

Performance-Based Budget

DEPARTMENT OF HUMAN SERVICES

Part 3



Independent Fiscal Office

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INDEPENDENT FISCAL OFFICE

January 19, 2022

The Honorable Members of the Pennsylvania Performance-Based Budget Board:

Act 48 of 2017 specifies that the Independent Fiscal Office (IFO) shall "review agency performance-based budget information and develop an agency performance-based budget plan for agencies subject to a performance-based budget review." This review "shall be completed in a timely manner and submitted by the IFO to the board for review."

For the purposes of Act 48 of 2017, the Department of Human Services is reviewed over a three-year period. This report contains the third part of the review for the department. All performance-based budget (PBB) reviews submitted to the Board contain the following content for each activity or service provided by the agency:

- a brief description of the activity, relevant goals and outcomes;
- a breakdown of agency expenditures;
- the number of full-time equivalent positions dedicated to the activity;
- select currently available metrics and descriptive statistics;
- any proposed metrics that the review recommends; and
- observations that should allow agencies to more effectively attain their stated goals and objectives.

The IFO submits this review for consideration by the PBB Board. The agency received a draft version of this review and was invited to submit a formal response. If submitted, the response appears in the Appendix to this review. The IFO would like to thank the agency staff that provided considerable input to this review.

Sincerely,

A handwritten signature in blue ink that reads "Matthew J. Knittel".

Dr. Matthew J. Knittel
Director

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Background on Performance-Based Budgeting

Act 48 of 2017 is known as the Performance-Based Budgeting and Tax Credit Efficiency Act. The act requires the Independent Fiscal Office (IFO) to develop performance-based budget (PBB) plans for all agencies under the Governor’s jurisdiction once every five years based on a schedule agreed to by the Secretary of the Budget and the Director of the IFO. The act directs the IFO to evaluate and develop performance measures for each agency program or line item appropriation. As determined by the IFO to be applicable, the measures shall include the following: outcome-based measures, efficiency measures, activity cost analysis, ratio measures, measures of status improvement of recipient populations, economic outcomes or performance benchmarks against similar state programs or similar programs of other states or jurisdictions.

The act requires the IFO to submit plans to the PBB Board for review and approval. The PBB Board reviews plans at a public hearing at which agency heads or their representative must attend to offer additional explanations if requested. The PBB Board has 45 days after submission to approve or disapprove plans.

A performance-based budget differs from a traditional budget in several key respects. The main differences are summarized by this table:

Traditional versus Performance-Based Budget		
Criteria	Traditional Budget	Performance Budget
Organizational Structure	Line Items or Programs	Agency Activities
Funds Used	Appropriated Amounts	Actual Expenditures
Employees	Authorized Complement	Actual Filled Complement
Needs Assessment	Incremental, Use Prior Year	Prospective, Outcome-Based

The plans track funds based on agency activities because they can be more readily linked to measures that track progress towards goals, objectives and ultimate outcomes. Activities are the specific services an agency provides to a defined service population in order to achieve desired outcomes. Activity measures can take various forms: inputs (funding levels, number of employees), outputs (workloads), efficiency (cost ratios, time to complete tasks), outcomes (effectiveness), benchmark comparisons to other states and descriptive statistics. The final category includes a broad range of metrics that provide insights into the work performed by an agency and the services provided. Those metrics supply background, context and support for other metrics, and they may not be readily linked to efficiency or outcome measures. The inclusion of such measures supports the broader purpose of the PBB plans: to facilitate a more informed discussion regarding agency operations and how they impact state residents.

Note: Unless otherwise noted, performance metrics used in this report were supplied by the agency under review. Those data appear as submitted by the agency and the IFO has not reviewed them for accuracy. For certain years, data are not available (e.g., due to a lag in reporting). In those cases, "--" denotes missing data. All data related to expenditures and employees are from the state accounting system and have been verified by the IFO and confirmed by the agency.

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Department of Human Services Overview

Mission Statement

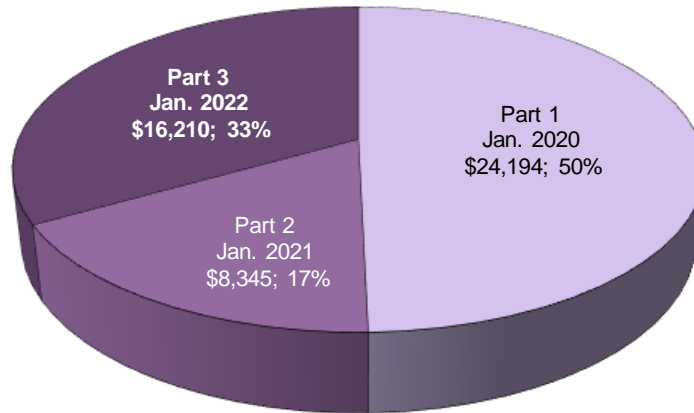
The mission of the Department of Human Services (DHS) is to assist Pennsylvanians in leading safe, healthy, and productive lives through equitable, trauma-informed, and outcome-focused services while being an accountable steward of Commonwealth resources.

Services Provided

For Part 3 of the DHS report, activities related to the Office of Long-Term Living (OLTL), the Office of Child Development and Early Learning (OCDEL), the Children’s Health Insurance Program (CHIP), select human services grant programs, Bureau of Program Integrity (BPI) and the Bureau of Hearings and Appeals (BHA) are classified into 15 activities. Other services that DHS provides were addressed in prior reports.

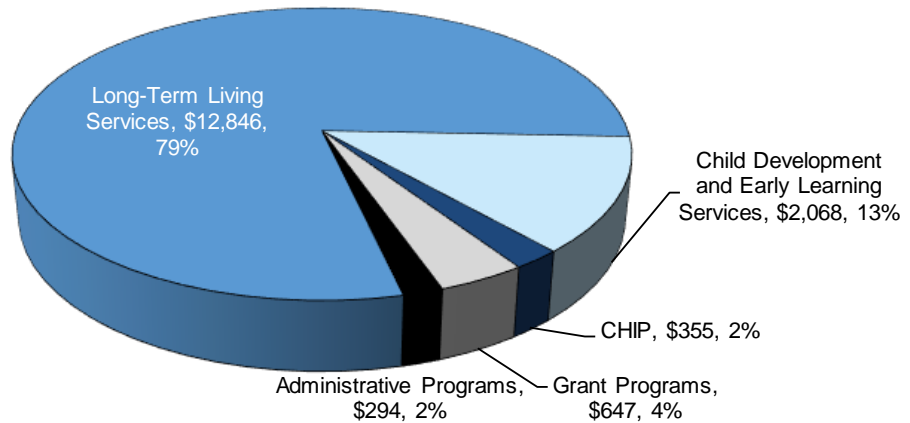
Department of Human Services: Activities and Primary Services Provided	
Activity	Primary Service
1 Community HealthChoices.....	Manage delivery of health services for dually eligible
2 LIFE Program.....	Support residents age 55+ to live independently
3 FFS Long-Term Care.....	Manage delivery of waiver and nursing home services
4 Adult Protective Services.....	Handle reports of suspected abuse for adults age 18-59
5 Licensing and Inspections.....	License personal care homes and child care facilities
6 Child Care Works.....	Fund free or subsidized child care
7 Quality Child Care.....	Implement quality improvement rating system
8 Early Intervention Program.....	Provide services for children with developmental delays
9 Home Visiting and Family Support.....	Improve maternal and child health outcomes
10 CHIP.....	Provide health insurance to Pennsylvania children
11 Women, Family and Victim Services.....	Fund services for vulnerable populations
12 Other Grant Programs.....	Administer other human services grant programs
13 Program Integrity and Third-Party Liability....	Identify fraud/waste/abuse and recover program funds
14 Hearing and Appeals.....	Handle recipient/provider appeals of benefit decisions
15 Administration.....	Provide organizational leadership and support

Part 3 PBB Schedule Review of FY 2021-22 Budgeted Expenditures



Note: Expenditures in dollar millions. Part 1 includes Medical Assistance, income maintenance programs and other program eligibility and benefits. Part 2 includes services for persons with ID/autism, child welfare and youth services and state-funded mental health services. Part 3 includes long-term living, child development and early learning and other grant and administrative programs.

FY 2021-22 Budgeted Expenditures: Part 3 Activities



Note: Expenditures in dollar millions.

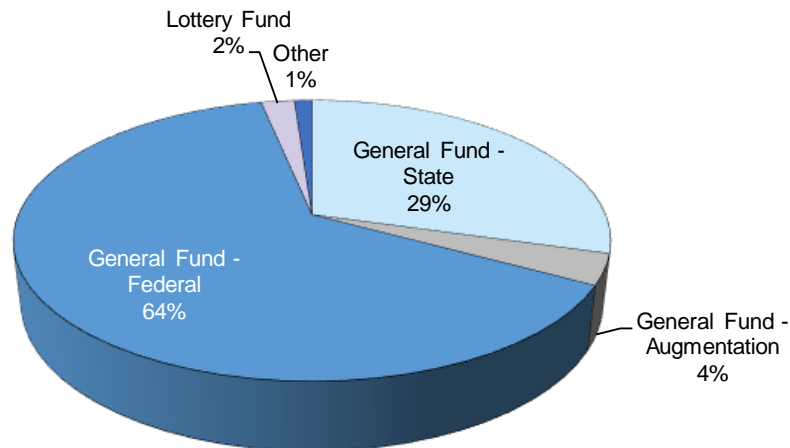
DHS Expenditures by Fiscal Year

	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditure by Activity						
Community HealthChoices	\$0.0	\$619.3	\$3,408.3	\$8,027.8	\$10,959.0	\$11,909.7
LIFE Program	265.4	287.4	309.8	344.9	344.6	372.5
FFS Long-Term Care	6,459.5	6,647.4	5,235.2	2,454.5	636.0	543.4
Adult Protective Services	4.2	6.8	8.8	10.2	13.4	10.2
Licensing and Inspections	29.5	26.7	28.0	28.2	28.9	33.6
Child Care Works	719.5	739.4	768.8	818.5	917.1	1,659.3
Quality Child Care	42.2	42.3	44.3	54.0	43.8	53.0
Early Intervention Program	207.1	218.9	223.3	260.1	222.3	267.9
Home Visiting and Family Support	39.0	38.3	46.8	48.5	51.2	65.0
CHIP	401.1	438.5	436.3	454.8	368.1	354.9
Women, Family and Victim Services	47.1	47.9	50.6	48.1	51.6	67.5
Other Grant Programs	44.4	48.7	52.8	57.7	624.6	579.5
Program Integrity and Third-Party Liability	19.0	18.3	19.0	18.7	19.3	19.3
Hearings and Appeals	14.0	13.0	13.4	13.3	14.1	14.1
Administration	<u>126.9</u>	<u>154.0</u>	<u>151.2</u>	<u>221.9</u>	<u>242.7</u>	<u>260.3</u>
Total	8,418.9	9,347.1	10,796.5	12,861.1	14,536.6	16,210.2
Expenditures by Object						
Personnel Services	\$125.1	\$121.2	\$106.3	\$106.9	\$109.1	\$112.7
Operational Expenses	140.2	180.8	203.6	268.5	275.3	316.0
Fixed Assets Expense	6.6	3.7	8.0	7.8	3.7	3.7
Grants	<u>8,147.2</u>	<u>9,041.4</u>	<u>10,478.6</u>	<u>12,477.9</u>	<u>14,148.5</u>	<u>15,777.8</u>
Total¹	8,418.9	9,347.1	10,796.5	12,861.1	14,536.6	16,210.2
Expenditures by Fund						
General Fund (State)	\$2,798.3	\$3,219.7	\$3,473.8	\$4,029.4	\$4,229.1	\$4,764.2
General Fund (Augmentations)	624.7	640.0	973.4	634.3	608.3	568.6
General Fund (Federal)	4,497.0	4,969.6	5,772.8	7,425.6	8,441.4	10,343.8
General Fund (Restricted)	-23.3	38.8	52.7	274.6	764.0	30.7
Lottery Fund	304.8	250.0	368.9	334.0	349.0	349.0
Tobacco Settlement Fund	216.3	228.2	153.8	161.9	143.5	152.5
Children's Trust Fund	<u>1.1</u>	<u>0.9</u>	<u>1.2</u>	<u>1.4</u>	<u>1.3</u>	<u>1.4</u>
Total	8,418.9	9,347.1	10,796.5	12,861.1	14,536.6	16,210.2
Part 3 Personnel Cost/FTE (\$ thousands)	\$106.0	\$129.5	\$113.3	\$112.5	\$117.3	\$121.1

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded. FTE stands for Full-Time Equivalent.

¹ Total may include small non-expense and/or miscellaneous expense transfer expenditures.

Part 3 Funding by Source for FY 2021-22



Note: Other includes General Fund Restricted, Tobacco Settlement Fund and the Children's Trust Fund.

DHS Average Weekly FTE Positions by Activity and Fiscal Year

	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Average Weekly FTE Positions by Activity						
Community HealthChoices	0	10	47	91	108	111
LIFE Program	5	5	4	4	4	3
FFS Long-Term Care	117	108	71	28	7	5
Adult Protective Services	3	4	4	4	4	5
Licensing and Inspections	204	173	194	184	196	195
Child Care Works	60	77	58	79	78	78
Quality Child Care	10	8	6	7	7	7
Early Intervention Program	13	13	13	15	13	13
Home Visiting and Family Support	2	2	2	2	2	2
CHIP	21	23	25	27	28	30
Women, Family and Victim Services	2	2	2	2	2	2
Other Grant Programs	2	2	2	2	2	2
Program Integrity and Third-Party Liability	172	162	164	170	167	166
Hearings and Appeals	110	97	100	98	99	99
Administration	<u>459</u>	<u>250</u>	<u>246</u>	<u>238</u>	<u>213</u>	<u>213</u>
Total Part 3 FTE	1,180	936	938	951	930	931
Part 1 and 2 FTE	15,843	15,181	14,987	15,020	14,742	15,142
Total Agency FTE	17,023	16,117	15,925	15,971	15,672	16,073

Key Agency Performance Metrics

This report includes numerous performance metrics, but certain metrics are critical to the overall operation of the agency. Key agency metrics that policymakers should monitor are displayed in the table. A brief explanation of key metric trends appears on the next page.

Key Metrics to Monitor	16-17	17-18	18-19	19-20	20-21	21-22
Community HealthChoices (CHC)						
% Receiving HCBS (monthly average) ¹	--	--	72%	65%	68%	68%
Transferred to community settings ²	--	--	--	--	668	1,048
ED visits per 1,000 member months	--	--	32.5	70.1	77.6	--
Average Cost Comparison (State Funds, \$000s)						
Per CHC NFI participant ³	--	--	\$0.5	\$0.5	\$0.7	--
Per CHC HCBS/NF participant ⁴	--	--	\$31.1	\$32.2	\$34.0	--
Per FFS NF resident ⁵	--	--	\$26.4	\$25.5	\$20.3	--
Per LIFE participant ⁶	\$22.0	\$22.1	\$22.1	\$22.3	\$22.1	\$22.1
Per OBRA participant ⁶	\$33.3	\$34.3	\$36.8	\$29.7	\$20.1	\$18.0
Per Act 150 participant ⁶	\$34.7	\$37.5	\$41.0	\$42.2	\$44.1	\$39.8
Child Care and Quality Services						
Children served by Child Care Works	103,332	109,229	109,235	107,348	75,392	98,200
% Enrolled in STARS 3/4 facilities	31%	33%	36%	36%	41%	42%
Children on the waitlist	10,091	306	4,655	3,110	199	0
Avg. time on the waitlist (months)	3.6	0.9	3.2	2.9	1.0	--
Early Intervention						
Children enrolled	39,931	42,729	45,024	44,837	42,360	46,600
<u>% Children improve skills upon exit</u>						
Acquisition and use of knowledge/skills	76%	76%	75%	75%	74%	71%
Positive social emotional skills	68%	68%	68%	68%	67%	68%
Use of behaviors to meet needs	76%	76%	75%	75%	75%	71%
CHIP						
Children enrolled (monthly avg.)	169,853	178,912	180,254	187,573	177,487	151,437
ED visits per 1,000 member months	28.6	28.5	27.5	26.6	26.0	--
Children's uninsured rate ⁷	4.4%	4.4%	4.4%	4.6%	--	--
Federal COVID Relief						
Emergency rental assistance (\$ millions)	--	--	--	--	\$564.5	\$440.9
Notes: HCBS is home- and community-based services. ED is Emergency Department.						
1 Share of nursing facility clinically eligible (NFCE) individuals served by HCBS.						
2 Data by calendar year. NFCE individuals transferred to community-based care settings due to enrollment in CHC. Data are not available prior to CY 2020.						
3 Data by calendar year. Data exclude supplemental payments. Calculation based on state capitated payments and a monthly average of nursing facility ineligible (NFI) participants.						
4 Data by calendar year. Data exclude supplemental payments. Calculation based on state capitated payments and a monthly average of individuals served in HCBS and nursing facilities (NF).						
5 Data by calendar year. Data exclude supplemental payments. Calculation based on state fee-for-service payments and a monthly average of individuals served in nursing facilities. In addition to federal Medicaid funds, short-term nursing facility stays may also receive Medicare funding.						
6 Data by calendar year. Calculation by the IFO based on average monthly state expenditures and participants.						
7 Data from U.S. Census Bureau.						

Community HealthChoices (CHC)

The final phase of CHC was implemented in CY 2020, with a monthly average of approximately 371,200 enrollees in the program for that year. In CY 2020, 62% of CHC participants were nursing facility ineligible (NFI) and received physical health services only, 26% were nursing facility clinically eligible (NFCE) and resided in home- and community-based settings and 12% were NFCE and resided in a nursing facility. Fee-for-service program participants transitioned to CHC as the department shifted to managed care. In CY 2020, 156,000 enrollees transferred to CHC. A primary goal for DHS is to increase opportunities for individuals that are NFCE to reside in home- and community-based settings. For CHC, nearly 70% of NFCE enrollees received home- and community-based services (HCBS). For all long-term living programs, the share of NFCE participants receiving HCBS increased from 53% in FY 2016-17 to 67% in FY 2021-22. The CHC managed care program has been a significant factor associated with the increased share of HCBS participants in long-term living programs. *See page 11 for more details.*

Average Cost Comparison (State Funds)

The state cost per person enrolled in CHC averaged \$13,300 during CY 2020. Three categories of services are provided: (1) physical health services for individuals that are NFI, (2) HCBS and (3) nursing facility services. In CY 2020, the annual state costs per person for these services averaged \$650 for physical health services (NFI population) and \$34,000 for HCBS and nursing facility services (NFCE population). Average costs reflect different capitated rates negotiated for these services in the various regions of the state. *See page 11 for more details.*

The average state cost per person for the Living Independence for the Elderly (LIFE) program has remained stable around \$22,100 annually. While LIFE participants were given the option to transfer to CHC, the LIFE program continues to add enrollees and has grown by nearly 2,000 participants since FY 2016-17. *See page 17 for more details.*

The average state cost for fee-for-service nursing facility services decreased from \$26,400 in FY 2016-17 to \$20,300 in FY 2020-21. In FY 2016-17, there was a monthly average of 56,000 residents served by fee-for-service nursing facilities. With the expansion of CHC, the monthly average number of residents served declined to 2,700 in FY 2020-21. Long-term nursing facility residents were largely transitioned from the fee-for-service model to CHC, leaving mainly short-term residents in the fee-for-service model. Short-term nursing facility stays may be partially funded through federal Medicare funds, which reduces the state funds needed to pay for nursing facility services. *See page 21 for more details.*

As CHC was implemented, eligible individuals transferred from fee-for-service waiver programs to CHC. The state cost per person served in the OBRA Waiver averaged \$33,300 in CY 2016, but declined to \$18,000 in CY 2021. The number of OBRA Waiver participants declined from 1,500 in FY 2016-17 to less than 600 in FY 2020-21 as eligible individuals transferred to CHC. *See page 21 for more details.*

The state cost per person in the Act 150 Attendant Care program averaged \$39,800 in CY 2021. Individuals in the Act 150 program are not eligible for Medicaid, and therefore are ineligible for CHC and federal matching funds. *See page 21 for more details.*

Child Care and Quality Services

OCDEL has two main goals related to quality child care: (1) provide quality child care to low-income families through Child Care Works and (2) use the Keystone STARS quality rating improvement system to increase

the quality of Pennsylvania child care facilities. Keystone STARS 3/4 child care facilities had the capacity to enroll 167,200 children in FY 2020-21, of which 31,000 (19%) were children served by Child Care Works.

From 2016 to 2020, the share of Child Care Works participants enrolled in STARS 3/4 facilities (the highest rated) increased from 30.9% to 41.1%. The COVID-19 pandemic had a significant impact on child care programs. The number of STARS 3/4 child care facilities declined from over 1,700 facilities in June 2019 to around 1,500 in June 2020, but is expected to increase to nearly 1,900 in 2021. Likewise, the number of children in STARS 3/4 facilities declined in 2020 but is expected to rebound in 2021.

The Child Care Works waitlist, which includes families that qualify due to low income, declined from 10,100 children in 2016 to 3,100 in 2019. The combination of additional federal funds and reduced demand for child care during the pandemic reduced the waitlist to 199 children in 2020 and no children in December 2021. *See pages 29 and 35 for more details.*

Early Intervention

In FFY 2019, Pennsylvania ranked second among border states for the number of children served by infant and toddler Early Intervention per 1,000 children age birth to two years. From FY 2016-17 to FY 2020-21, enrollment in the infant and toddler Early Intervention program increased from 39,900 children to 42,400. Over this time period, the share of children leaving Early Intervention who improved skills upon exit fell slightly for the three primary outcome measures. However, more than two-thirds of children in FY 2020-21 improved social emotional skills and nearly three-quarters of children improved acquisition and use of knowledge and use of behaviors to meet needs. *See page 41 for more details.*

CHIP

The Children's Health Insurance Program (CHIP) is a health insurance option available for all children in Pennsylvania in which the portion of costs paid by families ranges from no-cost to low-cost or full-cost. CHIP enrolled a monthly average of 177,500 children in FY 2020-21 and is expected to enroll 151,400 children in FY 2021-22. The children's uninsured rate in Pennsylvania is 4.6% in FY 2019-20, which is lower than the national average of 5.7%. *See page 49 for more details.*

Federal COVID Relief

Federal COVID-19 relief funds for the Emergency Rental Assistance Program are distributed under the DHS Homeless Assistance Program. Those funds totaled \$564.5 million in FY 2020-21 and \$440.9 million in FY 2021-22. The federal government requires specific performance metrics to be reported in order to receive these funds, including information on unique client households, program acceptance rates and the total amounts paid for rent and/or utility bills. *See page 59 for more details.*

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Activity 1: Community HealthChoices

Community HealthChoices (CHC) is Pennsylvania’s mandatory managed care program for dually eligible individuals (i.e., Medicare and Medicaid) and Medicaid-eligible adults with physical disabilities who are 21 years old or over. Overseen by the Office of Long-Term Living (OLTL), it provides physical health, nursing facility and home- and community-based services (HCBS) for eligible individuals.

Implementation of CHC began CY 2018 with a monthly average of about 80,400 participants, and 72% of those eligible for nursing facility services were served in home- and community-based settings. The final phase was implemented in CY 2020, with a monthly average of approximately 371,200 enrollees in the program for that year. Of the population eligible for nursing facility services in CHC, 68% were served in home- and community-based settings. In CY 2018, around 50% of participants were 65 years or older. That share grew to 54% by CY 2020. Prior to CHC, eligible individuals may have received services from the Attendant Care, COMMCARE, OBRA, Independence or Aging waivers. It should be noted that nursing facility clinically eligible individuals who were at least 21 years old and previously received services from the OBRA waiver were moved to CHC starting in 2018. Long-term services and supports (LTSS) from the OBRA waiver, for individuals who do not meet the level of care requirements under CHC, are included in Activity 3.

The primary goals and outcomes of this activity are as follows:

- Improve the coordination, efficiency and effectiveness of LTSS and health care services for dually eligible individuals (i.e., Medicare and Medicaid).
- Increase opportunities for nursing facility clinically eligible individuals to reside in community-based settings by providing services that help them perform daily activities in their homes such as bathing, dressing, preparing meals and administering medications.
- Offer individuals choice, control and access to a full array of services that enhance their independence, health and quality of life.

