State of Wisconsin

2009-2011 Biennial Report

Wisconsin Department of Health Services

Biennial Report
2009-2011

Publication required by s.15.04(1)(d) Laws of Wisconsin

Department Overview

The Department of Health Services (DHS) is one of the largest and most diverse state Departments in Wisconsin with an annual budget of some $9.0 billion and over 5,800 employees.

The Department oversees Medicaid, the single largest program in the state budget, and other health and social service programs. Department activities include alcohol and other drug abuse prevention, mental health, public health, implementation of long-term care, disability determination, regulation of state nursing homes and numerous other programs that aid and protect the citizens of our state. The Department also oversees seven 24/7 institutions: three centers for the developmentally disabled; a facility for mentally ill inmates; two psychiatric hospitals; and a facility for treating sexually violent persons.

The Department has six divisions.

The *Division of Health Care Access and Accountability (DHCAA)* focuses on the purchase of health care for low income families with children, pregnant women, the elderly and persons with disabilities. In addition, it manages eligibility determinations for Medicaid and FoodShare, the federal supplemental security income and social security disability insurance programs, and the provision of Medicaid and FoodShare benefits.

The *Division of Long Term Care (DLTC)* manages programs involving long term support and care, aging, physical and developmental disabilities, and sensory disabilities. In addition, the Division operates three state institutions that provide care and treatment for persons with developmental disabilities.

The *Division of Public Health (DPH)* manages programs in the areas of environmental health, occupational health, family and community health, injury prevention, chronic disease prevention, health promotion, communicable disease prevention and preparedness, emergency medical services, public health preparedness and health information.

The *Division of Mental Health and Substance Abuse Services (DMHSAS)* manages programs that provide community mental health and substance abuse services. The Division also operates two mental health institutions, one secure treatment facility for individuals with sexually violent behavior and one center for incarcerated individuals with mental illnesses.. DMHSAS is responsible for client rights reviews and investigations at the institutions and in the community. The Division's community forensics program provides treatment for persons placed on conditional release and monitors the outpatient competency evaluation process.

The *Division of Quality Assurance (DQA)* assures the safety, welfare and health of persons utilizing health, long-term care and community-care provider services. The Division assures quality of care and quality of life through the development of rules and standards, on-site inspections (surveys), complaint investigations, enforcement activities, facility plan reviews, training, policy interpretations, best practice initiatives, nurse aide registration, caregiver background checks and investigations, provider information and education, proactive relationships among providers and consumers, and through the development of rules and standards.

The *Division of Enterprise Services (DES)* provides management support for fiscal services, information and technology services, purchasing and contract management, intergovernmental relations, personnel, affirmative action and employment relations, institutional support services, internal audit and project management to the program divisions of the Department.

Who We Are

Employees of the Department of Health Services follow a common mission. We also focus on specific strategies and guiding principles in all of our work for the people in Wisconsin.

Our Mission

To support economic prosperity and quality of life, the Department of Health Services exercises multiple roles in the protection and promotion of the health and safety of the people of Wisconsin.

Our Strategy

The Department supports policies vital to a fair and vibrant marketplace that delivers affordable, high-quality healthcare to our citizens and leverages our state's tradition of strong health outcomes, innovation and world-class provision of healthcare.

Our Guiding Principles

I. We serve the citizens who have entrusted us with important responsibilities and funds they earned.
II. Our healthcare costs are not sustainable at current levels. We need new models for care delivery, regulation development, prevention strategies, risk sharing and purchasing.
III. In this transformation, we must enhance the role of our citizens as primary stakeholders in managing their health and associated costs.
IV. Competition, choice, and transparency are critical elements to these emerging models if we are to increase the value of healthcare to our citizens.
V. Public programs shall complement rather than compete against the private market. We will work to eliminate cost shifting to the private sector and among different systems (acute, mental health, long-term care).
VI. We will continue to provide support systems to help vulnerable people lead fulfilling, self-directed, healthy lives that promote independence, while recognizing the value of and utilizing supports from families and the community.
VII. We will actively promote collaboration in pursuit of innovation, increased value and improved outcomes for the benefit of all our citizens.
VIII. We will align resources to achieve positive outcomes and hold ourselves accountable for achieving results.

Measuring Our Accountability for Outcomes

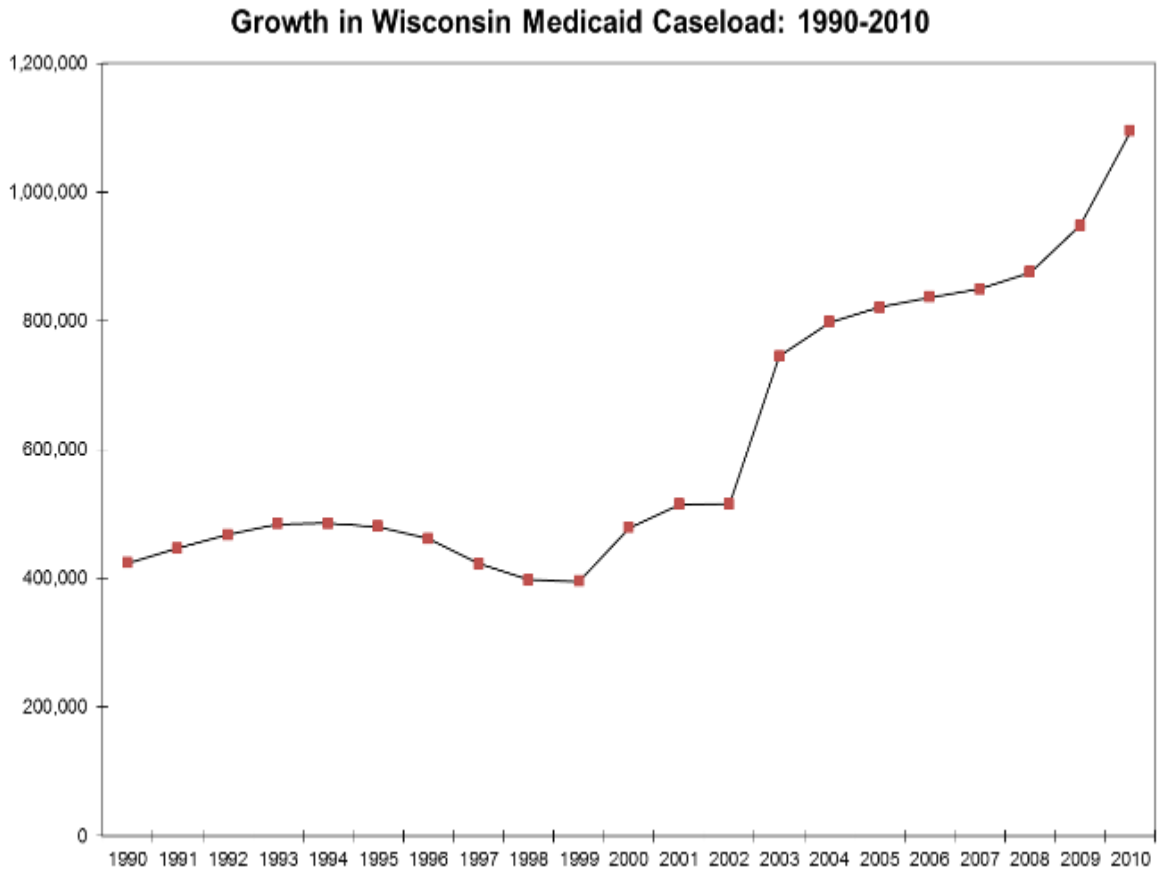
1. Triple the number of individuals who self-direct their long-term services and supports.
2. Expand the use of integrated healthcare for all individuals with complex medical needs who are enrolled in publicly-financed health care programs.
3. Ensure every child while in the foster care system has a medical home.
4. Reduce the rate of growth in the per capita cost of each population group.
5. Adopt innovative models of care such as peer supports for special populations.
6. Reduce the prevalence of acquired pressure ulcers in acute care and long-term care settings.
7. Reduce the incidence of falls in Wisconsin nursing homes.
8. State Mental Health Institutes (MHI) transmit continuing care plan (including all required elements) to the next level of care provider within 5 days of the patient's discharge.
9. Monitor the incidence of civil patient re-admission within 30 days following treatment at Mendota Mental Health Institute (MMHI) and Winnebago Mental Health Institute (WMHI).
10. Reduce the incidence of preventable admissions and re-admissions to institution-based care.
11. Ensure that the three state Centers meet the Baldrige National Quality Indicators and participate in the Wisconsin Center for Performance Excellence program.
12. Expand and improve program integrity efforts to increase compliance and reduce the incidence and risk of fraud or misuse of Department funds.
13. Improve management and control funds appropriated to administer the Medicaid program.
14. Reduce pre-term, low-birth weight and infant mortality rates for BadgerCare Plus HMO members in Southeastern Wisconsin.

