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MEMORANDUM

TO: Committees on Health & Human Services and Appropriations & Financial Affairs
FROM: Commissioner's Office, Maine DHHS
DATE: March 2, 2020
RE: Responding to Questions re: Supplemental Budget Proposal

**Line numbers refer to the green and purple sheets distributed to the HHS Committee*

Line 2 – Office of Child and Family Services - District
There were questions about the analytics tool and the caseload issue.
A detailed description of the analytics tool is available in the caseload/workload report[1].

Additionally, the Workload Analytic Tool uses the case counts from the Maine Automated Child Welfare Information System (MACWIS), the time needed to handle cases by caseworkers and the time available to complete the casework to estimate the full-time equivalents (FTE) required. There are numerous case assumptions that must be made due to the complexity and uniqueness of child welfare casework. Some assumptions include;

- The volume of event cases is measured by those that opened during the month.
- A child who is in the custody of the agency is considered a case.
- The volume of status cases is measured by those active at the end of the month.
- The number of supervisors needed is based on a 1:5 ratio.
- Caseworkers with multiple types of cases on their workload, e.g., Assessment, Permanency, and Adoption, are classified in accordance with the highest number of cases of a given type on their workload.

The time needed to handle cases was determined using a Time Study which measured the average time needed in a month to handle different case types. The Time Study measured the average time needed to complete each activity required in policy or activities performed every month for a case. Other case activities, like preparing for and attending court, were also measure and added to the time needed to handle casework. A list of activities reviewed include;

- Assignment Sheet, Determine Assessment Findings, Determine Preliminary Safety Decision, Review Safety Plan with Supervisor, Face-to-Face (Home) – Child, Face-to-Face (Home) - Parent, Legal Guardian or American Indian Custodian - Alone or with Child, Participate in Family Team Meeting, Conduct Home Study, Obtain References, Train Foster Care Providers, Case-Related Travel, MACWIS Documentation and Non-Required Activities.

A Random Moment Time Survey (RMTS) was used to measure the amount of time staff have available for casework. The time available in a month to work on cases was updated using the

[1] https://www.maine.gov/dhhs/ocfs/cw/reports/2020-Workload-Report-013120.pdf

data collected from the RMTS administered as part of the child welfare assessment. Based on the study, caseworkers are currently estimated to spend an average of 119.6 hours per month on casework, on average. The RMTS also measures the time caseworkers are engaged in non-case specific work, e.g. on participating in training, participating in a general administrative meeting, or on leave.

To validate the model, the Office of Child and Family Services (OCFS) engaged national experts in the field of child welfare. On July 3, 2019 a review of the Workload Analytic Tool was completed with assistance from the Child Welfare League of America (CWLA), New England Association of Child Welfare Commissioners and Directors (NEACWCD), Casey Family Programs, and several OCFS staff, including caseworkers and supervisors. The working group examined additional factors that could influence workload to include: external factors and trends, family/case characteristics, community characteristics, worker characteristics, agency characteristics and organization and child/family outcomes. Other factors considered that could impact workload include: complexity of child and family needs, additional reports received, Alternative Response Program, cases opened based on court decision vs. service need, staff turnover, and expectations for child welfare workers which are continually evolving and increasing, including new policy requirements.

From the July review, OCFS decided to make additional enhancements to the model addressing some of the factors / conditions identified. On August 8, 2019, PCG (vendor) and OCFS leadership met with district staff, CWLA and NEACWCD. Leveraging district staff experience, several weighting factors were developed to better model the workload. These weights include;

- Caseworker Tenure – Caseworkers and Supervisors provided feedback regarding how many years, on average, does it take for a caseworker to become proficient in handling a case. The consensus was unanimous that it takes two years for a caseworker to become "seasoned." Assigning a weight of "1" to caseworkers with at least two years of experience, weights were developed with input from District workgroup members of the proportion of cases less or more tenured staff can manage. The caseworker tenure weight was developed and applied to measure caseworkers needed.
- Weighting for Case Travel - As part of the Organizational Assessment conducted in 2018, caseworkers voiced concern about the time they spend traveling long distances to meet with children and families. Using Google's mapping function which calculates travel time based on road speed limits, the time it takes to travel to and from the office to the address of a family or placement setting of a child was measured. Results for April through June 2019 show that approximately 10 percent of the cases required more time to travel to visit with the family or child than what the time standard allows for six case types. Weights for these case types were incorporated into the tool.

