

# **Cabinet for Health and Family Services 2016-2020 Strategic Plan**

## **a. Cabinet Number & Cabinet Name (2 digits)**

Cabinet for Health and Family Services -- 53

## **b. Department Number & Department Name (3 digits)**

713 – Health Benefit and Information Exchange  
721 - General Administration and Program Support  
723 - Office of Inspector General  
724 - Office of Health Policy  
725 - Aging and Independent Living  
727 - Income Support (Disability and Child Support)  
728 - Public Health  
729 - Behavioral Health, Developmental and Intellectual Disabilities  
730 - Family Resource Centers and Volunteer Services  
736 - Community Based Services  
746 - Medicaid Services  
767 - Commission for Children with Special Health Care Needs

## **c. Office/Unit Number (Optional) & Office/Unit Name**

721- Office of Administrative and Technology Services  
721- Office of Ombudsman  
721 - Office of Human Resource Management  
721 – Office of Policy and Budget

## **d. Agency Strategic Plan Origination Date**

November, 2015

## **e. Agency Strategic Plan Update/Revision Date**

N/A

## **f. Agency Strategic Plan Revision Number**

N/A

## I. Agency Mission Statement

The mission of the Cabinet for Health and Family Services is to deliver quality services that enhance the health, safety and wellbeing of all people in the Commonwealth of Kentucky.

## II. Agency 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 human services through quality customer service;
- Promoting individual self-sufficiency and community sustainability for the betterment of vulnerable populations;
- Fostering higher health awareness through education and public information that engages all individuals and communities;
- Enhancing the use of technology to increase service efficiency and effectiveness; and
- Educating, empowering and deploying a highly skilled diverse workforce; and
- Enhancing business practices to maximize resources.

## III. Agency Organizational Core Values

- Integrity
- Teamwork
- Responsive Services
- Proactive Leadership
- Continuous Improvement
- Responsible Management
- Accountability
- Dedication

## IV. Statement of Alignment with the Governor's Strategic Themes/Goals

### A. Create Careers and Economic Opportunities

- Establish practices that create a positive business environment, within applicable statutes and regulations, for all customers;
- Enhance the workplace environment to support and retain employees; and
- Support individuals to acquire and maintain employment.

### B. Create a Healthier Kentucky

- Improve access to quality and affordable healthcare;

- Support quality physical and behavioral health care;
- Expand the continuum of services, supports, and resources to allow individuals to live in their communities.
- Improve consumer access to information about health, health care quality, and the health insurance marketplace; and
- Increase access to and exchange of electronic health information.

## C. Enhance Educational Excellence

- Provide opportunities for early intervention, early learning and quality child care so young children are healthy and ready to learn
- Provide educational opportunities and support for caregivers of young children to prepare their children to enter school ready to learn.

## D. Ensure Safe Communities

- Promote, protect and preserve the dignity and wellbeing of individuals and families;
- Assure that services are delivered by providers who meet applicable health and safety standards; and
- Enhance the use of cabinet resources to address substance abuse.

## E. Enhance Responsible Governance

- Increase energy efficiency of cabinet owned or operated facilities;
- Increase the use of electronic resources to enhance efficiencies and avoid redundancies;
- Increase the use of information technology to support transparency and accountability;
- Enhance business practices to maximize resources.

## V. Statement of Alignment with the Agency's Budget Request & 6-Year Capital Plan

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

## VI. Situation Analysis/Environmental Analysis

### A. Organizational Description (Internal Environment)

The Cabinet for Health and Family Services is one of the largest cabinets in state government and is comprised of the following departments and offices: Department for Aging and Independent Living; Department for Income Support; Department for Public Health; Department

for Behavioral Health, Developmental and Intellectual Disabilities; Department for Community Based Services; Department for Medicaid Services; the Commission for Children with Special Health Care Needs; the Office of Health Policy; the Department for Family Resource Centers and Volunteer Services and the Kentucky Office of the Kentucky Health Benefit and Information Exchange. The following units are attached to the Office of the Secretary: Office of Administration and Technology Services; Office of the Inspector General; Office of the Ombudsman; Office of Communications and Administrative Review; Office of Policy and Budget; Office of Legal Services; and the Office of Human Resource Management.