Division of Health Care Access and Accountability/Medicaid

Commonsense Changes to Medicaid – Fair and Focused
The mission and cost of Medicaid in Wisconsin have expanded dramatically over the years. One out of every five citizens is now served in one of our various programs (traditional Medicaid, BadgerCare Plus, SeniorCare, and Family Care). Medicaid pays for 45 percent of all births in the state. Medicaid recipients occupy roughly 60 percent of nursing home beds.

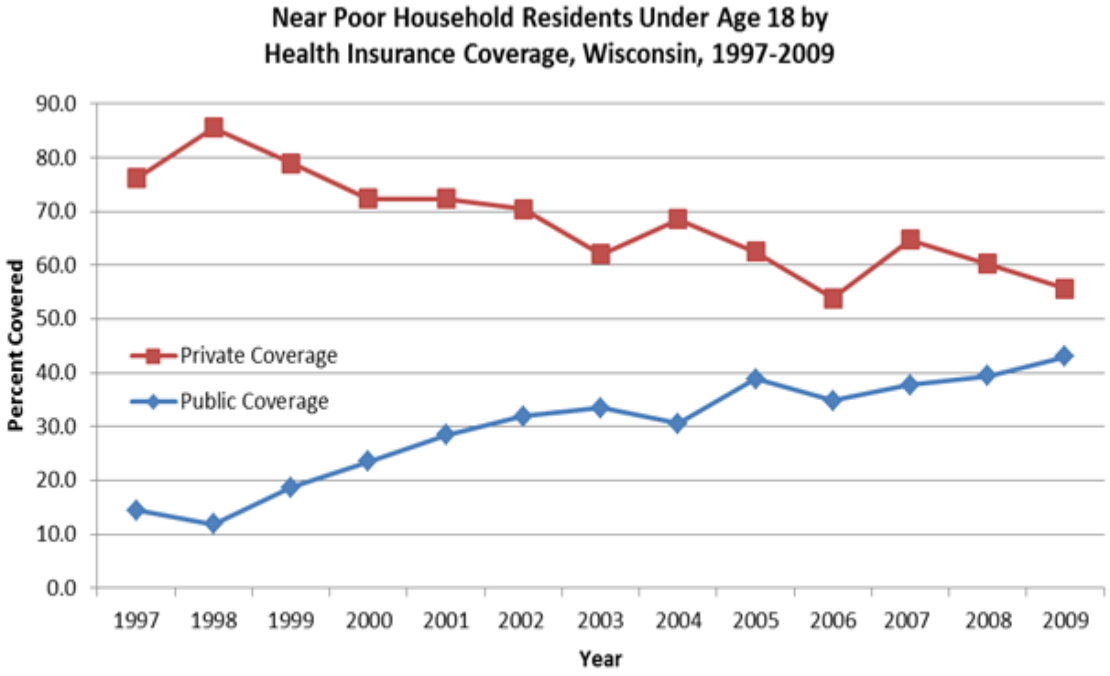
State funding for Medicaid had to be significantly increased above last biennium's budget, primarily for two reasons – federal matching funds decreased by $1.33 billion and the previous budget estimates were based on a projected decline in enrollment. Despite an infusion of $1.2 billion in additional state funds, the Department was tasked with identifying additional savings in the program.

Current enrollment in Medicaid is now over 1.1 million individuals. Over the past 20 years, the total population of Wisconsin has increased 16 percent, while Medicaid enrollment has jumped 160 percent.



One out of three children in Wisconsin is now on Medicaid. Medicaid is no longer exclusively for individuals living below the poverty level. More than 120,000 children live in families with income above the federal poverty level; nearly half of these children live in families with income above 150 percent of the federal poverty level, which for a family of four is $33,525.

The picture of how individuals are covered by insurance has changed dramatically over the years. In 1997, the year in which the state Children's Health Insurance Program (S-CHIP) was created, 76 percent of children living in families with income between 100 and 200 percent of the federal poverty level (FPL) were covered by private insurance. In that year, just 14.5 percent of children in that income category were covered by public programs. By 2009, children with private coverage had declined to 56 percent and public coverage (principally through our Medicaid programs) had increased to 43 percent.

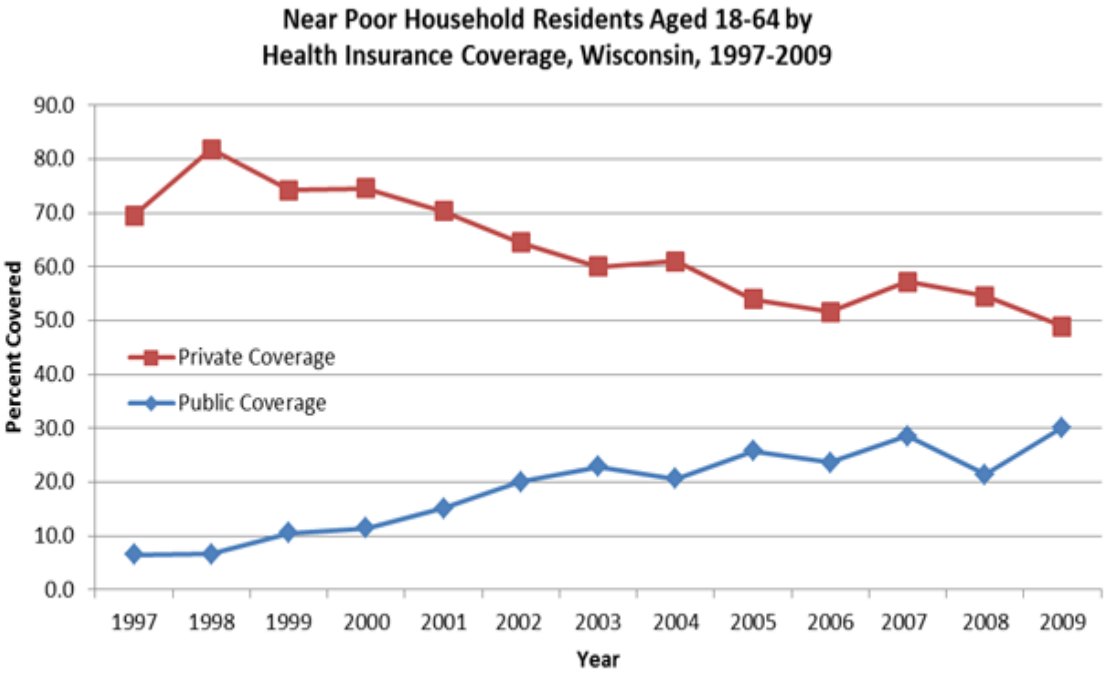


Source: Wisconsin Family Health Survey, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Special tabulation, August 31, 2011.