OCFS is continuing its work with PCG to further refine the analytic tool.

Are there still vacancies in the case worker positions added in the prior budget and the earlier bill from 2018?
All the caseworker positions from 2018 and 2019 have been hired and filled. At any given point, OCFS has caseworker vacancies due to turnover, promotions, or transfers. Currently, the turnover rate has dropped to 18%, the lowest rate in two years, and it compares favorably to national public child welfare turnover rates which average 25-40%.

Line 7 – Children's Services

MACWIS/IT – Explanation of the implementation process and expected future one-time and on-going costs.

DHHS received federal approval for the CCWIS project at the end of November 2019. DHHS finalized the purchase of the software in Jan 2020 and is currently finalizing the contract for the integration and implementation services with Deloite. Per the current workplan, DHHS expects it to take 20 months from the contract start date to field implementation of the new system. It is expected to cost $21 million for the initial development of the system and a total $56.5 million over the next 12 years for the base system.

Line 8 – Developmental Services – Community

Details about the initiative for additional respite resources. How does the department identify who gets those resources? What does the program actually look like (in the home, a day program etc)? How many hours each?

The Department (via OADS) has recently reviewed and updated its "Family Support Funds Protocol" (excerpted below), which is the (internal) policy document dictating the eligibility and oversight behind OADS' family support and respite funds. These resources are provided to support families caring for family members with intellectual disabilities or autism. The family member who requests Family Support Funds – parent, spouse, sibling, or otherwise – must reside in the same home as the family member with intellectual disability or autism. Funds are provided to each eligible family within annual caps: $1,000 for each family having one eligible individual with intellectual disabilities or autism, and a higher cap of $1,500 for each family having two or more individuals with intellectual disabilities or autism.

PURPOSE:

Each year, funds are available to support families caring for family members with intellectual disabilities or autism. Family Support Funds provide flexible, financial support for a wide variety of goods and services that may be needed to allow individuals with intellectual disabilities or autism to remain in a home with other family members. Categories of covered goods and services include respite, clothing, furniture/appliances, personal hygiene products, medical items/services and medication, and assistance with the household's heating and utility costs. Other items may be covered if there is a demonstrated need for the goods or services.

Line 9 – Medical Care – Payments to Providers

Sec. 29 waitlist funding is a snapshot in time. Projections of cost by the end of this fiscal year and the next fiscal year. Also how does DHHS plan to keep up with Priority 1 individuals on Sec. 21? Waitlist information – people on Section 21 waitlists receiving Sec. 29; on other MaineCare sections while also on waitlists for 18, 20, 21 or 29?

Paul Saucier presented this and other information and answered questions from the committee at the work session for LD 1984 on Tuesday, February 25. For the fiscal note on LD 1984 as amended, the Department is working on the projected Sect. 29 demand through June 30, 2021.

Line 15 – Central Operations

Senior legal advisor initiative – 128th Legislature issue of DHHS attorneys; has there been a change since then?

The intent of this new senior legal advisor position is to ensure alignment and sufficient capacity for the Department's coordination with OAG on legal matters. This position will be an appointed position by the Commissioner and will be the primary point of contact with the OAG.

Confirm that the legal advisor position has been vetted and approved by OAG.
The Office of the Attorney General will confirm this with the chairs and committee analyst via email.

Line 19 – Division of Licensing and Certification
OSR funding for the background check program – where is the increased OSR funding from?
This request is strictly increasing allotment (our ability to fully spend available funding). The OSR is currently available in the account from dedicated user fees.

Line 20 – Long Term Care – Office of Aging and Disability Services
Cost comparison of Assisted Living Facilities compared to other types of residential care.
In January of 2018 as part of the cost analysis for the ALF report, the PNMI -C residential care model was used as the closest care model to the ALFs.