## B. SWOT Analysis

### 1. Strengths

- Experienced leadership
- Expertise and dedication of staff in program areas
- Partnerships with stakeholders

### 2. Weaknesses

- Maintaining an adequate number of experienced staff with increasing workloads

### 3. Opportunities

- Collaboration with stakeholders
- Efficiencies through technology

### 4. Threats

- Decreasing federal budget appropriations for entitlement and assistance programs that support vulnerable populations
- Increased need and/or demand for services in times of declining or stagnant revenues, limited revenue growth or increasing service population.
- Possible reduction of critical services to those in need
- Waste, fraud, or misuse of resources

## C. Critical Success Factors & Key Organizational Challenges

Staffing challenges affect most program areas. Issues include not having an adequate number of professional and administrative support staff, as well as retention of experienced staff to mentor new workers. New and revised federal and state laws and regulations have a significant impact on workload for all staffing levels.

The implementation of Medicaid managed care statewide, except for populations served in Medicaid waiver programs or in long-term care facilities, has been a massive service delivery change. Skilled and experienced professionals are needed to provide oversight and to monitor managed care contracts and Medicaid Managed Care Organization (MCO) performance in improving care management and health outcomes.

The advance of health information technology involves electronic health records, billing and

reimbursement for services paid with state and federal funds, and data collection about health services delivered throughout the state. Each of these items involves high level networking and technical expertise.

The Cabinet is in the process of replacing the Kentucky Automated Management Eligibility System (KAMES), the statewide eligibility system used to determine eligibility for Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and State Supplementation. The originally system went into production in 1993. Building on the kynect platform currently used to determine Medicaid and kynect eligibility, CHFS will launch a new eligibility determination system including the programs listed above as well as Child Care Assistance and the WIC pre-application along with the Medicaid waiver management tool.

The Cabinet has a unique and important role in the event of a disaster affecting Kentuckians. Public Health is a key player in disaster response, and other departments have specific responsibilities for individuals in the care or custody of the state, and oversight of other health providers and human service organizations that may be responding or affected by disastrous events.

## VII. Measurable Goals, Objectives & Key Performance Indicators

### A. Create Careers and Economic Opportunities

#### ***A1. Establish and maintain practices that create a positive business environment within applicable statutes, regulations for all customers.***

##### A1.1. Develop new communication channels.

A1.1.1. – Use new and existing technologies to connect and interact with customers and the public including web pages, email, social media and mobile devices.

A1.1.2. – Develop accessible information technology solutions that accommodate persons with disabilities, limited literacy, and those who speak English as a second language.

A1.1.3 – Create a web-based provider portal for providers to enroll, submit claims to, and access information from Department for Medicaid Services.

A1.1.4 - Encourage and support Local Health Departments LHDs efforts to become telehealth hubs in their communities allowing patients to access treatment from out of county specialists.

#### ***A2. Enhance the workplace environment to support and retain a knowledgeable and experienced workforce.***

A2.1. Improve the quality of performance evaluations to enhance communications between staff and supervisors.

A2.2. Conduct staff training to ensure compliance and the use of best practices, including use of on-line training modules.

### **A3. Support individuals to acquire and maintain employment.**

A3.1. Provide job training and work supports to assist families to self-sufficiency.

A.3.1.1. - Achieve a statewide work participation rate of 50% of participants in the Kentucky Transitional Assistance Program (Temporary Assistance to Needy Families) under federal and state program rules.

A.3.1.2. - Maintain statewide participation rate of 90% for two-parent family participants in the Kentucky Transitional Assistance Program under federal and state program rules.

A.3.1.3. – Provide an Employment and Training Program in eight counties (Bullitt, Daviess, Fayette, Hardin, Henderson, Jefferson, McCracken and Warren) to able-bodied adults without dependents who receive Supplemental Nutrition Assistance Program (SNAP) benefits to assist them in acquiring and maintaining employment.

## **B. Create a Healthier Kentucky**

### **B1. Improve access to quality and affordable healthcare.**

B.1.1. Enhance patient care and treatment through implementation of a uniform statewide electronic medical records (EMR) system in Kentucky's state-operated Psychiatric, Intermediate Care, and Nursing Facilities.

B1.2. Report on required outcomes measures as part of participation in the Centers for Medicare and Medicaid Services Innovator Accelerator Program on Substance Use Disorder

B1.3 Promote policies that support healthy communities and individuals.

B1.3.1. - Improve the health of disparate populations.

B1.3.2 - Support the Healthy Kentuckians 2020 Plan.

