 1,025,000 Iowans on an annual basis. These services fall into the following major groups.

Adult, Children, and Family Services

DHS provides an array of services and supports to strengthen families and communities, increasing the likelihood that children and dependent adults are safe, healthy and have consistency and continuity in their lives.

- Child and dependent adult protective services
- Community-based prevention and support services
- Foster care
- Family-centered services
- Adoption
- Independent living for children age 16 and older
- Residential treatment
- Shelter care
- Facility based services for delinquent youth

The State Training School at Eldora provides a highly structured treatment and educational program to ensure public safety and to assist delinquent boys to discontinue offending behavior and become productive adults.

Economic Assistance

These services provide direct and indirect economic supports, assist needy families to meet basic needs for good health, safety, and consistency and continuity in their homes, work, and communities.

- Family Investment Program :
 - Cash assistance for basic needs to eligible families with children
 - PROMISE JOBS Program
- Food Assistance
- Child Care
- Child Support Recovery services
- Refugee Services

Health Coverage

The programs provide funding for an array of services designed to meet the health care needs of children and adults.

- Medical Assistance
- **hawk-i** Medical and Dental
- Iowa Health and Wellness Program (IHAWP)
- Dental Wellness Plan

Mental Health Treatment

Medicaid is a primary funder of mental health services for its members. Mental health and disability services regions use local county funding to provide support and treatment for non-Medicaid funded services. In addition, the department directly operates facilities that provide inpatient care and treatment.

- Medical Assistance
- State Mental Health Institutes
- Civil Commitment Unit for Sexual Offenders

Long Term Care Coverage and Treatment

Medicaid is a primary funder of both long term care for seniors and persons with disabilities which includes facility care and alternative choices such as community based services.

- Medical assistance State Plan Services
- Home and Community Based Services (HCBS) Waivers
- Nursing Facilities
- Intermediate Care Facilities including State Resource Centers

Department Staff: Resource Management

The department is composed of the following operational units. Each unit is integral to carrying out the mission and programs operated by the department.

General Administration staff provides the basic infrastructure support for the department. This team is responsible for fiduciary oversight for the \$6B budget and program compliance and integrity for all state and federally funded programs administered by the department. Key functions include budgeting, auditing, contract management, program design, implementation and oversight, development of policy and procedures, support and enhancement of the department's management information systems, oversight of all department operational units and communication with constituents, providers, the general public and policy makers.

Field Operations staff provides child and dependent adult protection, child welfare case management and eligibility determination for economic assistance programs and Medicaid. The field is structured into 6 service areas. Refugee Services, also a component of field operations, provides key relocation support to new families to facilitate their entry into American life.

Targeted Case Management staff provides Medicaid case management services to eligible persons served through various home and community based services waivers.

State Facilities staff provides 24/7 treatment and support services for the six facilities operated by the department

Child Support Recovery staff is in 23 locations across the state performing a range of functions that provide a safety net for children through securing of child support payments for custodial parents.

External and Internal Assessment

To determine how best to effectively provide services, it is critical to do both an external and internal environmental scan. The external scan enables the department to recognize, and where possible minimize, the potential challenges to accomplishing our work as well as to maximize opportunities. The internal scan enables the department to identify internal strengths and weaknesses that impact our success and to then capitalize on strengths and address weaknesses.

External Context

Challenges

- Public perception government is inefficient
- State and Federal budgetary constraints
- Size of federal deficit
- Government gridlock
- Instantaneous communication through internet

Opportunities

- Demand for department services
- Demonstrated results
- Demand for performance program integrity
- Use of technology
- Pool of competent workforce

Internal Context

Weaknesses

- Reduced department and information technology operating budgets
- Workload and caseload demands
- Higher staff stress resulting in turnover and absenteeism
- Retirements of tenured staff
- Gaps in key skill sets

Strengths

- Committed workforce
- Knowledgeable/skilled workforce
- Use of technology
- Focus on best practice
- Increased coordination and alignment across programs

Governor's Goals and Initiatives

Governor Reynolds and Lieutenant Governor Gregg have four goals for Building a Better Iowa:

- Creating a Competitive Business Environment
- Developing the Most Innovative Energy Policy in the Country
- Educating our Children for the Knowledge Economy
- Training Iowans for the Jobs of Tomorrow

And, The Healthiest State Initiative, to make Iowa the healthiest state in the nation.