Although the switch between public and private coverage has been dramatic, it is still important to understand that most children living in families with income between 100 and 200 percent FPL are covered by private insurance and the parents of these children are therefore bearing the cost of coverage (as well as contributing to the cost of those on the Medicaid programs through taxes).

In 1997, only 6.5 percent of adults (ages 18-64) with income between 100 and 200 percent FPL were covered by a public program and 70 percent were covered by private

health insurance. By 2009, 30 percent of such individuals had public coverage and those with private coverage dropped to 49 percent.



Source: Wisconsin Family Health Survey, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Special tabulation, August 31, 2011.

Last year, more than 1.4 million individuals were enrolled in Medicaid for at least part of the year. Spending is concentrated among a small group of individuals. Over half of enrollees incurred costs of $1,000 or less in 2010 and accounted for less than five percent of total costs. Conversely, roughly half of all Medicaid spending was made on behalf of just five percent of enrollees.

There are about 43,000 individuals who are elderly or have a disability (or both) enrolled in the Family Care program, which provides support and services to those in need of long term care. Their combined Medicaid costs (long term care and acute medical care) exceed $1.5 billion. Many of the individuals in Family Care are also enrolled in Medicare but those costs are not included.

Over the past year, the Department has been engaged in developing initiatives to improve the cost effectiveness and sustainability of the Medicaid program into the future. As part of the process, the Department posted all efficiency proposals online, and held numerous discussions with consumers, providers, advocates, and members of the public through several town hall meetings conducted throughout the state. DHS has also received hundreds of comments and suggestions through its website.

DHS shared its Medicaid efficiencies package with the Legislature in September 2011 and received approval from the Joint Finance Committee for the measures that required approval under s. 49.45(2m). The Department is negotiating with the federal government on necessary federal approvals and will be working to implement the initiatives in 2012. The reform measures include:

- Requiring non-disabled, non-elderly Medicaid enrollees who have access to reasonable cost private health coverage to rely on that coverage first before using Medicaid services.
- Aligning benefit coverage and cost sharing requirements closer to what working families receive and pay in the private market.
- Improving the effectiveness of service delivery to enrollees with complex care needs.
- Reforming payment methods to providers.

The full Medicaid reform package is available at:
http://www.dhs.wisconsin.gov/mareform/

Office of the Inspector General

In addition to developing initiatives to improve cost effectiveness and sustainability over the past year, the Department also turned its attention to increasing efforts to reduce fraud, waste and abuse within Medicaid and other public assistance programs. The Department's focus in recent years had been on conducting provider audits as a means of recovering taxpayer dollars wasted either as a result of intentional fraud or unintentional errors. Few resources were devoted to recipient eligibility standards and enforcement. Existing program integrity efforts were dispersed among multiple divisions and had limited public visibility.

In January 2011, the Governor created a Commission on Waste, Fraud, and Abuse. In an interim report issued in June 2011, the Governor's Commission on Waste, Fraud, and Abuse identified the lack of significant investment in recipient fraud prevention and identification activities as an underlying weakness in the State's program integrity efforts. This weakness was also recognized as part of the State's 2011-13 biennial budget process, when an additional $2.0 million and 19.00 FTE state positions were added to the Department, starting in July 2012, to support expanded fraud prevention and integrity activities (2011 Wisconsin Act 32).

In concert with the work of the Commission on Waste, Fraud and Abuse, the Department began in early 2011 to identify ways to improve existing fraud detection efforts. A planning process was initiated to create an enterprise-level Office of the Inspector General (OIG), which would have Department-wide responsibilities and report directly to the Department Secretary. With the addition of resources to expand fraud prevention activities under Act 32, the plan for the OIG was modified to include the following: (a) audits of providers who receive Department funds; (b) internal audits of Department programs and operations; (c) investigations of allegations of fraud, waste, or abuse of Department resources by contractors, providers and recipients; (d) a public assistance

fraud hotline **1-877-865-3432** and web portal at dhs.wisconsin.gov for reporting suspected fraud and abuse; and (e) technical assistance for Department program divisions and partners on development of policies and practices to prevent fraud, waste and abuse.

Division of Long Term Care

Family Care

During the 2009-2011 biennium, managed long-term care programs (Family Care, Family care Partnership, PACE, and IRIS) were implemented in 14 additional counties in Wisconsin, expanding from 44 counties in July 2009 to 58 counties in June 2011. Total enrollment in these programs is currently over 43,000, due in large part to transition of members from legacy long-term support programs and enrollment from waiting lists. Due to the rapid expansion of the program in recent years, and the results of a Legislative Audit Bureau review of the Family Care program, the 2011-13 biennial budget implemented an enrollment cap in the program. The goal was to allow time to evaluate the program to improve its cost effectiveness and ensure it is fiscally sustainable on an ongoing basis.

Governor Walker announced that sufficient efficiencies and reforms have been identified to enable the enrollment cap to be lifted. The Department will pursue these reforms in the 2011-13 biennium, including enhancing the ability of individuals to remain in their homes as long as possible, to expand the availability of affordable out of home care settings for people who need them, expand opportunities for people to self direct their care, and improve coordination of primary, acute, and long term care for enrollees, especially those with high care needs. Similar to the Medicaid efficiency proposals, the Department's Family Care Sustainability provisions were be posted online for public comment. In addition, the Department held a series of Town Hall meetings to gather additional input and recommendations from the public.

The IRIS—Include, Respect, I Self-Direct—self-directed home and community-based waiver program began in the counties that already had or were transitioning to Family Care. In this first year, participation grew slowly, but participation in the IRIS self-directed home and community-based waiver program increased ten-fold over the 2009-2011 biennium from 418 on June 30, 2009 to 4,154 on June 30, 2011. IRIS is now available in 59 Wisconsin counties. The program continues to be popular among consumers who are interested in additional control of their long term support services. The Department's goal is to triple the number of individuals who self-direct their long term care services.

Enrollment over the biennium:
418 June 30, 2009
1,971 June 30, 2010
4,154 June 30, 2011

In the past year, the Department received a federal grant to implement a "Virtual PACE" concept of care for elderly and disabled adults who are eligible for both Medicaid and Medicare. The goal is to design a coordinated system of primary, acute, and long term care for elderly and disabled adults who wish to receive care in the community, with Medicaid and Medicare funding streams integrated together.

The Department continues to pursue a number of long term care prevention efforts. A majority of counties now offer popular free Falls Prevention classes to older people, to reduce the risk of the injuries that most often end in the hospital and start the trajectory to nursing homes. Chronic Disease Self-management is a peer-to-peer program that trains people over age 50 to take control of their own health and well-being while living with a chronic disease. The Wisconsin Aging Network and the ADRCs are building a strong network of community prevention advocates, supported by the newly formed Wisconsin Institute for Health Aging, a non-profit formed through collaboration with the UW School of Medicine and Public Health, the aging network, and DHS.

People with dementia and their families have benefited from several model programs that reduce the burden of care giving and provide enriching activities that maintain the function of people with dementia. A new Committee for a Wisconsin Response to Dementia consists of a variety of experts and people that have experienced the disease in their families, to propose the most effective practices to reduce the impact of these dreaded conditions in the future. The rapid growth of the very old population in Wisconsin means that the numbers of people with Alzheimer's will grow exponentially (One of two persons a over age 85 will live with dementia in the coming decades.)

Services for Children

New Website launched - Services for Children with Delays or Disabilities

To help increase awareness and assist families to easily navigate through the various long-term support programs available for families and children, the Children's Services Section launched a new user-friendly website. Links are available for each program targeted to families, county waiver agencies, and providers. The Children's Services website may be accessed at: http://www.dhs.wisconsin.gov/children/index.htm.