B1.3.3 - Reduce chronic disease risk by decreasing youth smoking.

B1.3.4 – Partner with the University of Louisville to research and address over prescribing of psychotropic medications among youth in Kentucky

B1.3.5. - Expand the number of diabetes prevention program sites in Kentucky by 10% in one year and 25% in five years.

B1.3.6 – Continue implementation of a HPV communication campaign launched in July 2015 in order to provide education regarding HPV vaccination throughout the state.

B1.3.7 – Complete training and implementation of electronic lab reporting of infectious disease.

B1.3.8 – Continue development and implementation of the National Strategy for Combating Antibiotic Resistance.

B1.3.9 – Implement the Prevention Control and Produce Safety Rules of the Food Safety Modernization Act.

B1.4 Assess the Commonwealth’s healthcare workforce and health facility capacity to meet needs of the population.

B1.5.1 Coordinate State Health Plan revisions to address health facility capacity issues.

B.1.4.1 Partner with the University of Louisville to conduct an updated analysis on the healthcare workforce in Kentucky.

B1.5 Promote the efficient use of resources in health care delivery systems in the Commonwealth.

B1.5.1- Coordinate Cabinet policies regarding effective use of telehealth network in the Commonwealth.

B1.5.2- Promote evidence-based practices regarding integration of health service delivery.

B1.5.3- Submit plan for the State Innovation Model to CMS for payment reform implementation across all payers and providers

B1.5.4 - Reduce Emergency Department usage and assist patients in developing medical homes.

Note update to the previous strategic plan: Medicaid expansion was implemented effective January 1, 2014. The Medicaid behavioral health network was opened to increase access to services for children and adults and Medicaid benefits were expanded to include coverage for substance abuse.

## ***B2. Support quality physical and behavioral health care.***

B2.1. Complete Medicaid eligibility determination within 30 days of application for no less than 95% of applicants.

B2.2. Transition from fee-for service system to pay-for performance system in the Medicaid program.

B2.2.1. – Incentivize providers to follow best practices for the provision of care.

B2.2.2. –Monitor health outcomes through standardized tools and measures, i.e., HEDIS measures.

B2.2.3. – Implement provisions in the current Medicaid Managed Care Organization contracts which provide performance incentive payments for achievement of certain quality outcomes

B2.3. Improve protections for vulnerable populations through implementation of a national fingerprint background check program for prospective employees of long term care providers.

B2.3.1. – Increase the number of long-term care facilities and providers using the secure, web-based Kentucky Applicant Registry and Employment Screening (KARES) system to facilitate registry and fingerprint-supported criminal history checks.

B2.3.2 – Continue collaboration between Office of Inspector General and the Kentucky State Police (KSP) for state criminal records checks and the Federal Bureau of Investigation (FBI) for national criminal records checks, including implementation of a state and national fingerprint retention service to reduce duplicative fingerprinting and enhance public safety by providing timely notification of criminal offenses that occur AFTER an employee submits to a fingerprint check.

B2.3.3. – Secure enabling legislation to establish the national fingerprint check program, thereby requiring fingerprint checks be mandatory by state law prior to employment in a long term care setting, as well as securing authorization for the KSP and FBI to retain fingerprints on behalf of individuals required by law to submit to state and national criminal background checks as a condition of employment.

B2.4. Increase dental services for Kentucky’s children.

B2.4.1. – Provide 10% of the existing dental workforce with specialized dental training.

B2.4.2. – Increase by 20% the number of assessment and varnish services to children under age six by local health departments.

B2.5 Coordinate the revision of Kentucky’s Olmstead Compliance Plan.

B2.5.1 - Complete revisions by October 2015.

B2.6 Support publically-funded providers to implement evidence-based behavioral health services and supports in accordance with nationally established fidelity standards.

B2.6.1 - Fully staff the Kentucky Institute for Excellence in Behavioral Health by December 2015.

B2.6.2 - Provide an initial training to 50 individuals in high-fidelity wraparound for children with significant behavioral health needs by December 2015.

B2.6.3 - Conduct annual fidelity monitoring visits to supported employment providers and ACT teams and complete fidelity reports.

### ***B3 -Expand the continuum of high quality services, supports, and resources to allow individuals to live in their communities.***

B3.1. Implement the CMS Home and Community Based Services Final Rule for Medicaid waivers

B3.2 Continue to increase number of providers of publicly-funded substance use and mental health services and supports.



