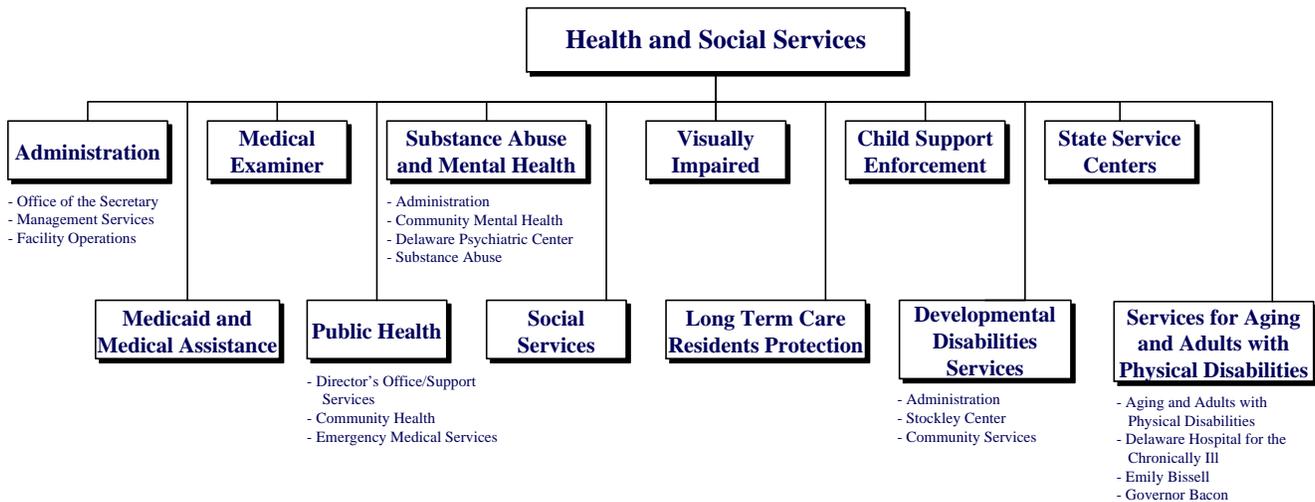


# HEALTH AND SOCIAL SERVICES

## 35-00-00



### MISSION

The Department of Health and Social Services (DHSS) plays a major role in meeting the basic needs of Delaware families and individuals. This is recognized by the department's mission to improve the quality of life for Delaware's residents by promoting health and well-being, fostering self-sufficiency and protecting vulnerable populations.

### KEY OBJECTIVES

#### Promote Health and Wellbeing

- Increase access to mental and physical health care and promote preventive behaviors that can improve health status.
  - Extend managed care models of service delivery to provide more and better services with cost controls.
  - Continue to advance a public health agenda to reduce the incidence of preventable conditions by promoting healthy lifestyles through health education, wellness and risk reduction programs.
  - Implement strategies to enhance prevention and intervention efforts for high-risk minority populations.
  - Continue to strengthen maternal, adolescent and child health care.
  - Expand collaborations, services and strategies to reduce infant mortality.

#### Foster Self-Sufficiency

- Reduce dependency among low-income populations and those at risk for welfare dependency.
  - Provide family support to increase the earning potential of single parents through day care,

medical benefits, employability training and vocational training.

- Implement targeted strategies to promote mutual responsibility and encourage families to stay together.
- Enhance child support enforcement efforts to maintain prompt processing while responding to increasing demand.
- Provide community-based care to ensure an appropriate continuum of services and avoid restrictive and costly institutionalization whenever possible.
  - Continue to expand community services for persons with developmental disabilities and enhance family support services.
  - Continue to expand community mental health and substance abuse services.
  - Continue to expand community-based supports, such as homemaker services and adult day care, to allow elderly and disabled adults to remain in their homes.

#### Protect Vulnerable Populations

- Ensure the quality of care, safety and security of individuals in long-term care facilities, residential programs and day services.
- Provide emergency and transitional shelters and support to homeless individuals and families.
- Serve children and their families by providing a safe environment for supervised visitation.
- Eliminate barriers to personal independence for persons with the sensory disability of vision loss.

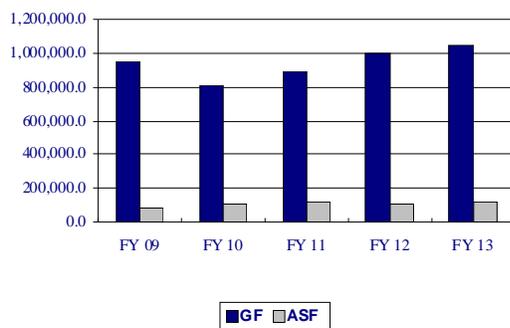
# HEALTH AND SOCIAL SERVICES

## 35-00-00

### Enhance Efficiency in Government

- Promote a customer-focused approach to service delivery through integrated services.
- Ensure the department maximizes the fiscal, human systems and physical resources available to provide the best possible service to clients in the most efficient manner.
- Support law enforcement by providing quality crime lab testing.
- Promote accountability and enhance management training opportunities for department leadership.

### Five-Year Appropriation History



### FUNDING

|              | FY 2012<br>ACTUAL  | FY 2013<br>BUDGET  | FY 2014<br>GOV. REC. |
|--------------|--------------------|--------------------|----------------------|
| GF           | 1,027,776.4        | 1,047,299.5        | 1,094,774.0          |
| ASF          | 85,131.5           | 123,104.3          | 124,613.8            |
| <b>TOTAL</b> | <b>1,112,907.9</b> | <b>1,170,403.8</b> | <b>1,219,387.8</b>   |

### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 3,391.2           | 3,374.7           | 3,359.5              |
| ASF          | 100.0             | 100.3             | 95.4                 |
| NSF          | 870.5             | 835.9             | 845.0                |
| <b>TOTAL</b> | <b>4,361.7</b>    | <b>4,310.9</b>    | <b>4,299.9</b>       |

## ADMINISTRATION

### 35-01-00

### MISSION

The mission of the Administration unit is to provide leadership and policy direction for DHSS and to ensure the department is well managed in its delivery of services to clients. In addition, the unit exists to promote coordinated intra- and inter-departmental responses, providing a flexible resource to support the management needs of the divisions.

### KEY OBJECTIVES

- Provide leadership in the development of public policies and in the advancement of responsive management practices.
- Provide technical assistance and support to the divisions in the form of training, standard setting, budget and program analysis and planning.
- Provide centralized administrative functions in accounting, human resources, payroll, contracts and procurement, management of state and federal funds, technology and facility operations.
- Through the activities of the Delaware Health Care Commission, promote a comprehensive health care system that is accessible, affordable and assures quality health care for all Delawareans.

### BACKGROUND AND ACCOMPLISHMENTS

The department's services and mission involve complicated social conditions. With ongoing fiscal pressures, DHSS continuously rethinks how it can meet its objectives, which entails communicating expectations, encouraging risk-taking and rewarding efforts that achieve their purpose.

Several major efforts require leadership from the Administration unit to ensure expectations are realized, including providing assistance to divisions by facilitating administrative procedures, coordinating the activities of joint projects and communicating regularly with constituents.

With an organization of approximately 4,300 people, DHSS faces the challenge of meeting the needs of an increasingly diverse workforce. Additionally, greater demands to increase the accessibility and responsiveness of the service delivery system are ever-present. A flexible work environment is needed to meet the needs of clients while supporting employees and their families.

# HEALTH AND SOCIAL SERVICES

## 35-00-00

Training, professional development and management support are ongoing requirements to enhance staff performance.

Programmatically, there is a volume of client and program data to be collected and analyzed, dollars spent must be accounted for, quality must be monitored, and contracts managed. Automation and technological support are critical to achieving and maintaining this balance. The department continues to proceed with systems development through the investment of one-time funding, reallocations and reclassification of existing staff.

### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 38,848.1          | 38,885.9          | 40,186.9             |
| ASF          | 5,903.4           | 8,420.4           | 8,555.4              |
| <b>TOTAL</b> | <b>44,751.5</b>   | <b>47,306.3</b>   | <b>48,742.3</b>      |

### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 479.0             | 492.5             | 505.0                |
| ASF          | 34.0              | 35.0              | 34.0                 |
| NSF          | 73.1              | 83.4              | 104.9                |
| <b>TOTAL</b> | <b>586.1</b>      | <b>610.9</b>      | <b>643.9</b>         |

### **OFFICE OF THE SECRETARY** **35-01-10**

#### ACTIVITIES

- Manage the department and provide leadership for human services delivery.
- Ensure coordination between divisions.
- Maintain responsive and positive relationships with constituents, advisory councils and other resident groups.
- Ensure effective coordination with the Governor's Office and other cabinet agencies.
- Manage the department's public information function.
- Ensure timely and appropriate responses to all directives, laws, judicial decisions, inquiries and policies.
- Improve quality of health care using information and technology through Delaware Health Information Network, a statewide clinical information exchange.
- Continue research and health care policy development.

- Provide incentives for qualified personnel in the medical and dental profession to practice in Delaware.

### PERFORMANCE MEASURES

|  | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|--|-------------------|-------------------|----------------------|
| # of health care clinicians recruited to underserved areas with Loan Repayment program | 5                 | 11                | 10                   |
| # of dentistry students matriculated   | 4                 | 5                 | 5                    |
| # of medical students matriculated   | 29                | 25                | 25                   |

### **MANAGEMENT SERVICES** **35-01-20**

#### ACTIVITIES

- Conduct audit and recovery services relating to violations of all persons, vendors or service providers who commit acts of fraud in public welfare programs administered by the department.
- Coordinate preparation of the department's budget request and strategic plan.
- Monitor billing and collection and track revenue of all DHSS units providing health care services.
- Manage bidding, requisition and purchase order processes, as well as perform contract negotiations and development.
- Determine eligibility for and accuracy of the benefits received by clients for Food Stamps and Medicaid.
- Process and track financial documents.
- Handle financial reporting for federal grant award processing.
- Maintain payroll records and update employee funding as appropriate for payment of employees.
- Conduct training, respond to employee requests, process applications for employment and provide guidance on merit rules.
- Provide automated mainframe and client/server applications support functions.
- Formulate, recommend and implement technology strategies critical to DHSS's 12 divisions.

