

**Cabinet for Health and Family Services**  
**Cabinet or Agency Number 53**  
**2007 SUMMARY STRATEGIC PLAN TEMPLATE**

PER KRS 48.810 – STRATEGIC PLAN

ORIGINATION DATE: 11/07

VERSION NUMBER: v.1

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**MISSION**

**ENTER THE CABINET/AGENCY MISSION STATEMENT.**

The mission of CHFS is to deliver quality services that enhance the health, safety, and wellbeing of all people in the Commonwealth of Kentucky.

**VISION**

**ENTER A BRIEF STATEMENT OF THE CABINET/AGENCY VISION HERE. IT SHOULD DESCRIBE BRIEFLY HOW THE AGENCY ENVISIONS ITS CUSTOMER/CLIENT SET WILL BE DIFFERENT IN FIVE TO TEN YEARS THAN IT IS NOW—THE IMPACT OF THE AGENCY HAVING ACHIEVED ITS MISSION DURING THAT PERIOD OF TIME.**

To become a recognized national leader in state-level health and human services through continuous quality improvement and accountability by:

- Improving delivery of health and family services through quality customer service,
- Promoting individual self-sufficiency and community sustainability for the betterment of the vulnerable population,
- Fostering higher health awareness through education that engages all individuals and communities,
- Enhancing use of technology to increase service efficiency and effectiveness,
- Educating, empowering, and deploying a highly skilled diverse workforce.

**VALUES**

**ENTER A STATEMENT OF THE VALUES WITH WHICH THE CABINET/AGENCY WILL INTERACT WITH ITS CUSTOMERS/CLIENTS, EMPLOYEES, AND OTHER STAKEHOLDERS.**

- Integrity
- Teamwork
- Responsive Service

- Proactive Leadership
- Continuous Improvement
- Responsible Management
- Accountability
- Dedication

<b>STATEMENT OF ALIGNMENT WITH THE GOVERNOR’S STRATEGIC THEMES</b>
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**PLEASE SUMMARIZE HOW THE CABINET/AGENCY GOALS, OBJECTIVES, PROGRAMS AND BUDGET ALLOCATIONS ARE DESIGNED TO ADVANCE EACH OF THE ENTERPRISE-WIDE STRATEGIC THEMES.**

- **CREATE CAREERS AND ECONOMIC OPPORTUNITIES.**
  - CHFS Critical Success Factor: Provide the tools, training, and leadership to develop and support an outstanding workforce.
  
- **CREATE A HEALTHIER KENTUCKY.**
  - CHFS Critical Success Factor: Modernize Medicaid by increasing the quality of benefit services, transforming care management, and updating relevant technology
  - CHFS Critical Success Factor: Promote healthier lifestyles and safer communities
  - CHFS Critical Success Factor: Restructure the system of care for individuals with mental illness, mental retardation, brain injuries, and substance abuse disorders by increasing the use of research-based knowledge to assure service quality, effectiveness, and responsiveness and to product positive measurable individual outcomes
  - CHFS Critical Success Factor: Restructure the system of care to ensure a full continuum of care for individuals with disabilities regardless of age.
  
- **ENHANCE EDUCATIONAL EXCELLENCE.**
  - CHFS Critical Success Factor: Promote healthier lifestyles and safer communities
  - CHFS Critical Success Factor: Restructure the system of care to ensure a full continuum of care for individuals with disabilities regardless of age.
  - CHFS Critical Success Factor: Provide the tools, training, and leadership to develop and support an outstanding workforce

- **ENSURE SAFE COMMUNITIES.**
  - CHFS Critical Success Factor: Promote healthier lifestyles and safer communities
  - CHFS Critical Success Factor: Protect and empower Kentucky’s most vulnerable citizens
  - CHFS Critical Success Factor: Restructure the system of care to ensure a full continuum of care for individuals with disabilities regardless of age.
  