Resources for Community HealthChoices						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$0.0	\$1.1	\$5.5	\$10.2	\$13.9	\$14.3
Operational Expenses	0.0	0.2	0.8	1.5	24.7	39.6
Grants	<u>0.0</u>	<u>618.0</u>	<u>3,402.1</u>	<u>8,016.1</u>	<u>10,920.4</u>	<u>11,855.8</u>
Total	0.0	619.3	3,408.3	8,027.8	10,959.0	11,909.7
Expenditures by Fund						
General Fund (State)	\$0.0	\$298.1	\$696.7	\$2,333.6	\$3,157.9	\$3,685.1
General Fund (Augmentations)	0.0	0.0	606.2	476.5	595.1	554.2
General Fund (Federal)	0.0	321.2	1,772.8	4,546.2	5,882.9	7,169.0
General Fund (Restricted)	0.0	0.0	32.9	175.5	830.7	0.0
Lottery Fund	0.0	0.0	166.8	334.0	349.0	349.0
Tobacco Settlement Fund	<u>0.0</u>	<u>0.0</u>	<u>132.9</u>	<u>161.9</u>	<u>143.5</u>	<u>152.5</u>
Total	0.0	619.3	3,408.3	8,027.8	10,959.0	11,909.7
Average Weekly FTE Positions	--	10	47	91	108	111
Personnel Cost/FTE (\$ thousands)	--	\$110.0	\$117.0	\$112.1	\$129.1	\$128.9

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for Community HealthChoices

	2016	2017	2018	2019	2020	2021
Workload						
Enrolled (monthly average)	--	--	80,413	215,220	371,244	--
Calls per 1,000 participants ¹	--	--	1,753	1,911	1,290	1,323
Meals delivered (000s) ²	--	--	4.2	23.1	38.0	--
Efficiency						
Avg. state cost per participant (\$000s) ³	--	--	\$9.1	\$13.7	\$13.3	--
Avg. state cost for NFI (\$000) ³	--	--	\$0.5	\$0.5	\$0.7	--
Avg. state cost for HCBS/NF (\$000s) ³	--	--	\$31.1	\$32.2	\$34.0	--
Avg. days to process new enrollees	--	--	64	58	43	35
Outcome						
% Receiving HCBS (monthly average) ⁴	--	--	72%	65%	68%	68%
Transferred to community settings ⁵	--	--	--	--	668	1,048
% Received ambulatory/preventative care ⁶	--	--	--	96%	96%	95%
% Breast cancer screening (age 52-74) ⁶	--	--	--	70%	64%	--
% Controlled high blood pressure (age 18-85) ⁶	--	--	39%	61%	58%	--
% Diabetics w/ poor control A1c ⁶	--	--	38%	37%	44%	--
% Readmitted to hospital w/n 30 days ⁶	--	--	17%	--	16%	--
Emergency Department visits ^{6,7}	--	--	32.5	70.1	77.6	--
DSP turnover rate ²		--	Recommended measure --			

Note: Data by calendar year. NFI is nursing facility ineligible, HCBS is home- and community-based services, NF is nursing facility and DSP is direct support professional.

1 Calls to MCO member services centers.

2 See Notes on Measures.

3 Data exclude supplemental payments. Calculation based on average monthly state expenditures and participants.

4 Data by fiscal year. Share of nursing facility clinically eligible (NFCE) individuals served by HCBS. The share of participants served by HCBS is impacted by the CHC phase-in by region for FY 18-19 and FY 19-20.

5 NFCE individuals transferred to community-based care settings due to enrollment in CHC. Data are not available prior to CY 2020.

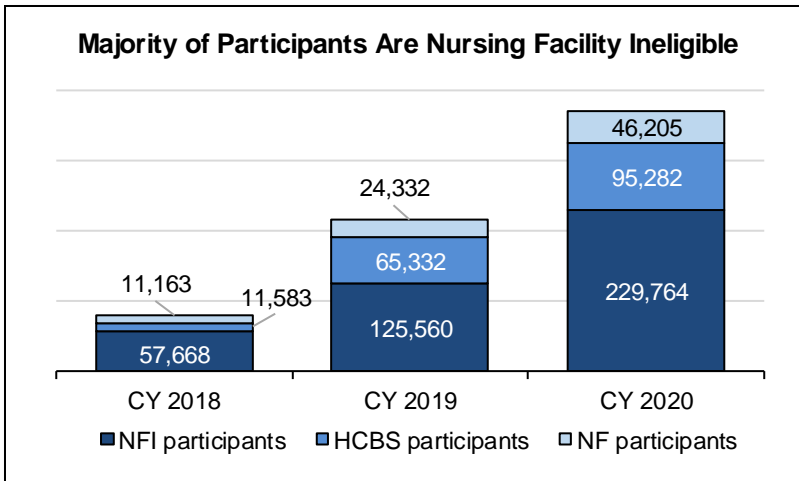
6 Data reported by measurement year and will not match the Healthcare Effectiveness Data and Information Set (HEDIS) report year. Data for 2020 represents report year 2021.

7 Number of Emergency Department visits per 1,000 member months.

Notes on Measures

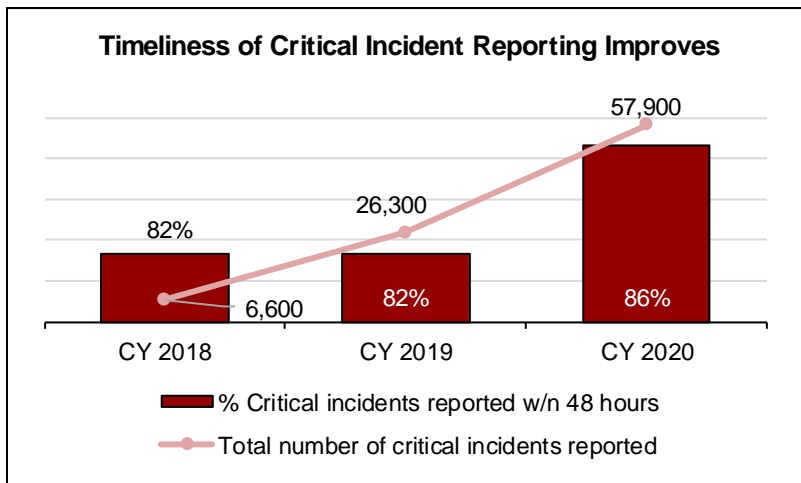
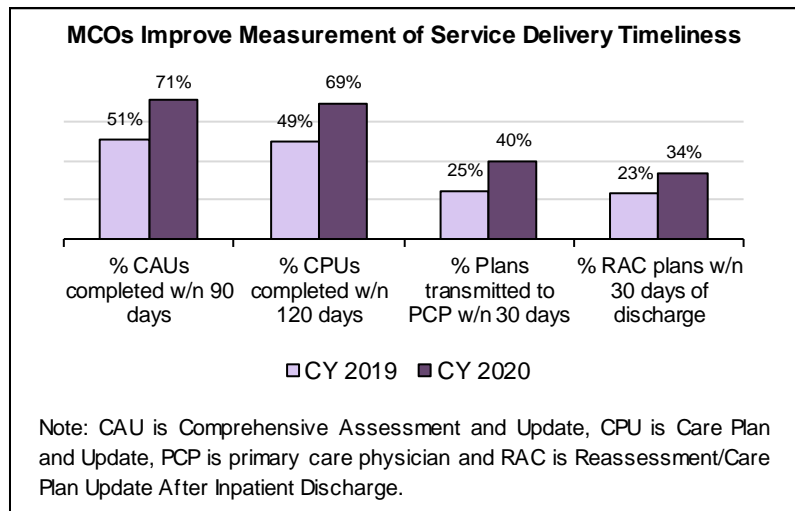
- Meals delivered supports the ability of older individuals to remain in homes or community care settings. In terms of other food assistance, roughly 80% of HCBS enrollees receive SNAP benefits.

- High staff turnover rates for direct support professionals (DSPs) can be disruptive to participant care, reduce job satisfaction and ultimately increase costs to replace workers.¹



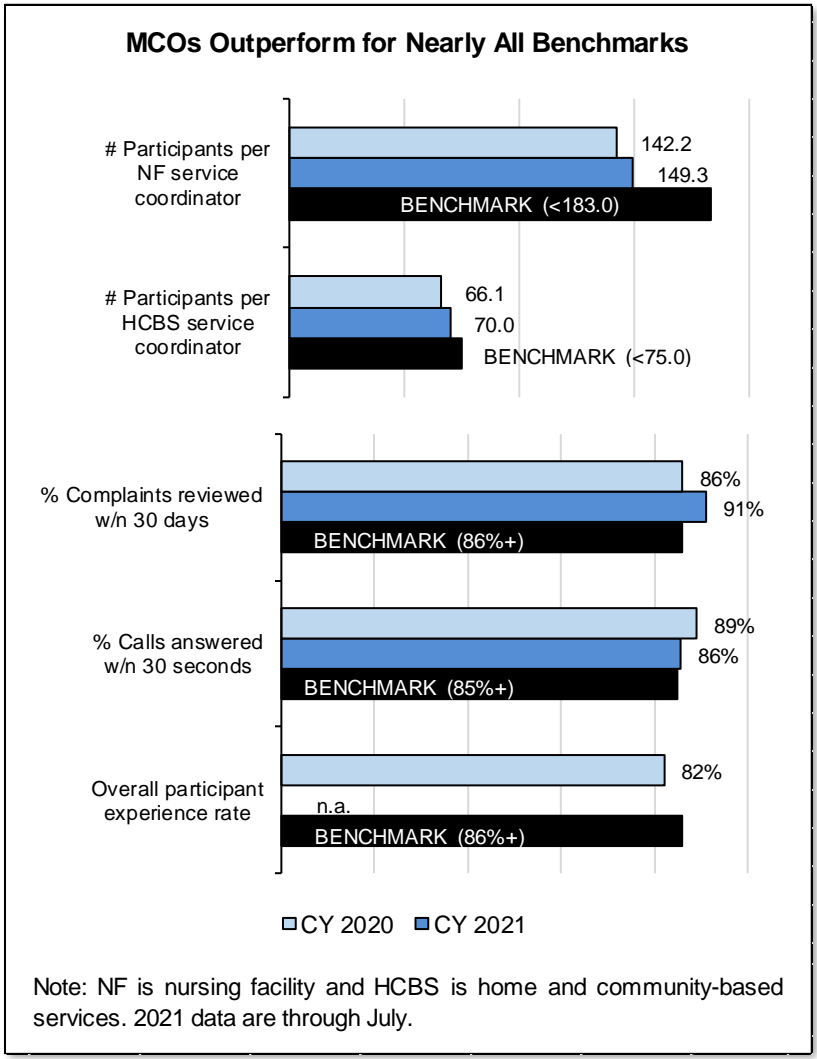
CHC expanded from a monthly average of 80,400 participants in CY 2018 to 371,200 in CY 2020. The majority of **participants are nursing facility ineligible (NFI)**. Of those who are nursing facility clinically eligible, over two-thirds receive HCBS. The remainder receive nursing facility services.

The Healthcare Effectiveness Data and Information Set (HEDIS) contains four primary metrics for LTSS which measure the **timeliness and coordination of service delivery**. Data show improvements in service plan metrics since CHC was implemented due to data capture improvements that resulted from MCO system changes.



The OLTL operates a **critical incident** reporting system for CHC, in which events that jeopardize the participant’s health and welfare (e.g., serious injuries, abuse) must be reported within 48 hours of discovery. In CY 2018, roughly 6,600 critical incidents were reported, and that number grew to roughly 57,900 in CY 2020. Of those, approximately 82% and 86% were reported on time, respectively.

¹ “Examining Nursing Home Staff Turnover Rate in Long-Term Care Organizations in the United States,” Walden University (February 2021).

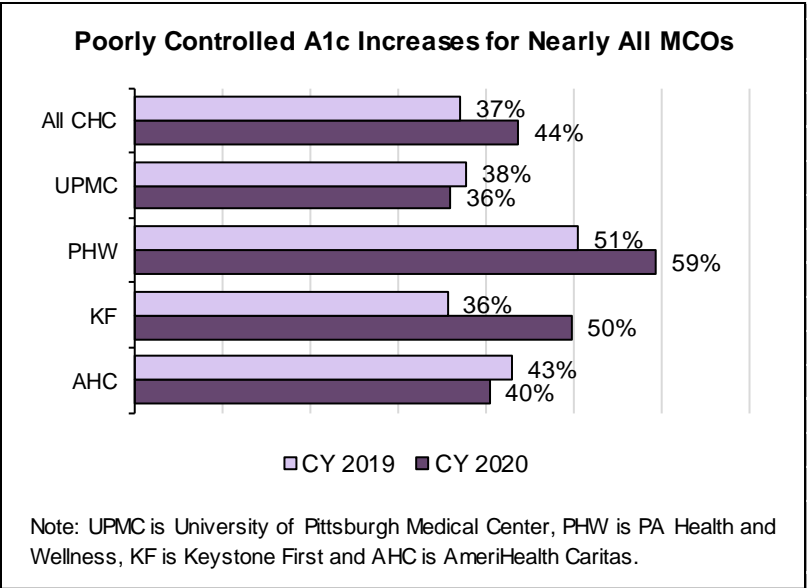


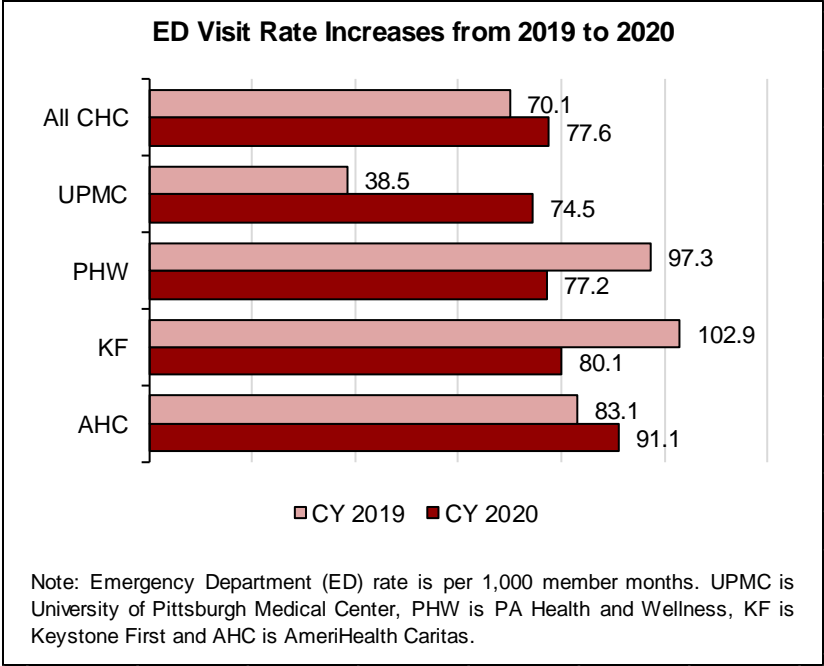
Each year, DHS submits a monitoring report to the U.S. Centers for Medicare and Medicaid Services that provides **results on program activities**. These activities are tracked via specific metrics over time, and each metric has a compliance benchmark. In some cases, these benchmarks are specific to the managed care organization, but most are program wide.

DHS also administers the HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey annually to a random sampling of participants that receive HCBS.

The chart at the left details selected metrics and their benchmarks over time. For the latest two years of data, CHC metrics met or exceeded benchmarks in these areas except for overall participant experience.

Since 2019, the share of CHC participants with **diabetes who have poorly controlled A1c** levels has increased for all but two MCOs. Controlling A1c prevents costlier diabetic complications, such as vision problems, amputations and cardiovascular problems. Individual MCO percentages for 2020 ranged from 40% (AmeriHealth Caritas, AHC) to 59% (PA Health and Wellness).





From 2019 to 2020, the **rate of Emergency Department (ED) visits** for CHC participants increased overall from 70 to 78. Between 2019 and 2020, CHC enrollment increased by 156,000 participants as the program was expanded statewide. This corresponded to roughly 23,000 more ED visits that year. Managing key chronic conditions can reduce ED visits, which is the costliest form of treatment.

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Activity 1: Community HealthChoices (Addendum)

The following data shall serve as an addendum to the initial Performance-Based Budget report for DHS delivered to the General Assembly on January 19, 2022. This addendum was requested by the Performance-Based Budget (PBB) Board during a hearing on January 26, 2022. The following data are to be used in conjunction with the initial report, and not serve as a replacement for the original measures provided.

The PBB Board requested existing data related to health outcome and consumer satisfaction measures for DHS programs. The department tracks CHC health outcomes using the Healthcare Effectiveness Data and Information Set (HEDIS) and consumer satisfaction metrics using Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. The tables starting on the next page include these additional measures for the latest year.

CHC Health Outcome Measures (MY 2020)

	AmeriHealth Caritas Pennsylvania	Keystone First	PA Health and Wellness	UPMC For You	Average
Subpopulation 1 & 2 (Medicaid-only CHC members and members with CHC and Medicare benefits with the same MCO)					
Overall Health (Very Good or Excellent)	15%	14%	16%	15%	15%
Overall Mental or Emotional Health (Very Good or Excellent)	23%	28%	27%	31%	27%
Had a Flu Shot (Yes)	59%	57%	55%	57%	57%
Frequency of Smoking (Some Days or Everyday)	27%	34%	34%	33%	32%
Advised to Quit Smoking (Usually or Always)	72%	73%	63%	66%	68%
Discussed Smoking Cessation Medications (Usually or Always)	53%	53%	39%	49%	49%
Discussed Smoking Cessation Methods and Strategies (Usually or Always)	40%	45%	29%	36%	37%
In the last 6 months, did you get care from a dentist's office or dental clinic? Yes	25%	29%	30%	28%	28%
In the last 6 months, did you get care from a dentist's office or dental clinic? No	75%	71%	70%	72%	72%
Subpopulation 3 (Members with CHC and Medicare benefits with different MCOs)					
Overall Health (Very Good or Excellent)	18%	18%	17%	14%	17%
Overall Mental or Emotional Health (Very Good or Excellent)	32%	29%	32%	30%	31%
Had a Flu Shot (Yes)	58%	62%	66%	67%	63%
Frequency of Smoking (Some Days or Everyday)	25%	17%	29%	24%	24%
Advised to Quit Smoking (Usually or Always)	56%	70%	69%	55%	63%
Discussed Smoking Cessation Medications (Usually or Always)	38%	47%	44%	37%	41%
Discussed Smoking Cessation Methods and Strategies (Usually or Always)	36%	30%	36%	33%	34%
In the last 6 months, did you get care from a dentist's office or dental clinic? Yes	24%	28%	27%	29%	27%
In the last 6 months, did you get care from a dentist's office or dental clinic? No	76%	72%	73%	71%	73%
HEDIS measures					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (ages 19-64)	81%	68%	73%	84%	79%
Adults' Access to Preventive/Ambulatory Health Services, Ages 20 through 44	95%	91%	87%	93%	91%
Adults' Access to Preventive/Ambulatory Health Services, Ages 45 through 64 (Doctor Visits for People 45-64 Years Old)	98%	96%	93%	97%	96%
Adults' Access to Preventive/Ambulatory Health Services, Ages 65 and Older (Doctor Visits for People 65+ Years Old)	97%	95%	90%	97%	96%
Adults' Access to Preventive/Ambulatory Health Services, Total	97%	95%	91%	96%	95%
Ambulatory Care (All Ages) - Emergency Department Visits/1,000 Member Months	91.1	80.1	77.2	74.5	77.6
Ambulatory Care (All Ages) - Outpatient Visits/1,000 Member Months	994.6	829.2	741.6	1080.3	956.1
Antidepressant Medication Management (Effective Acute Phase Treatment)	63%	63%	74%	72%	69%
Antidepressant Medication Management (Effective Continuation Phase Treatment)	58%	53%	64%	59%	58%
Asthma Medication Ratio (ages 19-50)	--	59%	--	61%	60%
Asthma Medication Ratio (ages 51-64)	--	50%	46%	64%	54%
Asthma Medication Ratio (ages 5-64)	--	53%	51%	63%	56%
Average Number of Antibiotic Prescriptions PMPY, age 18-34 Years, Female	0.7	0.6	0.5	0.8	0.7
Average Number of Antibiotic Prescriptions PMPY, age 18-34 Years, Male	1.0	0.5	0.5	0.8	0.7
Average Number of Antibiotic Prescriptions PMPY, age 35-49 Years, Female	0.9	0.7	0.7	1.1	0.9
Average Number of Antibiotic Prescriptions PMPY, age 35-49 Years, Male	0.7	0.5	0.6	0.8	0.6
Average Number of Antibiotic Prescriptions PMPY, age 50-64 Years, Female	1.0	0.7	0.7	1.2	0.9
Average Number of Antibiotic Prescriptions PMPY, age 50-64 Years, Male	0.9	0.6	0.6	0.9	0.7
Average Number of Antibiotic Prescriptions PMPY, age 65-74 Years, Female	0.6	0.5	0.4	1.0	0.8
Average Number of Antibiotic Prescriptions PMPY, age 65-74 Years, Male	0.6	0.4	0.4	0.7	0.6
Average Number of Antibiotic Prescriptions PMPY, age 75-84 Years, Female	0.4	0.5	0.4	1.0	0.8
Average Number of Antibiotic Prescriptions PMPY, age 75-84 Years, Male	0.5	0.4	0.6	0.9	0.7
Average Number of Antibiotic Prescriptions PMPY, age 85+ Years, Female	0.4	0.4	0.3	1.1	0.9
Average Number of Antibiotic Prescriptions PMPY, age 85+ Years, Male	--	0.4	0.6	0.9	0.7
Average Number of Antibiotic Prescriptions PMPY, Total	0.8	0.6	0.6	1.0	0.8

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	AmeriHealth Caritas Pennsylvania	Keystone First	PA Health and Wellness	UPMC For You	Average
Avoidance of Antibiotic Treatment for Acute Bronchiolitis Ages 18-64	--	41%	39%	38%	39%
Avoidance of Antibiotic Treatment for Acute Bronchiolitis Ages 65+	--	50%	--	31%	37%
Avoidance of Antibiotic Treatment for Acute Bronchiolitis Total	--	43%	41%	36%	39%
Blood Pressure Controlled <140/90 mm Hg	61%	32%	47%	65%	51%
Breast Cancer Screening	53%	--	39%	65%	64%
Cardiac Rehabilitation - Achievement (18-64)	--	0%	2%	1%	1%
Cardiac Rehabilitation - Achievement (65+)	--	--	--	3%	3%
Cardiac Rehabilitation - Achievement (Total)	--	0%	3%	1%	1%
Cardiac Rehabilitation - Engagement1 (18-64)	--	1%	4%	4%	2%
Cardiac Rehabilitation - Engagement1 (65+)	--	--	--	3%	3%
Cardiac Rehabilitation - Engagement1 (Total)	--	1%	4%	4%	3%
Cardiac Rehabilitation - Engagement2 (18-64)	--	1%	2%	3%	2%
Cardiac Rehabilitation - Engagement2 (65+)	--	--	--	4%	4%
Cardiac Rehabilitation - Engagement2 (Total)	--	1%	3%	3%	2%
Cardiac Rehabilitation - Initiation (18-64)	--	1%	1%	1%	1%
Cardiac Rehabilitation - Initiation (65+)	--	--	--	0%	0%
Cardiac Rehabilitation - Initiation (Total)	--	1%	1%	1%	1%
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (ages 18-64)	--	75%	--	77%	77%
Care for Older Adults Advance Care Planning	36%	35%	73%	57%	52%
Care for Older Adults Functional Status Assessment	56%	64%	79%	68%	68%
Care for Older Adults Medication Review	78%	87%	91%	83%	86%
Care for Older Adults Pain Assessment	81%	89%	86%	82%	85%
Cervical Cancer Screening (Ages 21-64)	35%	49%	26%	53%	47%
Chlamydia Screening in Women (21-24)	--	--	--	25%	25%
Comprehensive Assessment and Update - Assessment of Core Elements	90%	75%	48%	70%	66%
Comprehensive Assessment and Update - Assessment of Supplemental Elements	90%	75%	48%	70%	66%
Comprehensive Care Plan and Update - Care Plan with Core Elements	96%	89%	50%	42%	65%
Comprehensive Care Plan and Update - Care Plan with Supplemental Elements	96%	89%	43%	42%	63%
Controlling High Blood Pressure	67%	42%	47%	70%	58%
COU Risk of Continued Opioid Use - Ages 18-64 Years - 31 Days Covered	7%	18%	16%	9%	13%
COU Risk of Continued Opioid Use - Ages 65+ Years - 31 Days Covered	6%	11%	16%	12%	12%
COU Risk of Continued Opioid Use - Ages 65+ Years - 15 Days Covered	12%	15%	24%	21%	20%
COU Risk of Continued Opioid Use - Total - 15 Days Covered	9%	21%	21%	16%	18%
COU Risk of Continued Opioid Use - Total - 31 Days Covered	7%	17%	16%	10%	13%
COU Risk of Continued Opioid Use - Ages 18-64 Years - 15 Days Covered	8%	22%	20%	14%	18%
Diabetes Monitoring for People With Diabetes and Schizophrenia (ages 18-64)	62%	64%	61%	76%	69%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (ages 18-64)	89%	79%	78%	82%	81%
Eye Exams for People with Diabetes (Eye Check-ups for People with Diabetes)	45%	50%	39%	69%	57%
Frequency of Selected Procedures (per Eligible Participant), 20-44 Years Female - Back Surgery	0.4	0.3	0.0	0.7	0.5
Frequency of Selected Procedures, 15-44 Years - Hysterectomy, Abdominal	0.4	0.0	0.3	0.1	0.1
Frequency of Selected Procedures, 15-44 Years - Hysterectomy, Vaginal	0.0	0.1	0.0	0.2	0.1
Frequency of Selected Procedures, 15-44 Years Female - Cholecystectomy, Closed (laparoscopic)	0.4	0.4	0.0	0.8	0.6
Frequency of Selected Procedures, 15-44 Years Female - Cholecystectomy, Open	0.0	0.0	0.1	0.0	0.0
Frequency of Selected Procedures, 15-44 Years Female - Lumpectomies	0.2	0.1	0.1	0.2	0.2