## HEALTH AND SOCIAL SERVICES

### 35-00-00

#### PERFORMANCE MEASURES

|  | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|--|-------------------|-------------------|----------------------|
| % of families in the Birth to Three program receiving multi-disciplinary evaluations within 45 days    | 94                | 95                | 95                   |
| % of families in the Birth to Three program who perceive positive changes in their child's development | 95                | 96                | 96                   |

#### ***FACILITY OPERATIONS*** ***35-01-30***

#### ACTIVITIES

- Track work orders and prioritize requests for service.
- Maintain a comprehensive preventive maintenance program.
- Manage equipment inventory.
- Identify, prioritize and manage deferred maintenance and Minor Capital Improvements and Equipment programs on a department-wide basis.
- Complete maintenance and restoration projects addressing critical maintenance, operational, code and licensing issues.

#### PERFORMANCE MEASURES

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| % of requests for service responded to within the same day    | 89.7              | 96.0              | 96.0                 |
| % of preventive maintenance activities completed per schedule | 86.7              | 98.0              | 98.0                 |

#### MEDICAID AND MEDICAL ASSISTANCE

### 35-02-00

#### MISSION

The mission of the Division of Medicaid and Medical Assistance (DMMA) is to improve health outcomes by ensuring the highest quality medical services are provided to vulnerable populations in the most cost-effective manner.

#### KEY OBJECTIVES

##### **Promote a comprehensive health care system for low-income individuals**

- Function as a health care safety net for children and adults who have special needs, the uninsured and under-insured and other disadvantaged groups.
- Promote preventive care to improve health outcomes for the populations DMMA serves.
- Enhance quality of care through utilization review, disease management and case management.
- Encourage the use of the medical home model of care, wherein care is provided in a patient-centered, physician-guided model.
- Maximize the use of community-based alternatives in lieu of institutional care.

##### **Maintain an adequate network of qualified health care providers**

- Foster collaborative partnerships with other governmental agencies, provider groups, advocacy groups and other stakeholders to ensure health care delivery is well managed.
- Foster partnerships with other agencies to encourage expansion of health care providers who can deliver long-term care services in community-based settings.
- Establish provider reimbursement rates that are consistent with efficiency, economy and quality of care and that are sufficient to ensure an adequate supply of health care similar to that which is available to the general public.
- Ensure providers comply with all applicable federal, state and DMMA rules and standards.

##### **Maximize available resources**

- Maximize cost avoidance by setting up appropriate claim edits in the automated claims processing

# HEALTH AND SOCIAL SERVICES

## 35-00-00

system, effective coordination of benefits with other third-party payers, pursuit of estate recovery for long-term care recipients, pursuit of accident settlements and aggressive third-party recoveries.

- Ensure the automated claims processing system supports the appropriate identification of eligible clients and their benefits for timely claims processing and facilitates DMMA's ability to analyze claim and client data.
- Continue to assist other state agencies in stretching health care dollars by supporting their cost recovery initiatives.

### BACKGROUND AND ACCOMPLISHMENTS

DMMA administers an array of health care programs for Delaware's low-income individuals and families. These programs are funded with both state and federal dollars and provide health benefits to over 216,000 (approximately one in every four) Delaware residents each month. The following are the major programs administered by DMMA.

- **Medicaid (Title XIX):** Pays for comprehensive health care benefits to low-income children and adults, including both preventive and acute care services, as well as long-term care services and supports.
- **Delaware Healthy Children Program (DHCP) (Title XXI):** Provides health care benefits to uninsured children under the age of 19 with family incomes between 101-200 percent of the Federal Poverty Level (FPL). Effective January 1, 2014, per the Affordable Care Act (ACA), children with incomes between 101-133 percent FPL will be eligible for Medicaid but their claims will be paid from DHCP.
- **Delaware Prescription Assistance Program:** Pays for Medicare Part D premiums or non-Part D covered prescription drugs up to an annual maximum of \$3,000 per person for qualified Delaware residents who are either over 65 years old or are below 65 and disabled.
- **Chronic Renal Disease Program:** Pays for Medicare Part D premiums, drugs, nutritional supplements and transportation for Delaware residents diagnosed with end-stage renal disease, most of who are also covered by Medicare Part D.

Some of the division's recent accomplishments include:

- Began paying 100 percent federally funded Electronic Health Record (EHR) incentive payments to providers in December 2011;
- Amended the Medicaid 1115 waiver to implement a managed long-term care delivery system on April 1, 2012 thereby moving approximately 10,000 additional individuals into managed care;
- Started planning for the Health Benefit Exchange, which will be implemented on January 1, 2014 and was funded by a federal grant under ACA;
- Submitted several State Plan Amendments to implement provisions of ACA;
- Amended the Medicaid State Plan to expand Disproportionate Share Hospital payments to acute care hospitals;
- Amended the Medicaid State Plan to allow for increased payments to nursing facilities using the proceeds from the Nursing Facility Quality Assessment enacted by the General Assembly in June 2012;
- Implemented the HIPAA 5010 versions of the standard electronic health care transactions on January 1, 2012;
- Implemented the federally-mandated Recovery Audit Contractor process in the summer of 2012;
- Received Centers for Medicaid and Medicare Services (CMS) approval to establish the first Program of All-Inclusive Care for the Elderly site in Delaware; and
- Developed a proposal for the complete re-procurement of the Medicaid Management Information System as required by CMS.

### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 648,366.7         | 636,441.0         | 669,629.5            |
| ASF          | 40,041.2          | 61,337.2          | 65,051.0             |
| <b>TOTAL</b> | <b>688,407.9</b>  | <b>697,778.2</b>  | <b>734,680.5</b>     |

### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 73.8              | 77.3              | 75.1                 |
| ASF          | 0.5               | 1.0               | 1.0                  |
| NSF          | 102.6             | 111.6             | 107.8                |
| <b>TOTAL</b> | <b>176.9</b>      | <b>189.9</b>      | <b>183.9</b>         |

# HEALTH AND SOCIAL SERVICES

## 35-00-00

### **MEDICAID AND MEDICAL ASSISTANCE** **35-02-01**

#### **ACTIVITIES**

- Provide health benefits to more than 216,000 eligible individuals.
- Negotiate and manage contracts with commercial managed care entities to provide both acute and long term care services to approximately 174,000 DMMA clients as of the end of Fiscal Year 2012.
- Determine eligibility for Medicaid long-term care services under a special income category.
- Monitor state and federal legislative and regulatory activity to ensure compliance with new and existing rules.
- Oversee the Home and Community Based Service (HCBS) waiver program that provides services to individuals in the community as an alternative to institutional care.

#### **PERFORMANCE MEASURES**

|  | <b>FY 2012<br/>Actual</b> | <b>FY 2013<br/>Budget</b> | <b>FY 2014<br/>Gov. Rec.</b> |
|--|---------------------------|---------------------------|------------------------------|
| % of children in Medicaid managed care having well-child visits                                  | 87.24                     | 89.00                     | 91.00                        |
| % of children and adolescents in Medicaid managed care with access to primary care practitioners | 91.57                     | 92.50                     | 93.50                        |

### **MEDICAL EXAMINER** **35-04-00**

#### **MISSION**

The Office of the Chief Medical Examiner (OCME) promotes the sound administration of justice through the documentation and presentation of reliable qualitative and quantitative scientific analysis of chemical and biological evidence samples.

#### **KEY OBJECTIVES**

##### **Promote Health and Wellbeing**

- Support the State's law enforcement agencies through the scientific analysis of drug evidence.
- Complete investigations and analysis in an accurate and timely manner.

##### **Protect Vulnerable Populations**

- Investigate the essential facts surrounding sudden, accidental or suspicious deaths.
- Establish the cause and manner of death within reasonable medical certainty for all investigated deaths.
- Determine the positive identity of unidentified human remains.
- Maintain the State's DNA database.

#### **BACKGROUND AND ACCOMPLISHMENTS**

OCME was established in 1970 when the constitutionally-mandated system of county coroners, deputy coroners and coroner's physicians was abolished. It exists to investigate all sudden, accidental or suspicious deaths that occur in Delaware.

During Fiscal Year 2012, OCME:

- Investigated 4,238 deaths statewide;
- Received 5,245 cases from all state law enforcement agencies;
- Analyzed 4,115 controlled substances cases from all state law enforcement agencies;
- Received 282 DNA cases;
- Analyzed 760 DUI cases and performed 2,426 corresponding tests; and
- Performed toxicology analysis on 823 post-mortem cases and performed 2,780 corresponding tests.

# HEALTH AND SOCIAL SERVICES

## 35-00-00

### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 5,819.4           | 4,776.0           | 4,886.0              |
| ASF          | --                | --                | --                   |
| <b>TOTAL</b> | <b>5,819.4</b>    | <b>4,776.0</b>    | <b>4,886.0</b>       |

### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 47.0              | 49.0              | 49.0                 |
| ASF          | --                | --                | --                   |
| NSF          | --                | --                | --                   |
| <b>TOTAL</b> | <b>47.0</b>       | <b>49.0</b>       | <b>49.0</b>          |

### ***MEDICAL EXAMINER*** ***35-04-01***

#### ACTIVITIES

- Conduct medicolegal investigation of all sudden, accidental or suspicious deaths.
- Perform post-mortem examinations.
- Identify human remains.
- Analyze post-mortem toxicology samples.
- Perform scientific analysis of drug evidence.
- Provide transportation of drug and biological evidence to the Forensic Sciences Laboratory.
- Analyze urine and blood samples for the presence of drugs and alcohol.
- Analyze biological evidence for the presence of DNA.
- Maintain a convicted felons DNA database.
- Analyze arson evidence for the State Fire Marshal.
- Provide court testimony by pathologists, other forensic scientists and medicolegal investigators.