Birth to 3 Program

The Birth to 3 Program provides early intervention services to infants and toddlers throughout Wisconsin. This program is authorized under the federal Individuals with Disabilities Education Act (IDEA), Part C for Infants and Toddlers, and Chapter HFS 90 of the Wisconsin Administrative Code. The U.S. Department of Education, Office of Special Education Programs is the federal administering agency. Wisconsin county Birth to 3 agencies administer the program at the local level. The Birth to 3 Program provides early intervention services to help each child reach identified developmental outcomes and supports the child's family in learning about and meeting their child's unique developmental needs. For some children, the provision of developmental services may ameliorate their delays, for others delays may be lessened. Children eligible for the program must be:

- Between birth and 36 months of age
- Have a diagnosed developmental disability, or have a significant delay for their age, in one or more areas of development:
    - learning
    - movement
    - communication
    - social/emotional

    - self-help skills
- A resident of the State of Wisconsin
- Family's income is not a factor in determining eligibility; however, a "parental cost share" is determined

Eligibility is determined by an early intervention team, which includes the child's parent(s). Once a child is determined eligible, services must be provided without delay; therefore, there are no waiting lists. As of November 2011, 5,974 children are enrolled in Wisconsin's Birth to 3 Program.

Children's Long-Term Support (CLTS) Waivers
The three CLTS Medicaid home and community-based waivers (physically disabled, developmentally disabled, and severely emotionally disturbed) serve approximately 6,000 children. The Department submitted the three Medicaid Waiver renewal applications to the Centers for Medicare and Medicaid Services (CMS) this fall, and CMS issued approval on November 23, 2011.

The revised policies and procedures under the terms of the federal renewal became effective on January 1, 2012, and have been approved for a five-year period. Effective with the renewal of the CLTS waivers, three new services are available for children and families: Community Integration Services (CIS), Mentoring, and a change to treatment services for children with autism spectrum disorders (ASD) to include an increased number of hours at the intensive level, as well as a new service option at a consultative level. The CIS and Mentoring services will include collaborative strategies that are focused on effective employment outcomes with local schools and vocational rehabilitation counselors for youth who are transitioning to adult waiver programs. The Department also successfully implemented a statewide CLTS Waivers third party administrative (TPA) provider claims process to meet federal claims payment and data collection requirements.

Division of Public Health

State Vital Records Information System (SVRIS)
Over the past biennium the Division of Public Health (DPH) has made major strides in improving the customer service and security of state vital records. The Division manages records of births, deaths, marriages and divorces that have accumulated for over a hundred years, with many of those records existing only as single paper copies. The Division initiated a multi-year project to implement a modern web-based system that will allow Customer Service staff more flexible access to electronic records and will also ultimately preserve all of the paper records in electronic form.

In late 2010 and early 2011 the Division successfully implemented the first phase of the new system, birth registration, in all Wisconsin birthing hospitals, Local Vital Records offices and the State Vital Records office. The team of Vital Records staff, coroners, medical examiners, funeral directors and registers of deeds is currently completing the definition of business requirements for the death registration system to be developed and tested in 2012. The team also initiated a procurement process to select a vendor to assist the state in creating electronic images and capturing key data from all older paper vital records. In addition to significantly improved customer service, the new system will provide critical new safeguards to prevent the accidental or intentional misuse of records and will also protect records in the event of a natural disaster or other event.

Public Health Emergency Preparedness
After almost a decade of planning and responding, Wisconsin's efforts on public health emergency preparedness have become more sophisticated. Experience developing and exercising emergency plans, responding to floods, tornadoes, influenza pandemics, and other incidents has resulted in strengthened partnerships. Those partnerships and clear communication have been the most critical elements in successful emergency planning, response and recovery. In 2011, the Wisconsin Unknown Substance Protocol was developed as a tool for first responders to deal with an unknown substance (e.g. "white powder", unknown liquid, "suspicious" package, etc.) that may pose a risk. The protocol was designed to clarify when and what type of a response is necessary, whether laboratory testing was warranted, and whether there was a risk for persons exposed. This tool was developed in coordination with Wisconsin Division of Public Health, with the expert advice of the Federal Bureau of Investigation (FBI), United States Postal Inspectors Service (USPIS), Wisconsin Capitol Police, Wisconsin National Guard (WING), Wisconsin Emergency Management (WEM) and the Wisconsin State Laboratory of Hygiene (WSLH). These protocols are being distributed broadly through many communication channels.

After the H1N1 outbreak of 2009 and 2010, the Division of Public Health's, Public Health and Hospital Preparedness Programs completed an H1N1 After Action Report (AAR) based on feedback from a broad cross section of state and local partners. The report highlighted strengths, weaknesses, potential areas for improvement and supported the development and implementation of corrective actions. Key partners have been

involved and coordinated to implement these corrective actions for both programs throughout 2011 and will continue into 2012.

In 2011, Wisconsin improved two key emergency systems. The Wisconsin Emergency Assistance Volunteer Registry (WEAVR) provides health care and behavioral health professionals with an easy way to indicate their interest in volunteer service following a catastrophic emergency incident. The new system is more "user-friendly", and allows volunteers to update their individual contact information at any time. The registry also provides the Division - with a mechanism to house emergency volunteer information in a central location. WEAVR was the first activated registry of its kind in the nation and has been a model for other states. Recognizing that the key to effective emergency response is an organization's ability to swiftly alert partners and the public of an impending emergency, the Division - recently adopted a new, more robust alerting system capable of simultaneously sending alerts via phone, email, text message and fax. The service has been extended to all local public health departments and tribal health partners to improve alerting at the local level.

Disease Outbreaks Addressed

During the first year of the 2009-11 biennium, DPH coordinated the state's response to the 2009 H1N1 influenza pandemic. This large-scale effort included enhanced surveillance, distribution of vaccines, antiviral medication and medical supplies, and extensive messaging to public health partners, businesses and the public. Previous investments in statewide surveillance and immunization databases, electronic laboratory reporting, the Incident Command System (ICS) and web-based communications proved instrumental in responding to the first pandemic in 40 years.

DPH also investigated 352 intestinal disease outbreaks during the 2009-11 biennium, including 50 outbreaks of foodborne disease. Wisconsin played a central role in a multistate investigation of *E. coli* O157:H7 infections linked to contaminated hazelnuts, a previously unrecognized exposure source. DPH also investigated two outbreaks of *Campylobacter jejuni* infection caused by consumption of raw (unpasteurized) milk, including illnesses among elementary school students and their family members who were served raw milk at a school function. In March 2010, DPH investigated an outbreak of Legionnaires disease caused by a contaminated, decorative water-wall type fountain located in a hospital lobby, leading to recommendations against installing such fountains in healthcare settings. DPH also collaborated on an investigation into a new and emerging species of pathogenic *Ehrlichia*, transmitted by the same tick that transmits Lyme disease.

State Health Information Exchange (HIE) / Electronic Medical Records

In October 2009, the Department applied to participate in the federal state Health Information Exchange (HIE) Cooperative Agreement Program (CAP). In February 2010, the Department was awarded $9.441 million through this program operated by the Office of the National Coordinator (ONC) for Health Information Technology, an office within the U.S. Department of Health and Human Services (HHS). In December 2009, Executive Order #303 created the WIRED for Health Board, a private-public board

charged with developing statewide health information exchange capacity and addressing HIE governance, finance, technical infrastructure, operations, and policy and legal needs. The Board developed Wisconsin's Strategic and Operational Plan for statewide HIE, which was approved for implementation by the ONC in December 2010.