2018 – SFY19 DHS Strategic Goals

The DHS Strategic Plan is comprised of six goals that support one or more of the Governor's goals and initiatives. The DHS goals are centered on:

helping Iowans achieve healthy, safe, stable and self-sufficient lives through the programs and services we provide

Goal 1: Improve Iowans' Health Status

Healthiest State; Educate our Children

Goal 2: Promote Iowans' Behavioral Health Status

Healthiest State; Educate our Children

Goal 3: Improve Safety, Well Being and Permanency for Iowa's Children

Healthiest State; Educate our Children

Goal 4: Improve Iowans' Employment and Economic Security

Creating a Competitive Business Environment; Training Iowans for Jobs

Goal 5: Promote Choice for Seniors and Persons with Disabilities

Healthiest State; Creating a Competitive Business Environment

Goal 6: Effectively Manage Resources

Creating a Competitive Business Environment

Goal 1: Improve Iowans' Health Status

- Strategy: Provide access to health care services – Medicaid, hawk-i and IHAWP
- Strategy: Promote and provide patient centered care
- Strategy: Promote best practice health care delivery
- Strategy: Promote better health and nutrition for DHS clients including preventative care

Key Outcomes and Indicators

- Number of persons served in Medicaid, *hawk-i* and IHAWP
- Percentage of Medicaid members reporting it is easy to receive care and satisfaction with health care
- Percentage of Medicaid members reported receiving a preventative visit in the past 12 months
- Percentage and number of Managed Care Organization (MCO) members receiving initial health risk assessments timely

Strategies	Outcome Measure(s)	Work Plan Actions	Division(s)	Time
1.1 Provide access to health care services <ul style="list-style-type: none"> • Medicaid • <i>hawk-i</i> • IHAWP 	425,764 persons served in Medicaid 47,434 children served in CHIP program 142,922 persons served in IHAWP 1. CAHPS 85% Getting Needed Care Composite- usually or always (published in Annual) 2. HEDIS – 75% Children and Adolescent's Access to PCPs (Health Outcomes report) 3. HEDIS – 75% Adults Access to Preventative/Ambulatory Health Services (Health Outcomes report) 4. 100% of Medicaid members with Coverage in Time and Distance standards (published in QPR and Annual)	1. Monitor projections for persons served 2. Dental Wellness Plan- monitor access to dental providers 3. Monitor CAHPS and HEDIS measures on access to care Monitor provider enrollment / disenrollment	IME	SFY 18 & 19

Strategies	Outcome Measure(s)	Work Plan Actions	Division(s)	Time
1.2 Promote best practice health care delivery	To date, Iowa Medicaid has paid 4,576 Eligible Professionals and 307 Eligible Hospitals for adequately demonstrating the Meaningful Use of Electronic Health Records (EHR) as defined by the federal HiTech act.	<ol style="list-style-type: none"> 1. Implement Accountable Care Organizations (ACO) in IHAWP and Medicaid pursuant to the State Innovation Model 2. Implement Value Index Score reporting for all Medicaid physicians and ACOs 3. Coordinate with vendor to ensure development of the Iowa Health Information Network 	IME	SFY 18 & 19
1.3 Promote better health and nutrition for DHS clients use or preventative care	<ol style="list-style-type: none"> 1. 70% of Medicaid members Receiving IHRAs Completed Timely (published in QPR) 2. Comprehensive Risk Assessments Completed during Quarter (Care Coordination Report) 3. Better nutrition – Food assistance participation rate 	<ol style="list-style-type: none"> 1. Measure utilization of preventative services 2. Monitor performance measures through MCOs 3. Monitor MCO performance for HRA standard 4. Implement the federally-approved Food Assistance outreach plan 	IME, ACFS& MHDS	SFY 18 & 19