#### PERFORMANCE MEASURES

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| # of working days for controlled substance turnaround | 16                | 16                | 16                   |
| # of working days for DNA analysis turnaround         | 44                | 44                | 44                   |

### PUBLIC HEALTH 35-05-00

#### MISSION

The mission of the Division of Public Health (DPH) is to protect and promote the health of all people in Delaware.

#### KEY OBJECTIVES

DPH has four priorities to achieve its vision and mission. These are:

- Improve health-related lifestyles by focusing on reducing obesity;
- Improve access to quality and safe health care by implementing Health Care Reform;
- Achieve health equity by improving the health of minority populations; and
- Improve performance by implementing a performance management system and improving organizational culture.

#### BACKGROUND AND ACCOMPLISHMENTS

DPH has evolved from an organization that primarily provided direct health care services to residents and enforced health regulations, to a division that works collaboratively with communities and other organizations to protect and enhance the health of all people in Delaware.

DPH places emphasis on the core functions of public health: assessment, assurance and policy development. It collects and analyzes various health data and provides disease investigations and public health laboratory testing to ensure public health is safeguarded. Assurance efforts include environmental health monitoring, public information, health education and collaboration with community, state and local organizations to assure access to health care services for Delawareans. DPH expanded its leadership efforts to work directly with communities to identify health problems, provide data about problems and assist communities to develop strategies to address their health concerns. Policies to protect residents' health involve the input of many individuals and organizations. This process ensures these policies are appropriate and effective to address public health concerns.

DPH provides direct services in critical public health areas. It offers a wide range of services that include targeting highly contagious diseases and offering family planning services to high-risk individuals. Collaboration

## HEALTH AND SOCIAL SERVICES

### 35-00-00

with other organizations has improved and expanded health services for cancer patients, adolescents through school-based wellness centers and vulnerable populations, such as those diagnosed with HIV or AIDS.

DPH continues to examine the core public health functions and activities necessary to ensure Delawareans live full and healthy lives in a healthy environment. A continued focus on assessment, assurance and policy development, as well as assuring the provision of personal health services and health promotion programs to special populations or populations at risk, will help the State realize improvement in the health of its residents.

Some of DPH's past accomplishments include:

- Made treatment coverage available as part of the comprehensive cancer control plan for Delaware;
- Achieved screening rates for colorectal, breast and cervical cancer that are among the best in the nation;
- Eliminated the gender and racial gap in colorectal cancer screening;
- Achieved an all-site cancer death rate that is declining faster than the national rate;
- Built infrastructure and trained groups in public health preparedness;
- Provided access to primary care doctors, medical specialists and other health resources including prescription programs, laboratory and radiology services for eligible uninsured Delawareans;
- Provided tobacco cessation information to over 13,000 callers and face-to-face cessation counseling services to over 3,000 Delawareans through the Delaware Quitline;
- Provided emergency diabetes medical care for services, supplies and medications to 458 Delawareans;
- Screened 1,806 Delawareans during community blood screenings for early detection of diabetes;
- Provided funding to assist with infrastructure improvements to public water systems; and
- Implemented an electronic disease reporting system to respond more rapidly to communicable disease outbreaks including bioterrorism.

#### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 35,653.6          | 38,601.5          | 39,076.5             |
| ASF          | 27,389.2          | 31,487.3          | 29,504.3             |
| <b>TOTAL</b> | <b>63,042.8</b>   | <b>70,088.8</b>   | <b>68,580.8</b>      |

#### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 340.8             | 348.0             | 345.0                |
| ASF          | 56.0              | 56.3              | 53.3                 |
| NSF          | 235.2             | 225.2             | 220.2                |
| <b>TOTAL</b> | <b>632.0</b>      | <b>629.5</b>      | <b>618.5</b>         |

### *DIRECTOR'S OFFICE/SUPPORT SERVICES*

#### 35-05-10

#### ACTIVITIES

- Provide electronic vital records to enhance public access to birth, death and marriage certificates.
- Develop, review, monitor and evaluate contracts.
- Review and coordinate all federal and foundation grants.
- Provide fiscal management and oversight.
- Manage the division's revenue, including state, special and federal funds.
- Facilitate the development and application of public health informatics principles.
- Plan to use limited resources strategically in order to have the greatest positive health impact.
- Provide and promote core public health skills training to employees and take actions to meet National Public Health Accreditation Performance Standards.

#### PERFORMANCE MEASURE

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| # of strategy maps developed for strategic priorities | 1                 | 4                 | 4                    |

### *COMMUNITY HEALTH*

#### 35-05-20

#### ACTIVITIES

- Develop and deliver targeted educational programs and messages to the general public and populations at increased risk for developing cancer and chronic diseases.
- Support the Delaware Cancer Consortium in the implementation of the comprehensive cancer control plan for Delaware.
- Provide DSMP and Chronic Disease Self-Management Program (CDSMP) to empower Delawareans to manage and control chronic diseases.

## HEALTH AND SOCIAL SERVICES

### 35-00-00

- Support efforts to reduce sickness and death due to communicable diseases through disease surveillance, case investigation, outbreak intervention and public education.
- Provide environmental health consultation services to other state agencies and the public on exposures and health risks.
- Issue loans to public water supplies for infrastructure improvement via the Drinking Water State Revolving Fund.
- Conduct routine testing of public water supplies in accordance with state regulations and the Safe Drinking Water Act.
- Increase public awareness about childhood lead poisoning and provide lead screening of children at high risk.
- Provide high quality service and assistance to families of children with elevated blood lead levels, including evaluation, education and medical referrals.
- Promote preconception health and early entry into prenatal care with a full array of enabling and psychosocial services to improve birth outcomes and reduce disparities.
- Provide counseling and access to family planning services to reduce unwanted, mistimed and closely spaced pregnancies, especially among high-risk populations.
- Identify pregnant women and mothers at risk for poor birth outcomes early and provide appropriate screening, counseling, education and access to health care.
- Support the Governor's Council on Health Promotion and Disease Prevention to coordinate and increase strategic efforts to promote healthy lifestyles to reduce the burden of chronic diseases.
- Develop, maintain and participate in partnerships to address the main preventable health problems associated with unhealthy lifestyles and health risk behavior that can lead to heart disease, cancer, diabetes and respiratory diseases.
- Partner with community and professional organizations to increase the number of physicians participating in the Screening for Life program and Community Healthcare Access program.
- Provide prostate, colorectal, breast and cervical cancer screening to eligible uninsured or underinsured Delawareans.

#### PERFORMANCE MEASURES

|  | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|--|-------------------|-------------------|----------------------|
| % of tobacco use by adult Delawareans 18 years and older | 21.7              | 23.0              | 19.0                 |
| % of colorectal cancers detected at local stage*         | 38.7              | 40.0              | 40.0                 |
| % of breast cancers detected at local stage*             | 73.6              | 67.0              | 75.0                 |
| % of children adequately immunized**                     | 72.1              | 77.3              | 74.0                 |
| Rate of birth among teenage girls 15-17 years of age***  | 21.0              | 20.5              | 20.5                 |
| Rate of infant mortality***                              | 8.3               | 7.8               | 7.8                  |
| % of adults who are obese                                | 28.8              | 30.5              | 28.0                 |
| % of children who are obese                              | 12.2              | 12.5              | 12.0                 |

\*Local stage is defined as a cancer that is confined to the place where it started and has not spread to other parts of the body.

\*\*Requires four of DTaP, three poliovirus vaccine, one MMR, three Hib, three Hepatitis B and one varicella.

\*\*\*Rates are five year averages.

#### EMERGENCY MEDICAL SERVICES

### 35-05-30

#### ACTIVITIES

- Standardize and continuously improve capacity to collect Emergency Medical Services (EMS) data and accurately measure response times.
- Support paramedic agency initiatives to streamline deployment strategies.
- Participate in community events to increase public awareness of the Chain of Survival (Early access to 911, Early Defibrillation, Early Advanced Life Support Care (ALS) and Early Hospital Intervention) program.
- Partner with the first responder system (police, fire, EMS, safety teams, school nurses and others) to assist with cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) awareness and training initiatives to improve the time to defibrillation.
- Assist agencies that have received AEDs to replace electrodes and batteries.
- Offer train-the-trainer programs in CPR and AED to participating agencies.

**HEALTH AND SOCIAL SERVICES**  
**35-00-00**

**PERFORMANCE MEASURES**

|   | <b>FY 2012<br/>Actual</b> | <b>FY 2013<br/>Budget</b> | <b>FY 2014<br/>Gov. Rec.</b> |
|---|---------------------------|---------------------------|------------------------------|
| % of paramedic responses less than eight minutes for the most serious categories of calls | 65                        | 67                        | 69                           |
| % of AED usage prior to ALS arrival   | 75                        | 80                        | 80                           |

**SUBSTANCE ABUSE AND MENTAL  
HEALTH**  
**35-06-00**

**MISSION**

To promote prevention and recovery from substance use, gambling, mental conditions and co-occurring disorders by ensuring all adult Delawareans have access to high quality, cost effective and outcome-based services and supports.

**KEY OBJECTIVES**

- Develop and expand the role of persons in recovery in policy development, service planning, implementation and delivery and evaluation of services. Ensure care is customized based on the individual and family needs, choices and values.
- Ensure Delawareans receive mental health, substance use and gambling prevention and treatment services in a continuum of overall health and wellness. Strengthen interdepartmental and inter-agency collaboration.
- Eliminate disparities in substance use and mental health services. Provide specialized and culturally competent treatment, intervention and prevention services to special populations and traditionally underserved groups, including people who are deaf or hard of hearing.
- Develop the clinical knowledge and skills of the Division of Substance Abuse and Mental Health (DSAMH) state and provider workforce. Develop and implement multiple training and education opportunities for DSAMH staff and community providers.
- Promote excellence in customer service in all settings. Ensure the service delivery system is informed by evidence-based practices, including peer-run programs and experiences. Promote accreditation and licensure of Delaware's behavioral health programs.
- Use technology to access and improve care and promote shared knowledge.