Executive Order #303 directed that the WIRED for Health Board would exist until a qualified, non-profit corporation was created specifically for the purpose of governing the implementation and operation of statewide HIE services. On May 11, 2010, Act 274, the WIRED for Health Act was signed, which authorizes the Secretary of the Department of Health Services to create or designate a qualified organization for the purposes stated in the Executive Order. After a competitive selection process, the Wisconsin Statewide Health Information Network (WISHIN), Inc. was designated to assume responsibilities of the WIRED for Health Board for state-level HIE governance and the programmatic responsibilities of the State HIE CAP. WISHIN is a non-profit organization founded by the Wisconsin Hospital Association, Wisconsin Medical Society, Wisconsin Collaborative for Healthcare Quality, and Wisconsin Health Information Organization. The Department executed a three-year contract with WISHIN on December 30, 2010. WISHIN is the primary sub-recipient of the State HIE grant award and is overseeing the implementation of Wisconsin's Plan for statewide HIE.

Healthy Birth Initiative

The Healthy Birth Initiative, began in September 2011 and is a joint initiative of the Divisions of Public Health (DPH) and Health Care Access and Accountability (DHCAA). In 2009, the percent of low-birth weight births among Medicaid infants was 8.6-percent compared to 6.0 percent for non-Medicaid births. Infant deaths among all Medicaid infants were 6.7 per 1,000 live births, compared to 3.9 per 1,000 live births for all other infants. It is known that reducing preterm and low-birth weight births among BadgerCare Plus HMO members can substantially reduce infant mortality and short and long-term Medicaid costs.

The goals and objectives of this initiative include identifying interventions to reduce infant deaths, implementing pay-for-performance measures, and monitoring the use of 17-P (alphahydroxyprogesterone) for women with a previous preterm birth. Several project milestones have been proposed, including:

- Improving the timeliness of linking the birth certificate data with the Medicaid enrollment data;
- Bringing on new sites for fetal and infant mortality and child death reviews;
- Reporting birth outcomes for Medicaid births to establish a baseline;
- Tracking and monitoring the use of 17-P, and educating providers/HMOs of its use and benefits.

A project team of key DPH and DHCAA staff has been assembled and will meet on a regular basis to track and monitor the progress of this initiative.

Dental Services
Wisconsin Seal-A-Smile (SAS) is a statewide dental sealant program that offers grants to local school-based programs targeting underserved children. The SAS program has seen significant growth over the last biennium. SAS is funded by a combination of General Purpose Revenue (GPR), a federal Health Resources and Services Administration (HRSA) grant, and matching funds from Delta Dental of Wisconsin. The program awarded mini-grants in the amounts of $190,000, $350,000 and $692,000 in 2008-09, 2009-10 and 2010-11 school years, respectively. This increased funding has resulted in programs targeting 233 additional high-risk schools across the state, going from 173 schools in 2008-09 to 406 schools in 2010-11. The expansion of the SAS program has allowed programs to provide dental screenings to almost 30,000 children and place dental sealants on over 17,700 children in the 2010-11 school year compared to the 9,700 screened and 6,200 sealed in 2008-09.

During the biennium, nine safety net dental clinics received $850,000 as part of a state budget initiative to increase access to oral health care. The funding allowed these clinics to increase staffing and expand services to underserved populations. These underserved populations included older adults, those living with disabilities, and Medicaid and BadgerCare Plus enrollees. With oral health services more accessible, long-term health care costs associated with oral diseases will be reduced.

HIV Medical Home
Since the inception of effective combination anti-retroviral therapy for HIV disease, deaths due to HIV have declined nearly 80 percent compared to the peak in deaths in 1993. This dramatic decline in deaths has resulted in an increased number of persons living with HIV who need medical care and related services. To help address this need, Department staff are developing the necessary Medicaid state plan amendments to implement the medical home early in 2012, once federal approval is obtained.

Part of the requirements of the 2009 Act 221 is the development of care coordination for people with HIV/AIDS. Because of the complexity of these medical conditions, the lack of care coordination can lead to poor health outcomes, resulting in an increased cost to Medicaid and additional physical and mental hardship for the individual. The Department's proposal would create a medical home to meet the Act's requirements for the Department to develop a plan to coordinate care. Focused on a specific population or condition, medical homes focus on coordinating care to meet the health needs of the individual. In addition, medical homes allow the Department to better monitor the quality of the care provided to ensure that the benefits and services provided meet the individual needs of the person.

Existing state funds from the Mike Johnson Life Care and Early Intervention Services grant will serve as the state match to the federal Medicaid funds.

Healthiest Wisconsin 2020
In July 2010, the Department published *Healthiest Wisconsin 2020: Everyone Living Better, Longer,* the statewide public health agenda required every 10 years [Wisconsin Statutes, Section 250.07 (1) (a)]. *Healthiest Wisconsin 2020* represents the agreed-upon agenda to promote healthy and safe individuals, families and communities; conserve resources; and contain health care costs. This statewide effort was led by the Division of Public Health. It has engaged government, public, private, nonprofit and volunteer sectors to build and sustain a healthy state through shared leadership and shared accountability. For more information go to:
http://www.dhs.wisconsin.gov/hw2020/index.htm

Healthcare-Associated Infections Prevention Project
The Healthcare-Associated Infections (HAI) Prevention Project began in September 2009 and was funded by a two-year grant. The purpose of the project is to reduce HAI occurrence among Wisconsin hospitals using a public health approach. Project focus areas include development of an HAI infrastructure within state health departments, initiation of statewide surveillance for selected HAIs using the National Healthcare Safety Network (NHSN), and enhancement of HAI prevention collaborative group activities with private and public contractors (the Wisconsin Hospital Association (WHA), MetaStar, and the Wisconsin Neonatal Perinatal Quality Collaborative) already working on prevention of HAI.

Major outcomes of the project to date include:

- Healthcare Safety Network from 24 to 104, enabling facilities to fulfill new federal reporting requirements;
- An increase in the number of hospitals voluntarily reporting HAI data to DPH from zero to 87, allowing calculation of Wisconsin-specific HAI rates and comparison to national data;
- A 26 percent reduction in central line-associated bloodstream infections in 2010 among reporting hospitals, when compared to the national baseline occurrence from 2006-08;
- A 33 percent reduction in the prevalence of methicillin-resistant *Staphylococcus aureus* (MRSA) among patients in reporting hospitals;
- Voluntary public reporting of hospital-specific HAI data onto the WHA CheckPoint™ website.

Healthy Homes

The Healthy Homes Initiative is a federally funded project with the goal of decreasing environmental health hazards in the home for low-income communities. In 2009, the Department received an $874,397 Housing and Urban Development (HUD) Healthy Homes Demonstration grant for three years. The Department partnered with the Menominee and Oneida Tribes and Sixteenth Street Community Health Center in Milwaukee. From July 1, 2009 through September 30, 2011, 480 homes have been made safer and healthier in these three communities. Home hazards were divided into four categories: carbon monoxide exposure, fire hazards, home injury hazards, and exposure to allergens. The residents of each home that was enrolled in the program received personalized education and low-cost interventions that resulted in a decrease in exposure to environmental health hazards in the home. Home injury hazards were reduced by 98 percent fire hazards were reduced by 85 percent carbon monoxide hazards were reduced by 82 percent and allergens were reduced by 71percent.

In 2011, the Department successfully competed and was awarded a three-year, one million dollar HUD Healthy Homes Production grant. This HUD grant will be assessing homes in Dane, Green, and Menominee counties for home hazards that impact the health of residents. The program will be utilizing a new Healthy Homes Rating Tool required by HUD to assess twenty-nine categories of hazards. This new rating tool will allow for better identification and reporting of housing conditions in these three counties.