Goal 2: Promote Iowans' Behavioral Health Status

- Strategy: Provide access to mental health services
- Strategy: Promote development of an array of critical mental health services
- Strategy: Promote peer recovery
- Strategy: Ensure children with mental health conditions can be serviced in Iowa through effective community based options

Key Outcomes and Indicators:

- Number of Medicaid members receiving outpatient and inpatient treatment services
- Number/amount of core plus services (e.g., crisis, jail diversion, and evidence based practice services) provided through the mental health and disability services regions
- Number of children in out of state placements
- Monitoring of medication adherence to promote stability
- Number and location of vacant inpatient psychiatric beds

Strategies	Outcome Measure(s)	Work Plan Actions	Division(s)	Time
2.1 Provide access to mental health services	\$162,559,088 spent on inpatient behavioral health services. BH inpatient/outpatient Exhibit B network adequacy (published in QPR)	<ol style="list-style-type: none"> 1. Implement uniform assessment tools and quality measures for the mental health system 2. Monitor number of individuals determined medically exempt in IHAWP due to mental health status 3. Monitor use of telepsychiatry. 4. Promote behavioral health network expansion. 	IME & MHDS	SFY 18 & 19
2.2 Promote development of array of critical mental health services	70% Medicaid members receive Follow-up after Hospitalization for Mental Illness within 30 days 20 MCO providers offering crisis stabilization services	<ol style="list-style-type: none"> 1. Coordinate with MCOs, providers and Regions to develop key best practice mental health services per Mental Health Redesign 2. Implement financing strategies to support implementation 3. Monitor use of crisis and subacute services. 	IME & MHDS	SFY 18 & 19
2.3 Promote Peer Recovery	33% of expenditures for integrated services and supports	<ol style="list-style-type: none"> 1. Coordinate with MCOs, providers and Regions to develop key best practice mental health services Redesign 2. Implement financing strategies 	MHDS	SFY 18 & 19
2.4 Number and amount of core plus services provided through MHDS Regions	Number of MHDS Regions providing Crisis, Residential, Jail Diversion, Assertive Community Treatment	<ol style="list-style-type: none"> 1. Monitor and report MHDS Region efforts 	MHDS	SFY 18 & 19
2.5 Number and location of inpatient psychiatric hospital beds	Average number of vacant beds in last 12 months	<ol style="list-style-type: none"> 1. Operate and require hospitals with inpatient psychiatric programs to use the Carematch system 	MHDS	SFY 18 & 19
2.6 Monitor use of MHDS Region county funding	Ending fund balance of MHDS Regions	<ol style="list-style-type: none"> 1. Collect, analyze and publish MHDS Region fiscal reports 	MHDS	SFY 18 & 19
2.7 Ensure children with mental health conditions can be served in Iowa through effective community based options	Number of children (Medicaid members) in OOS PMIC, OOS NF and SNF, and OOS ICF/ID	<ol style="list-style-type: none"> 1. Develop strategy for reducing out of state placements Continue peer and family support services 2. Work with MCOs, Regions and providers on expanding network capacity to avoid out of state placement. 	IME & MHDS	SFY 18 & 19
2.8 Promote appropriate medication prescribing patterns and member medication adherence	<ol style="list-style-type: none"> 1. % of members with effective antidepressant medication management (HEDIS) 2. # of members in foster care prescribed two or more antipsychotic medications 	<ol style="list-style-type: none"> 1. Develop care coordination strategy for adults with SMI and children with SED that monitors prescribing patterns and medication adherence 2. Monitor HEDIS medication adherence data for adults with SME 3. Monitor prescribing patterns for members in foster care; 3) Work with MCOs and providers on promotion of medication adherence and the reduction of over prescription of antipsychotics in children. 	IME & ACFS	SFY 18 & 19

