

AHS Secretary Hal Cohen
Testimony to Senate Health and Welfare
Health Reform Bill: Section 16
March 12, 2015

- **Performance Management for Service Delivery** - AHS is invested in efficient and effective service delivery and has been addressing this through our focus on performance management including:
 - o **Individual contracts and grants**
 - o **Monitoring those grants**
 - o **Building outcomes**
 - o **Using RBA and other tools to improve performance** - we have made great strides towards improving accountability
- **Budget Decisions** – For the FY '16 budget, AHS made decisions about funding, taking into account any visible duplication- we tried to ensure that reductions targeted any areas that could sustain reductions without sacrificing baseline service delivery.
- **Scope of the number of providers included in the current language is enormous** - At minimum it would include any provider that works with DMH, DAIL, VDH and a portion of those that work with DVHA
- **The language asks AHS to address the issue of "overlapping and duplicative" services-**
This could be a very subjective assessment as multiple providers in a single area focused on a single issue does not necessarily indicate duplication of services- in fact we continue to struggle with capacity issues in areas like substance abuse even with multiple public and private providers in place
- **Effective service delivery and responsible use of public dollars** – This is something that AHS is always working to address and is most effective at the individual contract or grant level
- **Integration Efforts** – Efforts like Integrating Family Services (IFS) are intended not only to integrate service delivery, but also to ensure that providers are working together, holistically for a family and without unnecessary duplication to get to the best outcomes
- **Manual Data Collection** - The type of study that the committee appears to be recommending could only be done manually, by community, by service area and then compiled- we don't have the data systems to identify duplication of services easily within the lives of individuals or families
- **Integrated Eligibility and MMIS System Development** - The creation of a Master Person Index, as part of our work towards updating the Medicaid Management Information System (MMIS) and Integrated Eligibility Systems it is crucial to our ongoing ability to get the kind of data the committee is asking for, individual by individual, and to manage care in the most efficient way possible
- **No Resources** – With the current budget reductions on the table, and with our current hiring practices in place, we do not have the resources to dedicate to this type of effort
- **Suggested Language** – In order to address what we understand your concerns to be, we would suggest that you might add language like the following:

“The Legislature is concerned about the potential for duplication of services across the Agency of Human Services, particularly in services for individuals receiving home and community based long-term care services, with developmental disabilities, mental health needs or substance use disorders. We charge the Agency to continue its efforts to use Results Based Accountability, performance-based agreements and effective integration to ensure that services are efficient, cost-effective and non-duplicative.”