- **ENHANCE RESPONSIBLE GOVERNANCE.**
  - CHFS Critical Success Factor: Prevent, detect, and reduce waste, fraud, and abuse

**STATEMENT OF ALIGNMENT WITH THE AGENCY’S BUDGET REQUEST**

**PLEASE SUMMARIZE HOW THE CABINET/AGENCY BUDGET REQUEST IS DESIGNED TO PROVIDE THE NECESSARY RESOURCES TO ACHIEVE EACH STRATEGIC OBJECTIVE.**

The goals and objectives outlined within the Cabinet plan have been developed within expected and/or requested levels of funding.

## SITUATION/ENVIRONMENTAL ANALYSIS

### CHFS Situation Analysis

The Cabinet for Health and Family Services (CHFS) conducted a situation analysis among senior leadership that identified overall strengths and weaknesses. The method of analysis included a review by senior management and the annual employee satisfaction survey.

I. The Cabinet has continued to develop a strong leadership team with a focus on achieving the mission of enhancing the health, safety, and wellbeing of all people in the Commonwealth of Kentucky.

The following actions were taken to strengthen each topical area of the cabinet mission:

- *To enhance health* – The Cabinet has partnered with the Governor’s office to establish the Governor’s Office of Wellness and Physical Activity which helps each Kentuckian develop a healthier lifestyle. The [Get Healthy Kentucky \(www.gethealthy.ky.gov\)](http://www.gethealthy.ky.gov) website was established with over 10,000 registering and over 4 million website “hits”.
- *To enhance safety* – In the 2007 legislative session Senate Bill 59, also known as “The Boni Bill,” was enacted in response to the tragic death of Boni Federick on October 16, 2006. This horrific event brought to the forefront the immediate need for a focus on safety in our Department of Community Based Services (DCBS). Legislation was a critical first step in providing additional frontline staff, establishing regional safety officers, and assessing safety in each DCBS office. In addition, our Cabinet hosted a National Safety Conference with attendance from across the nation. Safety efforts must continue in order to fully respond to the tragedy.
- *To enhance wellbeing* – The Department of Aging and Independent Living was elevated from a division by the 2007 General Assembly. This department is committed to the development of a continuum of care, allowing individual choice and providing market place resources through a single-point entry.

II. The annual Employee Satisfaction Survey was conducted in May 2007. Employees rated their overall satisfaction at 3.60 (based on a rating of 1–5), reflecting a .08 improvement over 2005. In addition, 15 of the 18 statements listed on the survey which remained consistent from 2005 to 2007 reflected improvement.

- Survey results indicate the highest ratings for employees knowing what is expected of them in their jobs and for performance evaluations being completed in a timely manner. These ratings reflect the Cabinet’s commitment to employee success through training, coaching, and mentoring of direct-line employees and managers.
- In contrast, employees rated their sense of safety in the workplace .08 lower and fair distribution of office workload .12 lower from 2005 to 2007. Since the survey was completed prior to many of the cabinet’s reorganization efforts, including fully

implementing legislation from the Boni Bill, leadership will gauge 2008 survey results in light of these significant changes.

The Cabinet is committed to an ongoing review of the organization's status to ensure alignment with its goals and mission. It will therefore continue to monitor its environment through multiple avenues including the satisfaction survey and make recommendations accordingly.

**PLEASE LIST YOUR KEY PROGRAMS, PROJECTS AND ACTIVITIES AND BRIEFLY STATE THEIR PURPOSES AND DESCRIBE THEIR CUSTOMER/CLIENT BASE (EXTERNAL OR INTERNAL).**

This information is included in the Budget Narratives for each agency with the Cabinet for Health and Family Services per the instruction in the 2008-2010 Branch Budget Request Manual

**PLEASE DESCRIBE YOUR ORGANIZATIONAL SITUATION AND CURRENT/EXPECTED FUTURE OPERATING ENVIRONMENTS IN EACH OF THE FOLLOWING AREAS.**

- **COMPLIANCE REQUIREMENTS & SOURCES OF AUTHORITY:**  
**STATE AND FEDERAL STATUTORY, REGULATORY, COURT-ORDERED, FUNDING AGREEMENT; CONTRACTUAL AND OTHER REQUIREMENTS; STATUTORY, REGULATORY, AND OTHER SOURCES OF AUTHORITY.**

This information is included in the Budget Narratives for each agency with the Cabinet for Health and Family Services per the instruction in the 2008-2010 Branch Budget Request Manual.