Goal 3: Improve Permanency and Well Being for Iowa's Children

- Strategy: Provide access to child welfare services
- Strategy: Promote best practice in service delivery
- Strategy: Ensure accountability in service delivery
- Strategy: Promote good parenting and child decision making skills

Key Outcomes and Indicators:

- Incidence of abuse
- Rate of abuse experienced by children per 100,000 days while in foster care
- Percentage of children safe from re-abuse
- Percentage of children reunited with families
- Percentage of children adopted timely

Strategies	Outcome Measure(s)	Work Plan Actions	Division(s)	Time
3.1. Provide access to child welfare services	<ol style="list-style-type: none"> 1. 9.67 rate of abuse of children per 100,000 days while in foster care¹ 2. 91.5% of children will not experience re-abuse within 12 months 	<ol style="list-style-type: none"> 1. Monitor trends in abuse and service interventions 2. Meet routinely with providers to discuss issues 	ACFS & Field	SFY 18 & 19
3.2 Promote best practice in service delivery	<ol style="list-style-type: none"> 1. 100% of eligible families will be offered Family Safety, Risk, and Permanency (FSRP) services 2. 91.9% of children did not reenter foster care within 12 months of discharge 	<ol style="list-style-type: none"> 1. Coordinate with Field in promoting Family Team Decision Making (FTDM) meeting performance 2. Analyze data for children who return to foster care as a means of targeting practice, policy and training needs. 	ACFS & Field	SFY 18 & 19
3.3 Ensure accountability in service delivery	<ol style="list-style-type: none"> 1. 95% of children with monthly face-to-face visits 2. 95% of parents will receive required contacts 3. 42.7% of children reach permanency within 12 months after entering foster care 	<ol style="list-style-type: none"> 1. Monitor Field performance towards outcomes 2. Monitor provider performance and when necessary require corrective action plans 	ACFS & Field	SFY 18 & 19

¹ Current Federal measure; (numerator: victims of maltreatment/ denominator: total number of days children are in foster care annually/100,00 days in care)

Strategies	Outcome Measure(s)	Work Plan Actions	Division(s)	Time
3.4 Promote good parenting	<ol style="list-style-type: none"> 1. Less than 10,000 children were victims of confirmed or founded abuse 2. 3,800 parents received parental development targeted to prevention of abuse 3. 3,500 families a year referred to Community Care which is a service to reduce future risk of abuse 	<ol style="list-style-type: none"> 1. Monitor abuse and re-abuse statistics 2. Continue best practice prevention activities via contracts 3. Coordinate with advocacy groups to enhance communication strategies to promote good parenting skills 	ACFS & Communications	SFY 18 & 19

Goal 4: Improve Iowan's Employment and Economic Security

- Strategy: Promote quality child care services
- Strategy: Provide an array of employment related support to Family Investment Program (FIP) families
- Strategy: Provide an array of supports to Iowans to enable them to meet basic needs
- Strategy: Promote employment opportunities to persons with disabilities

Key Outcomes and Indicators:

- Percentage of FIP single parent families meeting work participation requirements
- Percentage of FIP two parent families meeting work participation requirements
- Number of persons with disabilities receiving DHS funded services that work
- Percentage of families receiving Child Care Assistance that work
- Percentage of families receiving Food Assistance that work

Strategies	Outcome Measure(s)	Work Plan Actions	Division(s)	Time
4.1. Provide array of Employment related supports to FIP families	<ol style="list-style-type: none"> 1. 42% of single parent FIP households participating in work activities 2. 42% of 2 parent FIP households participating in work activities 	<ol style="list-style-type: none"> 1. Monitor IWD Promise Jobs contract 2. Coordinate with IWD to identify key workforce shortages and strategies to focus vocational training accordingly 3. Coordinate with IWD to promote hiring of FIP recipients 	ACFS	SFY 18 & 19