Division of Mental Health and Substance Abuse Services

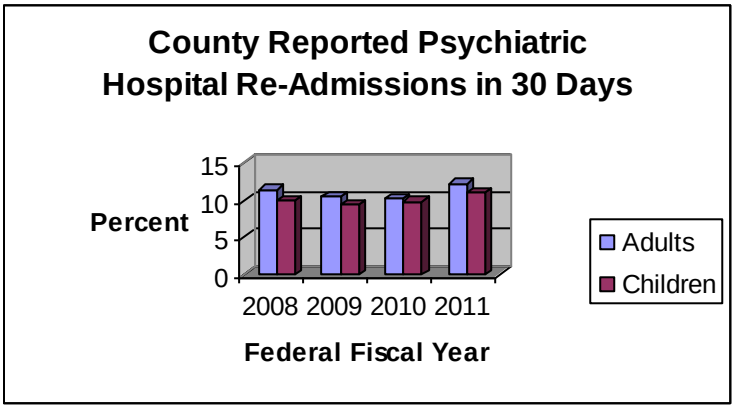
The focus of the Division of Mental Health and Substance Abuse Services (DMHSAS) in the next biennium will be on improving institutional and community services through performance-based practice and outcome measures. DMHSAS experienced significant changes in the census at the Mental Health Institutes and anticipate significant changes in Mental Health and Substance Abuse Block Grant funding for the Bureau of Prevention, Treatment and Recovery. These changes require extensive data analysis and outcome measures to guide decision making for the future.

Mendota Mental Health Institute (MMHI) & Winnebago Mental Health Institute (WMHI)

In the past two years the number of civilly committed patients has declined dramatically at Mental Health Institutions (MHIs), leading to unit closures at both MHIs. Given the reduced census, DMHSAS is working with counties and analyzing data in order to determine ongoing treatment needs and service delivery gaps the MHIs will be expected to fill in the mental health service delivery system. It is essential to develop performance outcome measures and analyze data on patients who return to the facilities in order to determine gaps in current service delivery systems. There are 688 total employees at MMHI (both direct care and non-direct care) and 605 at WMHI.

The MHIs will be gathering and analyzing data on readmissions within 30 days of discharge in order to determine specific factors that lend to readmission, such as patient demographics and trends in county practice. Using the data, DMHSAS will work collaboratively with the counties to reduce readmission rates. This analysis will support the redesign of the MHI role in the system.

Counties also report on the number of psychiatric hospital readmissions, at other community psychiatric hospitals, each federal fiscal year. At the end of the FFY 2011, counties reported 12.2 percent of the adults and 10.9 percent of children who had been hospitalized in the previous year were re-admitted within 30 days after discharge. This is an increase from the prior year, 2010, when 10.2 percent of adults and 9.8 percent of children were re-admitted within 30 days. The chart that follows shows the trends since 2008.



DHS has identified a performance measure focused on individuals leaving the MHIs on two or more anti-psychotic medications. DMHSAS will be reviewing documentation for the reasons for multiple anti-psychotic medications and coordinating with county agencies that refer patients to the MHIs and serve patients upon discharge to identify trends and treatment protocols that may contribute to the use of multiple anti-psychotic medications.

The performance measures the facilities are working on require coordination and improvement in data collection at both the facility level and the county level. These performance measures will improve our ability to plan census goals at the facilities as well as the type of service provision required in the continuum of mental health services in the state.

Revisiting the Mental Health and Substance Abuse Infrastructure Study

In 2009 and 2010 the Division engaged in a study to consider more efficient and effective ways to provide mental health and substance abuse services in the state. In November of 2009, a report was produced comparing Wisconsin's efforts to reform behavioral health systems to reforms in other states. The report contained many recommendations for improving mental health and substance abuse treatment. In 2010 DMHSAS engaged consumers and providers in studying core benefits of the public behavioral health system and service delivery innovations. In late 2010 DMHSAS asked counties and private non-profit provider agencies to submit ideas for programming that would address concepts identified in the Infrastructure Study with the work on core benefits and system innovations. The collaboration with counties will be on going throughout the reform process.

Among the ideas submitted to DMHSAS, two areas were presented that matched the concepts from the Infrastructure Study with the interests of county and provider agencies:

- Integrating mental health and physical health services
- Developing regional service delivery systems

Both of these areas offer the potential to achieve improved outcomes and efficiencies. DMHSAS is working to implement programming based on these ideas though a Request for Proposal process.

DMHSAS has allocated $200,000 from the federal mental health and substance abuse block grants to support the request for proposals. This funding will be available on an annual basis for a period of three years. The funds will be used to develop pilot programs that reflect the work of the Infrastructure Study and DHS goals. The pilots are expected to serve as models toward the reform of public mental health and substance abuse services in Wisconsin.

Conversion of Community Recovery Services to a 1937 Benchmark Plan
In 2011 DMHSAS worked to assure Wisconsin counties have the flexibility to continue offering Medicaid funded psychosocial rehabilitation services through the Community Recovery Services (CRS) program. CRS provides Community Living Support, Peer Support and Supported Employment services. CRS is currently authorized under a 1915(i) Home and Community Based Services provision of federal Medicaid law. The original federal law for 1915(i) allowed states to serve a limited geographic area and to limit the number of people served, similar to Home and Community Based Waivers to remain within available funding. In March of 2010, the federal Patient Protection and Affordable Care Act changed the 1915(i) provisions, including requiring states to implement the program on a statewide basis and no longer allowing limitations on the number of people to be served. As a result, fewer counties have opted to provide these services with only 18 counties participating in the program with 178 individuals enrolled as of December 2011.

DHS has identified an alternative, under a federal Medicaid provision called the 1937 Benchmark Plan, to allow the CRS Medicaid Psychosocial Rehabilitation benefits to continue as originally designed for Wisconsin. The proposal would allow the state and providers to better manage enrollments and localities providing the program. DHS submitted the Community Recovery Services proposed Medicaid State Plan Amendment to the Legislature and subsequently to the federal government for approval in November 2011.

County Programs for Mental Health and Substance Abuse Services:
Consumers Served; In Wisconsin statutes, counties are responsible for providing mental health and substance abuse services to people with the most critical needs within the resources available to county government. At the end of 2010, counties reported serving a total of 89,149 individuals with services for mental health needs, which is roughly the same as in 2009 when 89,423 persons were served. In substance abuse, counties reported that 55,840 people were served in 2010, while 57,663 were served in 2009, a 3 percent decrease.

County Data on Mental Health and Substance Abuse Services; In 2010, Human Services Reporting System (HSRS) data indicated that 49 percent of substance abuse service recipients successfully completed treatment, 70 percent were abstinent from alcohol and drugs at the time of discharge, 49 percent were employed at the time of discharge, and 96 percent had not been arrested in the 30 days prior to discharge. According to the Department of Public Instruction's statewide biennial Youth Risk Behavior Survey, alcohol use among youth is declining in Wisconsin due in part to community prevention efforts funded by DHS.

The number of county reported state and county psychiatric hospital admissions continues to decline (as shown below) from 6,548 in 2008, 5,530 in 2009 and 5,468 in 2010. This reduction has also held true for admissions to other psychiatric inpatient hospitals, which dropped by 10 percent from 6,863 admissions per year in 2009 to 6,162

in 2010. At the same time, counties reported an almost 12 percent increase in community programs admissions from 43,391 in 2009 to 48,543 in 2010.