**BACKGROUND AND ACCOMPLISHMENTS**

DSAMH's core services provide prevention and treatment services to Delawareans with mental health, substance use, problem gambling and co-occurring conditions. The division's goal is to ensure behavioral

# HEALTH AND SOCIAL SERVICES

## 35-00-00

health services are accessible, effective, facilitate recovery and integrated into the community.

The continuum of services that are operated or funded by DSAMH include: inpatient psychiatric and residential substance abuse services, group homes, halfway and Oxford houses, peer-run drop-in centers, supervised apartments, care management, outpatient clinic services and 24/7 mobile crisis services. In addition to these services, grant funds awarded to DSAMH are used through contracts with community providers to provide transitional and permanent housing, homeless outreach, substance use prevention and supported employment services.

The State of Delaware has entered into an agreement with the Civil Rights Division of the U.S. Department of Justice (US DOJ) that will promote the delivery of community-based care to Delawareans with severe and persistent mental illness. The agreement resolves the US DOJ's investigation of the services at the Delaware Psychiatric Center (DPC) that began in 2007. The terms of the agreement will help achieve better outcomes for persons with mental health concerns, and do so in a manner that protects their independence and sense of community. The settlement agreement requires the expansion of certain services for persons with severe and persistent mental illness, including crisis services, Assertive Community Treatment (ACT), Intensive Case Management (ICM), Targeted Case Management (TCM), Housing, Supported Employment and Rehabilitation Services and Family and Peer Supports.

### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 82,537.0          | 97,245.2          | 102,224.5            |
| ASF          | 2,949.9           | 6,832.2           | 6,761.7              |
| <b>TOTAL</b> | <b>85,486.9</b>   | <b>104,077.4</b>  | <b>108,986.2</b>     |

### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 653.2             | 629.2             | 621.7                |
| ASF          | 2.0               | 2.0               | 2.0                  |
| NSF          | 4.0               | 4.0               | 3.0                  |
| <b>TOTAL</b> | <b>659.2</b>      | <b>635.2</b>      | <b>626.7</b>         |

### *ADMINISTRATION* *35-06-10*

#### ACTIVITIES

- Plan and develop programs.
- Monitor providers for programmatic/fiscal compliance.
- Prepare and administer budgets and federal grants.
- Manage fiscal services.
- Coordinate and provide training.
- License alcohol and drug abuse programs and certify community service programs annually.
- Plan for the implementation of an EHR system.
- Effectively manage eligibility and enrollment services for clients/consumers in need of behavioral health treatment services to ensure placement in the appropriate level of care.
- Enhance utilization and review functions to assure appropriate levels of care systemwide.
- Ensure coordination among service systems, specifically with the Departments of Correction and Services for Children, Youth and Their Families.

#### PERFORMANCE MEASURES

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| % of clients reporting satisfaction with access to services | 83                | 84                | 85                   |
| % of readmissions within 180 days                           | 6.3               | 6.0               | 5.8                  |

### *COMMUNITY MENTAL HEALTH* *35-06-20*

#### ACTIVITIES

- Provide access to quality mental health treatment, community counseling and support services.
- Continue to make new medications available for persons with mental illness and co-occurring substance abuse.
- Provide supported housing services that promote independent living and community integration.
- Work with the Division of Vocational Rehabilitation to provide supported employment services that assist clients in securing and maintaining meaningful and appropriate employment.
- Expand and deploy mobile crisis intervention staff to improve effectiveness in working with hospital emergency rooms and police on reducing unnecessary psychiatric hospitalizations.

## HEALTH AND SOCIAL SERVICES

### 35-00-00

- Assess and treat persons with co-occurring mental illness, substance use, gambling and other disorders.
- Continue to support and look for ways to expand the mental health courts in Delaware.

#### PERFORMANCE MEASURES

|  | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|--|-------------------|-------------------|----------------------|
| # of crisis apartments available                   | 6                 | 6                 | 6                    |
| #of ACT teams                                      | 10                | 10                | 11                   |
| # of ICM teams                                     | 5                 | 5                 | 5                    |
| # of case managers providing TCM                   | 4                 | 18                | 21                   |
| # of state housing vouchers or subsidies           | 250               | 450               | 625                  |
| # of individuals receiving rehabilitation services | 1,500             | 1,500             | 1,500                |
| # of individuals receiving family/peer supports    | 400               | 500               | 750                  |

#### ***DELAWARE PSYCHIATRIC CENTER*** **35-06-30**

#### ACTIVITIES

- Provide timely and effective psychiatric assessments, individualized recovery planning and treatment services and supports.
- Improve effective recruitment and retention initiatives to ensure qualified and adequate physician, nursing, dental care and senior management staff at DPC.

#### PERFORMANCE MEASURE

|                          | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|--------------------------|-------------------|-------------------|----------------------|
| Average daily DPC census | 147               | 112               | 112                  |

#### ***SUBSTANCE ABUSE*** **35-06-40**

#### ACTIVITIES

- Provide substance use treatment and prevention services.
- Assess and treat persons with co-occurring mental illness and substance use disorders.
- Provide assessment and case management services for clients sentenced by the Drug Court.
- Determine cost effective and efficient plans to establish detoxification services for Kent and Sussex Counties.

#### PERFORMANCE MEASURES

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| % of detoxification clients who received one or more treatment services | 41.4              | 43.0              | 44.0                 |
| % of Alcohol and Drug Treatment program completion rate                 | 60.8              | 50.0              | 51.0                 |

# HEALTH AND SOCIAL SERVICES

## 35-00-00

### SOCIAL SERVICES 35-07-00

#### MISSION

The mission of Social Services is to protect vulnerable populations and provide an integrated system of opportunities, services and income supports that help low-income individuals and families obtain and retain employment and that maximize supports for those less able.

#### KEY OBJECTIVES

##### Foster self-sufficiency

- In partnership with the Department of Labor, Delaware Economic Development Office, Department of Transportation and contracted service providers, place welfare clients in employment or work activities and provide support for long-term employment retention.
- Achieve federal mandates for the Temporary Assistance for Needy Families (TANF) program work participation rates for welfare clients.
- Develop policies and structures that support the goals of the Child Care Development Fund and school readiness for children.
- Work with our partners to implement the requirements and benefits of Health Care Reform.

##### Maximize available resources

- Continue to improve division administration, program management, operations and customer service to maximize both efficiency and service quality.
- Reallocate existing staff/program resources to best achieve organizational mission.
- Find new ways to handle increased volume with decreased resources.

#### BACKGROUND AND ACCOMPLISHMENTS

The Division of Social Services (DSS) administers a broad range of programs for Delaware's low-income families. The programs are regulated and funded by the State and the federal government and are provided to more than 150,000 Delawareans each month. The major program areas are:

- Subsidized child day care, which enables low-income parents to become and remain employed;

- Financial assistance, including TANF, Emergency Assistance, Refugee Assistance and Food Benefits; and
- Eligibility for poverty-related Medicaid categories, including DHCP.

The division achieves its goals by:

- Increasing family financial independence through work supports;
- Strengthening families and encouraging personal responsibility; and
- Taking appropriate steps to manage resources.

Some major accomplishments include:

- Improving online application processes for DSS programs, school lunch, energy assistance and Food Bank programs;
- Managing increases in both applications and approved cases for all DSS programs; and
- Receiving Food Supplement program performance bonuses.

#### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 68,433.3          | 81,093.6          | 81,153.5             |
| ASF          | 2,100.6           | 2,515.5           | 2,347.1              |
| <b>TOTAL</b> | <b>70,533.9</b>   | <b>83,609.1</b>   | <b>83,500.6</b>      |

#### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 192.2             | 186.7             | 184.8                |
| ASF          | --                | --                | --                   |
| NSF          | 199.5             | 194.0             | 191.9                |
| <b>TOTAL</b> | <b>391.7</b>      | <b>380.7</b>      | <b>376.7</b>         |

### SOCIAL SERVICES 35-07-01

#### ACTIVITIES

- Participate in external review of quality, outcomes, timeliness of and access to services.
- Process applications for benefits, changes to benefits and periodically review benefits eligibility.
- Implement regulations that support eligibility within the context of the DSS mission and budget.
- Partner with other public agencies, community organizations and businesses to provide services to needy families.
- Create awareness of the division's programs within the community.
- Link families with available services.

## HEALTH AND SOCIAL SERVICES

### 35-00-00

- Administer enabling services, such as child day care.
- Manage budget, fiscal, facilities and contracting activities to achieve efficiency.
- Manage automated and data management systems.
- Collect and organize data to analyze program trends and outcomes.
- Improve infrastructure to meet increased client demand with a reduced workforce.

#### PERFORMANCE MEASURES

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| % of Supplemental Nutrition Assistance Program error rate | 3.14              | 3.00              | 3.50                 |
| Average hourly wage for TANF job placements (\$)          | 8.83              | 9.00              | 9.00                 |
| % of TANF participation rate                              | 37                | 40                | 38                   |

## VISUALLY IMPAIRED

### 35-08-00

#### MISSION

To work in partnership with Delawareans who are blind and visually impaired, empowering them to be self-sufficient.

#### KEY OBJECTIVES

- Promote health and wellbeing by reducing or eliminating all barriers to lifelong personal independence produced by the sensory disability of vision loss.
- Foster self-sufficiency by developing and administering employment and job-related training programs for persons who are blind or visually impaired.
- Protect vulnerable populations by focusing outreach efforts in underserved communities.