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	AmeriHealth Caritas Pennsylvania	Keystone First	PA Health and Wellness	UPMC For You	Average
Frequency of Selected Procedures, 15-44 Years Female - Mastectomies	0.0	0.4	0.2	0.1	0.2
Frequency of Selected Procedures, 20-44 years Female - Bariatric Weight Loss Surgery	0.2	0.6	0.2	0.5	0.5
Frequency of Selected Procedures, 20-44 Years Male - Back Surgery	0.8	0.1	0.0	0.3	0.2
Frequency of Selected Procedures, 20-44 years Male - Bariatric Weight Loss Surgery	0.0	0.2	0.0	0.0	0.1
Frequency of Selected Procedures, 30-64 Years Male - Cholecystectomy, Closed (laparoscopic)	0.3	0.2	0.4	0.5	0.3
Frequency of Selected Procedures, 30-64 Years Male - Cholecystectomy, Open	0.0	0.0	0.1	0.1	0.1
Frequency of Selected Procedures, 45-64 Years - Hysterectomy, Abdominal	0.0	0.3	0.0	0.1	0.1
Frequency of Selected Procedures, 45-64 Years - Hysterectomy, Vaginal	0.0	0.0	0.0	0.1	0.1
Frequency of Selected Procedures, 45-64 Years Female - Back Surgery	1.1	0.6	0.6	1.0	0.8
Frequency of Selected Procedures, 45-64 years Female - Bariatric Weight Loss Surgery	0.2	0.3	0.1	0.1	0.2
Frequency of Selected Procedures, 45-64 Years Female - Cholecystectomy, Closed (laparoscopic)	0.5	0.3	0.4	0.6	0.4
Frequency of Selected Procedures, 45-64 Years Female - Cholecystectomy, Open	0.0	0.1	0.0	0.0	0.0
Frequency of Selected Procedures, 45-64 Years Female - Lumpectomies	0.3	0.2	0.1	0.3	0.2
Frequency of Selected Procedures, 45-64 Years Female - Mastectomies	0.1	0.1	0.1	0.1	0.1
Frequency of Selected Procedures, 45-64 Years Male - Back Surgery	0.3	0.7	0.4	0.6	0.6
Frequency of Selected Procedures, 45-64 years Male - Bariatric Weight Loss Surgery	0.0	0.1	0.0	0.2	0.1
Hemoglobin A1c Good Control (<8.0%)	49%	44%	34%	57%	49%
Hemoglobin A1c Poorly Controlled in People with Diabetes	40%	50%	59%	36%	44%
Hemoglobin A1c Screening for People with Diabetes	90%	82%	77%	86%	84%
Inpatient Utilization (General Hospital, All Ages) - Maternity Discharges/1,000 Member Months	0.1	0.4	0.0	0.2	0.3
Inpatient Utilization (General Hospital, All Ages) - Medicine Average Length of Stay	5.7	4.6	0.0	4.5	0.2
Inpatient Utilization (General Hospital, All Ages) - Medicine Discharges/1,000 Member Months	24.7	29.6	--	17.0	22.0
Inpatient Utilization (General Hospital, All Ages) - Surgery Average Length of Stay	8.5	8.7	0.0	7.3	0.1
Inpatient Utilization (General Hospital, All Ages) - Surgery Discharges/1,000 Member Months	8.9	9.6	--	9.2	9.3
Inpatient Utilization (General Hospital, All Ages) - Total Average Length of Stay	6.4	5.6	0.0	5.4	0.2
Inpatient Utilization (General Hospital, All Ages) - Total Discharges/1,000 Member Months	33.7	39.5	--	26.3	31.5
Kidney Health Evaluation for Patients With Diabetes (18-64)	32%	34%	33%	40%	37%
Kidney Health Evaluation for Patients With Diabetes (65-74)	47%	43%	36%	44%	43%
Kidney Health Evaluation for Patients With Diabetes (75-85)	32%	46%	41%	40%	42%
Kidney Health Evaluation for Patients With Diabetes (Total)	34%	37%	33%	41%	38%
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 18-34 Years, Female	27.4	34.8	32.9	37.1	34.7
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 18-34 Years, Male	47.5	41.2	46.0	44.4	44.2
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 35-49, Female	39.5	38.5	39.7	43.6	41.5
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 35-49, Male	34.7	39.4	39.1	44.1	41.4
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 50-64, Female	47.1	45.9	43.5	46.9	46.3
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 50-64, Male	44.8	44.6	42.7	44.8	44.5
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 65-74, Female	44.0	49.4	44.6	47.7	47.7
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 65-74, Male	67.7	45.5	48.0	46.8	47.2
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 75-84 Years, Female	53.1	51.6	45.1	48.6	48.9
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 75-84 Years, Male	43.2	51.9	53.6	47.8	48.6
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 85+, Female	36.9	51.4	33.3	51.2	50.1
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, age 85+, Male	62.8	59.8	53.5	47.5	50.7
Percentage of Antibiotics of Concern of Total Antibiotic Prescriptions, Total	43.8	44.3	42.4	46.2	45.2

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	AmeriHealth Caritas Pennsylvania	Keystone First	PA Health and Wellness	UPMC For You	Average
Persistence of Beta Blocker Treatment After a Heart Attack (18 years and older)	--	89%	--	95%	92%
Pharmacotherapy for Opioid Use Disorder (16-64)	--	29%	42%	51%	43%
Pharmacotherapy for Opioid Use Disorder (65+)	--	--	--	44%	44%
Pharmacotherapy for Opioid Use Disorder (Total)	--	29%	40%	50%	42%
Pharmacotherapy Management of COPD Exacerbation (Bronchodilators)	86%	92%	90%	87%	89%
Pharmacotherapy Management of COPD Exacerbation (Systemic Corticosteroids)	74%	79%	68%	77%	77%
Plan All-Cause Readmissions (18-44) (Expected)	--	11%	--	--	11%
Plan All-Cause Readmissions (18-44) (Observed)	--	19%	--	--	16%
Plan All-Cause Readmissions (45-54) (Expected)	--	12%	--	13%	13%
Plan All-Cause Readmissions (45-54) (Observed)	--	15%	--	10%	15%
Plan All-Cause Readmissions (55-64) (Expected)	--	14%	14%	14%	14%
Plan All-Cause Readmissions (55-64) (Observed)	--	15%	20%	14%	16%
Plan All-Cause Readmissions (18-64) (Expected)	--	13%	13%	13%	13%
Plan All-Cause Readmissions (18-64) (Observed)	--	16%	20%	13%	16%
Reassessment/Care Plan Update After Inpatient Discharge - Reassessment after Inpatient Discharge	39%	31%	35%	30%	32%
Reassessment/Care Plan Update After Inpatient Discharge - Reassessment and Care Plan Update after Inpatient Discharge	39%	28%	31%	14%	24%
Shared Care Plan With Primary Care Practitioner	80%	60%	23%	--	35%
Statin Therapy for Patients With Cardiovascular Disease Received Statin Therapy (Female ages 40-75)	--	88%	85%	81%	83%
Statin Therapy for Patients With Cardiovascular Disease Received Statin Therapy (Male ages 21-75)	--	88%	82%	86%	86%
Statin Therapy for Patients With Cardiovascular Disease Received Statin Therapy (Total)	87%	88%	84%	83%	85%
Statin Therapy for Patients With Cardiovascular Disease Statin Adherence 80% (Female ages 40-75)	--	83%	76%	88%	86%
Statin Therapy for Patients With Cardiovascular Disease Statin Adherence 80% (Male ages 21-75)	--	84%	71%	88%	86%
Statin Therapy for Patients With Cardiovascular Disease Statin Adherence 80% (Total)	--	83%	73%	88%	86%
Statin Therapy for Patients With Diabetes Received Statin Therapy	79%	76%	75%	75%	75%
Statin Therapy for Patients With Diabetes Statin Adherence 80%	81%	78%	75%	85%	82%
Transitions of Care - Medication Reconciliation Post-Discharge (18-64)	54%	62%	41%	51%	52%
Transitions of Care - Medication Reconciliation Post-Discharge (65+)	64%	69%	51%	67%	66%
Transitions of Care - Medication Reconciliation Post-Discharge (Total)	59%	67%	46%	59%	60%
Transitions of Care - Notification of Inpatient Admission (18-64)	3%	8%	7%	36%	27%
Transitions of Care - Notification of Inpatient Admission (65+)	10%	7%	9%	40%	29%
Transitions of Care - Notification of Inpatient Admission (Total)	6%	7%	8%	38%	28%
Transitions of Care - Patient Engagement After Inpatient Discharge (18-64)	68%	74%	75%	84%	81%
Transitions of Care - Patient Engagement After Inpatient Discharge (65+)	83%	83%	78%	88%	86%
Transitions of Care - Patient Engagement After Inpatient Discharge (Total)	75%	80%	76%	86%	84%
Transitions of Care - Receipt of Discharge Information (18-64)	5%	5%	7%	32%	24%
Transitions of Care - Receipt of Discharge Information (65+)	13%	5%	6%	34%	24%
Transitions of Care - Receipt of Discharge Information (Total)	9%	5%	7%	33%	14%
Use of Imaging Studies for Low Back Pain	--	81%	72%	76%	77%
Use of Opioids at High Dosage	12%	15%	10%	10%	11%
Use of Opioids From Multiple Providers - Multiple Pharmacies	1%	2%	1%	2%	2%
Use of Opioids From Multiple Providers - Multiple Prescribers	14%	12%	11%	16%	15%
Use of Opioids From Multiple Providers - Multiple Prescribers and Multiple Pharmacies	0%	1%	0%	1%	1%
Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)	--	27%	19%	24%	24%

Source: 2021 CHC Healthcare Effectiveness Data and Information Set (HEDIS).

CHC Consumer Satisfaction Measures (MY 2020)

	AmeriHealth Caritas Pennsylvania	Keystone First	PA Health and Wellness	UPMC For You	Average
Subpopulation 1 & 2 (Medicaid-only CHC members and members with CHC and Medicare benefits with the same MCO)					
Satisfaction with Health Care (Rating of 8 to 10)	72%	75%	70%	81%	75%
Getting Care You Need (Usually or Always)	86%	82%	84%	91%	86%
Clear Explanations (Usually or Always)	93%	90%	91%	94%	92%
Personal Doctor Listens Carefully (Usually or Always)	94%	92%	91%	95%	93%
Respect from Providers (Usually or Always)	94%	95%	93%	96%	94%
Doctor Spends Enough Time With You (Appointment Length) (Usually or Always)	90%	88%	91%	94%	91%
Doctor Informed and Up to Date on Your Care (Usually or Always)	88%	86%	87%	87%	87%
Satisfaction With Personal Doctor (Rating of 8 to 10)	86%	84%	86%	86%	85%
Getting Appointment With Specialist (Usually or Always)	81%	75%	85%	89%	82%
Satisfaction with Specialist (Rating of 8 to 10)	81%	86%	86%	88%	85%
Getting Needed Information (Usually or Always)	80%	88%	82%	89%	85%
Courteous Treatment by Staff (Usually or Always)	95%	95%	95%	96%	95%
Health Plan Forms Easy to Fill Out (Usually or Always)	94%	95%	94%	96%	95%
Satisfaction with Health Plan (Rating of 8 to 10)	74%	82%	77%	91%	82%
Satisfaction with Dental Care (0 Worst dental care possible)	2%	2%	4%	2%	2%
Satisfaction with Dental Care (1 out of 10 Rating)	1%	3%	2%	1%	2%
Satisfaction with Dental Care (2 out of 10 Rating)	1%	4%	2%	0%	2%
Satisfaction with Dental Care (3 out of 10 Rating)	5%	2%	3%	2%	3%
Satisfaction with Dental Care (4 out of 10 Rating)	5%	2%	1%	0%	2%
Satisfaction with Dental Care (5 out of 10 Rating)	7%	12%	6%	13%	10%
Satisfaction with Dental Care (6 out of 10 Rating)	4%	5%	3%	3%	4%
Satisfaction with Dental Care (7 out of 10 Rating)	13%	6%	8%	8%	9%
Satisfaction with Dental Care (8 out of 10 Rating)	17%	13%	15%	17%	15%
Satisfaction with Dental Care (9 out of 10 Rating)	8%	11%	11%	14%	11%
Satisfaction with Dental Care (10 Best dental care possible)	37%	42%	44%	41%	41%

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	AmeriHealth Caritas Pennsylvania	Keystone First	PA Health and Wellness	UPMC For You	Average
Subpopulation 3 (Members with CHC and Medicare benefits with different MCOs)					
Satisfaction with Health Care (Rating of 8 to 10)	76%	78%	76%	77%	77%
Getting Care You Need (Usually or Always)	89%	89%	87%	88%	88%
Clear Explanations (Usually or Always)	95%	92%	95%	94%	94%
Personal Doctor Listens Carefully (Usually or Always)	96%	95%	95%	96%	95%
Respect from Providers (Usually or Always)	97%	95%	97%	96%	96%
Doctor Spends Enough Time With You (Appointment Length) (Usually or Always)	95%	89%	93%	95%	93%
Doctor Informed and Up to Date on Your Care (Usually or Always)	91%	90%	90%	87%	89%
Satisfaction With Personal Doctor (Rating of 8 to 10)	88%	84%	87%	87%	87%
Getting Appointment With Specialist (Usually or Always)	88%	84%	84%	88%	86%
Satisfaction with Specialist (Rating of 8 to 10)	88%	88%	87%	86%	87%
Getting Needed Information (Usually or Always)	86%	91%	88%	89%	89%
Courteous Treatment by Staff (Usually or Always)	95%	93%	97%	95%	95%
Health Plan Forms Easy to Fill Out (Usually or Always)	94%	95%	95%	93%	94%
Satisfaction with Health Plan (Rating of 8 to 10)	81%	82%	85%	84%	83%
Satisfaction with Dental Care (0 Worst dental care possible)	2%	4%	3%	4%	3%
Satisfaction with Dental Care (1 out of 10 Rating)	0%	0%	0%	0%	0%
Satisfaction with Dental Care (2 out of 10 Rating)	2%	3%	2%	1%	2%
Satisfaction with Dental Care (3 out of 10 Rating)	0%	2%	1%	0%	1%
Satisfaction with Dental Care (4 out of 10 Rating)	4%	0%	3%	1%	2%
Satisfaction with Dental Care (5 out of 10 Rating)	6%	9%	10%	11%	9%
Satisfaction with Dental Care (6 out of 10 Rating)	0%	3%	3%	2%	2%
Satisfaction with Dental Care (7 out of 10 Rating)	11%	8%	7%	8%	8%
Satisfaction with Dental Care (8 out of 10 Rating)	11%	16%	15%	15%	14%
Satisfaction with Dental Care (9 out of 10 Rating)	19%	20%	14%	20%	18%
Satisfaction with Dental Care (10 Best dental care possible)	44%	34%	42%	38%	40%

Source: 2021 CHC Consumer Assessment of Healthcare Providers and Systems (CAHPS).

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Activity 2: LIFE Program

The Living Independence for the Elderly (LIFE) program is a managed care option that provides a comprehensive package of medical and supportive services that allow older Pennsylvanians to live independently while receiving services and supports that meet the health and personal needs of the individual. Eligible enrollees must be at least 55 years old and determined nursing facility clinically eligible but be able to reside safely at home. LIFE is currently offered in 52 Pennsylvania counties. In FY 2016-17, the program served approximately 5,800 enrollees. By FY 2020-21, that figure grew to 7,400 enrollees, and the average participant age was 76 years old.

The program provides comprehensive health care and support services predominately to individuals who are dually eligible for Medicare and Medicaid. Private pay participants make up less than 1% of the service population. Providers generally operate from a day center where participants can receive medical care, join in activities, eat meals and receive other support services, including transportation to offsite medical appointments.

LIFE is known federally as the Program of All-Inclusive Care for the Elderly (PACE), which is considered an alternative to nursing home care. The program has the primary objective to help participants delay or avoid nursing home placement. Currently, 29 other states offer a PACE program, including nearly all states that border Pennsylvania, except West Virginia.

The primary goal and outcome of this activity is to provide the necessary supports that allow older Pennsylvanians to remain in their homes and live independently for as long as possible.

Resources for LIFE Program						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$0.5	\$0.5	\$0.4	\$0.4	\$0.5	\$0.5
Operating	0.1	0.1	0.1	0.1	0.0	0.0
Grants	<u>264.8</u>	<u>286.8</u>	<u>309.3</u>	<u>344.4</u>	<u>344.1</u>	<u>372.0</u>
Total	265.4	287.4	309.8	344.9	344.6	372.5
Expenditures by Fund						
General Fund (State)	\$127.4	\$138.6	\$148.6	\$149.4	\$143.3	\$162.0
General Fund (Federal)	137.5	148.9	161.8	195.5	201.3	210.5
General Fund (Restricted)	<u>0.5</u>	<u>0.0</u>	<u>-0.5</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Total	265.4	287.4	309.8	344.9	344.6	372.5
Average Weekly FTE Positions	5	5	4	4	4	3
Personnel Cost/FTE (\$ thousands)	\$106.0	\$106.0	\$100.0	\$110.0	\$117.5	\$150.0
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

Performance Measures for LIFE Program

	16-17	17-18	18-19	19-20	20-21	21-22
Workload						
Enrollees (monthly average)	5,767	6,247	6,831	7,320	7,408	7,719
% Over 80 years old ¹	38%	36%	34%	33%	33%	--
% Dually eligible ¹	96%	96%	95%	95%	94%	93%
% Enrollees w/ 3+ ADL limitations	-- Recommended measure --					
Efficiency						
Avg. state cost per participant (\$000s) ²	\$22.0	\$22.1	\$22.1	\$22.3	\$22.1	\$22.1
Avg. days/financial eligibility determination ³	-- Recommended measure --					
Avg. days/level-of-care determination ³	-- Recommended measure --					
Outcome						
% Recipients served in community ^{1,3}	93%	93%	93%	91%	92%	93%
Emergency Department visits ³	-- Recommended measure --					
Avg. length of stay in hospital ³	-- Recommended measure --					

Note: ADL is activity of daily living.

1 Snapshot as of December of each year.

2 Data by calendar year. Calculation by the IFO based on average monthly state expenditures and participants.

3 See Notes on Measures.

Notes on Measures

- States have different reporting requirements which may limit potential performance measures and outcomes. For example, California requires providers to report service encounters and track key metrics, including participant age, limitations on activities of daily living, prevalence of chronic conditions and program cost-effectiveness.² Pennsylvania began collecting a Care of Older Adults measure for 2021 and will continue to do so annually.
- The average time for financial eligibility and level-of-care determinations are referenced by the National PACE Association as supporting the goals of access and sustainability.
- The share of LIFE participants residing in community settings measures the outcome of older Pennsylvanians living in their own homes rather than nursing homes.
- Evaluations of PACE programs nationwide suggest that enrollees have lower rates of hospitalization and shorter lengths of stay compared to both community- and nursing home-based programs.³

² For more information, see: <https://calpace.org/>.

³ Evaluating PACE: A Review of the Literature, U.S. Department of Health and Human Services (January 2014).

State Benchmarks

Pennsylvania LIFE Program Ranks Second Among States for Population Served (2021)

LIFE/PACE State	# Served ¹	# Served per 100,000 Pop. ²	Avg. Days/FE Determination	Avg. Days/LOC Determination
Colorado	4,612	526.3	28	14-28
Massachusetts	4,776	398.5	30	5
Pennsylvania	7,569	309.2	--	--
Michigan	3,738	206.2	1-7	1-2
Oregon	1,616	204.7	40	<45
California	11,740	196.4	--	5
Rhode Island	349	181.3	21-28	15
New York	5,405	160.4	30-90	<30
Kansas	678	138.8	45-60	21
North Dakota	164	133.2	45	1-2
Delaware	237	119.9	30-45	30-45
North Carolina	2,086	115.0	30-45	--
New Mexico	423	108.5	42	21
Iowa	593	104.7	30	12-15
Virginia	1,467	104.7	45	45
Oklahoma	614	94.0	45	3
Washington	1,043	83.6	30	30
Arkansas	411	76.6	45	45-60
New Jersey	1,037	68.7	60-180	<2
Nebraska	210	65.7	30-45	2-7
Louisiana	450	58.9	36	5-7
Florida	2,414	52.0	30-60	21-63
Wisconsin	524	50.0	30	30
South Carolina	438	44.9	56-84	2-3
Indiana	423	37.9	45	2
Ohio	618	29.5	45	45
Texas	1,097	28.3	45-90	5-7
Tennessee	255	21.6	30	28-42
Alabama	160	18.3	45	5-10
Maryland	142	14.4	42	<30

Note: FE is financial eligibility and LOC is level of care. Data as of May 2021.

Source: National PACE Association. 2020 Vintage Population Estimates, U.S. Census Bureau. Calculations by the IFO.

¹ May not reflect all of the state program's Medicaid-only service population.

² Population per 100,000 for those 65 years old and over.

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Activity 3: FFS Long-Term Care

The Office of Long-Term Living (OLTL) oversees three fee-for-service (FFS) long-term care (LTC) programs: (1) Medical Assistance (MA) payments for nursing home services, (2) the OBRA Waiver and (3) the Pennsylvania Act 150 Attendant Care Program. Enrollment in these programs declined as managed care options, mainly Community HealthChoices (CHC, Activity 1), expanded over this time period.

The department funds nursing home services under the FFS LTC appropriation. Providers evaluate individuals for medical eligibility and provide care, while the department determines financial eligibility for MA services. About 56,000 individuals received services in FY 2016-17, which declined to 2,700 in FY 2020-21.

The OBRA Waiver helps around 600 persons, age 18 to 59 years old, with developmental physical disabilities live in community settings by providing services that support major life activities (e.g., personal care assistance and home modifications). Individuals must meet financial eligibility requirements.

The Act 150 Attendant Care Program provides about 1,300 mentally alert adults, age 18 to 59 years old, services to enable them to perform activities of daily living in community-based settings. Individuals served under this program, which is 100% state funded, are not eligible for Medicaid. Medicaid expansion has reduced this population over time due to more individuals meeting the financial qualifications for MA.

The primary goals and outcomes of this activity are to (1) ensure MA costs and payments to nursing facilities are reasonable and appropriate; and (2) provide individuals with physical disabilities community-based care to avoid institutionalization.

Resources for FFS Long-Term Care						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$13.0	\$12.3	\$8.5	\$3.1	\$1.0	\$0.7
Operational Expenses	31.4	40.6	57.8	47.2	4.5	0.1
Grants	<u>6,415.3</u>	<u>6,594.5</u>	<u>5,169.0</u>	<u>2,404.2</u>	<u>630.6</u>	<u>542.7</u>
Total¹	6,459.5	6,647.4	5,235.2	2,454.5	636.0	543.4
Expenditures by Fund						
General Fund (State)	\$2,070.0	\$2,141.8	\$1,932.4	\$830.5	\$205.1	\$138.0
General Fund (Augmentations)	616.8	631.3	358.7	145.7	0.4	0.5
General Fund (Federal)	3,306.5	3,388.1	2,737.6	1,407.6	517.5	404.9
General Fund (Restricted)	-54.9	8.0	-16.4	70.7	-87.0	0.0
Lottery Fund	304.8	250.0	202.1	0.0	0.0	0.0
Tobacco Settlement Fund	<u>216.3</u>	<u>228.2</u>	<u>20.9</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Total	6,459.5	6,647.4	5,235.2	2,454.5	636.0	543.4
Average Weekly FTE Positions	117	108	71	28	7	5
Personnel Cost/FTE (\$ thousands)	\$111.4	\$114.1	\$119.3	\$112.1	\$138.6	\$130.0
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						
1 Total may include small fixed asset, non-expense or miscellaneous expense transfer expenditures.						

Performance Measures for FFS Long-Term Care

	16-17	17-18	18-19	19-20	20-21	21-22
Nursing Home Services						
Enrolled (monthly average)	55,974	46,788	33,078	17,535	2,712	--
Newly enrolled ¹	--	--	23,815	16,348	4,712	--
Rehab patients	961	956	1,000	948	473	--
Avg. cost per resident (\$000s) ^{2,3}	--	--	\$26.4	\$25.5	\$20.3	--
Avg. time in institutional setting (days)	225	226	207	188	124	--
OBRA Waiver						
Served	1,494	1,555	1,276	952	594	--
Avg. state cost per participant (\$000s) ³	\$33.3	\$34.3	\$36.8	\$29.7	\$20.1	\$18.0
Act 150 Attendant Care Program						
Served	1,825	1,706	1,508	1,404	1,323	--
Avg. state cost per participant (\$000s) ³	\$34.7	\$37.5	\$41.0	\$42.2	\$44.1	\$39.8
Outcome						
% Receiving services in the community ⁴	53%	57%	64%	64%	67%	67%

Note:

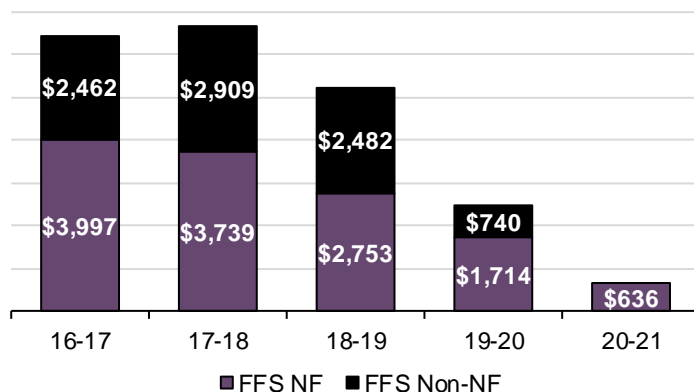
1 Calendar year data.