- **EXPECTED OR POSSIBLE FUTURE CHANGES OR DEVELOPMENTS IN REQUIREMENTS AND/OR AUTHORITY THAT COULD SIGNIFICANTLY AFFECT THE AGENCY.**

This information is included in the Budget Narratives for each agency with the Cabinet for Health and Family Services per the instruction in the 2008-2010 Branch Budget Request Manual.

- **EXTERNAL FACTORS/ENVIRONMENTS:**  
**DEVELOPMENTS IN TECHNOLOGY; ECONOMIC AND BUSINESS/INDUSTRY ENVIRONMENTS; LABOR MARKETS; SIZE OF CUSTOMER/CLIENT BASE; SOCIETAL/CUSTOMER/CLIENT ENVIRONMENTS; SUPPLIERS AND/OR PARTNERS; OTHER GOVERNMENT AGENCY (FEDERAL/STATE/LOCAL) ACTIVITIES/ACTIONS; OTHER STAKEHOLDERS AND INTERESTED PARTIES; INNOVATION.**

This information is included in the Budget Narratives, Capital Planning Request and Additional Budget Request for each agency with the Cabinet for Health and

Family Services per the instruction in the 2008-2010 Branch Budget Request Manual.

- **EXPECTED OR POSSIBLE FUTURE CHANGES OR DEVELOPMENTS IN ANY EXTERNAL FACTOR OR ENVIRONMENT THAT COULD SIGNIFICANTLY AFFECT THE AGENCY.**

This information is included in the Budget Narratives, Capital Planning Request and Additional Budget Request for each agency with the Cabinet for Health and Family Services per the instruction in the 2008-2010 Branch Budget Request Manual.

- **INTERNAL FACTORS/ENVIRONMENTS:  
WORKFORCE/EMPLOYEE/STAFFING ENVIRONMENTS; BUDGET AND OTHER RESOURCE ENVIRONMENTS; ORGANIZATIONAL STRUCTURE AND COMPETENCIES/SKILLS; MEASURES OF OPERATIONAL EFFICIENCY AND EFFECTIVENESS; OPERATIONAL CAPACITY; IT AND OTHER INTERNAL TECHNOLOGY.**

This information is included in the Budget Narratives, Capital Planning Request and Additional Budget Request for each agency with the Cabinet for Health and Family Services per the instruction in the 2008-2010 Branch Budget Request Manual.

- **EXPECTED OR POSSIBLE FUTURE CHANGES OR DEVELOPMENTS IN ANY INTERNAL FACTOR/ENVIRONMENT THAT COULD SIGNIFICANTLY AFFECT THE AGENCY.**

This information is included in the Budget Narratives, Capital Planning Request and Additional Budget Request for each agency with the Cabinet for Health and Family Services per the instruction in the 2008-2010 Branch Budget Request Manual.

## MEASURABLE GOALS, OBJECTIVES & QUANTIFIED PERFORMANCE INDICATORS

PLEASE STATE EACH CABINET/AGENCY GOAL...

- LABELED “CABINET/AGENCY NUMBER.GOAL NUMBER”
- E.G., “55.1” (CABINET 55, THE PERSONNEL CABINET, GOAL 1)

DIRECTLY UNDER EACH GOAL ENTER THE SPECIFIC OBJECTIVES THAT WILL BE TRANSLATED INTO PROGRAMS/PROJECTS TO ACHIEVE THAT GOAL,

- LABELED “CABINET/AGENCY NUMBER.GOAL NUMBER.OBJECTIVE NUMBER”
- E.G., 55.1.1 (CABINET 55, GOAL 1, OBJECTIVE 1)

DIRECTLY UNDER EACH SPECIFIC OBJECTIVE, ENTER EACH QUANTIFIED PERFORMANCE INDICATOR THAT WILL BE USED TO MONITOR AND ASSESS PROGRESS IN ACHIEVING THAT SPECIFIC OBJECTIVE...