B3.3 Continue to increase the number of participants receiving publicly-funded substance use and mental health services and supports.

B3.4. Fully implement the Balancing Incentive Program through a 2% enhanced FMAP match rate to support the expansion of community-based service and supports.

B3.5. Fully implement the on-line Waiver Case Management Application system thereby creating a uniform system available to consumers and providers across all waivers by Spring 2016.

***B4 - Improve consumer access to information about health, health care quality, and the health insurance marketplace.***

B4.1. Continue to analyze the Kentucky health insurance marketplace and ways to enhance kynect.

B4.1.1. – Collaborate with states and federal government regarding information technology to leverage innovations and proven solutions and share lessons learned.

B4.1.2. – Analyze system and information technology needs for communications across departments and programs.

B4.2. Provide information to consumers on quality indicators for health care services.

B4.2.1. – Identify and use tested products that provide indicators of quality care, utilization, avoidable stays related to hospitals.

B4.2.2. - Develop web-based data to display quality data

B4.3 Maintain a chronic disease information program for individuals with disabilities, aging individuals, and caregivers.

B4.3.1. – Continue training to all area development districts.

B4.4 Empower older Kentuckians to stay active and healthy through Older Americans Act services and the prevention benefits under Medicare by utilizing State Health Insurance Assistance Program counselors to explain Medicare benefits.

B4.5 Empower older Kentuckians, their families, and other consumers to make informed decisions about and be able to easily access existing health and long-term care options by seeking funding to enhance the 15 Aging Disability Resource Centers across the Commonwealth.

B4.6 Establish critical data linkages through the creation of an All Payers Claim Database

## ***B5 Increase access to and the exchange of electronic health information.***

B5.1 Refine and update policies and procedures to preserve individual privacy and maintain security of personal health information.

B5.2. Continue to increase the number of providers and participants in the electronic health exchange.

B5.3 Assist Local Health Departments (LHDs) with the development of an electronic health records system.

B5.4. Continue implementation of the Medicaid Waiver Management Application portal to provide real-time access to data across Medicaid waivers.

## **C. Enhance Educational Excellence**

### ***C1. Provide opportunities for early intervention, early learning, and quality child care so children are healthy and ready to learn.***

C1.1 Increase early literacy and numeracy outcomes in the First Steps Program.

C1.1.1.- At least 60% of children who enter the program below age expectation will substantially increase literacy and numeracy skills by age three or when they exit the program.

C1.1.2. -At least 40% of children will function at age expectation by age three or when they exit the program.

C1.2. – Increase the number of diagnostic evaluations for infant hearing loss.

C1.2.1. –At least 75% of infants referred following a failed hearing screening will have a diagnostic evaluation.

C1.2.2. –Formalize interagency partnerships to increase the number of quality service providers.

### ***C2. Provide educational opportunities and support for caregivers of young children to prepare their children to begin school ready to learn.***

C2.1 Increase the number of Born Learning Academies in Family Resource Centers by 100, for a total of 150 operating academies.

## **D. Ensure Safe Communities**

### ***D1. Promote, protect, and preserve the dignity and well-being of individuals and families.***

D1.1 Increase the capacity of the state to respond to emergency or crisis situations.

D1.1.1. – At least 75% of Kentucky’s local health departments will have an emergency operations plan.

D1.1.2. – All health department emergency responders will be trained to Tier I level.

D1.1.3 – The Department for Public Health will conduct and evaluate a staff assembly drill during 2016.

D1.2 Enhance permanency for children in the state’s custody.

D1.2.1. – Through data monitoring, develop regional action plans by December 2016 that reduce the number of placements a child experiences as well as reduce the length of time to achieve permanency for children exiting to adoption.

D1.2.2. – Promote increased awareness for statewide partners of the issues around child abuse/neglect/exploitation to prevent or reduce repeat maltreatment through continued coordination and collaboration.

D1.3 Promote Elder and Vulnerable Populations Abuse Awareness and Prevention.

D1.4 Establish educational materials for Kentucky courts to better understand services provided under state guardianship program.

## ***D2. Assure that services delivered by providers meet applicable health and safety standards.***

D2.1 Improve inspections and surveys of health care facilities.

D2.1.1 – Continue to conduct specialized in-depth training for complaint/incident investigations for all surveyors.