2 Data by calendar year. Data exclude supplemental payments. Calculation based on state fee-for-service payments and a monthly average of individuals served in nursing facilities. In addition to federal Medicaid funds, short-term nursing facility stays may also receive Medicare funding.

3 Data by calendar year. Calculation by the IFO based on average monthly state expenditures and participants.

4 Includes all long-term living programs, including those under a managed care system.

FFS Expenditures Decline as Enrollees Shift to CHC



Note: NF is nursing facility. Expenditures in dollar millions. Includes state, federal and special funds.

Over the past five fiscal years, total **FFS expenditures** declined from \$6.5 billion to \$0.6 billion as the population served has shifted to CHC. For institutional FFS programs, the monthly enrollment declined from about 56,000 to 2,700 for the same period.

Activity 4: Adult Protective Services

The Office of Long-Term Living (OLTL) implements and oversees the Adult Protective Services (APS) Act for adults 18 to 59 years of age who have a physical or intellectual disability that substantially limits one or more major life activities. The APS Act reinforces the Commonwealth's commitment to provide services necessary to protect the health, safety and well-being of adults who lack the capacity to protect themselves and who are at imminent risk of abuse, neglect, exploitation or abandonment. The department also educates the public on the availability of services and creates awareness of issues affecting adults to prevent abuse.

From FY 2016-17 to FY 2020-21, total reports filed during the year increased from 10,800 to over 15,200. Roughly 50% of reports are filed by mandatory reporters, which are organizations or individuals who care for adults in certain settings (e.g., nursing home, residential treatment facility). For FY 2020-21, approximately 80% of reports resulted in an investigation, with roughly 60% of those investigations substantiated.

The department coordinates the administration of the APS Act with the Pennsylvania Department of Aging (PDA). Local Area Agencies on Aging (AAAs) operate and maintain a statewide hotline to intake reports, while a third-party agency (Liberty Healthcare Corporation) investigates allegations and provides protective services to vulnerable adults. Court petitions may be filed to ensure the provision of appropriate services, and over 90% of those orders are for guardianship petitions.

The goal of this activity is to reduce and mitigate risk to vulnerable adults. The expected outcomes are that reports of abuse and neglect are investigated in a timely manner and that future occurrences are prevented.

Resources for Adult Protective Services						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$0.3	\$0.5	\$0.5	\$0.5	\$0.4	\$0.7
Operational Expenses	<u>3.9</u>	<u>6.3</u>	<u>8.3</u>	<u>9.6</u>	<u>13.0</u>	<u>9.5</u>
Total	4.2	6.8	8.8	10.2	13.4	10.2
Expenditures by Fund						
General Fund (State)	\$2.3	\$3.8	\$5.3	\$5.8	\$7.8	\$3.6
General Fund (Federal)	<u>1.9</u>	<u>3.0</u>	<u>3.5</u>	<u>4.3</u>	<u>5.6</u>	<u>6.6</u>
Total	4.2	6.8	8.8	10.2	13.4	10.2
Average Weekly FTE Positions	3	4	4	4	4	5
Personnel Cost/FTE (\$ thousands)	\$93.3	\$120.0	\$117.5	\$135.0	\$110.0	\$134.0

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for Adult Protective Services

	16-17	17-18	18-19	19-20	20-21	21-22
Workload						
Priority investigations conducted	403	1,284	1,068	1,751	2,606	2,884
Nonpriority investigations conducted	5,800	7,561	9,126	9,087	9,504	10,896
Cases per caseworker	148	134	155	164	184	197
Efficiency						
Avg. cost per investigation ¹	\$848	\$1,083	\$1,341	\$1,280	\$2,622	\$2,558
Outcome						
Repeated Reports of Need	-- Recommended measure --					
% Determinations made w/n 15 days ²	99%	99%	99%	99%	99%	99%
% Priority investigations substantiated ²	54%	58%	62%	68%	66%	72%
% Nonpriority investigations substantiated ²	46%	49%	53%	57%	56%	61%

Note:

1 Includes costs for protective, direct care and clinical care services provided to the individuals under the Reports of Need. The increase in FY 20-21 is partly due to a single case that cost over \$700,000. Since FY 20-21 APS and Liberty Healthcare have supported ongoing cases that have had an impact to the average cost per investigation.

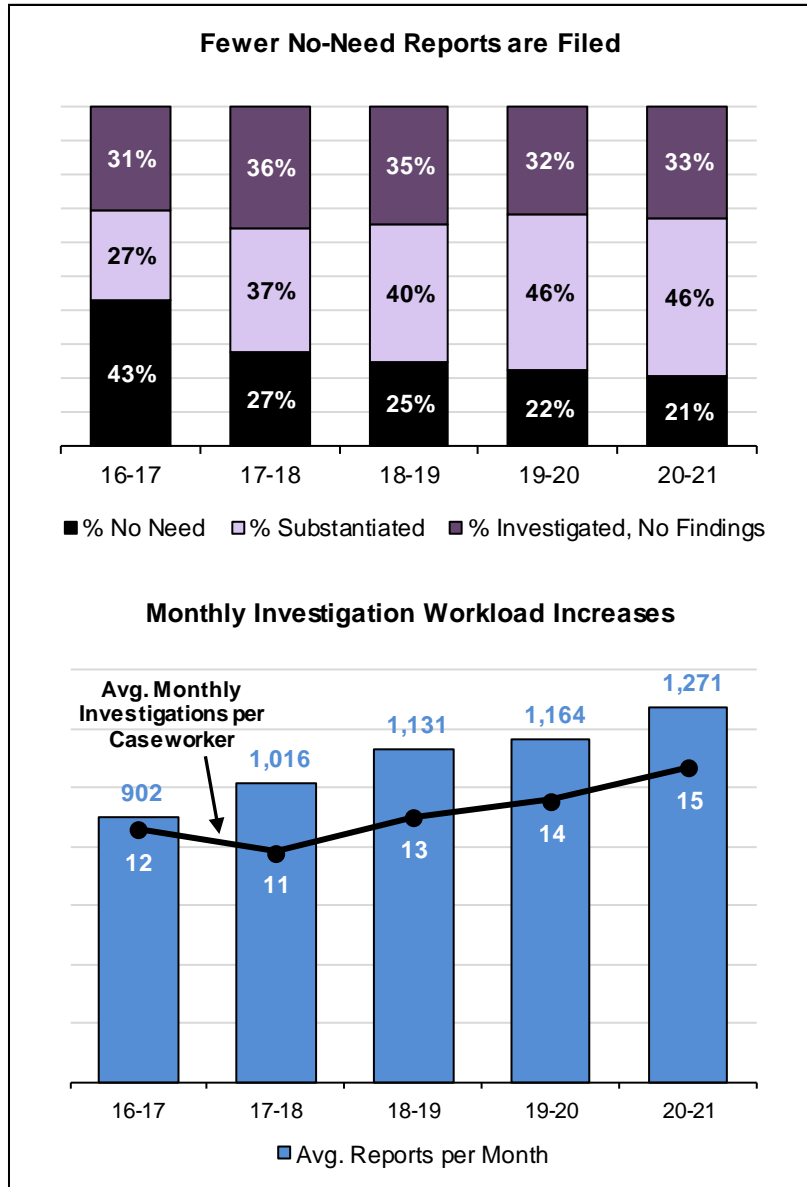
2 See Notes on Measures.

Notes on Measures

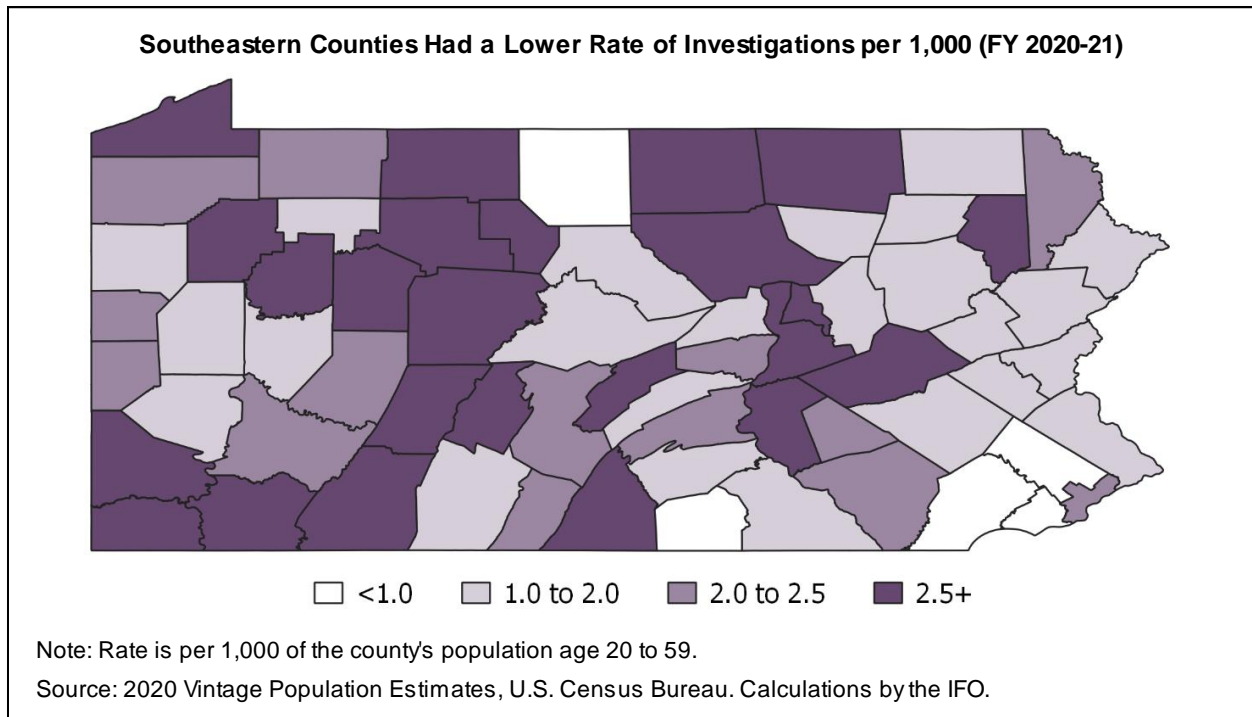
- When Liberty Healthcare Corporation receives a report, they must make a determination within 15 days to prioritize workloads and ensure those most in need receive services timely.
- Determinations are classified into three categories: (1) priority, (2) non-priority and (3) no need. Priority reports require immediate attention because the adult is at imminent risk of death or serious injury. These reports require a face-to-face follow-up investigation (FTF) within 24 hours of the determination. Non-priority reports do not require immediate attention but must have an FTF within 72 hours. Finally, no-need reports indicate the adult in need of protective services either has the capacity to maintain their physical or mental health or is not at imminent risk or danger.
- All priority and non-priority investigations were completed within 24 and 72 hours, respectively, prior to FY 2020-21 when the timeliness declined due to the COVID-19 pandemic. The Bureau of Human Services Licensing provided flexibility in conducting FTF visits within the required timeframes to mitigate risk to the service population. The share of FTF priority and non-priority investigations completed timely fell to 98% and 97%, respectively.

From FY 2016-17 to FY 2020-21, the number of **no-need reports** fell from 4,600 (43%) to 3,100 (21%). A 2017 investigation by the Office of the Inspector General found that the PDA failed to properly monitor reports originally classified as no-need by the AAAs. Since that review, no-need reports have declined as the AAAs implemented process improvements.

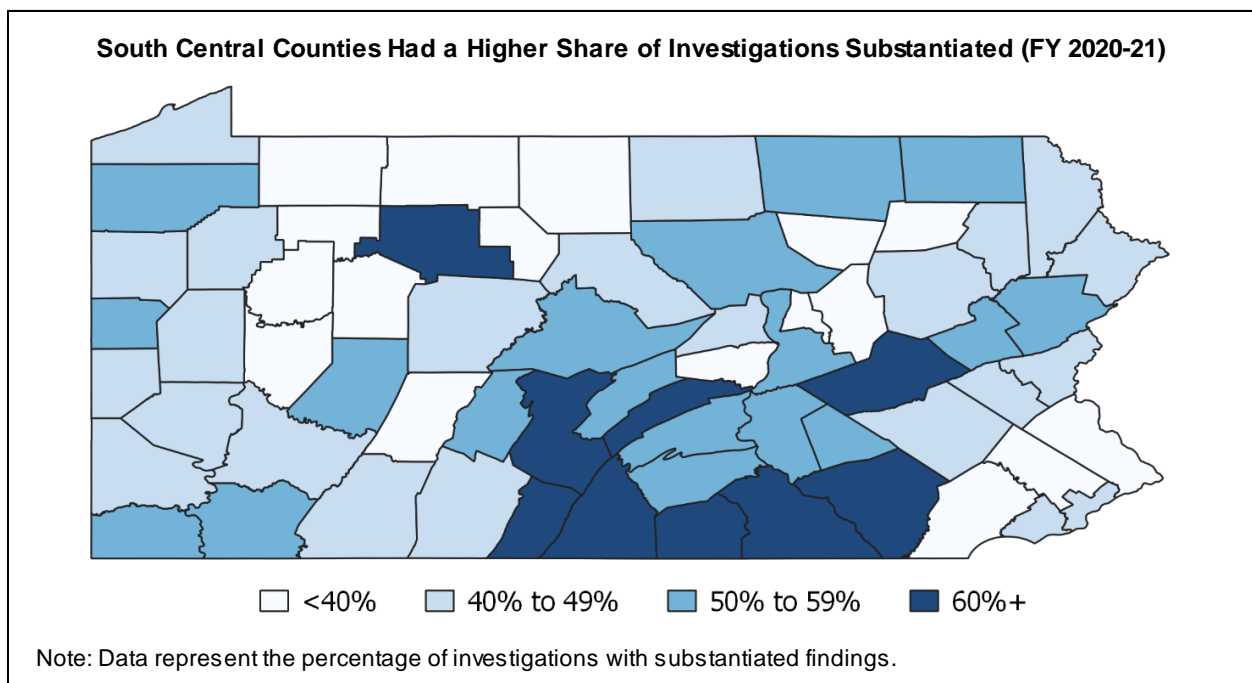
The total number of reports has been increasing over time. In FY 2016-17, APS received an **average of 902 reports per month**, which grew at an average annual rate of 9% to 1,271 reports per month. This increase in reports translates to higher workloads among caseworkers, with the average number of **monthly investigations per caseworker** increasing from 12 cases to 15 cases.



County Benchmarks



In FY 2020-21, the rate of investigations per 1,000 of the Commonwealth's population age 20 to 59 was 1.1 investigations (see map above). Chester County had the lowest rate (0.8), while Fayette had the highest (4.3). Approximately 60% of investigations conducted in FY 2020-21 were substantiated (see map below). Across the state, the share ranged from 8% in Snyder County to 75% in Adams County.



Activity 5: Licensing and Inspections

The Bureau of Human Services Licensing (BHSL) manages and coordinates personal care home (PCH) and assisted living facility (ALF) licensing programs. This includes the administration of licensing statutes and the oversight, design and development of regulations and policy, enforcement, training, research and data systems for more than 1,200 out-of-home care settings (1,130 PCHs and 70 ALFs) that serve over 67,000 adults with physical and developmental disabilities, behavioral and/or cognitive disorders. The BHSL also processes approximately 80 new and renewal licenses for these facilities on an annual basis.

The Bureau of Certification Services (BCS) regulates child care centers and family and group child care homes in Pennsylvania. In addition, the BCS certifies child care programs that seek to participate in Child Care Works (Activity 6). Child care programs that are certified by the BCS are considered a STAR 1 within Pennsylvania's Quality Rating Improvement System (QRIS), found in Quality Child Care (Activity 7). In FY 2016-17, BCS licensed approximately 7,500 child care facilities, and that number fell to less than 6,900 in FY 2020-21.

The department has initiated the development of the Enterprise Licensing System (ELS). The primary outcome of ELS is to reduce administrative burden on providers by eliminating duplicate information submissions to multiple agencies. This will allow DHS to improve efficiencies in licensure and inspections processes.

The primary goals and outcomes of this activity are as follows:

- Ensure the regulatory compliance of child care providers, PCHs and ALFs through annual licensing inspections and regular monitoring visits.
- Host regional orientation sessions for new child care providers and provide technical assistance to current child care providers to ensure the health and safety of children under their care.
- Investigate complaints and incidents promptly to ensure compliance with regulations.

Resources for Licensing and Inspections

	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services (OLTL)	\$10.5	\$7.8	\$8.6	\$9.1	\$8.9	\$9.2
Personnel Services (OCDEL)	11.7	11.2	12.9	11.4	12.2	13.1
Operational Expenses	<u>7.1</u>	<u>7.8</u>	<u>6.5</u>	<u>7.8</u>	<u>7.9</u>	<u>11.3</u>
Total	29.4	26.7	28.0	28.2	28.9	33.6
Expenditures by Fund						
General Fund (State)	\$14.5	\$10.8	\$11.8	\$11.5	\$12.0	\$12.2
General Fund (Federal)	<u>14.9</u>	<u>15.9</u>	<u>16.2</u>	<u>16.7</u>	<u>17.0</u>	<u>21.5</u>
Total	29.4	26.7	28.0	28.2	29.0	33.6
Average Weekly FTE Positions (OLTL)						
	96	65	71	73	73	72
Personnel Cost/FTE (\$ thousands)	\$109.7	\$119.7	\$121.1	\$124.1	\$122.2	\$127.9
Average Weekly FTE Positions (OCDEL)						
	108	108	123	111	123	123
Personnel Cost/FTE (\$ thousands)	\$108.4	\$103.3	\$104.7	\$102.4	\$98.9	\$106.8

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for Licensing and Inspections

	16-17	17-18	18-19	19-20	20-21	21-22
Personal Care Homes/Assisted Living Facilities (OLTL)						
<u>Workload</u>						
Licenses ^{1,2}	--	1,200	1,185	1,201	1,191	1,200
Complaints received	1,058	1,594	1,597	1,872	1,635	1,900
<u>Efficiency</u>						
Inspections per inspector	52	69	51	43	23	50
<u>Outcome</u>						
Provisional licenses ^{1,2}	--	42	38	34	13	40
% Licenses that pass inspection	--	100%	90%	95%	97%	95%
% LIS issued w/n 15 business days ³	--	--	36%	49%	52%	65%
% POC accepted/rejected w/n 10 business days ⁴	--	--	--	52%	75%	50%
% Complaints requiring investigation	75%	60%	64%	61%	32%	60%
Fines assessed (\$000s)	\$150	\$160	\$57	\$55	\$4	--
Child Care Facilities (OCDEL)						
<u>Workload</u>						
Licenses ¹	7,708	7,509	7,355	7,225	6,968	--
Complaints received ⁵	2,531	2,766	3,127	3,206	1,649	--
<u>Efficiency</u>						
Inspections per inspector	113	128	137	94	98	--
<u>Outcome</u>						
Provisional licenses ¹	306	423	347	396	396	--
% Licenses that pass inspection	29%	29%	28%	27%	39%	--
% LIS issued w/n 15 business days ³	--	--	91%	94%	--	--
% POC accepted/rejected w/n 10 business days ⁴	--	--	--	82%	--	--
Complaint-driven inspections ⁵	2,355	2,707	3,000	3,145	1,524	--
Serious injuries or deaths ⁵	--	22	14	27	9	--

Note:

1 Snapshot as of June each fiscal year.

2 Snapshot for FY 17-18 as of July 2018.

3 LIS is Licensing Inspection Summary. DHS issues LIS to licensees within 15 business days if, at the completion of an on-site inspection, they are found to be in violation of applicable statutes or regulations.

4 POC is Plan of Correction. DHS accepts or rejects POCs submitted by licensees to correct violations outlined in LIS within 10 business days.

5 Calendar year data.

Activity 6: Child Care Works

The Office of Child Development and Early Learning (OCDEL) administers the Child Care Works activity, which provides subsidized child care to low-income families and families that formerly received Temporary Assistance for Needy Families (TANF) or SNAP benefits. To be eligible for Child Care Works, a family must meet work requirements (generally 20 hours/week), training, or a combination of work and training. OCDEL contracts with 19 Early Learning Resource Centers (ELRCs) to determine eligibility and coordinates with child care providers to enroll children in child care, as well as provide technical assistance.

In 2016, Child Care Works served 103,300 children, of which 57% were families that qualified due to former or current TANF and/or SNAP benefits. In June 2020, the number of children served declined to 75,400 due to the pandemic. Families that qualify due to TANF (non-working families) and/or SNAP benefits receive no-cost child care services through Child Care Works. Families that are eligible due to low income or work while receiving TANF are responsible for a co-pay, which averaged \$42 per week in 2020. For comparison, the statewide median cost of child care in 2019 was \$290 per child per week for families paying privately.⁴

Due to the pandemic, child care facilities received federal stimulus funding to maintain operations in 2020. In addition, all Pennsylvania child care workers received a \$600 pandemic relief payment. Federal funding for child care is expected to remain high in FY 2021-22 due to COVID-19 relief funds while the number of children served is expected to increase, albeit below historic levels.

The primary goal and outcome of this activity is to ensure low-income, working families have access to quality child care and support the maintenance of employment for families.

Resources for Child Care Works						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$5.4	\$7.3	\$5.8	\$8.2	\$7.9	\$9.1
Operational Expenses	8.7	10.6	3.5	7.3	5.7	11.8
Grants	<u>705.4</u>	<u>721.6</u>	<u>759.4</u>	<u>803.0</u>	<u>903.5</u>	<u>1,638.4</u>
Total	719.5	739.4	768.8	818.5	917.1	1,659.3
Expenditures by Fund						
General Fund (State)	\$269.1	\$271.6	\$274.2	\$229.9	\$245.6	\$251.5
General Fund (Augmentations)	1.7	1.7	1.7	1.6	1.7	1.7
General Fund (Federal)	<u>448.6</u>	<u>466.2</u>	<u>493.0</u>	<u>586.9</u>	<u>669.8</u>	<u>1,406.1</u>
Total	719.5	739.4	768.8	818.5	917.1	1,659.3
Average Weekly FTE Positions	60	77	58	79	78	78
Personnel Cost/FTE (\$ thousands)	\$90.0	\$94.7	\$100.2	\$103.7	\$101.5	\$116.4
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

⁴ 2019 Child Care Market Rate Survey Report. See: https://www.dhs.pa.gov/Services/Children/Documents/Child%20Care%20Early%20Learning/Final-2020_MRS%20Report_12.14.20%20.pdf.

Performance Measures for Child Care Works

	2016	2017	2018	2019	2020	2021
Workload						
Families served	58,667	62,001	62,355	61,848	42,711	55,975
Children served ¹	103,332	109,229	109,235	107,348	75,392	98,200
% Low income eligible	57.4%	59.8%	62.4%	65.5%	73.7%	74.4%
% Eligible TANF/SNAP	42.6%	40.2%	37.6%	34.5%	26.3%	25.6%
Activity Cost Analysis						
Cost per child served ²	\$6,826	\$6,606	\$6,952	\$7,481	\$11,984	\$16,684
State cost per low-income eligible child ³	\$2,085	\$2,159	\$2,165	\$2,024	\$2,559	--
State cost per TANF/SNAP eligible child ⁴	\$3,331	\$2,995	\$3,108	\$2,391	\$5,266	--
Outcome						
Children on the waitlist ⁵	10,091	306	4,655	3,110	199	0
Average time spent on the waitlist (months) ⁵	3.6	0.9	3.2	2.9	1.0	--
% Enrolled in STARS 3/4 programs ^{1,6,7}	30.9%	33.0%	36.3%	35.6%	41.1%	42.0%
Co-pay as a percent of income ^{1,8}	0.9%	3.9%	4.0%	3.5%	2.5%	3.0%
Additional family spending on child care ⁶						-- Recommended measure --

Note:

1 Snapshot as of June for the following fiscal year.

2 Calculation by the IFO based on the children served and total funding for state and federal grants.

3 Calculation by the IFO based on the number of low income children served and the state cost for the child care services appropriation.

4 Calculation by the IFO based on the number of TANF/SNAP eligible children served and the state cost for the child care assistance appropriation.

5 Snapshot as of December of each year.

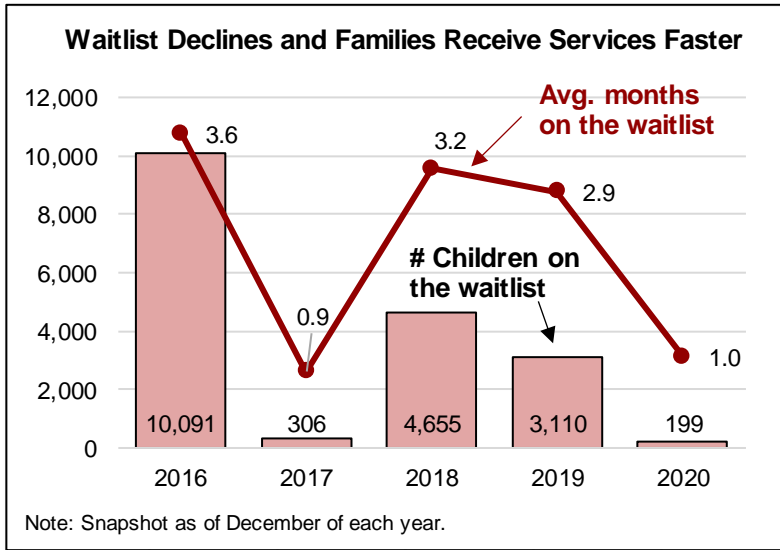
6 See Notes on Measures.

