

**Performance Report Card  
Human Services Department  
Third Quarter, Fiscal Year 2013**

**Performance Overview:** The Human Services Department (HSD) moved to more quality-oriented measures instead of output measures in the past few years. Third quarter results lagged in certain key Medical Assistance and Income Support program measures, but reporting delays are often a contributor.

<b>Medical Assistance Program</b>		Budget: \$3,663,042	FTE: 169.5	FY11 Actual	FY12 Actual	FY13 Target	Q1	Q2	Q3	Rating
1	The percent of infants in Medicaid managed care who had six or more well-child visits with a primary care physician during the first fifteen months (cumulative)			n/a	66%	65%	5%	9%	19%	<b>R</b>
2	The percent of children and youth in Medicaid managed care who had one or more well-child visits with a primary care physician during the measurement year (cumulative)			n/a	86%	92%	51%	66%	87%	<b>Y</b>
3	The percent of children two to twenty-one years of age enrolled in Medicaid managed care who had at least one dental visit during the measurement year (cumulative)			71%	71%	70%	24%	38%	49%	<b>Y</b>
4	Number of emergency room visits per one thousand Medicaid member months			n/a	n/a	60	55	47	53	<b>G</b>
5	Percent hospital readmissions for adults eighteen and over, within thirty days of discharge			n/a	n/a	10%	13%	15%	17%	<b>R</b>
6	Percent of children in managed care with persistent asthma who were appropriately prescribed medication			n/a	n/a	92%	44%	49%	46%	<b>Y</b>
<b>Program Rating</b>				<b>Y</b>	<b>Y</b>					<b>Y</b>
Comments: The lag time for processing Medicaid claims makes it difficult to draw conclusions based on initial data. For FY12, the HSD met targets for the first 3 measures above relating to visits for primary care and dentists, but third quarter results for FY13 for well child visits are of concern. Outcomes for the new FY13 measures are mixed, with the best performance in the area of emergency room visits.										
<b>Medicaid Behavioral Health Program</b>		Budget: \$292,630	FTE: 0	FY11 Actual	FY12 Actual	FY13 Target	Q1	Q2	Q3	Rating
7	Percent of readmission to the same level of care or higher for children or youth discharged from residential treatment centers and inpatient care.			10.7%	7.4%	8%	6.4%	6.5%	9.7%	<b>Y</b>
<b>Program Rating</b>				<b>Y</b>	<b>G</b>					<b>Y</b>
Comments: The majority of behavioral health measures are reported separately in the Behavioral Health Collaborative Report Card. Performance in the one measure reported under Medicaid behavioral health has steadily improved, but reversed in the third quarter; it is hoped this is an anomaly. The HSD notes that it is moving away from residential treatment in favor of intensive out-patient treatment closer to patients' homes.										
<b>Income Support</b>		Budget: \$882,757.1	FTE: 1,060	FY11 Actual	FY12 Actual	FY13 Target	Q1	Q2	Q3	Rating
8	Percent of TANF participants who retain a job for six or more months			50%	79%	55%	Reported Annually			
9	Percent of TANF clients who obtain a job during the fiscal year			27%	44.7%	50%	Reported Annually			
10	Percent of TANF two-parent recipients meeting federally required work requirements			50.9%	49.3%	60%	52.4%	56.5%	54.6%	<b>Y</b>
11	Percent of TANF recipients (all families) meeting federally required work requirements			42.9%	42.3%	50%	50.8%	60.4%	54%	<b>G</b>
12	Percent of children eligible for Supplemental Nutritional Assistance Program participating in the program at 130% of poverty level			92.5%	82%	88%	81.7%	82.2%	80.1%	<b>Y</b>
<b>Program Rating</b>				<b>Y</b>	<b>Y</b>					<b>Y</b>
Comments: In the past, the department struggled to meet work performance targets for TANF clients, but performance is trending upward for the two-parent and all-family performance measures. Compliance for two-parent households is higher than FY12 and compliance for all families met the target during the first quarter. LFC staff will work with the HSD to obtain more timely data on TANF clients and employment.										

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<b>Child Support Enforcement</b>		Budget: \$32,505.4	FTE: 383	FY11 Actual	FY12 Actual	FY13 Target	Q1	Q2	Q3	Rating
13	Percent of children with paternity acknowledged or adjudicated			88%	99.4%	90%	98.1%	100%	100%	<b>G</b>
14	Total child support enforcement collections, in millions			\$123.5	\$129.6	\$120.0	\$29.5	\$59.3	\$95.1	<b>G</b>
15	Percent of child support owed that is collected			57.4%	56.6%	60%	55%	55.7%	55.8%	<b>Y</b>
16	Percent of cases with support orders			72.5%	78.1%	75%	81.7%	81.8%	82.5%	<b>G</b>
<b>Program Rating</b>				<b>G</b>	<b>G</b>					<b>G</b>

Comments: The Child Support Enforcement Division is a consistently strong performer. However, while division staff is aggressively attempting to collect outstanding child support it struggled to meet the percent of child support owed that is collected. The target for child support enforcement collections will need to be revised upward in future years.

<b>Program Support</b>		Budget: \$41,630.2	FTE: 239	FY11 Actual	FY12 Actual	FY13 Target	Q1	Q2	Q3	Rating
17	Percent of federal grant reimbursements completed that minimize the use of state cash reserves in accordance with established cash management plans.			100%	80.5%	100%	80%	90%	90%	<b>Y</b>
18	Percent of intentional violations in the supplemental nutrition assistance program investigated by the office of inspector general that are completed and referred for an administrative disqualification hearing within ninety days from the date of assignment.			97%	70.9%	70%	89%	92.9%	90%	<b>G</b>
<b>Program Rating</b>				<b>Y</b>	<b>Y</b>					<b>Y</b>

Comments: Performance is generally good for Program Support; much effort has been put into improving reconciliation of Medicaid billing processes and cash balances.

**Suggested Performance Measure Improvements**

Staff recommends HSD include measures demonstrating Medicaid program effectiveness, including meaningful outcome measures, national benchmark measures and efficiency measures denoting average cost per client compared to other states. Staff recommends the department report on a number of measures already in HSD contracts with physical health managed care organizations (MCO's) including blood pressure management, medication management, and nutritional counseling. Current measures in the long-term care area are output-oriented and quality of care measures are needed.