- LABELED “CABINET/AGENCY NO.GOAL NO.OBJECTIVE NO.PERFORMANCE INDICATOR NO.”
- E.G. 55.1.1.1 (CABINET 55, GOAL 1, OBJECTIVE 1, PERFORMANCE INDICATOR 1)

### Critical Success Factors

*For the CHFS to achieve its vision, we must promote quality outcomes through evidence-based practice and data-driven decisions when completing the following:*

**53.1.1 *Modernize Medicaid by increasing the quality of benefit services, transforming care management, and updating relevant technology (Shawn Crouch, Medicaid Services)***

- 53.1.1 Increase the number of members in the Health Insurance Purchasing Program (HIPP) by 100% by the 4<sup>th</sup> quarter of 2008.
- 53.1.2 Implement provider credentialing process for 50% of Medicaid providers (25% by 4<sup>th</sup> Quarter of 2008, 50% by 4<sup>th</sup> Quarter 2009.)
- 53.1.3 Implement a disease management/case management program statewide for diabetes by 4<sup>th</sup> Quarter 2009.
- 53.1.4 Provide coverage for intensive neurobehavioral rehabilitation services for individuals with an acquired brain injury by 4<sup>th</sup> Quarter 2009.
- 53.1.5 Increase electronic claim submission to 90% by 4<sup>th</sup> Quarter 2008.

**53.2 *Promote healthier lifestyles and safer communities (William Hacker, Public Health)***

- 53.2.1 Reduce the percentage of live births that are “preterm” 15% (our current) to 12.5% (current national average). This is a state performance measure for our Title V grant; Also consistent with HP2010 Objective 12.12
- 53.2.2 Reduce the percentage of women who smoked during pregnancy from 26% (current) to 23%; This is a Title V National Performance Measure # 15. HP 2010 target <1%;

- 53.2.3.1 **Immunization**  
 Increase immunization coverage from 81.2% to at least 90% percent among children 19-35 months of age for the following: 4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B and 1 dose of varicella vaccine. (The baseline in 2000 was 77% and the mid-decade status in 2004 was 81.2%)(Based on HK 2010 Objective 22.10 - a leading health indicator)
- 53.2.3.2 Increase the influenza immunization coverage from 64.9% to at least 75% among non-institutionalized adults age 65 and older. (The baseline in 2001 was 60.9%, and the mid-decade status in 2004 was 64.9%.) (Based on HK 2010 Objective 22.12 – a leading health indicator)
- 53.2.4 **Injury**  
 Reduce deaths caused by motor vehicle crashes from 18.8 per 100,000 to 12 per 100,000. (The baseline in 2000 was 16.5 per 100,000, and the mid-decade status was 18.8 per 100,000 in 2003.) (Based on HK 2010 Objective 7.10 – a leading health indicator)
- 53.2.5 **Second Hand Smoke**  
 By 2010, Increase percentage of Kentucky population covered by a comprehensive clean indoor air law from 25 to 50%. **Data Source:** Kentucky Center for Smoke Free Policy. Baseline: **14 municipalities (25% of Kentucky’s population)**
- 53.3 *Protect and empower Kentucky’s most vulnerable citizens (Mark Washington, Children and Family Services)***
- 53.3.1 Secure vendor to complete assessment of implementing Centralized Intake and Dynamic Family Assessment within TWISTII and moving TWIST to web based platform by June 30, 2008.
- 53.3.2 Decrease the percentage of children with two or more substantiated abuse allegations in a twelve month period from 7.8% to 7.0%
- 53.3.3 Decrease the percentage of children with 2 or fewer placement moves within a 12 month period from 87.8% to 90%.
- 53.3.4 Decrease the rate of re-entry into foster care within 12 months of the last exit from foster care from 10.4% to 10.00%.
- 53.3.5 Maintain the rate of children achieving permanency through adoption in less than 24 months from their most recent entrance into foster care above 25.00%.
- 53.4 *Provide the tools, training, and leadership to develop and support an outstanding workforce (J.P. Hamm, Human Resource Management)***
- 53.4.1 Increase training/trainer quality rating to:
- 53.4.1.1 Training: 91.3% (3.65 on 4-point scale) (5.5%Δ)  
 (Baseline FY07 PMT only– 86.5% or 3.46 on 4-point scale)
- 53.4.1.2 Trainer: 93.8% (3.75 on 4-point scale) (5%Δ)  
 (Baseline FY07 PMT only – 89.3% or 3.57 on 4-point scale)
- 53.4.2 Increase quality of performance evaluations to 70% (19.2%Δ) (Baseline FY07 – 58.73%)
- 53.4.3 Increase employee satisfaction cabinet-wide to 3.85 (on 5-point scale) (6.9%Δ) (Baseline FY07 – 3.60)