7 Data are only for children in Child Care Works.

8 Data include all families in Child Care Works including foster families who are eligible regardless of income.

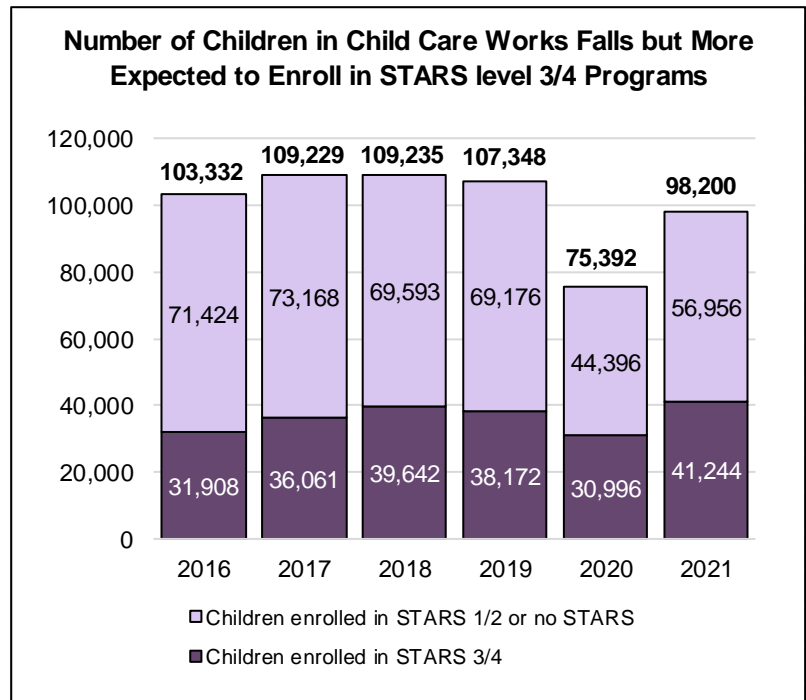
Notes on Measures

- Keystone STARS is a quality rating and improvement system for child care facilities. Facilities rated as a Keystone STARS level 3 or 4 are rated top-quality child care facilities for early learning in Pennsylvania. For more information, see Activity 7 (Quality Child Care).
- Child care providers may ask for additional family contributions in cases where the funding provided by the department and the family co-pay do not equal the market rate of the child care provider.



The **waitlist for Child Care Works** services declined from a high of 10,091 in 2016 to 199 children on the waitlist in December 2020. Families that are low-income eligible may be placed on the waitlist, while families that are eligible through TANF or SNAP receive services immediately. The list has fluctuated over time due to initiatives to reduce the waitlist through increased funding (2017). In 2020, the waitlist declined as COVID-19 reduced the demand for child care services and federal funds were provided to maintain capacity.

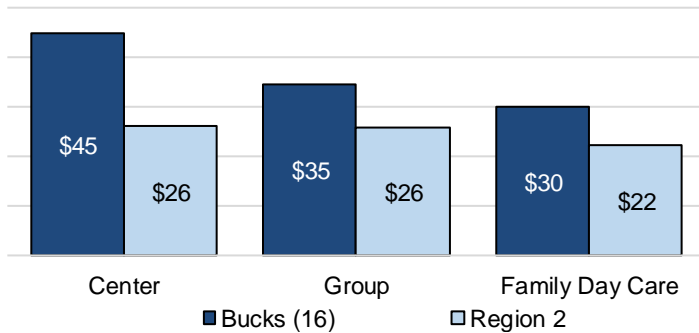
The **number of children in Child Care Works** declined from 103,300 in 2016 to 75,400 in 2020, largely due to the impact of the COVID-19 pandemic. The number of children in Child Care Works that are enrolled in Keystone STARS 3/4 programs decreased from 31,908 (30.9% of all children in Child Care Works) in 2016 to 30,996 (41.1%) in 2020. The number of children in Keystone STARS 3/4 facilities is expected to rebound to approximately 41,200 (42.0%) in FY 2021-22.



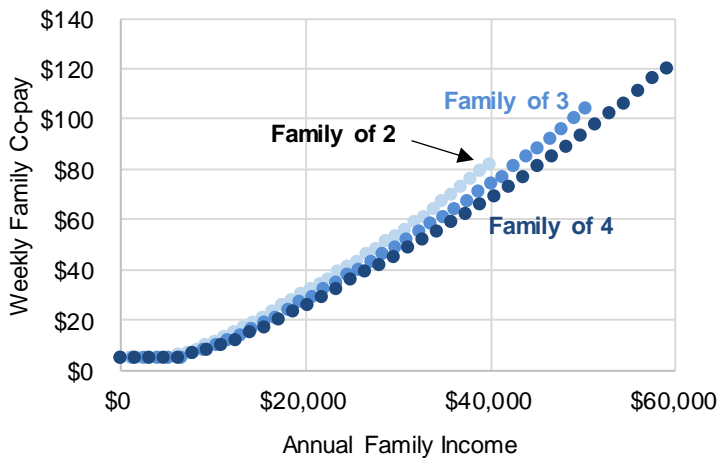
Chester County has Highest Infant MCCA Payment (2021)



Bucks County has Highest School-Age MCCA (2021)



Weekly Family Co-pay by Family Size and Annual Income (2020)



Note: MCCA rates are per day. The minimum annual income for the co-pay range is shown.

1 Region 2 includes Cameron, Clarion, Clearfield, Elk, Forest, Jefferson, McKean, Potter and Warren counties.

The **Maximum Child Care Allowance (MCCA)** rates are reimbursement rates that DHS pays to child care providers per child per day. MCCA rates are set by region. Region 2 has the lowest MCCA rates for infants and school-age children in the state and includes Cameron, Clarion, Clearfield, Elk, Forest, Jefferson, McKean, Potter and Warren counties. Select MCCA rates from Chester, Bucks and Region 2 counties are shown in the figure. In the county with the highest MCCA for infant care (Chester), the department will pay \$59 per day for an infant in a day care center, or approximately \$1,200 per month. In the county with the highest MCCA for school-age children (Bucks), the department will pay \$45 per day, or \$900 per month, to the day care center.

The Child Care Development Fund (CCDF) has a goal that child care providers receive a MCCA that reaches the 75th percentile of the market rate. For the majority of providers, the MCCA rates do not reach the 75th percentile of market rates.

The **average weekly family co-pay** was \$42 in 2020. A family of 3 with an annual income of \$28,000 would pay a weekly co-pay of \$43, approximately 8% of their annual income on child care.

Average family co-pays have increased 5.6% per annum from \$34 per week in 2016 to over \$42 per week in 2020. Based on the 2016 and 2019 Market Rate Survey, average weekly costs for private pay families with a child in a child care center full-time increased between 1.7% and 2.5% per annum depending on the age of the child between 2016 and 2019.⁵

⁵ The 2016 Market Rate Survey had a response rate of approximately 27%, or around 2,000 child care providers. Approximately 95% (6,700) of providers responded to the 2019 Market Rate Survey. The composition of child care facilities reporting between 2016 and 2019 may impact the private pay market rates.

County Benchmarks

Child Care Works Enrollment by County as of June 2021

Rank	County	Children Served	Served per 1,000	Rank	County	Children Served	Served per 1,000
1	Philadelphia	21,442	79.4	36	McKean	126	21.2
2	Lehigh	4,144	64.4	37	Montgomery	2,859	21.1
3	Erie	2,504	58.4	38	Jefferson	147	20.8
4	Venango	405	57.0	39	Somerset	205	20.6
5	Dauphin	2,467	50.5	40	Indiana	232	20.4
6	Delaware	4,487	46.9	41	Northumberland	272	20.3
7	Allegheny	7,710	44.0	42	Lebanon	500	20.3
8	Lawrence	549	42.7	43	Clinton	117	20.2
9	Northampton	1,771	39.5	44	Adams	304	20.0
10	Beaver	886	37.0	45	Pike	138	19.8
11	Lackawanna	1,182	36.3	46	Franklin	497	19.1
12	Luzerne	1,740	36.0	47	Huntingdon	109	18.2
13	Monroe	834	34.5	48	Wayne	107	17.2
14	Berks	2,418	34.2	49	Sullivan	7	16.8
15	Lycoming	582	32.7	50	Wyoming	62	16.4
16	Blair	593	31.8	51	Elk	70	16.3
17	Mercer	481	31.5	52	Chester	1,429	16.1
18	Cameron	17	29.0	53	Centre	291	16.1
19	Crawford	374	28.8	54	Greene	84	16.0
20	Fayette	523	28.0	55	Mifflin	127	15.9
21	Bucks	2,593	27.7	56	Warren	92	15.8
22	Tioga	168	27.4	57	Clarion	82	14.8
23	Carbon	231	25.5	58	Susquehanna	76	13.5
24	Bradford	260	25.5	59	Bedford	92	13.3
25	Montour	70	25.3	60	Butler	360	12.8
26	Columbia	207	24.3	61	Potter	29	11.8
27	York	1,777	23.8	62	Union	62	10.6
28	Lancaster	2,326	23.6	63	Snyder	64	10.3
29	Armstrong	218	23.6	64	Forest	1	8.9
30	Clearfield	248	23.3	65	Fulton	18	8.3
31	Schuylkill	478	23.0	66	Perry	61	8.2
32	Cumberland	916	22.8	67	Juniata	15	3.7
33	Washington	696	22.6				
34	Cambria	414	22.4				
35	Westmoreland	1,046	22.2				
					Statewide Total	75,392	37.5

Note: The number served per 1,000 children includes children age birth through 13.

Source: U.S. Census Bureau, County Population by Characteristics, 2020.

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Activity 7: Quality Child Care

The Quality Child Care Activity promotes early education and child care quality improvements in the Commonwealth through Keystone STARS, Professional Development Organizations (PDOs) and Infant Toddler Contracted Slots (ITCS).

Keystone STARS is a quality improvement rating system for child care providers throughout the Commonwealth with a base rating of 1 star and a maximum rating of 4 stars. The majority of regulated child care facilities receive a Keystone STARS rating to measure the quality of child care programs. In FY 2020-21, 22% of all facilities were rated as STARS 3/4. Facilities may move up or down a STARS level based on certain benchmarks, such as the percent of staff with a degree in early childhood education. When attempting to move up a STARS level, the facility must meet the required benchmarks, and upon achievement of the STARS level, must maintain the benchmarks. If the facility does not maintain the required benchmarks, the STARS level may be suspended or removed.

PDOs connect child care staff to higher education programs for early childhood education. PDOs provide financial assistance, such as tuition assistance and supports, to alleviate barriers to degree attainment through contracts with partnering institutions of higher education. PDOs served 3,600 participants from October 2019 to September 2021 and 1,400 participants completed a Child Development Associate Credential.

The ITCS pilot program operates as an alternative to the voucher system (where the funding follows the child). Providers receive a contracted slot for infants and toddlers, and the funding remains at the provider even when a child changes provider. ITCS encourages providers to meet market demand for infant and toddler care and strengthens the link between high quality early childhood education and pre-K programs.

The primary goals and outcomes of this activity are to (1) improve the quality of child care and childhood education by supporting providers, (2) provide families a way to choose high quality child care and early childhood education and (3) increase participation in higher education and training for child care staff.

Resources for Quality Child Care						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$1.5	\$1.3	\$1.2	\$1.4	\$1.3	\$1.3
Operational Expenses	0.2	0.3	0.2	0.3	0.3	0.6
Grants	<u>40.5</u>	<u>40.7</u>	<u>42.8</u>	<u>52.3</u>	<u>42.2</u>	<u>51.2</u>
Total	42.2	42.3	44.3	54.0	43.8	53.0
Expenditures by Fund						
General Fund (State)	\$12.8	\$14.4	\$15.2	\$14.8	\$14.6	\$14.6
General Fund (Federal)	<u>29.3</u>	<u>27.8</u>	<u>29.1</u>	<u>39.2</u>	<u>29.3</u>	<u>38.4</u>
Total	42.2	42.3	44.3	54.0	43.8	53.0
Average Weekly FTE Positions	10	8	6	7	7	7
Personnel Cost/FTE (\$ thousands)	\$146.0	\$157.5	\$203.3	\$202.9	\$178.6	\$180.0
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

Performance Measures for Quality Child Care

	16-17	17-18	18-19	19-20	20-21	21-22
Workload						
Regulated child care facilities ¹	7,374	7,395	7,240	6,985	6,849	7,000
Incentive funding to providers (\$ millions) ²	\$31.3	\$19.1	\$18.7	\$18.9	\$22.8	\$22.8
Activity Cost Analysis						
Activity cost/participating child care provider ³	\$5,494	\$5,509	\$5,912	\$7,485	\$6,167	\$7,310
Outcome						
Total capacity of STARS 3/4 facilities ⁴	--	--	--	--	167,198	171,610
% Regulated child care facilities STARS 3/4 ¹	19.9%	22.2%	24.0%	24.6%	22.1%	27.0%
Providers increasing STARS level(s)	571	727	741	345	440	400
Staff Training and Education						
Tuition assistance (\$ millions) ²	\$5.6	\$5.5	\$6.7	\$5.9	\$4.5	\$5.6
Tuition assistance per child care staff enrolled in continuing ed. ⁵	\$2,418	\$2,027	\$2,419	\$2,524	\$2,315	\$2,400
% Child care staff enrolled in continuing ed. ⁶	42.2%	61.8%	66.5%	64.7%	59.8%	60.0%
Child care staff turnover			-- Recommended measure --			
% PDOs tracking against quarterly benchmarks ^{2,7}			-- Recommended measure --			
Infant Toddler Contracted Slots						
Infant Toddler Contracted Slots ⁸	--	--	--	--	929	850
% Slots filled ⁸	--	--	--	--	72.1%	84.5%

Note:

1 Snapshot as of June for the following fiscal year.

2 See Notes on Measures.

3 Calculation by the IFO based on total state and federal grants and the number of regulated child care facilities.

4 FY 21-22 is a snapshot as of November 2021.

5 Calculation by the IFO. Includes child care staff receiving aid from the T.E.A.C.H. Scholarship, Rising STARS Tuition Assistance Program and the CDA Voucher Program.

6 Share of child care staff enrolled in continuing education or early childhood education courses with support of OCDEL funds.

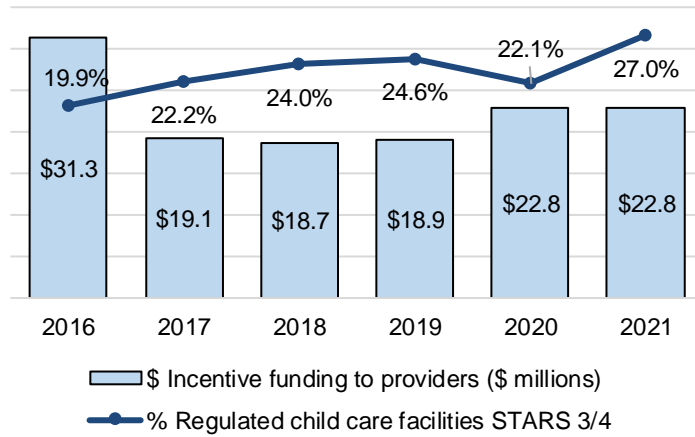
7 PDO is professional development organization. DHS will track this measure beginning in FY 21-22.

8 FY 20-21 is as of June 2021. FY 21-22 is as of September 2021.

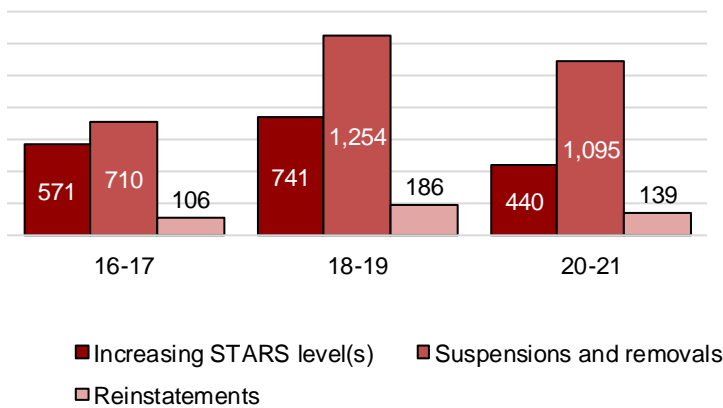
Notes on Measures

- Incentive funding is provided to child care providers for achieving a Keystone STARS level 2 or higher, with more incentive funding provided the higher the STARS level.
- Tuition assistance is provided to child care staff who earn credits in early childhood education through contracts with partnering institutions of higher education.
- PDOs were established in October 2019 and must track quarterly benchmarks, such as completion rates for early childhood education (ECE) programs. There is no standard target for the benchmarks, but rather, PDOs work with DHS to determine an appropriate target based on the needs, goals and other factors of the region the PDO serves. For this reason, the recommended measure reports what percent of PDOs are tracking against their goals. The data are not available yet but are expected in FY 2021-22.

Share of STARS 3/4 Facilities Grows but Incentive Funding Remains Below Peak in 2016

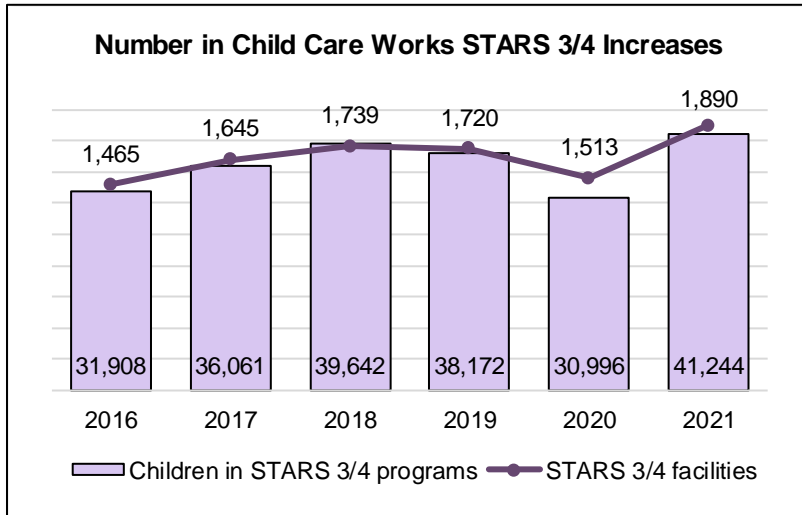


Fewer Facilities Increasing STARS Level Since FY 18-19



Incentive funding is provided to child care facilities that are Keystone STARS level 2, 3 and 4 to reimburse the costs associated with higher quality child care and education. The share of regulated child care facilities that are STARS 3/4 increased from 20% (2016) to 27% (2021), while incentive funding dropped from a high of \$31.3 million in 2016. Incentive funding was high in 2016 due to the temporary Race to the Top and quality grants but was reduced in 2017 to increase base rates for STARS 3/4 facilities.

The number of **child care facilities increasing Keystone STARS level(s)** and the number of STARS suspensions and removals grew from FY 2016-17 to FY 2018-19, the last year with no impact due to the pandemic. In FY 2019-20 and FY 2020-21, there was a significant decline in the number of facilities increasing STARS level(s) while the number of suspensions and removals experienced a more modest decline.



One of the goals of Child Care Works is to provide quality child care to low-income families who otherwise could not afford it.

The number of **children in STARS 3/4 child care facilities** served by Child Care Works increased from 31,900 in 2016 to 41,200 in 2021 after the decline in 2020 due to COVID-19.

County Benchmarks

Top 15 Counties by Share of Child Care Works Children in STARS 3/4 Facilities

Rank	County	Child Care Works		Total Capacity of STARS 3/4 Facilities
		Children in STARS 3/4	% Children in STARS 3/4	
1	Venango	373	92.1%	1,293
2	Washington	439	63.1%	2,468
3	Lebanon	306	61.2%	1,572
4	Blair	359	60.5%	1,927
5	Lawrence	328	59.7%	1,334
6	Bucks	1,547	59.7%	9,732
7	Westmoreland	623	59.6%	3,890
8	Chester	826	57.8%	7,107
9	Erie	1,421	56.7%	5,837
10	Montgomery	1,571	54.9%	12,936
11	Cumberland	453	49.5%	3,232
12	Lancaster	1,142	49.1%	6,258
13	Lackawanna	571	48.3%	2,525
14	Luzerne	816	46.9%	3,698
15	York	752	42.3%	4,120
	Philadelphia	7,013	32.7%	32,318
	Allegheny	2,289	29.7%	15,303
	Statewide Total	30,996	41.1%	167,198

Note: Data are for FY 2020-21. Excludes counties with less than 300 children served.

Statewide, approximately 41% of children in Child Care Works are in STARS 3/4 facilities. The two largest counties by number of children served by Child Care Works are Philadelphia and Allegheny counties, which have a lower-than-average share of children in Keystone STARS 3/4 facilities (33% and 30%, respectively). Nearly 20% of the total capacity of STARS 3/4 facilities is filled by children in Child Care Works program (Activity 6).

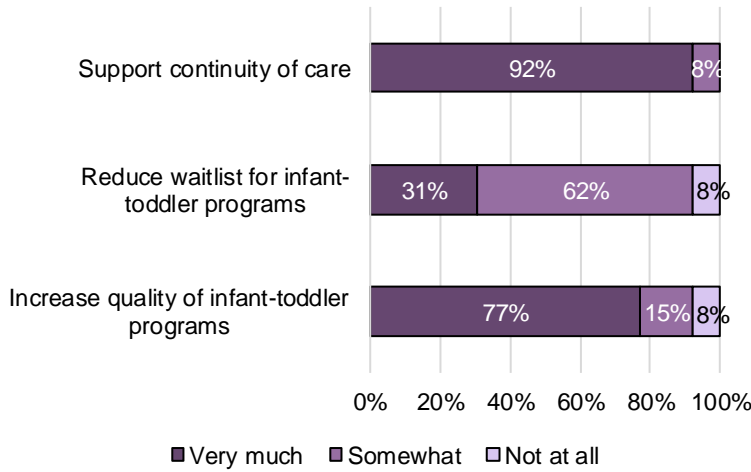
Infant Toddler Contracted Slots Program

ITCS Awarded Slots and Enrollment (FY 2021-22 Q1)									
Rank	County	Enrolled	Slots Awarded	% Slots Filled	Rank	County	Enrolled	Slots Awarded	% Slots Filled
1	Mercer	8	8	100%	16	Chester	11	12	92%
2	Jefferson	8	8	100%	17	Westmoreland	29	32	91%
3	Butler	22	22	100%	18	Luzerne	36	40	90%
4	Lawrence	12	12	100%	19	Delaware	75	84	89%
5	Fayette	8	8	100%	20	Allegheny	32	36	89%
6	Washington	12	12	100%	21	Lehigh	74	84	88%
7	Blair	16	16	100%	22	Dauphin	31	36	86%
8	Tioga	7	7	100%	23	Crawford	13	16	81%
9	Adams	4	4	100%	24	Northampton	12	16	75%
10	Bradford	17	17	100%	25	Montgomery	42	56	75%
11	Montour	8	8	100%	26	Beaver	4	6	67%
12	Bucks	8	8	100%	27	Philadelphia	63	100	63%
13	York	48	50	96%	28	Bedford	5	10	50%
14	Erie	78	84	93%	29	Lackawanna	8	16	50%
15	Berks	22	24	92%	30	Cambria	5	18	28%
Total							718	850	84%

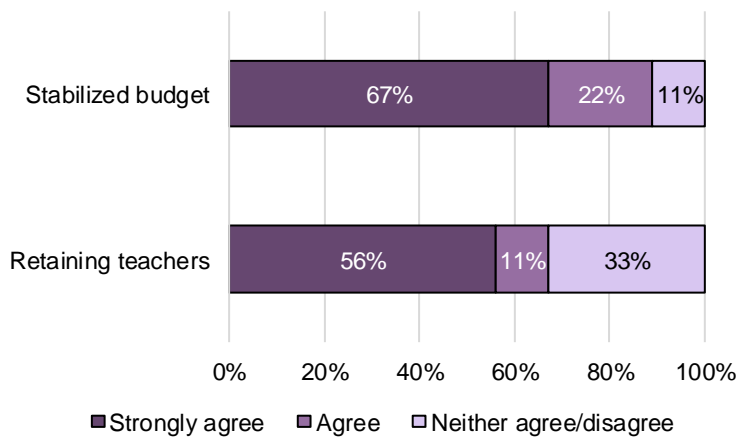
The ITCS pilot program assigned slots to counties based on expected demand and interest in the program. In FY 2021-22 Q1, Philadelphia County was awarded 100 slots and filled 63% and Allegheny County was awarded 36 slots and filled 89%. Twelve counties filled 100% of awarded slots. According to the stakeholder survey, there appeared to be difficulty enrolling children in the ITCS program.⁶

⁶ Dorn, Chad. *Infant and Toddler Contracted Slots Pilot Program Evaluation Report*. August 2020. See: https://s35729.pcdn.co/wp-content/uploads/2020/11/IT-Pilot-Evaluation-Report_PA_Final.V2.pdf.