- PNMI C - Average Annual cost: $39,807.00
- ALF Model - Average Annual Cost: $17,147.00

Average cost of nursing facility care?
Average rate paid to nursing homes is $233/day, or, $85,045/year. Actual payment varies based on each facility's costs and the case mix at each facility (facilities with higher case mix will have greater staffing needs, and therefore higher costs). It should also be noted that individuals in grant-funded ALFs have different needs than most individuals in nursing facilities.

Number of people served by ALFs and the number of people served in PNMI App C.
Current number of individuals served in the ALF program: 168
Current number of members served in PNMI App. Cs:

Line 23 – Office of Aging and Disability Services
Money Follows the Person program – was there GF in the biennial budget for this?
There was an initiative in the biennial budget related to Money Follows the Person but it was just an allotment change, it did not direct any general funds to the program.

Is there a relationship between funding in the biennial budget and the initiative in the supplemental budget? Was the federal program renewed so that federal funding is available?
This federal program has been authorized to continue using unspent funds. OADS is in the process of completing the budget for CMS approval in order to continue receiving funds.

Line 39 – Medical Care – Payments to Providers
Estate recovery initiative – how many people may be affected by this?
Historical data on all estate recovery (required and optional):

	SFY 2019	SFY 2018	SFY 2017
Total Members	392	336	386
Recoveries by Category			
LTC	$6,561,891	$6,161,722	$7,646,417
HCBS	$962,100	$258,173	$343,116
Hospital/Pharmacy	$1,073,413	$972,544	$916,145
All Other	$1,765,928	$849,999	$1,504,749
Total	$10,363,332	$8,242,438	$10,410,427

Notes:

This initiative will not eliminate estate recovery for all members

1) This excludes voluntary member payments to reduce assets and maintain eligibility
2) Only the portion of Hospital/Pharmacy claims related to either LTC or HCBS services is subject to mandatory estate recovery, approx. 30% of the total.
3) The All Other category contains services that are not subject to mandatory recovery
4) Only a subset of the members listed above will benefit from eliminating the optional estate recovery practice.

Line 48 – Office for Family Independence - District

Any data regarding the number of calls or workload through the Wilton Call center. How those additional positions have helped with the number of calls.

The OFI eligibility telephone line receives an average of about 11,700 calls each week, and the Wilton Call Center has allowed the Department to dramatically reduce wait times and increase answer rates. The average calls answered live rate has increased from 51.3% to 85.9% since the Call Center went live (calls not answered live typically indicate that a client has hung up). Additionally, the average wait time to speak with an OFI representative dropped from nearly 33 minutes before Wilton came on-line in mid-2019 to just over three minutes since, allowing clients the opportunity to speak with an agent almost right away.

Wilton staff are also able to resolve 42.6% of the calls they answer without transferring them to an Eligibility Specialist. That has made eligibility staff more available to field calls that require their expertise (like eligibility interviews for Food Supplement benefits) and has allowed OFI to dedicate more resources to processing cases.

Line 62 – Universal Childhood Immunization Program

Are we supplementing the fee paid by manufacturers?

No, this initiative allows us to access funds already collected for this program

Line 68 – Purchased Social Services

Information about VOCA – what is this program?

The Victims of Crime Act (VOCA) passed in 1984, established the Crime Victims Fund, which draws from fees and fines collected from cases involving federal white-collar crimes and settlements. The VOCA grant funds support states' victim compensation and victim assistance programs. In Maine, VOCA Compensation grant funds are administered through the Office of the Attorney General's Victim Compensation Program and VOCA Assistance grant funds are administered through the Office of Child and Family Services' Violence Prevention Program.

VOCA Assistance grant funds must be allocated to nonprofit organizations that have a demonstrated record of providing effective services to victims of crime, that:

- respond to the emotional, psychological, or physical needs of crime victims;
- assist victims with stabilizing their lives after victimization;
- assist victims with understanding and participating in the criminal justice system; or,
- restore a measure of security and safety for the victim.

Has there been an increase in VOCA funding for the state?

Broadly, yes. In 2014, Maine received $2,164,726 of VOCA Assistance grant funds. Beginning with the allocation for 2015, Maine received a significant increase in these grant funds. Funds received in the most recent years are:

- 2016 $9,108,579
- 2017 $7,514,743
- 2018 $13,191,018
- 2019 $9,030,862

It is important to note that the National Association of VOCA Assistance Administrators (NAVAA) is preparing states for a decrease in VOCA Assistance grant funding. Current VOCA funding has been allocated through 09-30-2021, therefore any potential decrease would impact funding for contracts beginning FFY 2022.