- 53.4.4 Reduce the number of days a non-direct position is vacant prior to being filled (upon notification of “need to fill”) to 59 days
- 53.4.5 Reduce the number of days a direct position is vacant prior to being filled (upon notification of “need to fill”) to 52 days
  
- 53.4.6 ***Prevent, detect, and reduce waste, fraud, and abuse (Steven Davis, Inspector General)***
- 53.5.1 Develop and implement an audit and investigation organizational structure and plan aimed at identifying, detecting, and preventing fraud, waste, and abuse by June, 2009.
- 53.5.2 Identify and implement operational changes annually aimed at enhancing CHFS’s ability to identify, detect, and prevent external fraud, waste, and abuse by June, 2009. The OIG is preparing for and will:
  - 53.5.2.1 Devote considerable staff time and resources to the investigation of Medicaid provider fraud as the new Surveillance Utilization Review System becomes fully operational;
  - 53.5.2.2 Shift staff responsibilities to include increased emphasis on DETER and welfare fraud investigations;
  - 53.5.2.3 Build relationships with the federal SSI disability determinations staff in an effort to link and share critical eligibility data; and
  - 53.5.2.4 Optimize staff hiring and continue to present cases directly to local Counties' Grand Juries.
- 53.5.3 Materially increase the number of investigations conducted and the amount of dollars identified and recovered by June, 2009.
  
- 53.6 ***Restructure the system of care for individuals with mental illness, mental retardation, brain injuries and substance use disorders by increasing the use of research based knowledge to assure service quality, effectiveness and responsiveness and produce positive measurable individual outcomes (John Burt, Mental Health and Mental Retardation Services)***
- 53.6.1 Partner with DMS to implement the Michelle P. waiver in order to offer non residential supports to individuals on the SCL waiting list by July 2008.
- 53.6.2 Partner with DMS to complete Phase II implementation of Michelle P. waiver to offer non residential supports to individuals living in the community who meet LOC criteria by December 2008.
- 53.6.3 Expand performance based contracting utilizing best practices and improving upon the method of measuring those outcomes for individuals served by 4<sup>th</sup> Quarter 2010 – Add minimum of two (2) measurable outcomes for MHSA and three (3) measurable outcomes for DMR.
  
- 53.7 ***Restructure the system of care to ensure a full continuum of care for individuals with disabilities regardless of age. (Deborah Anderson, Department for Aging and Independent Living)***
- 53.7.1.1 Centralize policy coordination, services and leadership on issues concerning older Kentuckians and individuals with disabilities by 4<sup>th</sup> Quarter 2009.