#### BACKGROUND AND ACCOMPLISHMENTS

The Division for the Visually Impaired (DVI) provides services to individuals who have been identified as either legally blind or severely visually impaired. Services include:

- Early diagnosis and intervention;
- Education in the least restrictive environment;
- Family and individual counseling;
- Independent living skills, training and equipment;
- Vocational training and related job placement services;
- Employment opportunities;
- Advocacy; and
- Low vision evaluation and utilization training.

DVI's goal is to provide services in the least restrictive environment to the 3,150 individuals with visual impairments in Delaware. DVI staff provides the majority of services in the most appropriate and effective environment, such as home, work or school.

DVI is organized into three primary service programs: Educational Services, Vocational Rehabilitation and Independent Living. Additionally, there are two direct employment programs: Delaware Industries for the Blind (DIB) and Business Enterprise Program (BEP). Services are developed and provided to three major groups of consumers: educational age (0-21), primary employment age (21-65) and older adults (66+).

## HEALTH AND SOCIAL SERVICES

### 35-00-00

Through the Education program, DVI provided services to 272 children with visual impairments and their families in Fiscal Year 2012. Certified Teachers of the Visually Impaired provide instruction and child youth counselors provide early intervention services at school, at home and in the community.

Vocational Rehabilitation services were provided to 235 individuals during Federal Fiscal Year 2012. Forty-five individuals achieved positive employment outcomes and wage earners made an average of \$14.40 per hour.

DVI volunteers assisted in material center programs and during the education summer program. In addition, 12 inmates provided braille and one other provided large print services through the Men with a Message program. Together, the volunteers and prisoners generated approximately 20,293 pages of Braille, 110 audiotapes and 36,442 large print pages through the end of August 2012.

Finally, during Fiscal Year 2012, DVI provided Independent Living Services (ILS) to 510 persons. ILS services include training on: communication devices, daily living skills and low vision aids. Seventy-four percent of ILS consumers were 55 and older. Of those consumers, macular degeneration is the primary visual impairment, they are self-referred, have at least a high school education, live in their own residence, and experienced their vision loss more than 10 years ago.

#### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 3,148.2           | 3,127.8           | 3,185.9              |
| ASF          | 325.4             | 1,161.6           | 1,165.4              |
| <b>TOTAL</b> | <b>3,473.6</b>    | <b>4,289.4</b>    | <b>4,351.3</b>       |

#### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 33.8              | 33.8              | 33.7                 |
| ASF          | 3.0               | 3.0               | 2.1                  |
| NSF          | 23.2              | 22.2              | 22.2                 |
| <b>TOTAL</b> | <b>60.0</b>       | <b>59.0</b>       | <b>58.0</b>          |

### ***VISUALLY IMPAIRED SERVICES*** **35-08-01**

#### ACTIVITIES

- Provide an education program through the efforts of itinerant teachers and child youth counselors and the provision of textbooks and instructional materials in appropriate reading medium.

- Provide ILS to persons of all ages in the areas of adaptive training, low-tech adaptive equipment and professionally facilitated counseling.
- Provide vocational rehabilitation and support to individuals age 14 and older designed to achieve employment commensurate with life goals, skills and abilities.
- Develop and establish food service opportunities in federal, state and privately-owned buildings.
- Administer an industry employment program through DIB that develops employment skills and opportunities for competitive, supportive, short or long-term agency employment.
- Continue to grow DIB's business through seeking new venues for business.

#### PERFORMANCE MEASURES

|  | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|--|-------------------|-------------------|----------------------|
| # of Registry Participants*  | 3,188             | 3,250             | 3,350                |
| # of successful employment outcomes**                                | 45                | 50                | 55                   |
| \$ DIB gross receipts (millions)                                     | 1.38              | 1.45              | 1.60                 |
| \$ BEP gross sales includes vending and cafeteria sales (millions)** | 1.8               | 1.6               | 1.7                  |
| # of DVI blind/visually impaired employees                           | 43                | 47                | 50                   |

*\*Delaware Code mandates that every health, social agency and eye professional report persons who are blind to DVI for inclusion on the registry.*

*\*\*Calculated on federal Fiscal Year.*

# HEALTH AND SOCIAL SERVICES

## 35-00-00

### LONG TERM CARE RESIDENTS PROTECTION 35-09-00

#### MISSION

The mission of the Division of Long Term Care Residents Protection (DLTCRP) is to promote the quality of care, safety and security of people living in long-term care facilities and ensure facilities' compliance with applicable state and federal laws and regulations designed to protect these residents.

#### KEY OBJECTIVES

- Comply with state and federal regulations regarding the inspection and licensing of all types of long-term care facilities.
- Promptly investigate reports of abuse, neglect or financial exploitation.
- Secure criminal histories and determine fitness for employment for all individuals who work in long-term care.
- Ensure the quality of nurse aide education and certification.

#### BACKGROUND AND ACCOMPLISHMENTS

DLTCRP promotes quality of life for people living in long-term care facilities and ensures these residents are safe, secure and free from abuse, neglect and financial exploitation. This is accomplished by monitoring compliance with state and federal laws and regulations. The division also certifies long-term care facilities for Medicare and Medicaid in Delaware.

The Investigative unit receives and investigates complaints from long-term care consumers and their families, providers and the general public. When misconduct is substantiated, the unit places individuals on the Adult Abuse Registry, which is available for online review.

The unit has a hotline number for reporting abuse, neglect or financial exploitation. An Investigative unit member is on-call nights, weekends and holidays to assess potentially life-threatening situations.

The Investigative unit processed 6,793 reports during Fiscal Year 2012. At the end of Fiscal Year 2012, there were 214 people on the Adult Abuse Registry.

Criminal background checks are required for employees in nursing homes and other licensed facilities. During

Fiscal Year 2012, 4,198 new applicants were fingerprinted for state and federal criminal background checks. Of those, 26 percent had some criminal history. Less than one percent (0.05 percent) of the total nursing home job applicant pool had a serious disqualifying criminal conviction.

The division's nurse aide responsibilities include licensing training schools, ensuring curriculum meets federal and state requirements, overseeing the testing and certification of nurse aides and maintaining the Certified Nursing Assistant (CNA) registry.

#### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 2,587.5           | 2,358.2           | 2,412.5              |
| ASF          | --                | --                | --                   |
| <b>TOTAL</b> | <b>2,587.5</b>    | <b>2,358.2</b>    | <b>2,412.5</b>       |

#### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 35.5              | 35.5              | 35.5                 |
| ASF          | --                | --                | --                   |
| NSF          | 16.5              | 16.5              | 16.5                 |
| <b>TOTAL</b> | <b>52.0</b>       | <b>52.0</b>       | <b>52.0</b>          |

### *LONG TERM CARE RESIDENTS PROTECTION 35-09-01*

#### ACTIVITIES

- License facilities annually and conduct a variety of unannounced inspections, including complaint-driven and off-hours inspections, to determine compliance with federal and state laws and regulations.
- Receive and investigate complaints of abuse, neglect, mistreatment, financial exploitation and other concerns that may adversely affect residents' health, safety, welfare or rights.
- Provide for systematic and timely notification, coordinated investigation and referral of substantiated abuse, neglect, mistreatment and financial exploitation complaints to the appropriate law enforcement agencies and the Attorney General's Office.
- Manage the Adult Abuse Registry and CNA Registry.
- Administer appeal processes as provided in state and federal law.
- Ensure compliance with the criminal background check/mandatory drug testing law.

## HEALTH AND SOCIAL SERVICES

### 35-00-00

- Provide training for division staff, providers of long-term care services, other agencies, residents and families on applicable statutes.
- Provide educational workshops that include innovative approaches to promoting residents' quality of care and life.
- Work with other agencies to promote and advocate for residents' rights.
- Meet with individuals receiving long-term care services and their families in conjunction with licensure and enforcement activities.
- Update consumer information materials on an ongoing and as-needed basis through a variety of printed and electronic means, including the division's website.
- Publicize a 24-hour, statewide toll-free hotline to receive reports of abuse and neglect complaints.

#### PERFORMANCE MEASURES

|  | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|--|-------------------|-------------------|----------------------|
| % of survey reports issued within 10 days of exit  | 83                | 85                | 90                   |
| % of post-survey meetings completed  | 100               | 100               | 100                  |
| % of criminal background checks completed within four working days from time receipt of record | 82                | 85                | 87                   |
| % of CNA training schools inspected during period of license                                   | 100               | 100               | 100                  |

## CHILD SUPPORT ENFORCEMENT

### 35-10-00

#### MISSION

To promote family independence by reducing dependency of single parent households through the collection of monetary child support payments and medical support from non-custodial parents. This mission is achieved through the effective use of paternity establishment programs, aggressive location of absent parents, expedited case processing and enforcement techniques, efficient collection and the timely distribution of child support payments.

#### KEY OBJECTIVES

- Increase the number of paternities established for Delaware children born out-of-wedlock and increase the paternity rate for children in the Division of Child Support Enforcement (DCSE) caseload.
- Increase the number and percentage of child support orders established for cases in the caseload.
- Increase the percentage of current child support collected by expanding efforts in three areas: further enhancing the initiation of income withholding orders on child support cases; devoting additional time and resources to non-custodial parent locate activities; and expanding the use of specialized enforcement tools.
- Increase the number of children receiving medical support from the legally responsible parent.
- Increase the percentage of cases paying child support arrears.
- Increase the overall collections on all cases.

#### BACKGROUND AND ACCOMPLISHMENTS

The Child Support Enforcement program began in 1975 to shift the fiscal responsibility for the support of children from government to those morally, legally and ethically obligated to support their children. Child support collections are an integral part of any policy to reduce poverty, strengthen families and prevent welfare dependency.

The Personal Responsibility and Work Opportunity Act (PRWORA) mandated many changes in the operation of child support programs. In addition, the elimination of the Aid to Families with Dependent Children program placed added emphasis on the child support enforcement

## HEALTH AND SOCIAL SERVICES

35-00-00

program and its close relationship to the TANF program that replaced it.