Strategies	Outcome Measure(s)	Work Plan Actions	Division(s)	Time
4.2 Provide array of supports to lowans to enable them to maintain security	<ol style="list-style-type: none"> 1. With Promise Jobs (PJ) care excluded, 94.7% of families receiving Child Care Assistance (CCA) had a need for service of employment 2. With PJ care included, 93.0% of families receiving CCA had a need for service of employment 3. 36% of eligible students at Eldora in vocational programs 	<ol style="list-style-type: none"> 1. Monitor Child Care 2. Monitor participation in Juvenile facility vocational programs 	ACFS & MDHS	SFY 18 & 19
4.3 Promote employment opportunities for persons with disabilities	<ol style="list-style-type: none"> 1. 15948 persons in Medicaid for Employed People with Disabilities program (MEPD) 2. 65% of Resource Center clients in supported employment 3. Individual Jobs Service Outcomes* 4. Small Group Employment Service Outcomes* 5. Facility-Based Service Outcomes* <p>*3, 4, & 5 by waiver type</p>	<ol style="list-style-type: none"> 1. Continue to support the MEPD program 2. Promote and support expansion of HCBS waver funded supported employment services 3. Expand supported employment opportunities for Resource Center clients 4. Coordinate with Iowa Vocational Rehabilitation Agency 	IME, MHDS & ACFS	SFY 18 & 19
4.3 Promote employment opportunities for persons with disabilities	<ol style="list-style-type: none"> 1. 15,325 persons in Medicaid for Employed People with Disabilities program (MEPD) 2. 20% Medicaid members with Intellectual Disabilities in supported employment 3. 30% Medicaid HCBS providers of supported employment 4. 65% of Resource Center clients in supported employment 	<ol style="list-style-type: none"> 5. Monitor MEPD program (better define employment) 6. Promote and support expansion of HCBS waver funded supported employment services 7. Expand supported employment opportunities for Resource Center clients 	IME, MHDS & ACFS	SFY 18 & 19
4.4 Provide quality child care services	<ol style="list-style-type: none"> 1. 93% children served in regulated settings 2. 1,101 providers at Quality Rating level of 2 or above 	<ol style="list-style-type: none"> 1. Continue strategies to encourage providers to improve quality 2. Develop and implement promotion of quality child care 	ACFS	SFY 18 & 19

Goal 5: Promote choice for seniors and persons with disabilities

- Strategy: Promote access to community based options for persons with disabilities
- Strategy: Promote access to community based options for seniors
- Strategy: Ensure safety and continuity for members living in the community

Key Outcomes and Indicators:

- Percentage of expenditures for community based versus institutional services for persons with disabilities
- Percentage of seniors and individuals with disabilities served in waiver programs versus facilities

Strategies	Outcome Measure(s)	Work Plan Actions	Division(s)	Time
5.1 Promote access to community based options for persons with disabilities	<ol style="list-style-type: none"> 1. Medicaid members served in community settings per ICF/ID, Skilled, Hospital, or nursing facility (NF) level of care (LOC) 2. Medicaid members served in Facility setting per ICF/ID, Skilled, Hospital, or NF LOC 3. 647 community placements under money follows the person grant 4. Count of Self-Directed Medicaid members – specific to each waivers 	<ol style="list-style-type: none"> 1. Continue validated assessment tools for persons needing long term care 2. Track performance and outcomes data for the disability delivery system 3. Coordinate with key advocacy and provider groups to expand communication about choice 4. Continue to promote placement of Resource Center clients in community 	IME & MHDS	SFY 18 & 19
5.2 Promote access to community based options for seniors	<ol style="list-style-type: none"> 1. 50% senior Medicaid members served in elderly waiver program vs. nursing facilities 	<ol style="list-style-type: none"> 1. Coordinate with Department on Aging in developing Aging and Disability Resource Centers 2. Track performance and outcomes data for the elderly delivery system 	IME	SFY 18 & 19
5.3 Ensure safety and continuity for members living in the community	<ol style="list-style-type: none"> 2. No more than 20 admissions to the State Resource Centers 3. 5% incidents resulting in hospitalization 	<ol style="list-style-type: none"> 1. Develop and implement system wide performance measures 2. Develop interagency, coordinated system for reviewing and taking policy action on performance data 	IME & MHDS	SFY 18 & 19