County Reported Admissions in 2010	**2008**	**2009**	**2010**
State/County Hospital Admissions	6,548	5,530	5,468
Other Psych Inpatient Admissions	7,527	6,863	6,162
Residential Treatment for Youth	15	7	16
Community Programs	44,937	43,391	48,543
Total Admissions	**59,027**	**55,791**	**60,189**

Peer Specialist Services: The Department continues to expand peer specialist services in Wisconsin. Currently there are 170 certified Peer Specialists across the state. The Department has partnered with the consumer-led Recovery Implementation Task Force to develop peer specialist competencies, and with a local Independent Living Center, Access to Independence, Inc (ATI) and the University of Wisconsin-Milwaukee to create a certification structure in Wisconsin to ensure that Peer Specialists meet standards for Medicaid billing in major community programs. The certificate states that the participant successfully completed approved training and passed an exam. The Peer Specialist Certification exam is offered in eight regions of the state on a quarterly basis. In FY 2011, DMHSAS involved family members, advocates, providers and community members to develop a Family / Parent Peer Specialist Certification process. Efforts are also underway to develop a Recovery Coach Certification that builds off the mental health peer specialist competencies and exam, to expand services for people with substance use disorders. Resources have been identified to expand the training and implementation of peer specialist and recovery coaches in 2012.

Division of Quality Assurance

The Division of Quality Assurance (DQA) is responsible for the regulation and licensing of 46 health care and residential programs in Wisconsin that provide acute health care, long-term care, assisted living care, mental health and substance abuse services, and caregiver background checks and misconduct investigations.

Performance and Operation
DQA continues to ask all providers for post-survey (post-inspection) feedback regarding their experience with the survey process. Questions focus on the survey process as well as the knowledge and professionalism of DQA staff. Data analysis of surveys returned continues to show a high degree of satisfaction with the survey process. Since late 2006 a link to the post survey questionnaire was placed online to enable providers to respond electronically or on paper.

Nursing Home Resident Care
The Bureau of Nursing Home Resident Care (BNHRC) is responsible for federal regulatory and state licensure oversight of long term care providers in Wisconsin. Nursing home beds decreased over the biennium as more individuals select community living arrangements over the traditional nursing home setting. Total licensed beds decreased from 37,899 in 2009 to 36,875 in 2011. Total licensed facilities remained the same at 414.

BNHRC completed 722 Licensure and Certification surveys (inspections) as well as 1,410 complaint surveys. There were 3,738 complaint intakes (a 24-percent increase from the previous biennium) involving 4,517 allegations and 91 extended or partial extended surveys due to findings of substandard quality of care.

BNHRC consistently meets the Centers for Medicare and Medicaid Services (CMS) performance measures and has achieved superior ratings in the majority of measures during the biennium.

CMS has selected several Wisconsin practices for national consideration such as facility self reports, directed plans of correction, web cast training for new federal initiatives and rules, special focus facilities, federal enforcement remedies and national and regional staff participation in Immediate Jeopardy decisions. BNHRC was recognized by CMS Region V in its FY 2010 annual report for "Best Practices in Ensuring Statewide Consistency for Actual Harm, Immediate Jeopardy and New Regulations" for its Immediate Jeopardy protocols and its bi-weekly grid calls.

Health Services
The Bureau of Health Services (BHS) consists of three sections that are responsible for the oversight of multiple different provider types from hospitals, home health, hospice, AODA, mental health treatment and a variety of others. BHS developed and successfully implemented a complaint process for WI Act 146 regarding health care charges and transparency. All sections within BHS are piloting electronic submissions of the

statement of deficiencies, a process that once final will increase the efficiency within which DQA communicates outcomes of inspections to all providers. New processes and forms were developed in coordination with the Bureau of Technology, Licensing and Education. The new process is more user friendly and efficient and most providers have voiced preference for this method of delivery.

The BHS Acute Care Compliance Section completed 117 federal complaint investigations, 146 recertification surveys and 106 verification visits. BHS met 2011 mid year performance standards on EMTALA and principles of documentation, developed tracking tools to ensure the federal Mission & Priority and state performance requirements are met, organized Rural Hospital Industry workshop to provide the group with a better understanding of the survey process and surveyors role, established an End Stage Renal Dialysis (ESRD) Forum to address emerging regulatory issues and provide a venue for providers to understand their regulatory responsibilities, and increased collaboration with industry groups and providers to provide a better understanding of the plan review process and obtain industry clarifications and interpretations.

The BHS Behavioral Health Certification Section is responsible for oversight to over 1,700 certified mental health and substance abuse programs/services statewide which includes alternate year onsite reviews and desk review processes. During the biennium, the section co-issued a statewide variance recognizing Physician Assistants in the delivery of outpatient mental health services; assisted in the development and roll out of DHS 35, the new outpatient mental health clinic rule; and collaborated with other Divisions in the development of an on-line reporting survey for restraint/seclusion use. The section also established an "Event Analysis" process and BHCS review for reportable deaths of consumers, the result of suicide, psychotropic medication or restraint. This process requires outpatient mental health and substance abuse providers to conduct a review of treatment provided the consumer before the death to determine if policies/procedures or delivery of services could be improved to avoid other consumer deaths.

The BHS Clinical Laboratory Section managed over 3,000 laboratories, conducted 180 surveys and met 100- percent of state agency performance measures. The section collaborated on review of the Federal CLIA regulations which were implemented in 1992 which resulted in the need to repeal Chapter DHS 165 Laboratory Certification on January 1, 2011. BHS sponsored the Midwest Consortium in Milwaukee, receiving excellent evaluations of speakers, location and organizer and continues to collaborate with DHCAA to identify and resolve Medicaid/CLIA edits to ensure the public is appropriately served.

Assisted Living

The Bureau of Assisted Living (BAL) is responsible for statewide oversight of all assisted living facilities: Adult Day Care (ADC), Adult Family Homes (AFH), Community Based Residential Facilities (CBRF), and Resident Care Apartment Complexes (RCAC). BAL increased monitoring of facilities with a poor compliance history and rewarding providers with good compliance history. This included

development of a comprehensive review of trends and emerging issues that is used proactively for regulatory enforcement and/or technical assistance to improve compliance.

BAL continues to provide effective oversight and licensing with a growing and changing industry. For Calendar Year (CY) 2010, BAL was responsible for 3,261 facilities (CBRF, RCAC, AFH, ADC) with 42,932 beds; issued 350 new licenses and certifications; completed 1,231 surveys; investigated 763 complaints and 878 self-reports; conducted 216 enforcement verification visits and 517 surveys with enforcement action including 1,075 sanctions; and provided over 2,000 hours of technical assistance. Enforcement action resulted in $608,989 forfeitures assessed, 82 No New Admission sanctions, 16 impending revocation sanctions, and 10 revocations. Despite continued growth, the industry is strong and is showing overall improvement with only 12 percent of the facilities making up 100 percent of the enforcement actions, only 15 percent of the facilities making up 100 percent of the complaints received; and 46.7 percent of all the facilities qualify for an abbreviated survey based on good compliance history.

During FY 2011, BAL through a contract with UW Oshkosh CDDET completed the first year of the Community Based Residential Facility (CBRF) training program with the following highlights: 1,351 instructors approved, 10,311 classes, 30,867 students on the registry, 8 approved Train the Trainer (TtT) programs, an effective quality assurance program, high satisfaction from the evaluation and improved outcome with lower deficiencies cited in training. BAL also approved the first CBRF Administrator Course as a result of changes to Wisconsin Administrative Code DHS 83. DQA successfully included language change in the administrative code to allow a - third party to conduct the reviews in the future saving BAL limited resources and awarded the contract to UW Oshkosh CDDET.

Caregiver Quality

The Office of Caregiver Quality (OCQ) contributes to the Division's mission to protect, promote and provide quality in healthcare facilities by overseeing nurse aide and caregiver regulations for all provider types. In 2010, 4,831 complaints were received, of which 1,555 were caregiver misconduct incident reports. 566 allegations of misconduct were screened and investigated resulting in 145 substantiated findings of abuse, neglect or misappropriation being added to the Caregiver Misconduct Registry. These findings prohibit caregivers from employment in regulated healthcare and daycare facilities to ensure the safety of Wisconsin's most vulnerable. There are currently 2,288 substantiated findings currently listed on the Caregiver Misconduct Registry. In addition, 354 credentialed staff were referred to the Department of Regulation and Licensing for review, investigation and disciplinary action, if appropriate.