- 53.7.1.2 Incorporate two additional disability specific programs to the cadre of DAIL services.
- 53.7.1.3 Create a work group to address Nursing Home Quality of Care Indicators.
- 53.7.2 Increase opportunities for seniors and individuals with disabilities to live independently and with dignity and have the opportunity to age in place by 4<sup>th</sup> Quarter 2009.
- 53.7.2.1 Increase the number of options for consumer choice from zero to 3. (CDO, MFP and HomeCare as consumer driven programs)
- 53.7.2.2 Implement Phase Three of the KERI Initiative
- 53.7.3.1 Provide resources to help seniors and those with disabilities, their families and caregivers through a statewide network of local, private and public agencies by 4<sup>th</sup> Quarter 2009.
- 53.7.3.2 Implement the Kentucky Resource Market as the state wide single point of entry for information and assistance about services and supports for those with disabilities of all ages.

**QUANTIFIED PROGRESS ON THE CABINET’S LAST SUBMITTED STRATEGIC PLAN PERFORMANCE**

**PLEASE DESCRIBE BRIEFLY THE PROGRESS THE CABINET/AGENCY HAS MADE ON THE OBJECTIVES AND PERFORMANCE INDICATORS IDENTIFIED IN THE LAST STRATEGIC PLAN.**

**Cabinet for Health and Family Services**

***Strategic Plan (FY 05-08)***

<b>Values</b>	
Integrity	Teamwork
Responsive Service	Proactive Leadership
Continuous Improvement	Responsible Management
Accountability	Dedication

**Mission Statement**

The mission of CHFS is to deliver quality services that enhance the health, safety, and wellbeing of all people in the Commonwealth of Kentucky.

**Vision Statement**

To become a recognized national leader in state-level health and human services through continuous quality improvement and accountability by:

- Improving delivery of health and family services through quality customer service,
- Promoting individual self-sufficiency and community sustainability for the betterment of the vulnerable population,
- Fostering higher health awareness through education that engages all individuals and communities,
- Enhancing use of technology to increase service efficiency and effectiveness,
- Educating, empowering, and deploying a highly skilled diverse workforce.

**Critical Success Factors**

*For the CHFS to achieve its vision, we must promote quality outcomes through evidence-based practice and data-driven decisions when completing the following:*

1. ***Modernize Medicaid by increasing the quality of benefit services, transforming care management, and updating relevant technology (Shawn Crouch, Medicaid Services)***