Stakeholders Report Improved Continuity of Care and Quality of Infant Toddler Programs



ITCS Pilot Program Improved Budget Stabilization



Note: Stakeholders, including participating child care providers, were surveyed on perceived results of the ITCS program. None of the participating individuals surveyed chose the options of "disagree" and "strongly disagree" for questions relating to stabilizing the budget or retaining teachers.

Source: Infant and Toddler Contracted Slots Pilot Program: Evaluation Report, August 2020.

Stakeholders, including child care facility administrative staff, were surveyed during the **ITCS pilot program** in 2020. The survey results were mostly positive, with most respondents reporting improved quality of infant/toddler programs and stabilization of child care facility budgets. The respondents also reported that the ITCS supported the continuity of care for infants and toddlers.

Activity 7: Quality Child Care (Addendum)

The following data shall serve as an addendum to the initial Performance-Based Budget report for DHS delivered to the General Assembly on January 19, 2022. This addendum was requested by the Performance-Based Budget (PBB) Board during a hearing on January 26, 2022. The following data are to be used in conjunction with the initial report, and not serve as a replacement for the original measures provided.

The PBB Board requested existing data related to health outcome and consumer satisfaction measures for DHS programs. In FY 2014-15, the department conducted the Facilities Family Survey for families enrolled in Keystone STARS facilities. Although these data are outside the period of review, the IFO provides these measures as benchmarks for important outcomes to track over time. The table on the next page includes these additional measures.

Keystone STARS Facilities Family Survey (FY 2014-15)

	Agree	Average Satisfaction (Out of 6)
Asked me about how well the program is meeting the needs of my child	83%	4.7
Asked me about what is important to our family	82%	4.6
Built on my child's strengths and interests	95%	5.2
Communicated with me to ensure that my child experienced a smooth transition from one program to another	91%	5.0
Gave me ideas of how to support my child's development at home	87%	4.9
Gave me information about organizations/resources that offer support to parents	81%	4.5
Gave me information about their mission, goals, policies and procedures	96%	5.2
Had background and experience that met my expectations	96%	5.3
Has helped me to be able to see how much progress my child is making	94%	5.2
Helped families get to know and support each other	76%	4.4
Helped me feel more confident in my skills as a parent	88%	4.8
Helped me to access other programs and/or services for my family	86%	4.6
Helped me to understand and support my child's behavior	89%	5.0
Helped me to understand how information collected about my child and family is used for program improvement	80%	4.6
I have used information about my child's performance to make changes in how I teach my child.	90%	4.9
I have used information about my child's performance to support my child's learning and development at home.	94%	5.2
Included books, toys, outdoor and indoor play equipment and other materials that I was satisfied with	98%	5.5
Included daily activities that met my expectations	96%	5.4
Informed me about daily happenings and events	94%	5.3
Interacted with children in a positive manner	97%	5.5
Made it easy for me to talk to them about my child and our family	97%	5.4
Offered parent training or information sessions	74%	4.3
Provided an educational program that met my expectations	95%	5.3
Provided me information about community organizations, agencies and events that are of interest to families with young children	84%	4.7
Provided services that met my child's needs	97%	5.3
Provided support and information as my child transitioned from one program to another	91%	5.0
Provided ways for parents to take part in the program	89%	4.9
Understood my family's culture, beliefs and traditions	96%	5.1
Was provided during times that met our family's needs	98%	5.4
Were available to talk with me at times that fit into my schedule	96%	5.4
Were honest, even if they had difficult issues to discuss	96%	5.1
Statewide	91%	5.0

Note: 1 is the lowest and 6 is the highest satisfaction rating. The number of respondents was between 384 and 488 families, depending on the question.

Activity 8: Early Intervention

The Office of Childhood Development and Early Learning (OCDEL) administers the infant-toddler Early Intervention program. Infant-toddler Early Intervention provides supports and services to children age birth through three with developmental disabilities or delays in at least one area of development: (1) physical, (2) cognitive, (3) communication, (4) social/emotional or (5) adaptive/self-help.

Eligibility in the infant-toddler Early Intervention program is determined by one of three categories: (1) 25% or more delay in one of the five areas, (2) a diagnosis with a high probability of delay or (3) an informed recommendation by a doctor or other healthcare provider.

Beginning at age two years and three months, children and families served by the infant-toddler program begin a transition to the pre-school Early Intervention program, which is administered by OCDEL and funded through the Pennsylvania Department of Education. The eligibility standards of the pre-school Early Intervention program are narrower than the infant-toddler program.

OCDEL contracts with 48 county or county-joinder programs that oversee the Early Intervention program throughout the Commonwealth. The contractors are responsible for public awareness and evaluating eligibility.

The primary goals and outcomes are to (1) enhance the family or caretaker's capacity to meet children's special needs to minimize the impacts of the developmental disability or delay and (2) provide services in home or community settings to improve developmental outcomes for children.

Resources for Early Intervention						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$1.3	\$1.3	\$1.3	\$1.4	\$1.1	\$1.0
Operational Expenses	3.4	3.4	3.3	3.1	2.9	3.7
Grants	<u>202.4</u>	<u>214.3</u>	<u>218.8</u>	<u>255.6</u>	<u>218.3</u>	<u>263.2</u>
Total	207.1	218.9	223.3	260.1	222.3	267.9
Expenditures by Fund						
General Fund (State)	\$129.6	\$144.9	\$143.3	\$189.4	\$153.3	\$173.7
General Fund (Federal)	75.9	75.4	72.2	79.9	69.0	94.2
General Fund (Restricted)	<u>1.6</u>	<u>-1.4</u>	<u>7.8</u>	<u>-9.2</u>	<u>0.0</u>	<u>0.0</u>
Total	207.1	218.9	223.3	260.1	222.3	267.9
Average Weekly FTE Positions	13	13	13	15	13	13
Personnel Cost/FTE (\$ thousands)	\$99.2	\$98.5	\$96.9	\$96.0	\$84.6	\$77.7
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

Performance Measures for Early Intervention

	16-17	17-18	18-19	19-20	20-21	21-22
Workload						
Children enrolled	39,931	42,729	45,024	44,837	42,360	46,600
Children in tracking ¹	7,058	7,178	6,581	6,426	6,937	4,882
% Transition to pre-school EI program ²	41%	39%	39%	42%	39%	39%
Activity Cost Analysis						
Cost per enrollee ³	\$5,068	\$5,016	\$4,859	\$5,700	\$5,153	\$5,648
Efficiency						
% Receiving services within 14 days ⁴	94%	92%	91%	94%	97%	97%
Outcome						
<u>% Children improve skills upon exit</u>						
Acquisition and use of knowledge/skills	76%	76%	75%	75%	74%	71%
Positive social emotional skills	68%	68%	68%	68%	67%	68%
Use of behaviors to meet needs	76%	76%	75%	75%	75%	71%
% Successful completion of IFSP ⁵	28%	29%	28%	26%	25%	25%
% Receiving services in home settings ⁶	93%	98%	98%	98%	98%	98%

Note: EI is Early Intervention.

1 Number in tracking refers to the number of infants and toddlers that are not currently eligible for early intervention services but are at risk of experiencing a delay (e.g., low birth weight, elevated blood lead levels).

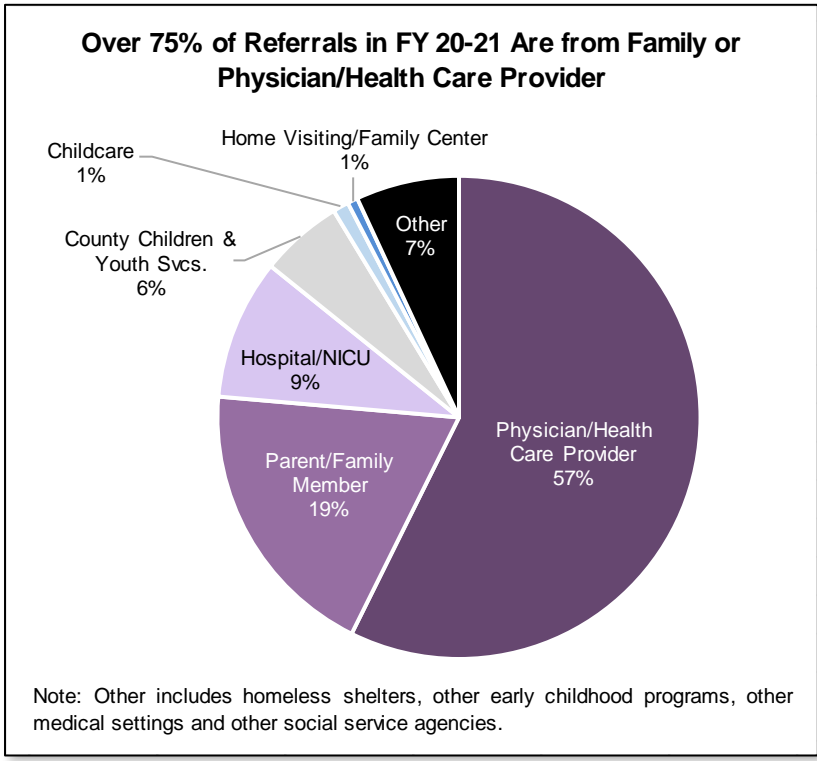
2 The pre-school Early Intervention program has stricter eligibility standards than the infant-toddler program.

3 Calculation by the IFO based on total state and federal grants and the number of children enrolled.

4 Timeliness from service plan development.

5 IFSP is individualized family service plan.

6 Snapshot as of December.



The majority of **referrals** to the infant-toddler Early Intervention program are from physicians/health care providers (57%) and parents/family members (19%). Approximately 10% of referrals are from social services programs, such as county children and youth services or family centers.

State Benchmarks

PA Enrollment is 2nd Highest Among Border States (FFY 2019)

State	Children Served	Served per 1,000 ¹
West Virginia	7,512	138.2
Pennsylvania	45,024	109.4
New Jersey	30,981	101.8
New York	63,378	94.2
Maryland	16,518	77.2
Delaware	2,488	76.9
Ohio	24,062	59.0
U.S. Total	842,501	73.0

¹ Calculation by IFO. Enrollment data include children in the infant-toddler Early Intervention program. Population data include children age birth to two years old.
Source: U.S. Department of Education and U.S. Census Bureau.

Pennsylvania ranked second among border states in both the number of children served (45,000) by the infant-toddler Early Intervention program and the number served per 1,000 children birth to two years old (109). Only West Virginia has a higher number served per 1,000 children (138). Ohio serves the lowest number of children proportionately, at 59 served per 1,000 children.

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Activity 9: Home Visiting and Family Support

The Office of Child Development and Early Learning (OCDEL) administers Family Support Programs (FSPs) by providing grants to 91 Local Implementing Agencies (LIAs). FSPs support access to a diverse array of services ranging from informal supports (e.g., family centers) to more formal services (e.g., evidence-based home visiting), as well as a community system of services. The number of families served by FSPs increased from 9,900 in FY 2017-18 to 12,600 in FY 2020-21. The evidence-based home visiting (EBHV) programs had 5,300 slots in FY 2016-17, which grew to 10,500 slots in FY 2020-21. The EBHV programs are funded with state and/or federal dollars, depending on the program.

Programs can be categorized as evidence-based if research demonstrates that the program effectively achieves the desired outcomes. EBHV is a prevention and intervention program that connects pregnant mothers or new caregivers to trained professionals such as nurses, mental health clinicians, and parent educators, for intensive support services. As of September 2021, the department runs six EBHV programs: (1) Early Head Start, (2) Family Check Up, (3) Healthy Families America, (4) Nurse-Family Partnership, (5) Parents as Teachers and (6) Safe Care Augmented. The eligibility criteria differ between the six programs. Some programs serve low-income families (e.g., Nurse Family Partnership) while others serve families with certain risk factors (e.g., Healthy Families America). The federal government requires states to collect 19 performance measures related to the EBHV programs in order to receive Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding.

The primary goals and outcomes for this activity are to (1) improve maternal and child health, (2) prevent child abuse and neglect, (3) encourage positive parenting and (4) promote child development and school readiness.

Resources for Home Visiting and Family Support						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$0.2	\$0.2	\$0.2	\$0.2	\$0.2	\$0.2
Operational Expenses	0.0	0.0	0.0	0.0	0.0	0.1
Grants	<u>38.8</u>	<u>38.1</u>	<u>46.6</u>	<u>48.3</u>	<u>51.0</u>	<u>64.8</u>
Total	39.0	38.3	46.8	48.5	51.2	65.0
Expenditures by Fund						
General Fund (State)	\$15.6	\$18.2	\$27.0	\$27.3	\$33.5	\$32.9
General Fund (Federal)	22.3	19.2	18.6	19.7	16.4	30.7
Children's Trust Fund	<u>1.1</u>	<u>0.9</u>	<u>1.2</u>	<u>1.4</u>	<u>1.3</u>	<u>1.4</u>
Total	39.0	38.3	46.8	48.5	51.2	65.0
Average Weekly FTE Positions	2	2	2	2	2	2
Personnel Cost/FTE (\$ thousands)	\$90.0	\$90.0	\$100.0	\$105.0	\$85.0	\$80.0

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for Home Visiting and Family Support

	16-17	17-18	18-19	19-20	20-21	21-22
Workload						
Families served in FSP	--	9,859	11,968	12,881	12,581	12,500
EBHV program slots	5,256	8,347	8,975	10,227	10,497	10,500
% Families that are low-income	67.9%	67.1%	65.8%	70.6%	69.7%	70.0%
Activity Cost Analysis						
Activity cost per family served ¹	--	\$3,867	\$3,891	\$3,747	\$4,054	--
Outcome²						
<u>Maternal and Child Health</u>						
% Preterm birth	--	11%	11%	11%	12%	--
% Well-child visit ³	54%	62%	58%	72%	74%	--
% Postpartum care ⁴	52%	46%	60%	88%	89%	--
% Continuity of insurance coverage ⁵	65%	63%	73%	78%	94%	--
<u>Child Injuries and Maltreatment</u>						
% Children enrolled that are injured ⁶	5%	4%	9%	6%	6%	--
% Child maltreatment ⁷	3%	--	2%	5%	2%	--
<u>School Readiness and Achievement</u>						
% Early language and literacy activities ⁸	57%	66%	57%	68%	68%	--
% Developmental screening	73%	76%	59%	75%	74%	--
<u>Domestic Violence</u>						
% Intimate partner violence screening	64%	79%	76%	69%	55%	--
<u>Family and Economic Self-Sufficiency</u>						
% Primary caregiver education ⁹	22%	36%	55%	39%	33%	--
<u>Coordination and Referrals</u>						
% Completed depression referrals	37%	30%	16%	33%	42%	--
% Completed developmental referrals	60%	72%	100%	97%	93%	--
% Intimate partner violence referrals	15%	21%	30%	60%	58%	--

Note:

1 Calculation by the IFO based on total state and federal grants and the number of families served by FSPs.

2 Data by federal fiscal year.

3 Share receiving well-child visits consistent with the recommendation from the American Academy of Pediatrics.

4 Share of mothers that receive postpartum care. The measure definition changed in 2019, which increased the number of days postpartum a mother could receive follow-up care.

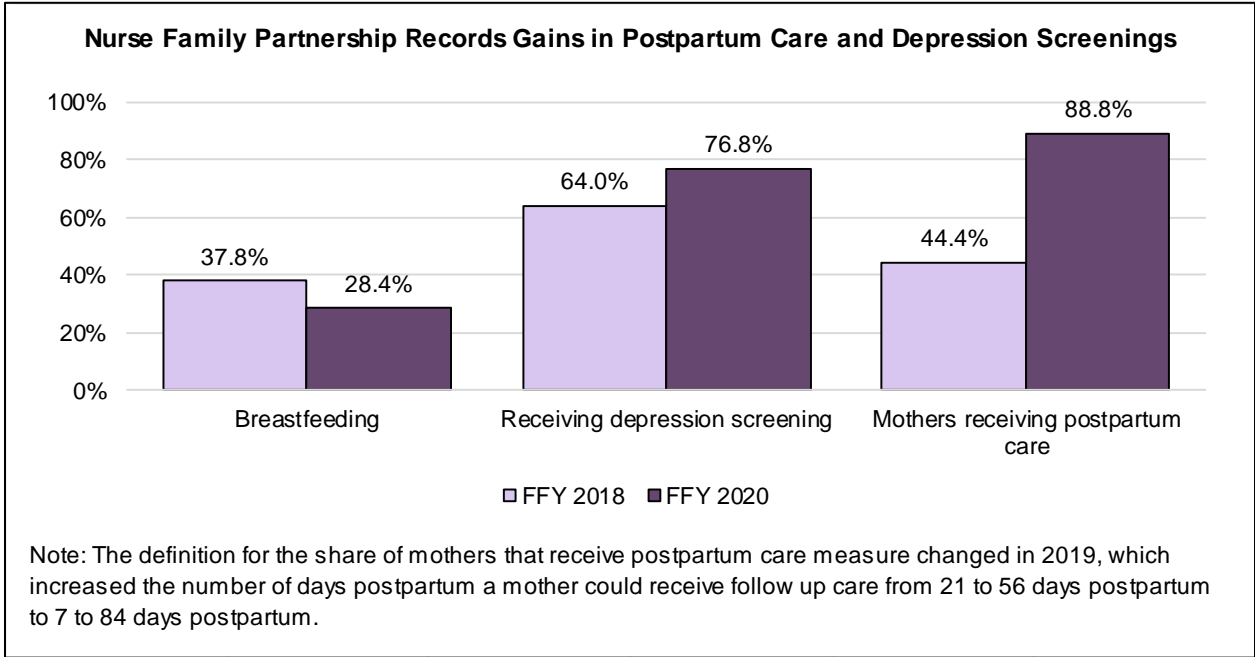
5 Continuity of health insurance coverage for at least six consecutive months.

6 The share of children with an injury-related visit for the Emergency Department.

7 The share of children with at least one investigated case of maltreatment following enrollment in a home visiting program.

8 Early language and literacy activities measure parents who read/tell stories and sing with their child daily.

9 The share of primary caregivers without a high school degree or GED that enrolled in or completed high school or a GED program.



Nurse Family Partnership provides intensive assistance from nurses to aid first-time, low-income pregnant and postpartum women. In FFY 2020, approximately 1,600 women were served by Nurse Family Partnership in Pennsylvania. The share of mothers breastfeeding declined from 38% in FFY 2018 to 28% in FFY 2020. The share of mothers receiving a depression screening increased from 64% in FFY 2018 to 77% in FFY 2020. The share of mothers receiving postpartum care increased from 44% (within 21 to 56 days) in FFY 2018 to 89% (within 7 to 84 days) in FFY 2020. Mothers receiving postpartum care improves the likelihood of identifying potential or current health concerns for the mother, including postpartum depression.

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Activity 10: Children’s Health Insurance Program

The Children’s Health Insurance Program (CHIP) provides access to healthcare for uninsured children and adolescents who are not eligible for Medical Assistance (MA). There are three cost levels of CHIP depending on family size, income and the age of covered children: free, low cost and full cost. A family on free CHIP pays no monthly premium or co-pays, while a family on low-cost CHIP paid an average monthly premium of \$61 in FY 2020-21 and low co-pays. For families that pay the full cost of CHIP, the average monthly premium was \$204 plus co-pays. In FY 2019-20, CHIP enrolled a monthly average of 187,600 children, of which 71% were enrolled in free CHIP and 24% in low-cost CHIP. Enrollment in FY 2020-21 declined from historical levels due to shifts of children to MA during the COVID-19 pandemic. The shift to MA has largely been for children on free CHIP while low- and full-cost CHIP recorded increased enrollment.

Recently, the federal medical assistance percentage (FMAP) for CHIP declined from a rate of 89.25% in FFY 2017 to 66.54% in FFY 2021 due to the phase out of the 23-percentage point increase under the Affordable Care Act. As a result, CHIP costs began to shift from federal to state funds in FY 2019-20.

Implementation of a pay-for-performance (P4P) program is anticipated as a part of the new CHIP managed care contract. Typically, P4P programs provide incentive payments to managed care organizations (MCOs) for achieving a goal above national benchmarks or incremental improvements. This change is not expected to affect overall costs but shifts funding to an incentive basis to improve outcomes.

The Medicaid Management Information System (MMIS) modernization is an ongoing project that will benefit CHIP through streamlined, improved service delivery and reporting for those who transition to and from MA and CHIP, as well as a reduction of the administrative burden on MCOs.

The primary goal of this activity is to provide quality healthcare for children and adolescents. The expected outcome is improved current and long-term health for children in the Commonwealth.

Resources for CHIP						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$1.9	\$2.2	\$2.8	\$2.7	\$3.2	\$3.1
Operational Expenses	10.0	5.8	5.6	2.9	2.0	8.3
Grants	<u>389.3</u>	<u>430.6</u>	<u>428.0</u>	<u>449.2</u>	<u>362.9</u>	<u>343.5</u>
Total	401.1	438.5	436.3	454.8	368.1	354.9
Expenditures by Fund						
General Fund (State)	\$10.6	\$11.2	\$13.0	\$31.9	\$53.6	\$58.2
General Fund (Augmentations)	3.1	3.8	3.9	8.5	9.5	10.9
General Fund (Federal)	358.0	391.4	390.5	376.8	284.7	255.1
General Fund (Restricted)	<u>29.4</u>	<u>32.1</u>	<u>28.9</u>	<u>37.6</u>	<u>20.3</u>	<u>30.7</u>
Total	401.1	438.5	436.3	454.8	368.1	354.9
Average Weekly FTE Positions	21	23	25	27	28	30
Personnel Cost/FTE (\$ thousands)	\$90.5	\$95.7	\$112.4	\$100.7	\$112.5	\$103.3

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for CHIP						
	16-17	17-18	18-19	19-20	20-21	21-22
Workload						
Children enrolled (monthly avg.)	169,853	178,912	180,254	187,573	177,487	151,437
No-cost CHIP	74%	73%	72%	71%	65%	--
Low-cost CHIP	22%	23%	23%	24%	27%	--
Full-cost CHIP	4%	4%	5%	6%	8%	--
Customer service center calls	40,955	49,883	45,658	43,356	24,424	--
% Phone calls answered	96.2%	91.2%	96.8%	97.0%	99.2%	--
Average wait time for callers (seconds)	33	70	81	89	25	--
Activity Cost Analysis						
Cost per child served ¹	\$2,292	\$2,407	\$2,374	\$2,395	\$2,045	\$2,268
Outcome²						
ED visits per 1,000 member months	28.6	28.5	27.5	26.6	26.0	--
% Children receiving lead tests prior to age 2	60%	62%	66%	73%	75%	--
% Developmental screening w/n first 3 years ³	50%	53%	56%	65%	66%	--
% Receiving well child visit between (ages 3-6)	83%	87%	84%	85%	--	--
% Receiving annual dental care visit (ages 2-19)	72%	72%	72%	72%	72%	--
% Dental sealants for children at elevated risk ⁴	24%	25%	19%	18%	--	--
% Contraceptive care for at-risk women ⁵	--	18%	28%	29%	25%	--
% Asthma patients w/ asthma related ED visit	8%	8%	10%	8%	7%	--
% Satisfaction with child's health care	87%	87%	89%	90%	91%	--
Statewide Indicator						
Children's uninsured rate ⁶	4.4%	4.4%	4.4%	4.6%	--	--

Note: ED is Emergency Department.

1 Calculation by the IFO based on total state and federal grants and monthly enrollment.

2 Data reported by measurement year and will not match the HEDIS report year. Data for 2020 represents report year 2021.

3 See Notes on Measures.

4 Includes children age six through nine. At risk includes children who are at a greater risk of gum disease or cavities.

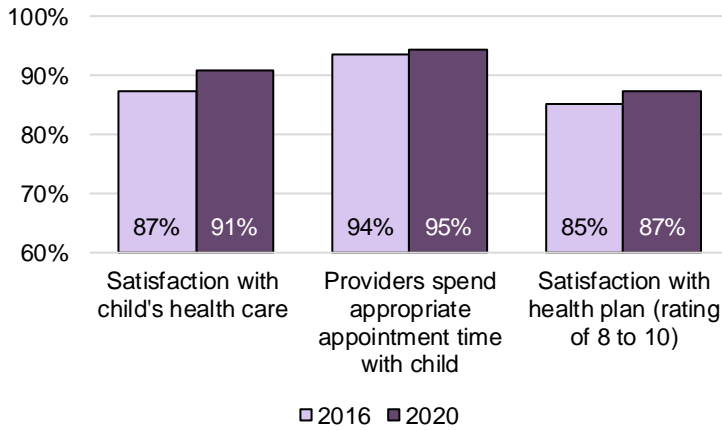
5 Women age 15 to 19 are included in this measure. At risk is defined by reported sexual activity. Rates are for the most effective and/or moderately effective contraception method (excluding long-acting reversible methods of contraception).