The Office provides technical assistance to providers on caregiver background check regulations as well as completes entity background checks on owners, board members and non-client residents of regulated facilities at the time of license application and at least once every four years after that date. In 2010, 745 background checks were

completed with an additional 695 completed in 2011. The four year renewal of background checks for over 10,000 regulated providers will occur in 2012.

Nurse Aide Training and Testing Programs ensure a statewide level of standard in training and testing. In 2010, OCQ approved -two new Nurse Aide Training Programs and four new feeding assistant programs and completed 60 Nurse Aide Training Program on-site reviews; in 2011, OCQ approved -eight new nurse aide training programs and again completed 60 on-site reviews. Over 10,000 newly trained nurse aides are added to the Wisconsin Nurse Aide Registry each year. There were 239,197 aides on the registry as of October 2011.

Plan Review and Inspections

The newly formed Office of Plan Review and Inspections (OPRI) contributes to the Division's mission by overseeing the fire and life safety requirements during the design, construction, and survey activities of Wisconsin's healthcare providers. OPRI completed the following:

- Federal Life Safety Code (LSC) Surveys by facility type:

Skilled Nursing Homes	708
Developmentally Disabled	31
Ambulatory Surgical Centers	28
Hospitals (Acute & Psych)	25
Hospice (Inpatient & Residential)	3
End-Stage Renal Dialysis	2

- State International Building Code (IBC) Plan Reviews:

Hospitals (Acute & Psych)	920
Skilled Nursing Homes	325
Assisted Living	294
Outpatient	86

- State Construction Inspections by facility type:

Hospitals (Acute & Psych)	460
Skilled Nursing Homes	162
Assisted Living	147
Outpatient	43

- Fire reports by facility type:

Hospitals (Acute & Psych)	19
Skilled Nursing Homes	51
Assisted Living	39
Other	2

The office proactively participates in stakeholder forums consisting of designers, contractors, consultants, and facility representatives to enhance communication and efficiency efforts. Newly developed interpretations from industry workgroups have

found consensus and are being published for the first time on the updated DQA construction web site.

Technology, Licensing and Education

The Bureau of Technology, Licensing & Education (BTLE) determines if health care providers regulated by DQA meet state licensure and federal certification standards; recommends and implements state enforcement actions, when appropriate; works with the Department's Office of Legal Counsel on cases in litigation; and serves as the state liaison to the federal Centers for Medicare and Medicaid Services (CMS) for federal certification, enforcement and audit activities.

During the biennium, BTLE completed analysis of provider records and records management procedures to support development of an Electronic Records Management System. The Division met with multiple vendors to evaluate their ability to provide imaging and document retrieval requirements.

In collaboration with HP Enterprise Services, the BTLE technology section completed design and development of a web-based Provider Portal during 2011 that will provide consumers with detailed licensure and survey information on all providers regulated by the Division and provide online access to Statements of Deficiency and Plans of Correction. The Portal will be deployed to the public in 2012.

The BTLE training section conducted 74 in-person presentations and 4 webinars with approximately 6,960 total attendees; developed 7 webcasts for providers on timely topics; and coordinated webcast presentations by outside experts.

Division of Enterprise Services

The Division of Enterprise Services (DES) provides management support for fiscal services, information and technology services, procurement and contract management, personnel, affirmative action, employment relations, training and staff development, facilities management and operational support services, and project and performance management to the rest of the department. Below is a list highlighting just some of the division's many accomplishments during the 2009-2011 biennium.

Human Resources
The Bureau of Human Resources (BHR) continued to develop and offer the DHS Leadership Institute, now in its fourth year of operation. Winner of the prestigious 2009 State of Wisconsin Diversity Award, the program is regarded as highly successful and is unique among professional development programs offered by the State. The program is designed to respond to organizational challenges specific to DHS and to enhance career development opportunities for a diverse workforce aspiring to leadership roles. The program has a demonstrated track record in developing talent and preparing attendees for promotional opportunities.

BHR implemented a comprehensive Distance Learning program using Adobe Connect. Adobe Connect is a one-system solution for the development, distribution, and tracking of online training. Use is growing rapidly throughout the department, resulting in savings from reduced travel costs, more efficient use of professional time, and elimination of training development and support redundancies. Since implementation in March, 2010, over 25,000 training sessions have been completed, and about 2,200 meetings have been hosted with nearly 18,000 participants.

Fiscal Services
The Bureau of Fiscal Services (BFS) developed and implemented, in partnership with other DHS staff, an improved tool for more accurately tracking Medicaid administrative expenditures and providing management with more timely, detailed and accurate information on the status of program costs and available funds.

BFS also developed the "Fiscal Work Reporting" system, which allows many employees to efficiently enter data into automated, pre-programmed timesheets, which in turn allocates costs to the appropriate funds. These improvements have resulted in staff efficiencies and more timely and equitable distribution of costs.

Information and Technology Services
The Bureau of Information Technology Systems (BITS) completed data center and server consolidation projects, which updated and moved all DHS computer applications and centralized them at the Department of Administration's Femrite data center. DHS was able to shut down its data center as a result.

BITS also expanded support for video conferencing, video production, and live meeting in order to significantly reduce travel costs.

The Bureau continues to work with the Division of Public Health to implement a modern, automated Vital Records Information System (SVRIS) to track all births in the state.

Finally, computing security was improved by implementing multiple software solutions, such as tracking lost or stolen hardware, and software upgrades (including encryption of e-mail messages) to ensure the latest in data security.

Continuity Management, Facilities, and Operations
The Bureau of Continuity Management, Facilities & Operations completed a number of Continuity of Operations (COOP) tabletop exercises for a pandemic and cyber event involving all Incident Command System (ICS) and service plan staff in an effort to identify opportunities for improvement and to increase the Department's level of readiness. Plans were refined and improved throughout the biennium, including the identification of essential records.

Fleet Vehicles
The Division revised the fleet and parking coordination and protocols to improve management and customer service. It successfully downsized the number of fleet vehicles to comply with the Department of Administration (DOA) mandate by redistributing the vehicles throughout the agency and establishing liaison relationships with other state agencies.

Forms/Publications
DES redesigned and successfully implemented a central numbering system for forms and publications so that the numbering system is more easily manageable and can be readily sustained through future reorganizations.

Facilities
DES worked collaboratively with the Division of Mental Health and Substance Abuse Services and DOA to complete the design and construction of a new wing to the Wisconsin Women's Resource Center, which will provide unique security and treatment needs and services to women with serious mental illness who are in the prison system.

Procurement and Contract Management
Due to the complexity of the Department's procurement needs, DES applied for and received from DOA full Procurement Delegation authority for DHS, reflecting the Department's demonstrated track record and on-going commitment to provide high quality procurement services that fully complies with applicable laws and regulations.

A new procurement strategy for Medicaid managed health care services was successfully implemented in Southeast Wisconsin, which resulted in reducing per-member costs by millions of dollars annually.

Lastly, the procurement office was reconfigured to include a policy analysis unit, which is focusing on updating policies and identifying and implementing business process improvements.

Project Management and Performance Measures
DES facilitated improved project management practices throughout the Department by providing in-person training and providing consultation and technical assistance to division managers and staff leading projects.

The Division provided support to the executive team in tracking progress on high priority Department-wide projects to ensure that projects stayed on track and within budget, and led Department-wide efforts to create and maintain executive level performance measures intended to promote accountability and communicate results of DHS programs.