- Increase cost savings by 2% and improve care strategies by redesigning KCHIP. (*Launched Kentucky Choices, including KCHIP/ Family Choices. Cost avoidance continues to be analyzed*)
  - Increase the number of members in the Health Insurance Purchasing Program (HIPP) by 25%. (*Quarter 4 2007– This project is part of the 2008 legislative package including ICARE 4KIDS*)
  - Implement provider credentialing process for 60% of Medicaid providers. (*Quarter 4 2007 – 15%*)
  - Complete provider profiles for 75% of providers who perform a statistically significant number of services. (*Implemented new MMIS system in July 07. New technology allows CHFS to evaluate provider utilization*)
  - Utilize the KMAA system to improve coordination and streamline access to information by 95% of the providers and recipients. (*Implemented new MMIS system in July 07, which provides web based access to online claim submission and pre-authorizations*)
2. **Promote healthier lifestyles and safer communities** (*William Hacker, Public Health*)
- Reduce the proportion of adults (18 years old +) who use cigarettes from 30.8% to 25%. (*Quarter 3 2007 – 27.5%*)
  - Increase the proportion of adults (18 years old +) who engage regularly in physical activity for a least 20 minutes three or more times per week from 30% to 35%. (*Quarter 4 2007 - 30.5%*)
  - Increase the proportion of people who eat at least five servings of fruits and vegetables per day from 20% to 25% for adults and children grades 9 - 12; and from 13% to 15% for grades 9-12. (*Quarter 4 2007— 25% Adults, 15% Children*)
3. **Protect and empower Kentucky’s most vulnerable citizens** (*Mark Washington, Children and Family Services*)
- Implement 75% of the Dynamic Family Assessment tool by June 30, 2008. (*Working to secure a vendor to complete the assessment of implementing Centralized Intake and Dynamic Family Assessment within TWIST.*)
  - Decrease the percentage of children with two or more substantiated abuse allegations in a twelve month period from 7.8% to 7.00%. (*Quarter 4 2007– 6.8%*)
  - Increase the percentage of children with 2 or fewer placement moves within a 12 month period from 87.8% to 90%. (*Quarter 4 2007– 87.8%*)
  - Decrease the rate of re-entry into foster care within 12 months of the last exit from foster care from 11.30% to 10.00%. (*Quarter 4 2007– 10.4%*)
  - Increase the rate of children achieving permanency through adoption in less than 24 months from their most recent entrance into foster care from 20.50% to 25.00%. (*Quarter 4 2007– 29.5%*)
  - Increase the number of counties having at least one worker trained in adult protective services policies and procedures from 85% to 98%. *Quarter 4 2007 – 94%*
4. **Provide the tools, training, and leadership to develop and support an outstanding workforce** (*J.P. Hamm, Human Resource Management*)
- Increase participation in mandated Human Resource Management classes within defined timeframes: Anti-harassment to 100%; Workplace Violence Prevention to 75%; Personnel Management Training to 80%. (*Quarter 2 2007- Anti-harassment Training – 80.16%; Personnel Management Training is at 49.43%; Workplace Violence Prevention – 57.45%*)
  - Increase compliance rate for timely completion of performance evaluations and plans to 96%. (*Quarter 4 2007– 85.7%*)
  - Reduce the number of days a non-direct position is vacant prior to being filled from date notified of ‘need to fill’ from 73 days to 59 days. (*Quarter 4 2007– 75.6 days*)
  - Reduce the number of days a direct position is vacant prior to being filled from 64 days to 52 days. (*Quarter 4 2007– 57 days*)
  - Increase overall score of the Employee Satisfaction Survey to 3.95. (*Quarter 4 2007– 3.60*)
5. **Prevent, detect, and reduce waste, fraud, and abuse** (*Steven Davis, Inspector General*)
- Develop and implement CHFS internal compliance plan aimed at identifying, detecting, and preventing fraud, waste, and abuse by February 28, 2006. *Scope of audit amended to include financial and*

*programmatic audits. Date has been revised to June 30, 2009. This will enable the office to identify additional sources of fraud committed by providers, vendors and contractors.*

- Identify and implement three operational changes annually aimed at enhancing CHFS's ability to identify, detect, and prevent external fraud, waste, and abuse by December 31, 2005. *a) Expanded DETER program to include additional investigator staff b) Submitted cases to prosecutors c) Identified organizational changes to identify fraud.*
  - Materially increase the number of investigations conducted and the amount of dollars identified and recovered by January 31, 2006. *FY 07: Increased cases submitted for prosecution from 193 to 418 for a 116% increase; increased DCBS Administrative Actions from 886 to 1001 for a 13% increase; Medicaid remained steady at 208 cases. Cases are in process, thus, savings is yet to be realized.*
6. *Restructure the system of care for individuals with mental illness, mental retardation, brain injuries and substance use disorders by increasing the use of research based knowledge to assure service quality, effectiveness and responsiveness and produce positive measurable individual outcomes (John Burt, Mental Health and Mental Retardation Services)*
- Partner with the Department for Medicaid Services and stakeholders to create a new waiver which will increase availability of community based services alternatives. *Launched Consumer Directed Options with Department for Medicaid Services and Department for Aging and Independent Living.*
  - Implement performance based contracting utilizing best practices to improve outcomes for individuals served by SFY 06. *Implemented FY07*
  - Improve the Crisis Stabilization System to serve individuals with disabilities to 75% by December 31, 2006. *HB 380 provides \$3,027,400 during FY 06/07 and \$3,077,500 in FY 07/08 for crisis stabilization. An additional \$250,000 is appropriated each fiscal year to establish the Wellsprings David Block Crisis Stabilization Unit in Louisville, KY.*