Goal 6: Effectively manage resources

- Strategy: Expand program integrity efforts in DHS programs
- Strategy: Implement new DHS eligibility information technology
- Strategy: Increase Medicaid, MHDS, and ACFS provider performance by sharing quality data
- Strategy: Maintain DHS website to relay department information in a timely and cost effective manner
- Strategy: Sustain projected percentage of Federal Financial Participation (FFP)

Key Outcomes and Indicators:

- Dollar Savings from Medicaid program integrity efforts
- Percentage of Federal Financial Participation (FFP)
- Percentage accurate case actions. Perform quality control reviews on all DHS economic assistance programs (adding FIP and PROMISE JOBS)
- Financial status of mental health and disability services regions and related analysis and reporting

Strategies	Outcome Measure(s)	Work Plan Actions	Division(s)	Time
6.1 Expand program integrity efforts in DHS programs	<ol style="list-style-type: none"> 1. \$35M recoveries to Medicaid Program resulting from program integrity efforts (IME, MCO, and PAHPs) 2. Count of Investigations opened during quarter (QPR) 3. Count of Overpayments opened during quarter (QPR) 4. Count of cases Referred to MFCU during quarter (QPR) 5. Count of Member Concerns Referred to IME (QPR) 6. MCO Amount Related to MCO Medicaid Services (PI report) 	<ol style="list-style-type: none"> 1. Continue program integrity coordination between IME, MCOs, PAHPs, MFCU, and AG 2. Coordinate with Department of Inspections and Appeals to improve referrals of fraud and abuse 3. Continue Medicaid program integrity data mining, auditing and utilization management programs 4. Perform Quality Control reviews on all DHS economic assistance programs – adding FIP and PROMISE JOBS 	IME, ACFS & Field	SFY 18 & 19
6.2 Increase Medicaid, MHDS, and ACFS provider performance by sharing quality data	<ol style="list-style-type: none"> 1. 100% performance data published quarterly 	<ol style="list-style-type: none"> 1. Develop and implement data publishing plan 	ALL	SFY 18 & 19
6.3 Implement new Medicaid Management Information System	<ol style="list-style-type: none"> 1. 98% MMIS project milestones are on-time and on-budget 	<ol style="list-style-type: none"> 1. Implement and oversee contract 	IME	SFY 18 & 19

Strategies	Outcome Measure(s)	Work Plan Actions	Division(s)	Time
6.4 Maintain DHS website to relay department information in a timely and cost effective manner	<ol style="list-style-type: none"> 1. 99.8% availability to public 2. 48 hour turnaround for revision and new content 	<ol style="list-style-type: none"> 1. Continue contract for hosting and template revisions 2. Publish key program information and performance data for DHS programs 	Communications	SFY 18 & 19
6.5 Sustain projected percentage of Federal Financial Participation	<ol style="list-style-type: none"> 1. Percentage of Federal Financial Participation (FFP) 	<ol style="list-style-type: none"> 1. Implement a standard process for monitoring Federal regulatory and budget changes to identify changes that may impact Federal funding as well as a process for responding to those changes to maximize Federal funding received and earned 2. Develop a structured methodology to monitor and report FFP earned 3. Implement a standard, periodic process for monitoring FFP earned and analyzing variances in FFP earned to identify opportunities for improving FFP 4. Create and implement appropriate actions to maximize FFP 	Admin	SFY 18 & 19