What is the plan for spending the VOCA funding?
Maine's plan for allocating future VOCA Assistance grant funds will be informed by the outcome of the victim needs assessment, keeping in mind that 40% of the total grant amount must be allocated to support victims of each: domestic violence, sexual violence, child abuse, and those determined to be underserved and 5% of the total funding supports the State's administration of the funds.

The $2.5m from FHM for domestic violence and sexual assault funding was one-time money – what will the future amounts be for this purpose (will there be a drop in funding)?
During last year's legislative session, the HHS Committee voted unanimously to support the requests for an increase of $2.5 million of state funds, annually, from the Maine Coalition Against Sexual Assault and the Maine Coalition Against Domestic Violence. Governor Mills' budget change package allocated $2.5 million of funding from Funds for Healthy Maine, $1.25 million per year, per provider, to support said services through the biennium. Ongoing funding for these programs would need to be considered in the next biennial budget.

The FHM funds are currently supporting the following services:

- Child Sexual Abuse Prevention/Intervention Services ($720,000 per year / $90,000 per public health district)
- Sexual Violence Survivor Response Services ($530,000 per year / $66,250 per public health district)
- Domestic Violence Prevention Services ($720,000 per year)
- Safe Housing for Sex Trafficking Victims ($265,000 per year / $33,125 per public health district)
- Domestic Violence Emergency Shelter ($265,000 per year / $33,125 per public health district)

Line 72 – Office of Substance Abuse and Mental Health Services
10 intensive case managers – was LD 414 included in this calculation?
This initiative is separate from LD 414, though these positions would provide similar functions and purpose. The LD intends to have 4 more of what are now called jail based ICMs (our existing ICMs) in counties where there are no jails. The proposed positions are intended to serve functions beyond jail-based ICMs, including:

- Establish effective working relationships with all the community service providers, key law enforcement personnel, and state and private hospitals in their region;

- Coordinate work with the jail-based ICMs as necessary and attend Title 15 dockets as necessary;
- Manage referrals from stakeholders in their region in a timely fashion;
- Work collaboratively with key state and private providers, families/guardians, attorneys, and law enforcement to gather information/assess the needs of the clients and the acuity of those needs;
- Develop, with supervision and support as needed, an appropriate plan to meet client needs in the least restrictive environment/most appropriate setting and implement that plan;
- Work effectively in-person with acute clients to address their needs;
- Be aware of and strive to adhere to established outcome expectations;
- Maintain timely record-keeping and data collection;
- Report data driven successes and challenges to the ICM supervisor.

The proposed forensic behavioral health team community based ICMs are intended to reach statewide.

Case manager positions across jails, hospitals, ERs and other community settings – operationally, how will these function? How will they coordinate across DHHS and other departments, and where will they be housed? (DPS, DOC, DHHS)
These will be DHHS/SAMHS positions and will report to a SAMHS Forensic Behavioral Health Team leadership position (Forensic Manager, PSE III - also in the budget initiative) which will, along with other with DHHS leadership, meet with DPS and DOC.

Members of the Forensic Behavioral Health Team will regularly interact with judges and lawyers; local law enforcement; community providers; private hospitals; the Department of Health and Human Services (DHHS) including leadership, state psychiatric hospital leadership and personnel, Substance Abuse and Mental Health Services (SAMHS) leadership and Jail-Based Intensive Case Managers (ICMs) and supervisors, and Office of Aging and Disability Services (OADS) leadership and crisis personnel; personnel at the Department of Corrections (DOC); and personnel at the Department of Public Safety (Public Safety).

Unrelated to Specific Initiatives
How many direct care worker/direct support professional rates do not currently cover the current minimum wage as of January 1, 2020?
MaineCare does not mandate how providers must expend their MaineCare reimbursement, including the wages they pay their staff, so the Office does not have a definitive list of services it covers that have a significant reliance on minimum wage workers. Therefore, it is difficult to produce this analysis.