Under the federal Child Support Performance and Incentive Act of 1998, the basis for performance measures established by the federal Office of Child Support Enforcement (OCSE) was significantly revised during a three-year phase-in period that ended on September 30, 2002. To meet the challenge of competing with child support enforcement programs of the other states for a limited annual pool of federal incentive income funding, DCSE must maintain a concerted effort to improve its overall performance efficiency and effectiveness.

- **Child Support Collections:** During Fiscal Year 2012, DCSE collected \$96,262,259 in child support payments, which represents a 0.27 percent decrease in collections made during Fiscal Year 2011. Out of the Fiscal Year 2012 collections, DCSE returned \$6,168,623 to reimburse the state and federal governments for benefits provided to children through TANF and Foster Care programs. This represents 6.4 percent of Fiscal Year 2012 collections. The remaining 93.6 percent of Fiscal Year 2012 child support collections was distributed primarily to custodial parents and others caring for dependent children either directly or passing through another state.
- **Customer Service Initiatives:** The division's Voice Response unit allows custodial and non-custodial parents to call the agency 24-hours a day and receive current information on items, such as the date and amount of the last child support payment issued and the current balance on their account. The Automated Assistance Line/Voice Response unit (AAL/VRU) handled 1,301,682 phone calls during Fiscal Year 2012, for an average of more than 3,566 calls each day. This includes calls to the AAL/VRU full Spanish version.
- **New Hire Reporting:** New hire reporting requires all Delaware employers to submit to DCSE the name, home address and social security number of all new employees within 20 days of hire. New hire reporting is a very effective tool to locate delinquent non-custodial parents who change jobs frequently, to issue income withholding orders and to locate non-custodial parents to establish new cases. In 2012, the legislature passed Senate Bill 274 requiring employers to report the actual date on which an employee begins working to receive pay.
- **License Suspension and Denial:** PRWORA mandated all child support enforcement agencies enter into agreements with other state licensing agencies to suspend or deny the drivers,

occupational/business, professional and recreational licenses of seriously delinquent non-custodial parents. DCSE performs automated matching to suspend licenses through the divisions of Motor Vehicles, Revenue and Professional Regulation. A total of 3,154 licenses were suspended during Fiscal Year 2012.

- **Financial Institution Data Matches (FIDM):** Under PRWORA, every state child support enforcement agency is required to enter into data match agreements with all financial institutions doing business in their state. Financial institutions also have the option to join the multi-state FIDM program operated by OCSE. The purpose of these agreements is to develop and operate a data match system, which identifies the assets of seriously delinquent non-custodial parents held in financial institutions, imposes liens and levies on those accounts and undertakes the seizure of these assets. Through these efforts, the FIDM program collected \$380,830 in Fiscal Year 2012.
- **Direct Deposit and First State Family Card:** In July 2007, DCSE began to offer custodial parents the opportunity to deposit their child support payments directly into their checking, savings or credit union account. As of August 2012, 13,975 clients were enrolled in direct deposit. The First State Family Card, a MasterCard branded debit card, was made available in May 2010. As of August 2012, 11,558 clients were enrolled in the program. Not only do these programs result in savings for DCSE in postage, checks and envelopes, they provide a safer and more secure option for delivering child support payments to families. Presently, 25,533 clients are receiving electronic payments, an increase of over 30 percent from Fiscal Year 2012.
- **Child Support Lien Network:** The Child Support Lien Network (CSLN) is a program which matches delinquent payer files with over 1,100 insurers. The insurers match the delinquent payer files with their files of individuals who have personal injury and other insurance claims pending. If a match is found, the payment is levied, and the insurer forwards a lump sum payment, weekly workers' compensation payments or both, to satisfy the outstanding arrears. A total of \$154,953 was collected through CSLN in Fiscal Year 2012. In addition, OSCE is now matching with insurers and Delaware is participating in this service.

# HEALTH AND SOCIAL SERVICES

## 35-00-00

### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 3,994.6           | 3,819.9           | 3,894.5              |
| ASF          | 715.4             | 1,231.5           | 1,232.8              |
| <b>TOTAL</b> | <b>4,710.0</b>    | <b>5,051.4</b>    | <b>5,127.3</b>       |

### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 58.8              | 54.0              | 54.0                 |
| ASF          | 2.5               | 2.5               | 2.5                  |
| NSF          | 140.8             | 131.6             | 130.6                |
| <b>TOTAL</b> | <b>202.1</b>      | <b>188.1</b>      | <b>187.1</b>         |

### ***CHILD SUPPORT ENFORCEMENT*** ***35-10-01***

#### ACTIVITIES

- Establish paternity.
- Locate non-custodial parents.
- Establish, modify and enforce child support orders.
- Collect and distribute child support.
- Cooperate with other states in child support-related activities.

#### PERFORMANCE MEASURES

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| % of paternity establishment  | 78.0              | 80.0              | 81.6                 |
| \$ of total distributed collections (millions)                        | 82.8              | 84.5              | 86.2                 |
| \$ of child support collection (millions)                             | 96.3              | 98.2              | 100.2                |
| # of states/territories with which DCSE processes electronic payments | 51                | 51                | 51                   |

### DEVELOPMENTAL DISABILITIES SERVICES 35-11-00

#### MISSION

The Division of Developmental Disabilities Services (DDDS) values persons with intellectual and developmental disabilities, honors abilities, respects choices, supports people to achieve possibilities and works collaboratively to facilitate healthy, safe and fulfilling lives.

#### KEY OBJECTIVES

- Keep people healthy and safe.
- Promptly place people who require emergency residential services.
- Transition graduates of special education program to adult services that meet their needs.
- Provide family support services that meet families' needs.
- Encourage and support self-advocacy.
- Assist people to lead fulfilling lives
- Use resources effectively and efficiently.

#### BACKGROUND AND ACCOMPLISHMENTS

DDDS provides supports and services to individuals with intellectual disabilities, autism, Asperger's disorder and other related developmental disabilities and their families. The division's service system is based on the principles of self-determination, person-centered services, self-advocacy and choice.

The principles of self-determination and individual choice of services have been incorporated into all of the division's activities and services. Approximately 98 percent of the individuals currently supported in residential services live in houses, apartments and small group residences in neighborhoods across Delaware, as opposed to institutional settings. Over 10 years ago, 25 percent of the individuals receiving residential services lived in institutions compared to 2 percent now.

One of the challenges the division faces is the growth in the number of individuals found eligible for DDDS services. The division's total enrollment has increased by over 70 percent since July 2002. To manage this growth, DDDS continuously reviews and realigns its resources

# HEALTH AND SOCIAL SERVICES

**35-00-00**

and infrastructure to support the growth in community-based services.

Assuring that the individuals served by DDDS are healthy and safe is an expected outcome of all services. A first step in facilitating the health and safety of the people served by the division is the development of a service plan that addresses individual support needs. Every individual in a community-based residential placement has an Essential Lifestyle Plan that is person-centered and reviewed on a continuous basis. Nearly 70 percent of individuals eligible for DDDS services live at home with their families. For those individuals living at home, a Family Support Agreement is developed with the individual and his/her family. This service plan is reviewed with the individual and his/her family at least annually or at the family's request. DDDS continues to contract with residential and day program providers through its authorized provider network system. This system provides a mechanism for greater accountability for providers while developing additional choice of providers for the individuals served.

An individual rate setting system is used to fund day and residential services. This system and its budgeting practices are individualized and maximize state and federal funds. It is based on objective criteria and assessment of each individual's support needs rather than on provider agency contract negotiations. The system is designed to allow individuals to have a portable rate, which empowers them to choose their own service providers. The system also ensures service providers receive fair and equitable reimbursement and ensures provider accountability for the individuals' satisfaction with the services provided.

Several years ago, the division completed its Stockley Center transition plan to ensure all residents who chose to live in the community were transitioned to community-based residential services. The residents who remain on campus are still able to benefit from the provisions of the federal *Olmstead* legislation, which says that any resident may request community placement at any time. While a resident may request a community placement whenever they so choose, they are asked if they would prefer a community-based placement at least once a year.

Significant accomplishments have been made in the following areas:

- Placed 74 individuals in need of emergency and high risk residential services between July 1, 2011 and June 30, 2012;

- Placed 114 Special School Graduates in day-services/vocational services between July 1, 2012 and September 1, 2012;
- Served 582 individuals with 173,306 hours of respite services between July 1, 2011 and June 30, 2012, a 22 percent increase from the previous fiscal year;
- Collaborated with day-service providers to develop draft day-service, pre-vocational, and employment definitions using guidance from CMS;
- Established an interagency committee to hold the first annual statewide Transition Conference for students transitioning from school to adult services and their families;
- Provided an array of human service internships and nursing clinicals at Stockley Center for students from Delaware Technical and Community College, Delaware State University, Wilmington University and Indian River School District;
- Developed and implemented with DLTCRP new regulations and standards that are much more "person-centered" and aligned with national service trends;
- Systematically monitored all DDDS and provider services to assess compliance with applicable laws, regulations and policies;
- Completed and submitted to CMS a comprehensive "Evidentiary Report," which provides waiver compliance information that is necessary for the division's next Medicaid waiver renewal application;
- Established a tri-state consortium with Maryland and the District of Columbia to address mutual service and resource challenges and work more effectively with CMS; and
- Participated in the National Summit with a team of stakeholders from Delaware to develop a plan to support the expansion of self advocacy.

### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 64,342.5          | 71,550.3          | 76,524.4             |
| ASF          | 2,463.0           | 5,215.3           | 5,209.1              |
| <b>TOTAL</b> | <b>66,805.5</b>   | <b>76,765.6</b>   | <b>81,733.5</b>      |

### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 551.0             | 563.0             | 549.5                |
| ASF          | 1.0               | --                | --                   |
| NSF          | 3.0               | 3.0               | 3.0                  |
| <b>TOTAL</b> | <b>555.0</b>      | <b>566.0</b>      | <b>552.5</b>         |

# HEALTH AND SOCIAL SERVICES

## 35-00-00

### **ADMINISTRATION** **35-11-10**

#### **ACTIVITIES**

##### **Financial and Business Operations**

- Manage financial operations (including budget development and administration), contract development and monitoring, maximization of federal revenues and the cost-effectiveness of services delivered.
- Manage DDDS's information systems and ensure the advancement of technologies for efficient operations.
- Ensure compliance with applicable laws and regulations.
- Administer benefit programs for individuals in residential programs including individuals in the HCBS waiver program.

##### **Professional Services**

- Operate DDDS's Resource Development and Management unit.
- Recruit and manage providers of Shared Living and respite services.
- Provide consultation and technical assistance for special and complex cases.
- Manage the Authorized Provider System.
- Operate DDDS's Intake/Applicant Services unit.

##### **Training and Professional Development**

- Develop and deliver a wide array of intellectual/developmental disabilities-related training classes.
- Coordinate and support employee participation in personal, professional and technical development courses and seminars.
- Facilitate an improved training/communication plan with consumers, families, employees, providers and advocates focusing on self-directed services.
- Write and publish internal employee awareness and professional development documents.

##### **Quality Assurance**

- Continuously monitor the status of DDDS programs to assess compliance with applicable laws, regulations and policies.
- Provide ongoing regulatory oversight of health and safety activities and systems at Stockley Center and throughout Community Services.
- Conduct annual certification reviews of community-based day and residential programs, including

assisting DLTCRP in the licensing of the division's neighborhood homes.

- Conduct routine surveys to assess individual, family, staff and other stakeholder satisfaction with programs, services and supports.
- Conduct and manage the division's continuous quality improvement program.

#### **PERFORMANCE MEASURES**

|  | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|--|-------------------|-------------------|----------------------|
| % of claims billed in accordance with services specified in the Plan of Care and coinciding with the Inventory for Client and Agency Planning rate | 98                | 98                | 98                   |
| % of provider attendance reports for day and residential services that match what was claimed  | 89                | 90                | 92                   |
| # of new provider applications approved in accordance with federal Medicaid continuous provider enrollment requirement                             | 3                 | 4                 | 4                    |
| % of providers in compliance with the DDDS certification standards by type and state licensing regulations by type                                 | 98                | 99                | 99                   |

### **STOCKLEY CENTER** **35-11-20**

#### **ACTIVITIES**

- Operate a 54-bed residential facility with both skilled and Intermediate Care Facility (ICF) for the Individuals with Disabilities (ID) beds.
- Operate a 17-bed residential ICF/ID unit.
- Operate a 15-bed assisted living unit for individuals with Alzheimer's disease or dementia.
- Comply with ICF/ID regulations to maintain the federal certification to obtain Medicaid funding.
- Comply with State Nursing Home regulations to maintain state licensing status.
- Operate an integrated quality assurance program to ensure regulatory compliance.
- Ensure the implementation of a person-centered service delivery system, which provides for individual choice of residential living options.
- Provide comprehensive health services to include medical, dental, nursing, psychological and other ancillary services.

## HEALTH AND SOCIAL SERVICES

### 35-00-00

- Provide work and activities programs that provide residents with employment, recreation, leisure and social opportunities.
- Maintain an environment that safeguards the health and safety of residents.
- Maintain the infrastructures and utilities necessary for campus services.
- Continue to provide short-term respite and rehabilitation for people receiving services from DDDS, so they can return to the community.

#### PERFORMANCE MEASURES

|  | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|--|-------------------|-------------------|----------------------|
| % of Plans of Care (POC) in which services and supports are aligned with preferences | 80                | 85                | 90                   |
| % of POC in which services and supports are aligned to the resident                  | 85                | 90                | 95                   |

#### **COMMUNITY SERVICES** **35-11-30**

#### ACTIVITIES

- Revise systems and realign infrastructure to support person-centered community-based, day and residential services.
- Develop service options and resources that better meet the needs of individuals living at home and with their families.
- Increase staff assigned to assist individuals and their families with transition from school to adult day services.
- Develop diverse residential service options to provide choice to consumers.
- Collaborate on Employment First legislation in order to focus more resources on supported and competitive employment.
- Work with all stakeholders to increase educational and systems-training opportunities for consumers, families, advocates and staff.
- Continue to offer assistive technology supports, services and equipment to consumers.
- Ensure compliance with HCBS waiver program criteria.
- Collaborate with stakeholders to provide a greater emphasis on person-centered focus for all Essential Lifestyle Plans.

#### PERFORMANCE MEASURES

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| % of participants reporting that they feel safe at home | 97                | 98                | 98                   |
| % of participants reporting that they feel safe at work | 97                | 98                | 98                   |

# HEALTH AND SOCIAL SERVICES

35-00-00

## STATE SERVICE CENTERS

35-12-00

### MISSION

To provide easy access to human services, assist vulnerable populations maintain self-sufficiency, support communities and promote volunteer and service opportunities.

### KEY OBJECTIVES

- Provide services and resources to those individuals and families in greatest need.
- Use public and private resources efficiently and effectively to mitigate the causes and conditions of poverty in Delaware.
- Coordinate volunteer and community service opportunities for all ages to address critical needs and have a lasting impact.
- Increase access to information regarding services via effective communication networks and increased technological capacity.

### BACKGROUND AND ACCOMPLISHMENTS

The Division of State Service Centers (DSSC) provides direct client services to fragile families, low-income households and vulnerable populations; administers state and federal funds to assist low-income persons and families; and coordinates volunteer and service activities. The division is structured as four units:

- Family Support Services provides programs and services that serve as a safety net for individuals and families in crisis or in need of supportive services;
- State Office of Volunteerism administers volunteer and service activities for all ages;
- Office of Community Services administers statewide and federal programs for low-income and homeless persons; and
- Administration leads and manages the division and includes the Office of the Director and fiscal operations.

During Fiscal Year 2012, the Division's accomplishments included:

- **Emergency Assistance:** Community resources and assistance for rent, utilities and emergency shelter was provided to 16,502 clients. An additional 10,464 clients were served through the Emergency Assistance Fund, and 159 clients received assistance

through the Needy Family Fund. The Kinship Care program assisted 360 caregiver households, Medical and Diabetes Funds assisted 586 clients and the Utility Fund assisted 3,255 households.

- **Family Visitation:** Visitation centers provide safe, neutral settings where children can maintain or re-establish a relationship with a non-custodial parent. The visitation centers served 213 unduplicated families by providing 1,517 monitored exchanges, 1,978 supervised individual visitations and 2,249 group visitations.
- **Adopt-A-Family:** During the holiday season, 1,974 individuals were served by Adopt-A-Family, and an additional 1,098 households were served throughout the year. In addition, 463 students were assisted with school supplies.
- **Homeless Shelter Services:** State Emergency and Transitional Housing funds supported contracts with 14 emergency and transitional shelter agencies with approximately 630 beds and assisted 4,359 homeless individuals. Of those who received shelter services, 1,168 individuals successfully departed to stable housing, and 8,475 individuals were not able to be housed.
- **Community Services Block Grant (CSBG):** CSBG funded a range of anti-poverty services, including comprehensive case management, training, emergency services and community development to 10,224 individuals and 5,921 families where 46 percent of those served were from poor working families or receiving unemployment benefits, and 28 percent served were in severe poverty at or below 50 percent of the federal poverty rate.
- **Food and Nutrition Program:** Thirty-three nonprofit agencies reporting to the Food Bank of Delaware distributed food 52,637 times to households through food closets and mobile pantry programs in Delaware, including food closets at the State Service Centers.
- **Senior Volunteer Programs:** The Retired or Senior Volunteer Program (RSVP) provides opportunities for people age 55 and older to apply their life experience to community needs. Volunteers are recruited to help serve in the areas of health and human services, education, environment and public safety. In New Castle and Sussex Counties, 2,406 seniors contributed 395,888 hours of volunteer service at nonprofit and governmental agencies.
- **The Foster Grandparent Program:** The program financially enables senior citizens on a limited income to volunteer. Through a non-taxable stipend, Foster Grandparents devote their volunteer service entirely to disadvantaged or disabled youth ages 0-

# HEALTH AND SOCIAL SERVICES

## 35-00-00

21 across Delaware. The program provided 288 seniors with volunteer opportunities and contributed 272,685 hours of volunteer service to 1,728 of Delaware's children.

- **AmeriCorps:** Over 70 AmeriCorps members served over 94,000 hours, giving back to their community through mentoring school children; providing food, shelter, and clothing for the poor and homeless; building quality homes for low income families; recruiting volunteer firefighters; and teaching CPR and first aid courses.
- **Volunteer Delaware:** This program served Delawareans through 855 direct volunteer referrals and 5,323 outreach contacts, provided technical assistance to 495 agencies and organized training sessions for volunteer coordinators. Additionally, 155 students received an elective school credit through the Delaware Volunteer Credit program. Volunteer Delaware and the website for volunteer referrals received 25,015 hits.

### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 10,744.1          | 10,425.3          | 10,900.5             |
| ASF          | 334.4             | 663.1             | 663.1                |
| <b>TOTAL</b> | <b>11,078.5</b>   | <b>11,088.4</b>   | <b>11,563.6</b>      |

### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 100.6             | 103.3             | 104.3                |
| ASF          | --                | --                | --                   |
| NSF          | 22.0              | 16.3              | 16.3                 |
| <b>TOTAL</b> | <b>122.6</b>      | <b>119.6</b>      | <b>120.3</b>         |

### *SERVICE CENTER MANAGEMENT* 35-12-20

#### ACTIVITIES

- Provide program and facility oversight, training, planning and evaluation and emergency management for the division.
- Provide fiscal management and financial monitoring.
- Provide technical support to improve service delivery.