D2.1.2. – Ensure available nurse regulator positions are filled.

D2.1.3. – Continue to conduct annual trainings for staff of long term care facilities.

D.2.1.4. – Implement the federal Quality Indicator Survey process for Medicaid/Medicare certified long term care facilities.

## ***D3. Enhance the use of technology to address substance abuse.***

D3.1. Enhance the use of the Kentucky All Schedule Prescription Electronic Report system (KASPER) to monitor controlled substances.

D.3.1.1 – Secure permanent funding for ongoing operation of KASPER and investigation and enforcement activities through biennial budget request.

Note: Permanent funding has been requested as part of the current and prior two biennial budgets but in FY12 and FY14 budgets, KASPER was funded with non-recurring funds.

D3.1.2. – Implement KASPER system enhancements to support increasing user accounts and report requests resulting from mandatory KASPER usage statutes and regulations.

D3.1.3. – Work with the KASPER Advisory Council to identify, investigate, and refer cases of potentially inappropriate or illegal controlled substance prescribing to the appropriate licensure boards and law enforcement agencies.

D3.1.4. – Improve the timeliness and accuracy of the controlled substance data reported to KASPER.

## E. Enhance Responsible Governance

### ***E1. Increase energy efficiency of cabinet owned or operated facilities.***

E1.1. Continue to reduce energy consumption in state owned buildings.

E1.1.1. - Continue collaboration with Finance Cabinet on the Commonwealth Energy Management and Control System.

E1.1.2. - Continue energy savings and performance contracts with cabinet owned or operated facilities.

E1.2 Expand the Energy Management Program into cabinet leased properties.

Note: CHFS continues to be highly involved in the CEMCS Project. Expansion of CEMCS to other campuses is a cabinet priority and funding for this expansion was in the Top 10 request of the recently submitted Capital Plan. The fiscal year 2015 documented savings for the CHFS CEMCS Properties (Central State Hospital, Hazelwood Center, Eastern State Hospital, and Glasgow State Nursing Facility) was \$243,436 versus the 2009 baseline energy usage and the designed energy forecast usage. All DBHDID campus properties have undergone Energy Savings Performance Contracts (ESPC). A portion of these campuses are approaching the end of the payout period on the guaranteed savings and are being reviewed for a second round of Energy Savings Measures. The Cabinet has more than \$1.5 million in gross annual savings as a result of completed ESPC projects. All construction and renovation projects are reviewed to assure that energy savings is a priority.

### ***E2. Increase the use of electronic resources to enhance efficiencies and avoid redundancies.***

E2.1. Continue process improvement with the Office of Administrative and Technology Services Economies and Efficiencies initiative throughout the cabinet.

E2.1.1. – Identify and eliminate redundancies in business processes.

E2.1.2. – Integrate data sources for more timely information.

E2.1.3. – Document cost avoidance and other outcomes.

E2.1.4. – Develop technology platforms and applications for staff to be mobile

and productive.

### ***E3. Increase the use of information technology to support transparency and accountability.***

E3.1 Complete the replacement of the Kentucky Automated Management and Eligibility System (KAMES) with a service oriented integrated system that will accept applications via internet and link to other major Cabinet information systems by Spring 2016 The guiding design principles are shared infrastructure, shared services and asset reuse.

E3.2 Replace the Kentucky Automated Support and Enforcement System (KASES) with a new core system that will utilize the previous modernized system tools and link to other major Cabinet information systems.

### ***E4. Enhance business practices to maximize resources.***

E4.1 Enhance the child support collections with information technology.  
E4.1.1. – Increase the number of vendors submitting electronic records.  
E4.1.2. – Continue development of online resources for easy access by staff.

E4.2 Continue to assist Local Health Departments (LHDs) in defining future missions and goals.  
E4.2.1 – Conduct bi-lateral financial engagements to strengthen business models and assure effective operations in their communities  
E4.2.2 - Assist LHDs with the development of a financial management system.

## **F. Honoring our Veterans**

### ***F1 - Reduce disparities in access to behavioral health treatment for military service members.***

F1.1 Increase by 15% the number of military service members who access publically-funded mental health and/or substance use treatment through development and implementation of marketing strategies with the Kentucky National Guard and the Kentucky Broadcasting Association.

F1.2 Increase by 20% the number of providers with specialized training in behavioral health treatment to the military population through training offerings including Operation Immersion and Operation Headed Home.