6 Source: U.S. Census Bureau, American Community Survey, various years.

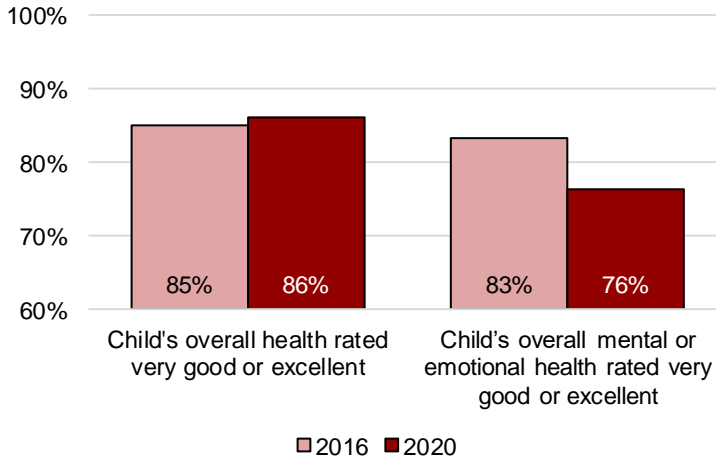
Notes on Measures

- Developmental screenings within the first three years of a child's life help to identify developmental delays and therefore allow interventions to be implemented to mitigate the impacts of any delays. Children that have developmental delays, or are at higher risk to experience delays, can be enrolled in the Early Intervention program (Activity 8). As more children are screened for developmental delays, more children with delays are identified and may receive services that limit the impact of those delays through Early Intervention.

Satisfaction with Care Increases



Reports on Child Mental or Emotional Health Drops Sharply in 2020

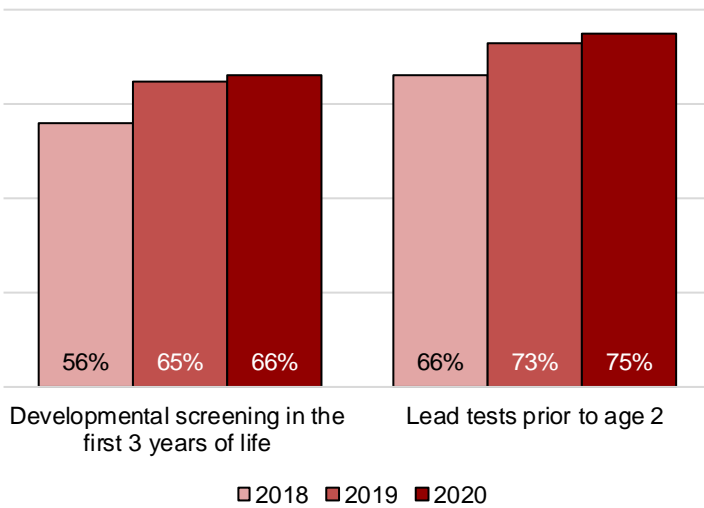


Note: Data are collected through the CAHPS survey and are reported by measurement year.

Quality of care metrics have shown improvement since measurement year (MY) 2016. Parents report high satisfaction with their child's health care (91% in MY 2020) and satisfaction with their child's health plan (87%). A large majority of parents also believe that providers spend an appropriate amount of time with their child (95%) at doctor visits.

Reports of **child's overall health** have remained largely unchanged since MY 2016. In contrast, reports of children's mental and emotional health have declined substantially from 83% of parents reporting very good or excellent mental health in 2016 to 76% in MY 2020.

Screenings for Developmental Delays and Lead Increase

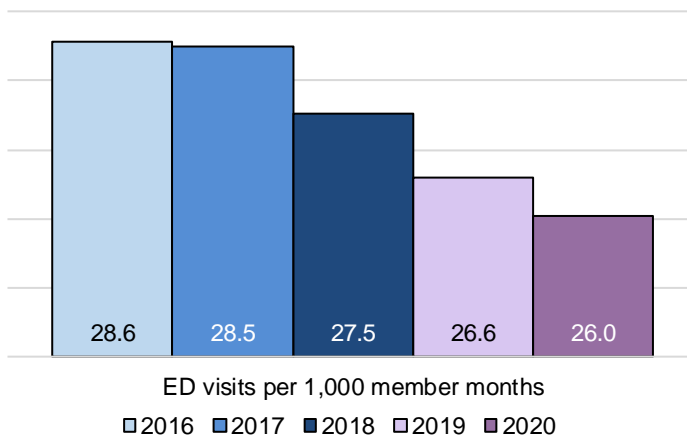


Screenings for developmental delays

have increased from 56% in MY 2018 to 66% in MY 2020. Children who are screened for a developmental delay may be referred to the Early Intervention program covered in Activity 8.

Lead screenings in children younger than age 2 have increased from 66% to 75% in MY 2020. Elevated blood lead levels can result in negative health outcomes such as behavioral and learning difficulties, anemia and impaired growth.

Emergency Department (ED) Visits Decline Over Time

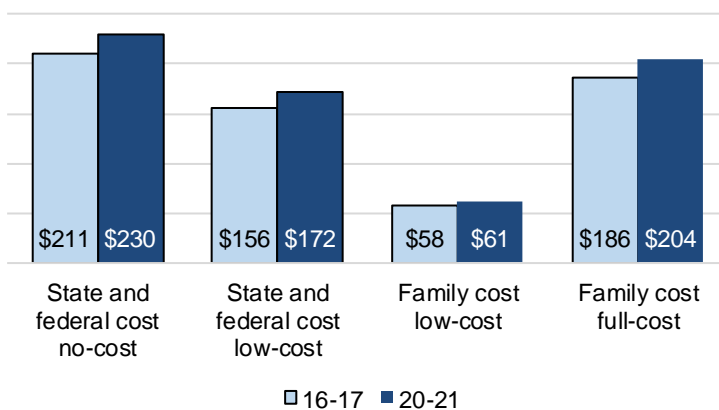


Preventative care and screenings can identify health concerns and start treatment early, reducing the need for emergency care.

Emergency Department visits per 1,000 member months fell from 28.6 in MY 2016 to 26.0 in MY 2020.

Emergency Department (ED) visits are more expensive than preventative care visits. A decline in the ED visits per 1,000 member months can produce cost savings when the department renegotiates premium rates with the MCOs that provide CHIP services.

Average Monthly State/Federal and Family Cost Increases



Average state and federal monthly costs

for no-cost CHIP increased 2% per annum from \$211 in FY 2016-17 to \$230 in FY 2020-21. The average monthly cost for low-cost CHIP increased similarly, while the family cost for low-cost and full-cost CHIP increased at a slower rate (1.3% and 2.3% per annum, respectively).

State Benchmarks

Children's Uninsured Rates Improve in Pennsylvania and Surrounding States				
State	2013		2019	
	% Age 0-19 Uninsured	Age 0-19 Uninsured	% Age 0-19 Uninsured	Age 0-19 Uninsured
New York	4.2%	188,000	2.4%	101,000
Maryland	4.7	67,000	3.4	48,000
West Virginia	6.0	24,000	3.5	13,000
New Jersey	5.8	124,000	4.3	88,000
Pennsylvania	5.5	161,000	4.6	128,000
Delaware	4.7	10,000	4.8	10,000
Ohio	5.5	156,000	4.8	131,000
U.S. Total	7.5	5,859,000	5.7	4,375,000

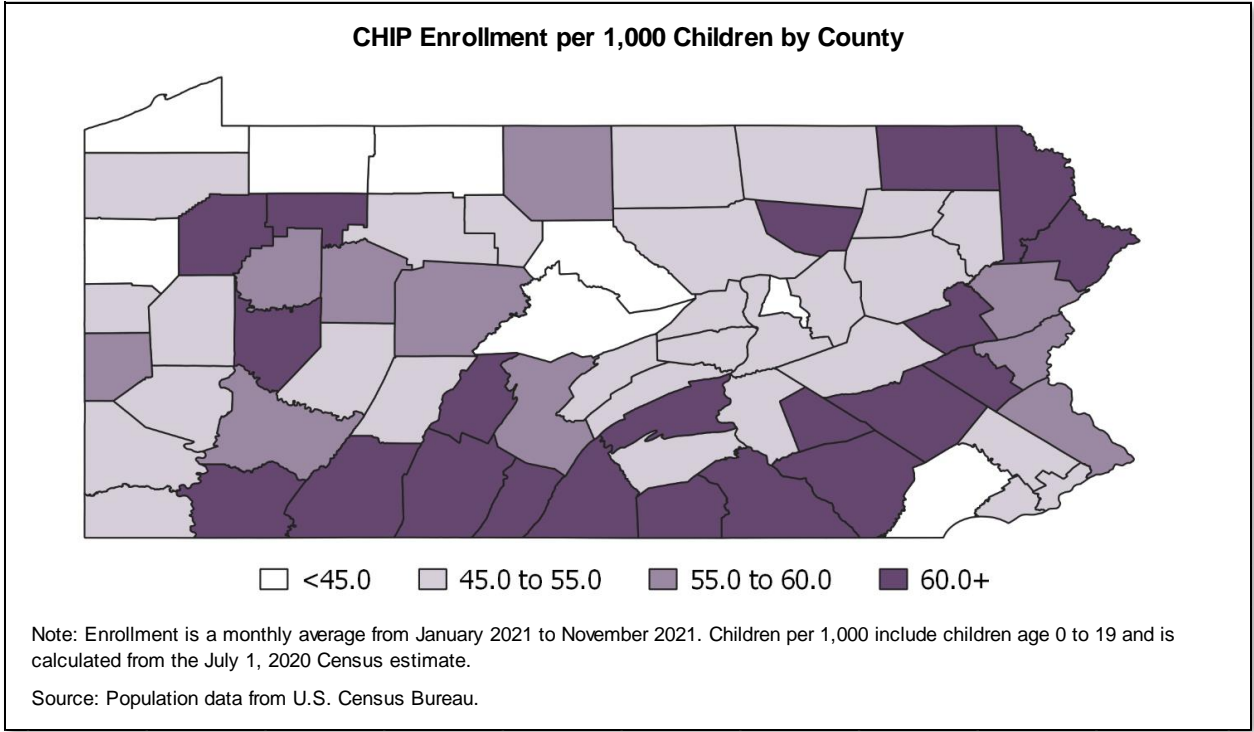
Source: U.S. Census Bureau, American Community Survey, various years.

County Benchmarks

Share of 0- to 19-Year-Olds Uninsured in Pennsylvania by County (2019)					
Top 10	County	% Uninsured	Bottom 10	County	% Uninsured
1	Allegheny	3.0%	58	Crawford	6.4%
2	Butler	3.2	59	Indiana	6.5
3	Washington	3.2	60	Mifflin	6.5
4	Bucks	3.3	61	Sullivan	6.5
5	Beaver	3.4	62	Snyder	6.6
6	Montgomery	3.5	63	Union	7.2
7	Westmoreland	3.5	64	Perry	7.6
8	Delaware	3.6	65	Centre	7.8
9	Cambria	3.7	66	Juniata	10.1
10	Erie	3.7	67	Lancaster	11.0
Pennsylvania average					4.6

Source: U.S. Census Bureau, Small Area Health Insurance Estimates, 2019.

Pennsylvania reported an uninsured rate for children and youth of 4.6% in 2019. County uninsured rates for children ranged from 3% in Allegheny County to 11% in Lancaster County. The largest county by population, Philadelphia County, had an uninsured rate of 4.2%. Statewide, the uninsured rate for all ages was 5.8% in 2019.



Pennsylvania enrolled a statewide monthly average of 158,600 children in CHIP between January and November 2021 (53.7 per 1,000 children). Philadelphia County has the largest monthly average CHIP enrollment at 19,512 (51.3 per 1,000) and Allegheny County has the second largest at 11,940 children monthly (46.7 per 1,000). Counties that recorded the highest CHIP enrollment per 1,000 children for 2021 are Forest (81.1), Bedford (78.1) and Fulton (77.5), while Warren (35.4), Montour (32.6) and Centre (27.8) counties recorded the lowest.

Activity 10: Children’s Health Insurance Program (Addendum)

The following data shall serve as an addendum to the initial Performance-Based Budget report for DHS delivered to the General Assembly on January 19, 2022. This addendum was requested by the Performance-Based Budget (PBB) Board during a hearing on January 26, 2022. The following data are to be used in conjunction with the initial report, and not serve as a replacement for the original measures provided.

The PBB Board requested existing data related to health outcome and consumer satisfaction measures for DHS programs. The department tracks CHIP health outcomes using the Healthcare Effectiveness Data and Information Set (HEDIS) and consumer satisfaction metrics using Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. The tables starting on the next page include these additional measures for the latest year.

CHIP Health Outcome Measures (MY 2020)

	Aetna	Capital Blue Cross	Geisinger	Health Partners Plans	Highmark HMO	Highmark PPO	Independence Blue Cross	First Priority Health (Highmark)	United Healthcare	UPMC	Average
Effectiveness of Care											
Prevention and Screening											
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) - Hybrid											
BMI Ages 3 - 11 years	76%	85%	87%	83%	83%	85%	81%	76%	90%	81%	83%
BMI Ages 12 - 17 years	76%	78%	87%	75%	82%	85%	76%	79%	89%	78%	80%
BMI Ages 3 - 17 years Total Rate	76%	82%	87%	80%	82%	85%	79%	78%	90%	80%	82%
Nutrition Ages 3 - 11 years	78%	70%	75%	83%	80%	77%	79%	73%	87%	78%	78%
Nutrition Ages 12 - 17 years	72%	64%	79%	71%	73%	77%	69%	75%	84%	78%	74%
Nutrition Ages 3 - 17 years Total Rate	76%	67%	77%	78%	76%	77%	75%	74%	85%	78%	76%
Physical Activity Ages 3 - 11 years	74%	68%	76%	71%	78%	75%	74%	69%	82%	78%	74%
Physical Activity Ages 12 - 17 years	72%	65%	82%	66%	77%	77%	68%	76%	84%	76%	74%
Physical Activity Ages 3 - 17 Total Rate	73%	66%	79%	69%	77%	76%	71%	73%	83%	78%	74%
Childhood Immunization Status (CIS) - Hybrid											
DTaP	92%	86%	88%	89%	78%	86%	83%	85%	90%	86%	86%
IPV	96%	94%	93%	95%	92%	92%	89%	92%	95%	92%	93%
MMR	97%	94%	93%	91%	88%	92%	89%	90%	95%	92%	92%
HiB	96%	92%	91%	96%	90%	91%	90%	93%	94%	93%	93%
Hepatitis B	94%	93%	91%	91%	90%	89%	86%	87%	95%	93%	91%
VZV	97%	92%	91%	92%	88%	90%	85%	90%	94%	91%	91%
Pneumococcal Conjugate	92%	87%	87%	85%	84%	85%	82%	90%	91%	90%	87%
Hepatitis A	93%	88%	84%	89%	82%	86%	85%	78%	92%	91%	87%
Rotavirus	85%	72%	80%	77%	82%	79%	77%	82%	84%	83%	80%
Influenza	70%	57%	59%	60%	66%	56%	66%	63%	68%	64%	63%
Combination 2	90%	83%	84%	83%	78%	82%	79%	78%	87%	82%	83%
Combination 3	88%	80%	83%	80%	78%	79%	76%	78%	86%	80%	81%
Combination 4	87%	77%	78%	77%	74%	76%	75%	73%	84%	79%	78%
Combination 5	81%	66%	74%	70%	74%	72%	70%	75%	79%	74%	73%
Combination 6	66%	52%	55%	53%	64%	50%	61%	57%	64%	58%	58%
Combination 7	79%	65%	70%	68%	70%	69%	69%	73%	77%	73%	71%
Combination 8	66%	51%	53%	52%	60%	49%	61%	55%	63%	57%	57%
Combination 9	61%	44%	51%	46%	60%	46%	56%	57%	59%	53%	53%
Combination 10	60%	44%	50%	46%	56%	45%	56%	55%	58%	52%	52%
Immunizations for Adolescents (IMA) - Hybrid											
Meningococcal	89%	90%	91%	92%	94%	94%	92%	88%	91%	90%	91%
Tdap	88%	91%	90%	92%	94%	94%	91%	88%	92%	92%	91%
HPV	36%	38%	35%	42%	34%	33%	37%	34%	44%	38%	37%
Combination 1	87%	89%	89%	91%	93%	92%	90%	87%	90%	90%	90%
Combination 2	35%	37%	35%	42%	33%	33%	36%	33%	43%	38%	36%
Lead Screening in Children (LSC) - Hybrid											
LSC Rate	75%	46%	73%	80%	58%	57%	58%	53%	80%	86%	66%
Chlamydia Screening in Women (CHL)											
Ages 16 - 19 years	39%	31%	40%	52%	39%	26%	45%	30%	39%	36%	38%
Total Rate	39%	31%	40%	52%	39%	26%	45%	30%	39%	36%	38%
Respiratory Conditions											
Asthma Medication Ratio (AMR)											
5 - 11 years	79%	91%	91%	75%	83%	90%	65%	--	83%	85%	82%
12 - 18 years	73%	72%	82%	71%	67%	84%	66%	73%	69%	70%	73%
Total	76%	81%	87%	73%	72%	86%	65%	75%	76%	77%	77%

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	Aetna	Capital Blue Cross	Geisinger	Health Partners Plans	Highmark HMO	Highmark PPO	Independence Blue Cross	First Priority Health (Highmark)	United Healthcare	UPMC	Average
Appropriate Testing for Children with Pharyngitis (CWP)											
3 - 17 years	87%	86%	85%	84%	89%	84%	87%	81%	86%	89%	86%
18 years	--	65%	71%	--	--	--	78%	--	73%	75%	72%
Total Rate	86%	85%	85%	84%	89%	84%	87%	80%	86%	88%	85%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)											
3 - 17 years	95%	94%	93%	95%	91%	95%	95%	90%	94%	92%	93%
18 years	86%	89%	75%	--	95%	96%	88%	--	91%	85%	88%
Total Rate	95%	94%	92%	95%	91%	95%	95%	90%	94%	92%	93%
Behavioral Health											
Follow-up Care for Children Prescribed ADHD Medication (ADD)											
Initiation Phase	46%	39%	41%	51%	48%	48%	29%	53%	55%	58%	47%
Continuation and Maintenance Phase	--	--	--	--	--	--	--	--	62%	77%	69%
Follow up After Hospitalization for Mental Illness (FUH)											
7 Days	46%	60%	51%	--	--	72%	58%	60%	46%	58%	56%
30 Days	61%	90%	64%	--	--	91%	67%	90%	70%	81%	77%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)											
Blood Glucose Testing Ages 12 - 17 years	--	--	--	--	--	--	--	--	--	54%	54%
Blood Glucose Testing Total Rate	--	--	70%	--	--	52%	--	--	--	54%	58%
Cholesterol Testing Ages 12 - 17 years	--	--	--	--	--	--	--	--	--	24%	24%
Cholesterol Testing Total Rate	--	--	48%	--	--	29%	--	--	--	31%	36%
Blood Glucose & Cholesterol Ages 12 - 17 years	--	--	--	--	--	--	--	--	--	22%	22%
Blood Glucose & Cholesterol Total Rate	--	--	48%	--	--	26%	--	--	--	26%	33%
Access/Availability of Care											
Annual Dental Visits (ADV)											
Ages 2 - 3 years	42%	31%	30%	47%	26%	29%	49%	31%	36%	32%	35%
Ages 4 - 6 years	61%	60%	56%	62%	54%	61%	70%	58%	62%	61%	60%
Ages 7 - 10 years	60%	64%	59%	65%	60%	63%	69%	63%	62%	62%	63%
Ages 11 - 14 years	59%	63%	54%	61%	63%	60%	66%	61%	61%	57%	60%
Ages 15 - 18 years	49%	55%	44%	48%	57%	56%	55%	56%	50%	48%	52%
Ages 19 years	30%	29%	40%	27%	41%	60%	44%	--	50%	32%	39%
Ages 2-19 years Total Rate	56%	58%	51%	58%	57%	58%	63%	58%	57%	55%	57%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)											
Ages 12 - 17 years	--	--	--	--	--	--	--	--	--	72%	72%
Ages 1 - 17 years Total Rate	--	--	--	--	--	--	--	--	--	67%	67%
Use of Services											
Well-Child Visits in the First 30 Months of Life (W30)											
≥ 6 visits 15 months	34%	62%	64%	58%	--	70%	46%	NA	45%	78%	57%
≥ 2 visits 30 months	90%	90%	85%	85%	89%	90%	88%	90%	89%	92%	89%
Child and Adolescent Well-Care Visits (WCV)											
3 - 11 years	63%	65%	65%	61%	67%	66%	68%	62%	66%	69%	65%
12 - 17 years	58%	63%	62%	60%	66%	64%	64%	65%	61%	65%	63%
18 - 19 years	46%	49%	51%	51%	54%	48%	54%	50%	51%	53%	51%
3 - 19 years	60%	63%	62%	60%	66%	64%	65%	62%	63%	66%	63%

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	Aetna	Capital Blue Cross	Geisinger	Health Partners Plans	Highmark HMO	Highmark PPO	Independence Blue Cross	First Priority Health (Highmark)	United Healthcare	UPMC	Average
Ambulatory Care Total (AMBA)											
Outpatient Visits/1000 MM Ages <1 year	537.2	582.3	533.0	440.9	590.6	589.9	571.7	640.5	535.4	773.6	579.5
Outpatient Visits/1000 MM Ages 1 - 9 years	169.9	187.4	203.2	137.3	199.7	216.1	156.8	202.0	183.9	263.0	191.9
Outpatient Visits/1000 MM Ages 10 - 19 years	151.3	190.7	205.4	127.7	212.4	214.3	142.9	201.3	174.4	239.3	186.0
Outpatient Visits/1000 MM Ages <1 - 19 years Total Rate	164.0	191.7	206.8	133.5	210.0	217.7	151.3	203.9	181.5	255.9	191.6
Emergency Department Visits/1000 MM Ages <1 year	25.9	37.2	22.3	30.6	40.9	8.4	16.1	22.5	20.2	23.8	24.8
Emergency Department Visits/1000 MM Ages 1 - 9 years	16.1	13.3	16.0	16.5	18.3	14.1	15.7	16.4	17.1	17.7	16.1
Emergency Department Visits/1000 MM Ages 10 - 19 years	14.0	13.3	17.2	12.5	18.4	12.8	13.4	18.1	15.2	18.1	15.3
Rate	15.1	13.4	16.7	14.3	18.5	13.3	14.3	17.5	16.1	18.0	15.7
Inpatient Utilization - General Hospital/Acute Care Total (IPUA)											
Total Discharges/1000 MM Ages <1 year	0.7	0.0	4.1	0.0	0.0	3.2	0.0	0.0	0.0	4.0	1.2
Total Discharges/1000 MM Ages 1 - 9 years	0.3	0.3	0.6	0.3	0.5	0.4	0.6	0.2	0.5	0.6	0.4
Total Discharges/1000 MM Ages 10 - 19 years	0.5	0.5	0.7	0.6	0.7	0.7	0.9	0.6	0.8	0.8	0.7
Total Discharges/1000 MM Ages <1 - 19 years Total Rate	0.4	0.4	0.7	0.5	0.6	0.6	0.8	0.5	0.6	0.8	0.6
Total Inpatient Avg. Length of Stay (ALOS) Ages <1 year	3.0	--	2.0	--	--	7.3	--	--	--	2.3	3.7
Total Inpatient ALOS Ages 1 - 9 Years	3.9	4.2	3.0	2.3	2.4	3.6	2.8	2.7	3.5	2.5	3.1
Total Inpatient ALOS Ages 10 - 19 years	3.8	4.1	5.1	2.5	4.5	4.8	2.9	4.0	3.6	3.5	3.9
Total Inpatient ALOS Ages <1 - 19 years Total Rate	3.8	4.1	4.1	2.4	3.9	4.6	2.9	3.8	3.5	3.1	3.6
Surgery Discharges/1000 MM Ages <1 year	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.1
Surgery Discharges/1000 MM Ages 1 - 9 years	0.1	0.1	0.2	0.1	0.2	0.1	0.1	0.0	0.1	0.2	0.1
Surgery Discharges/1000 MM Ages 10 - 19 years	0.1	0.2	0.2	0.2	0.4	0.3	0.3	0.2	0.2	0.4	0.2
Surgery Discharges/1000 MM Ages <1 - 19 years Total Rate	0.1	0.2	0.2	0.1	0.3	0.2	0.2	0.1	0.2	0.3	0.2
Surgery ALOS Ages <1 year	--	--	--	--	--	--	--	--	--	3.0	3.0
Surgery ALOS Ages 1 - 9 years	6.5	6.1	4.8	2.7	2.9	6.6	4.2	4.0	6.2	3.4	4.7
Surgery ALOS Ages 10 - 19 years	4.9	5.4	8.9	3.4	6.4	5.3	3.1	2.5	3.5	4.5	4.8
Surgery ALOS Ages <1 - 19 years Total Rate	5.5	5.6	7.1	3.3	5.5	5.6	3.4	2.7	4.2	4.1	4.7
Medicine Discharges/1000 MM Ages <1 year	0.7	0.0	4.1	0.0	0.0	3.2	0.0	0.0	0.0	3.0	1.1
Medicine Discharges/1000 MM Ages 1 - 9 years	0.2	0.2	0.4	0.2	0.3	0.3	0.5	0.2	0.3	0.4	0.3
Medicine Discharges/1000 MM Ages 10 - 19 years	0.2	0.2	0.4	0.4	0.2	0.3	0.6	0.4	0.4	0.4	0.4
Medicine Discharges/1000 MM Ages <1 - 19 years Total Rate	0.2	0.2	0.4	0.3	0.2	0.3	0.6	0.3	0.4	0.4	0.3
Medicine ALOS Ages <1 year	3.0	--	2.0	--	--	7.3	--	--	--	2.1	3.6
Medicine ALOS Ages 1 - 9 years	2.4	3.1	2.4	2.2	2.1	2.2	2.4	2.4	2.7	1.9	2.4
Medicine ALOS Ages 10 - 19 years	3.9	3.9	3.8	2.1	3.0	4.9	2.9	5.3	3.9	2.9	3.7
Medicine ALOS Ages <1 - 19 years Total Rate	3.3	3.6	3.1	2.2	2.6	4.1	2.7	4.5	3.4	2.4	3.2
Maternity/1000 MM Ages 10 - 19 years	0.1	0.1	0.1	0.0	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Maternity ALOS Ages 10 - 19 years Total Rate	2.3	2.2	2.8	2.5	2.2	2.6	2.2	1.5	2.4	2.4	2.3
Mental Health Utilization (MPT)											
Any Services Ages 0 - 12 years - Male	3.3%	6.1%	7.6%	2.4%	10.2%	8.4%	4.0%	7.0%	4.9%	10.2%	6.4%
Any Services Ages 0 - 12 years - Female	2.6%	4.8%	5.6%	2.1%	8.5%	7.3%	3.2%	6.4%	3.6%	8.2%	5.2%
Any Services Ages 0 - 12 years - Total Rate	3.0%	5.5%	6.6%	2.3%	9.4%	7.8%	3.6%	6.7%	4.2%	9.2%	5.8%
Any Services Ages 13 - 17 years - Male	4.7%	7.0%	10.2%	3.3%	11.1%	10.2%	6.4%	9.6%	6.9%	13.0%	8.2%
Any Services Ages 13 - 17 years - Female	7.6%	13.2%	17.1%	5.9%	23.9%	20.2%	10.8%	18.4%	12.4%	23.1%	15.3%
Any Services Ages 13 - 17 years - Total Rate	6.1%	10.1%	13.6%	4.6%	17.5%	15.2%	8.6%	14.0%	9.6%	18.0%	11.7%
Inpatient Ages 0 - 12 years - Male	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%
Inpatient Ages 0 - 12 years - Female	0.1%	0.2%	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%	0.1%	0.2%	0.1%