#### PERFORMANCE MEASURE

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| # of State Service Center client visits | 708,000           | 735,000           | 757,050              |

### *COMMUNITY SERVICES* 35-12-30

#### ACTIVITIES

- Administer the CSBG, Emergency/Transitional Housing Site Operations, Emergency Housing Assistance Fund and state funds for Community Food programs.
- Facilitate community development outreach in collaboration with the First State Community Action Agency.
- Perform program planning, monitoring and evaluation.
- Provide one-stop service access for clients through the management of 15 state service centers.
- Partner with other state and nonprofit agencies to improve accessibility to programs for vulnerable Delawareans.
- Provide direct support services, including Emergency Assistance Services, Community Resource Assistance Services, Emergency Food and Shelter program, Adopt-A-Family and Family Visitation.
- Monitor client satisfaction and service use through surveys and other reliable instruments to measure accessibility to services, client satisfaction and appropriateness of service mix.
- Provide a safe and secure environment for children to develop or maintain a positive relationship with their non-custodial parent through visitation centers housed in state service centers.

#### PERFORMANCE MEASURE

|                                       | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---------------------------------------|-------------------|-------------------|----------------------|
| # of clients accessing emergency food | 70,000            | 75,000            | 77,250               |

### *VOLUNTEER SERVICES* 35-12-40

#### ACTIVITIES

- Administer the AmeriCorps National Service program, AmeriCorps\*VISTA program, Volunteer Resource Center, Foster Grandparents program and RSVP.
- Help state and nonprofit agencies better meet their objectives by implementing volunteer programs through technical assistance, training, public relations and assistance with volunteer recognition programs.

# HEALTH AND SOCIAL SERVICES

## 35-00-00

- Recognize the contributions of volunteer youth and adults in annual events and through the Delaware Volunteer Credit program.

### PERFORMANCE MEASURES

|                                 | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---------------------------------|-------------------|-------------------|----------------------|
| # of RSVP volunteers            | 2,406             | 2,200             | 2,000                |
| # of RSVP volunteer hours       | 395,888           | 375,000           | 360,000              |
| # of active foster grandparents | 288               | 252               | 252                  |

## SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES

### 35-14-00

#### MISSION

The mission of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is to maintain and improve the quality of life for residents of Delaware who are at least 18 years of age with physical disabilities or who are elderly.

#### KEY OBJECTIVES

##### Promote Health and Wellbeing

- Establish and advance partnerships with other state and community-based agencies to promote and support the independence, health and wellbeing of older persons and adults with physical disabilities.

##### Foster Self-Sufficiency

- Coordinate the delivery of home and community-based services, such as nutrition programs, personal care programs and respite care programs that promote constituents' independence.

##### Protect Vulnerable Populations

- Advocate for the rights of vulnerable older persons and adults with physical disabilities, including working toward providing constituents the least restrictive living environment possible. Provide skilled and intermediate nursing care for those who cannot be served in other settings.

##### Ensure Access to Services

- Provide streamlined access to information and services for older persons and individuals with disabilities.

#### BACKGROUND AND ACCOMPLISHMENTS

DSAAPD was established over 40 years ago as the Division of Aging. In 1994, the division was expanded to include services for adults with physical disabilities. DSAAPD serves as Delaware's state unit on Aging and coordinates a broad range of services for older persons and adults with physical disabilities in Delaware.

Funding sources for the division include the Administration on Community Living (formerly the Administration on Aging through the Older Americans Act), CMS (through Medicaid) and Social Services Block Grant. Additionally, DSAAPD pursues and

## HEALTH AND SOCIAL SERVICES

### 35-00-00

manages research and demonstration grants from various sources as they become available.

In October 2010, DSAAPD launched the Delaware Aging and Disability Resource Center (ADRC). ADRC streamlines access to information and services, provides options counseling and supports proactive care transition planning for older Delawareans and adults with physical disabilities.

People can access ADRC 24 hours per day, seven days per week, through the call center or the Delaware ADRC website, [www.delawareadrc.com](http://www.delawareadrc.com).

In January 2011, the operations of the three state long-term care facilities, Governor Bacon, Emily P. Bissell and Delaware Hospital for the Chronically Ill, were transferred from DPH to DSAAPD. The integration of the facilities into DSAAPD created a single point of access to nursing home and community-based long-term care services.

In February 2011, DSAAPD started a Care Transitions program. The program extends community living for individuals who are in the community or in the hospital and are seeking admission to one of the State's long-term care facilities and support the state facility census reduction for Fiscal Year 2013. In May 2012, the Care Transitions program was extended to offer hospital discharge planning support to Delaware's acute care hospitals. This ensures that individuals are linked to community-based long-term care services prior to their discharge from a hospital and prevents institutionalization.

DSAAPD continues to work with DMMA on the implementation of the Money Follows the Person (MFP) initiative. MFP supplemental administrative grant funds are being used to strengthen the capacity of the ADRC to support the MFP program in its statewide long-term care rebalancing efforts.

DSAAPD partnered with DMMA to develop an Integrated Long-Term Care initiative, Diamond State Health Plan-Plus (DSHP-Plus). DSHP-Plus provides improved access to community-based long-term care services and increased flexibility to more effectively address individual needs, and to better control rising long-term care costs significantly impacting Medicaid.

Finally, DSAAPD continues to use both print and Internet media to provide information and support to Delawareans on a range of topics. The popular *Guide to Services for Older Delawarean and Persons with Disabilities* is available in English and Spanish, while the agency also makes available guides titled *How to Select Long Term Care* and *Delaware's Legal Handbook for Grandparents and Other Relatives Raising Children*.

#### FUNDING

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 63,301.4          | 58,974.8          | 60,699.3             |
| ASF          | 2,909.0           | 4,240.2           | 4,123.9              |
| <b>TOTAL</b> | <b>66,210.4</b>   | <b>63,215.0</b>   | <b>64,823.2</b>      |

#### POSITIONS

|              | FY 2012<br>ACTUAL | FY 2013<br>BUDGET | FY 2014<br>GOV. REC. |
|--------------|-------------------|-------------------|----------------------|
| GF           | 825.5             | 802.4             | 801.9                |
| ASF          | 1.0               | 0.5               | 0.5                  |
| NSF          | 50.6              | 28.1              | 28.6                 |
| <b>TOTAL</b> | <b>877.1</b>      | <b>831.0</b>      | <b>831.0</b>         |

### *SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES*

#### *35-14-01*

#### ACTIVITIES

- Operate the ADRC.
- Facilitate the delivery of statewide long-term care services and programs that help address the physical, emotional, safety and life-skills needs of older persons and adults with physical disabilities.
- Administer contracts for key home and community-based care services that are fundamental to the needs of older persons and adults with physical disabilities.
- Provide respite services for caregivers who look after older persons or adults with physical disabilities, as well as for older persons who are caring for children.
- Protect and advocate for vulnerable, at-risk adults in institutions and in the community.
- Organize and/or participate in outreach efforts that educate the community on the services available for older persons and adults with physical disabilities.
- Communicate and partner with advisory councils, advocacy groups, provider coalitions, service providers and government agencies.

#### PERFORMANCE MEASURE

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| % of all applicants diverted from state long-term care facilities | 84                | 90                | 95                   |

## HEALTH AND SOCIAL SERVICES

### 35-00-00

***DELAWARE HOSPITAL FOR THE  
CHRONICALLY ILL  
35-14-20***

#### ACTIVITIES

- Operate a 152-skilled bed nursing facility, including a 25-bed secure care unit for cognitively impaired residents who are high risk for wandering.
- Accept/admit referrals from ADRC for residents whose care needs can no longer be maintained with the support of available community-based services.
- Provide admission on an emergency basis for individuals referred from Adult Protective Services.
- Admit patients from DPC whose psychiatric needs are stabilized and deemed appropriate for nursing home care.
- Operate an integrated continuous quality improvement program.
- Operate a Central Intake unit for long-term care facilities within DSAAPD.
- Provide financial management for resident trust funds and revenue managements.
- Maintain utilities and infrastructure for other state agencies and contractors that operate on campus.

#### PERFORMANCE MEASURE

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| % of residents assessed and appropriately given the seasonal influenza vaccine (national average 90%) | 92                | 92                | 92                   |

***EMILY BISSELL  
35-14-30***

#### ACTIVITIES

- Operate a 63-skilled bed nursing facility.
- Accept/admit referrals from ADRC for residents whose care needs can no longer be maintained with the support of available community-based services.
- Provide admission on an emergency basis for individuals referred from Adult Protective Services.
- Admit patients from DPC whose psychiatric needs are stabilized and deemed appropriate for nursing home care.
- Operate an automated system for interdisciplinary care planning and documentation, timekeeping, accounts receivable and patient census tracking.
- Provide support to community-based long-term care services.

- Maintain utilities and infrastructure for other agencies that operate on campus.

#### PERFORMANCE MEASURE

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| % of residents assessed and appropriately given the seasonal influenza vaccine (national average 90%) | 96                | 97                | 98                   |

***GOVERNOR BACON  
35-14-40***

#### ACTIVITIES

- Operate a 74-bed nursing facility.
- Accept/admit referrals from ADRC for residents whose care needs can no longer be maintained with the support of available community-based services.
- Provide admission on an emergency basis for individuals referred from Adult Protective Services.
- Admit patients from DPC whose psychiatric needs are stabilized and deemed appropriate for nursing home care.
- Operate an integrated, continuous quality improvement program.
- Operate an automated system for interdisciplinary care planning and documentation, timekeeping, accounts receivable, patient census tracking and inventory management.
- Maintain utilities and infrastructure for other state agencies and contractors that operate on campus.

#### PERFORMANCE MEASURE

|   | FY 2012<br>Actual | FY 2013<br>Budget | FY 2014<br>Gov. Rec. |
|---|-------------------|-------------------|----------------------|
| % of residents assessed and appropriately given the seasonal influenza vaccine (national average 90%) | 98.6              | 97.0              | 97.0                 |