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	Aetna	Capital Blue Cross	Geisinger	Health Partners Plans	Highmark HMO	Highmark PPO	Independence Blue Cross	First Priority Health (Highmark)	United Healthcare	UPMC	Average
Mental Health Utilization (MPT) continued											
Inpatient Ages 0 - 12 years - Total Rate	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%
Inpatient Ages 13 - 17 years - Male	0.3%	0.3%	0.3%	0.5%	0.3%	0.8%	0.5%	0.1%	0.4%	0.6%	0.4%
Inpatient Ages 13 - 17 years - Female	1.2%	0.9%	1.6%	0.7%	1.2%	1.8%	1.1%	2.3%	1.3%	1.4%	1.3%
Inpatient Ages 13 - 17 years - Total Rate	0.8%	0.6%	0.9%	0.6%	0.7%	1.3%	0.8%	1.2%	0.8%	1.0%	0.9%
Intensive Outpatient/Partial Hospitalization Ages 0 - 12 years - Male	0.2%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%
Intensive Outpatient/Partial Hospitalization Ages 0 - 12 years - Female	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.2%	0.0%	0.1%	0.1%	0.1%
Rate	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%
Intensive Outpatient/Partial Hospitalization Ages 13 - 17 years - Male	0.5%	0.3%	0.1%	0.1%	0.2%	0.3%	0.4%	0.1%	0.2%	0.2%	0.2%
Female	0.8%	0.9%	0.2%	0.5%	0.4%	0.9%	0.8%	0.0%	0.8%	1.0%	0.6%
Rate	0.6%	0.6%	0.1%	0.3%	0.3%	0.6%	0.6%	0.1%	0.5%	0.6%	0.4%
Outpatient Ages 0 - 12 years - Male	2.6%	5.3%	6.1%	2.2%	8.7%	6.7%	3.1%	5.9%	4.0%	8.9%	5.4%
Outpatient Ages 0 - 12 years - Female	2.0%	3.9%	4.5%	1.7%	6.7%	5.8%	2.1%	5.6%	2.7%	7.0%	4.2%
Outpatient Ages 0 - 12 years - Total Rate	2.3%	4.6%	5.3%	1.9%	7.7%	6.3%	2.6%	5.8%	3.4%	8.0%	4.8%
Outpatient Ages 13 - 17 years - Male	3.8%	6.2%	8.3%	2.6%	9.2%	8.5%	4.8%	8.5%	5.6%	11.3%	6.9%
Outpatient Ages 13 - 17 years - Female	5.6%	10.5%	13.5%	4.5%	19.5%	16.7%	7.6%	16.5%	9.7%	19.6%	12.4%
Outpatient Ages 13 - 17 years - Total Rate	4.7%	8.4%	10.9%	3.6%	14.4%	12.6%	6.2%	12.5%	7.6%	15.4%	9.6%
Emergency Department (ED) Ages 0 - 12 years - Male	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ED Ages 0 - 12 years - Female	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ED Ages 0 - 12 years - Total Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ED Ages 13 - 17 years - Male	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
ED Ages 13 - 17 years - Female	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%
ED Ages 13 - 17 years - Total Rate	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%
Telehealth Ages 0 - 12 years - Male	1.4%	2.6%	4.2%	0.7%	5.1%	4.7%	2.1%	3.5%	2.3%	5.2%	3.2%
Telehealth Ages 0 - 12 years - Female	1.6%	2.4%	3.0%	0.9%	4.9%	4.3%	1.9%	3.5%	1.9%	4.9%	2.9%
Telehealth Ages 0 - 12 years - Total Rate	1.5%	2.5%	3.6%	0.8%	5.0%	4.5%	2.0%	3.5%	2.1%	5.0%	3.1%
Telehealth Ages 13 - 17 years - Male	1.8%	3.0%	5.0%	1.1%	5.4%	5.2%	3.7%	5.1%	3.5%	6.9%	4.1%
Telehealth Ages 13 - 17 years - Female	3.7%	7.6%	11.4%	2.7%	15.0%	12.9%	6.7%	11.0%	7.6%	14.7%	9.3%
Telehealth Ages 13 - 17 years - Total Rate	2.7%	5.3%	8.2%	1.9%	10.2%	9.0%	5.2%	8.1%	5.6%	10.8%	6.7%
Identification of Alcohol and Other Drug Services (IAD)											
Any Services Ages 0 - 12 years - Male	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Any Services Ages 0 - 12 years - Female	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%
Any Services Ages 0 - 12 years - Total Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Any Services Ages 13 - 17 years - Male	1.0%	0.8%	1.0%	0.6%	1.4%	0.8%	0.9%	0.7%	1.0%	1.2%	0.9%
Any Services Ages 13 - 17 years - Female	0.7%	0.5%	1.0%	0.3%	0.7%	1.3%	0.7%	0.9%	0.6%	1.0%	0.8%
Any Services Ages 13 - 17 years - Total Rate	0.8%	0.6%	1.0%	0.4%	1.1%	1.1%	0.8%	0.8%	0.8%	1.1%	0.9%
Inpatient Ages 0 - 12 years - Male	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Inpatient Ages 0 - 12 years - Female	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Inpatient Ages 0 - 12 years - Total Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Inpatient Ages 13 - 17 years - Male	0.2%	0.3%	0.2%	0.3%	0.2%	0.3%	0.2%	0.1%	0.2%	0.3%	0.2%
Inpatient Ages 13 - 17 years - Female	0.3%	0.1%	0.6%	0.0%	0.2%	0.4%	0.1%	0.3%	0.2%	0.3%	0.3%
Inpatient Ages 13 - 17 years - Total Rate	0.2%	0.2%	0.4%	0.2%	0.2%	0.3%	0.2%	0.2%	0.2%	0.3%	0.2%
Intensive Outpatient/Partial Hospitalization Ages 0 - 12 years - Male	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intensive Outpatient/Partial Hospitalization Ages 0 - 12 years - Female	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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	Aetna	Capital Blue Cross	Geisinger	Health Partners Plans	Highmark HMO	Highmark PPO	Independence Blue Cross	First Priority Health (Highmark)	United Healthcare	UPMC	Average
Identification of Alcohol and Other Drug Services (IAD) continued											
Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intensive Outpatient/Partial Hospitalization Ages 13 - 17 years - Male	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Female	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Total Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%
Outpatient Ages 0 - 12 years - Male	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Outpatient Ages 0 - 12 years - Female	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Outpatient Ages 0 - 12 years - Total Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Outpatient Ages 13 - 17 years - Male	0.4%	0.3%	0.5%	0.0%	0.9%	0.4%	0.5%	0.7%	0.6%	0.7%	0.5%
Outpatient Ages 13 - 17 years - Female	0.3%	0.2%	0.3%	0.1%	0.4%	0.6%	0.1%	0.5%	0.2%	0.5%	0.3%
Outpatient Ages 13 - 17 years - Total Rate	0.3%	0.3%	0.4%	0.1%	0.7%	0.5%	0.3%	0.6%	0.4%	0.6%	0.4%
ED Ages 0 - 12 years - Male	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ED Ages 0 - 12 years - Female	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ED Ages 0 - 12 years - Total Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ED Ages 13 - 17 years - Male	0.4%	0.4%	0.3%	0.2%	0.5%	0.3%	0.3%	0.1%	0.4%	0.2%	0.3%
ED Ages 13 - 17 years - Female	0.2%	0.1%	0.4%	0.2%	0.2%	0.4%	0.4%	0.2%	0.3%	0.4%	0.3%
ED Ages 13 - 17 years - Total Rate	0.3%	0.3%	0.4%	0.2%	0.4%	0.3%	0.3%	0.2%	0.3%	0.3%	0.3%
Telehealth Ages 0 - 12 years - Male	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Telehealth Ages 0 - 12 years - Female	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Telehealth Ages 0 - 12 years - Total Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Telehealth Ages 13 - 17 years - Male	0.2%	0.2%	0.4%	0.0%	0.2%	0.2%	0.1%	0.6%	0.2%	0.4%	0.3%
Telehealth Ages 13 - 17 years - Female	0.1%	0.1%	0.2%	0.0%	0.3%	0.5%	0.1%	0.2%	0.0%	0.3%	0.2%
Telehealth Ages 13 - 17 years - Total Rate	0.1%	0.1%	0.3%	0.0%	0.2%	0.3%	0.1%	0.4%	0.1%	0.4%	0.2%

Source: 2021 CHIP Healthcare Effectiveness Data and Information Set (HEDIS).

CHIP Consumer Satisfaction Measures (MY 2020)

	Aetna Better Health	First Priority Health (Highmark)	Capital Blue Cross	Geisinger	Health Partners Plans	Highmark HMO	Highmark PPO	Independence Blue Cross	United Healthcare	UPMC	Average
Child's overall health	85%	90%	88%	87%	81%	89%	89%	83%	84%	85%	86%
Child's overall mental or emotional health	77%	80%	78%	75%	73%	78%	77%	77%	73%	76%	76%
Received urgent care as soon as needed?	100%	96%	96%	95%	79%	97%	100%	87%	94%	92%	94%
Received appointment for routine care?	86%	90%	89%	89%	74%	90%	91%	82%	82%	93%	87%
Satisfaction with child's health care	88%	91%	93%	91%	89%	92%	95%	84%	93%	91%	91%
Easy to get care, tests or treatment?	88%	93%	94%	91%	90%	97%	96%	89%	91%	96%	93%
Clear explanations given by personal doctor?	95%	98%	97%	97%	93%	98%	99%	95%	93%	98%	96%
Personal doctor listens carefully to respondent?	95%	99%	98%	98%	95%	98%	99%	96%	97%	99%	97%
Personal doctor shows respect to respondent?	98%	100%	98%	98%	95%	99%	99%	96%	97%	99%	98%
Is your child able to speak with doctors about care?	78%	86%	81%	79%	79%	86%	78%	83%	81%	81%	81%
Personal doctor provides clear explanations to child?	98%	97%	98%	95%	94%	98%	99%	97%	98%	96%	97%
Appointment length is enough?	94%	95%	96%	96%	88%	97%	98%	94%	92%	95%	94%
Did personal doctor speak with you about how your child is feeling, growing or behaving?	93%	91%	92%	95%	90%	92%	91%	87%	93%	94%	92%
Satisfaction with child's personal doctor	90%	89%	95%	92%	88%	92%	95%	88%	91%	92%	91%
Received appointment with a specialist as soon as needed?	74%	89%	85%	86%	84%	84%	92%	79%	85%	83%	84%
Satisfaction with child's specialist	83%	88%	89%	92%	90%	87%	88%	86%	92%	87%	88%
Information or help from customer service?	37%	21%	30%	26%	33%	22%	23%	29%	32%	28%	28%
Received information or help from customer service?	77%	90%	79%	90%	84%	85%	84%	83%	76%	86%	82%
Courtesy and respect from customer service?	94%	97%	96%	99%	91%	97%	98%	98%	94%	98%	96%
Forms easy to fill out?	93%	96%	96%	94%	92%	98%	95%	95%	94%	97%	95%
Satisfaction with child's health plan	79%	89%	88%	90%	88%	93%	90%	85%	82%	90%	87%
Easy to get needed mental health care?	24%	42%	40%	40%	17%	56%	38%	22%	30%	46%	33%

Source: 2021 CHIP Consumer Assessment of Healthcare Providers and Systems (CAHPS).

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Activity 11: Women, Family and Victim Services

The Office of Policy Development (OPD) administers the (1) Domestic Violence, (2) Rape Crisis, (3) Alternatives to Abortion and (4) Family Planning grant programs. The department partners with organizations to provide grant-funded services to vulnerable populations in Pennsylvania.

Domestic Violence Program grants are administered by the Pennsylvania Coalition Against Domestic Violence (PCADV) to provide emergency crisis intervention services to roughly 45,000 victims and their children without consideration of income. The objective is to identify persons needing assistance to reduce the incidence of domestic violence in the community.

The Pennsylvania Coalition Against Rape (PCAR) distributes subgrants to provide rape crisis services to about 34,000 victims of sexual violence and their family, friends, partners and spouses who need emergency crisis and ongoing supportive services to deal with trauma resulting from sexual violence.

The Alternatives to Abortion Service Program is funded through the Women's Services Program state appropriation and TANF and assists around 17,500 women experiencing a crisis pregnancy. The primary grantee is Real Alternatives.

Family planning services are primarily funded from the Breast Cancer Screening appropriation and provide about 67,000 services a year, including cancer and sexually transmitted disease screenings, pregnancy counseling sessions and prescription services. These funds are distributed to four private, nonprofit organizations called Family Planning Councils that sub-grant to approximately 250 clinic sites.

The primary goal and outcome of this activity is to support and educate local communities and vulnerable populations to increase awareness of available programs and improve access to resources for Pennsylvanians.

Resources for Women, Family and Victim Services						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$0.4	\$0.3	\$0.3	\$0.4	\$0.4	\$0.4
Grants	<u>46.8</u>	<u>47.6</u>	<u>50.3</u>	<u>47.7</u>	<u>51.2</u>	<u>67.1</u>
Total	47.1	47.9	50.6	48.1	51.6	67.5
Expenditures by Fund						
General Fund (State)	\$33.1	\$34.1	\$35.3	\$36.3	\$34.5	\$39.6
General Fund (Augmentations)	0.8	0.8	0.8	0.9	0.8	0.8
General Fund (Federal)	<u>13.2</u>	<u>13.0</u>	<u>14.4</u>	<u>11.0</u>	<u>16.3</u>	<u>27.1</u>
Total	47.1	47.9	50.6	48.1	51.6	67.5
Average Weekly FTE Positions	2	2	2	2	2	2
Personnel Cost/FTE (\$ thousands)	\$180.0	\$160.0	\$145.0	\$195.0	\$185.0	\$200.0

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for Women, Family and Victim Services

	16-17	17-18	18-19	19-20	20-21	21-22
Domestic Violence Program						
Persons served ¹	44,583	44,346	42,303	39,793	39,995	45,000
Educational events held	--	27,376	--	8,433	6,711	--
Avg. cost per person ²	\$328	\$612	\$649	\$959	\$775	--
% Hotline callers not served ²		-- Recommended measure	--			
Persons connected to support services ²		-- Recommended measure	--			
Rape Crisis Services						
Persons served ³	29,188	33,481	33,348	24,798	23,134	34,000
Educational events held	--	24,526	24,529	15,377	9,990	--
Avg. cost per person	\$398	\$348	\$349	\$506	\$544	--
% Increasing sense of safety ²		-- Recommended measure	--			
% Reduced PTS symptoms ²		-- Recommended measure	--			
Family Planning/Breast Cancer						
Clients served ⁴	63,699	66,898	66,794	38,537	39,717	67,000
Avg. cost per person	\$21	\$20	\$20	\$34	\$33	--
% Positive cancer screenings ²		-- Recommended measure	--			
% Positive STD tests ²		-- Recommended measure	--			
Alternatives to Abortion						
Clients served ⁵	--	--	--	16,763	10,089	--
Avg. cost per person	--	--	--	\$374	\$539	--
% Clients who choose childbirth		-- Recommended measure	--			

Note: PTS is post-traumatic stress and STD is sexually transmitted disease.

1 Unduplicated counts of victims and children served.

2 See Notes on Measures.

3 Unduplicated counts of victims, children and non-offending significant others served.

4 Total number of clients who received screenings in a fiscal year. Includes duplicate clients.

5 Unduplicated counts. Prior years excluded due to duplicated counts.

Notes on Measures

- Average cost for domestic violence services increased in FY 2019-20 due to supplemental funding provided under the federal Coronavirus Aid Relief and Economic Security (CARES) Act.
- Hotline callers not served identifies individuals who could not be connected to services due to external barriers (e.g., access to child care) and excludes those who were ineligible for services due to program qualifications. The accessibility of services is an important safety determinant and can increase autonomy in survivors.

- Providing appropriate supportive services post-emergency shelter stay reduces domestic violence revictimization.
- PCAR utilizes an Empowerment and Satisfaction Questionnaire (ESQ) to measure service outcomes for sexual assault survivors. These performance measures track the number of clients who reported improvement as a result of the services provided. It should be noted that, due to the vulnerability of the service population, the response rate is about 25%. However, growth in these percentages over time is the desired outcome.
- Untreated cervical and testicular cancers and sexually transmitted diseases (STD) can lead to serious medical complications. Regular screening reduces delays in medical care and treatment for asymptomatic individuals.

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Activity 12: Other Grant Programs

The department administers three other human services grant programs: (1) the Homeless Assistance Program, (2) Human Services Development Fund and (3) legal services.

The Office of Income Maintenance (OIM) administers the Homeless Assistance Program (HAP), which provides supportive services to individuals and families experiencing or are at risk of homelessness. The goal and outcome are to mitigate the effects of homelessness on families and individuals through prevention activities, case management services and housing and rental assistance. In FY 2020-21, roughly 75,000 persons in total received services. This program distributes COVID-19 relief funds for the Emergency Rental Assistance Program, which totaled \$564.1 million in FY 2020-21 and \$440.9 million in FY 2021-22.

The Office of Policy Development (OPD) manages the state-funded Human Services Development Fund (HSDF). This fund provides grants to counties to address the needs of specific populations in local communities. Service populations include low-income individuals and families; older Pennsylvanians and persons with mental, physical or emotional disabilities and/or addictions. Counties can opt to be part of the Human Services Block Grant (HSBG), which allows more flexibility to fund local service needs. Currently, 44 counties are part of HSBG, serving roughly 75% of the state's population. The goals and outcomes are to support vulnerable populations in local communities and increase awareness of and access to available services.

The Pennsylvania Legal Aid Network (PLAN) provides civil legal services to low-income individuals as well as expungement, record correction, sealing, pardon and other services for TANF and SNAP-eligible individuals whose criminal backgrounds have hindered their ability to secure employment. The goal is to provide legal services to individuals who may not otherwise be able to afford them.

Resources for Other Grant Programs						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$0.4	\$0.3	\$0.3	\$0.4	\$0.4	\$0.4
Grants	<u>44.0</u>	<u>48.4</u>	<u>52.5</u>	<u>57.3</u>	<u>624.2</u>	<u>579.1</u>
Total	44.4	48.7	52.8	57.7	624.6	579.5
Expenditures by Fund						
General Fund (State)	\$35.1	\$39.5	\$43.0	\$47.6	\$42.2	\$60.3
General Fund (Augmentations)	0.0	0.0	1.1	0.4	0.3	0.0
General Fund (Federal)	<u>9.3</u>	<u>9.2</u>	<u>8.7</u>	<u>9.7</u>	<u>582.1</u>	<u>519.2</u>
Total	44.4	48.7	52.8	57.7	624.6	579.5
Average Weekly FTE Positions	2	2	2	2	2	2
Personnel Cost/FTE (\$ thousands)	\$180.0	\$160.0	\$145.0	\$195.0	\$185.0	\$200.0

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for Other Grant Programs

	16-17	17-18	18-19	19-20	20-21	21-22
Human Services Development Fund						
Persons served (000s) ¹	422.9	332.9	416.8	444.9	--	--
Avg. cost per person ^{2,3}	\$84	\$78	\$70	\$63	--	--
HSBG counties	30	30	38	38	44	44
Homeless Assistance (HAP)						
Persons served (000s) ¹	78.3	82.7	77.7	74.0	75.0	75.0
Case management cases (000s) ³	39.0	41.4	43.2	40.6	--	--
Attained employment ¹	--	--	1,234	614	852	875
Attained housing ¹	16,487	14,826	14,953	11,435	9,320	9,500
Evictions resolved ¹	22,977	25,038	18,863	16,382	12,187	12,500
Avg. cost per person		--	Recommended measure --			
Rental assistance paid		--	Recommended measure --			
Legal Services						
Persons served (000s)	14.8	15.8	15.2	13.0	15.2	16.5
Avg. cost per person	\$528	\$536	\$593	\$1,267	\$594	--
Clients who attain employment ³		--	Recommended measure --			
% Cases that are successful		--	Recommended measure --			
Statewide Indicator						
Homelessness rate ⁴	120.0	110.5	105.5	103.2	104.7	--

Note: HSBG is Human Services Block Grant.

1 Duplicated counts of persons receiving services.

2 Data represent annual costs per duplicated recipient counts.

3 See Notes on Measures.

4 Rate per 100,000 of the state's resident population. Homelessness data from the U.S. Department of Housing and Urban Development. Population data from the U.S. Census Bureau. Calculations by the IFO.

Notes on Measures

- In FY 2016-17, the average cost per person for block grant counties was \$140, and that declined to \$60 in FY 2019-20. Non-block grant counties had an average cost per person of \$29 per person in FY 2016-17 that grew to \$72 per person in FY 2019-20.
- Most individuals under HAP receive case management services. These amounts are unduplicated.
- Clients who become employed after their criminal records have been expunged, sealed, corrected, pardoned or otherwise made to no longer obstruct their ability to seek employment should be tracked to assess program outcomes.
- Average cost for legal services increased in FY 2019-20 due to supplemental funding provided under the federal Coronavirus Aid Relief and Economic Security (CARES) Act.

HSDF County Benchmark

HSBG Counties Spent More on Specialized Services (FY 19-20)

	HSBG		Non-HSBG		Total	
	Dollar	%	Dollar	%	Dollar	%
Specialized Services	\$10,844	48.0%	\$1,191	22.5%	\$12,035	43.1%
Adult Services	3,000	13.3	1,966	37.1	4,966	17.8
Generic Services	2,964	13.1	333	6.3	3,297	11.8
Children and Youth Services	1,778	7.9	650	12.3	2,428	8.7
Interagency Coordination	1,585	7.0	376	7.1	1,961	7.0
County Administration	1,641	7.3	132	2.5	1,773	6.4
Aging Services	527	2.3	273	5.2	800	2.9
SUD Services	159	0.7	57	1.1	216	0.8
Mental Health	63	0.3	140	2.6	203	0.7
Homeless Assistance	36	0.2	106	2.0	142	0.5
ID Services	6	0.0	74	1.4	80	0.3
Total	22,603	100.0	5,299	100.0	27,902	100.0

Note: Dollar amounts in thousands. HSBG is Human Services Block Grant, SUD is substance use disorder and ID is intellectual disabilities. Block counties include: Allegheny, Armstrong, Beaver, Berks, Blair, Bucks, Butler, Cambria, Centre, Chester, Crawford, Cumberland, Dauphin, Delaware, Erie, Franklin, Fulton, Greene, Indiana, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, McKean, Montgomery, Northampton, Northumberland, Perry, Potter, Schuylkill, Tioga, Venango, Washington, Wayne, Westmoreland, Wyoming and York. Non-block counties include: Adams, Bedford, Bradford, Cameron, Carbon, Clarion, Clearfield, Clinton, Columbia, Elk, Fayette, Forest, Huntingdon, Jefferson, Juniata, Lawrence, Lycoming, Mercer, Mifflin, Monroe, Montour, Philadelphia, Pike, Snyder, Somerset, Sullivan, Susquehanna, Union and Warren.

From FY 2016-17 to FY 2019-20, total HSDF expenditures declined by \$7.7 million (-21.6%). In FY 2016-17, HSBG counties spent \$29.4 million on HSDF services, and those expenditures fell to \$22.6 million (-23.2%) in FY 2019-20. For both years, the largest share of expenditures went to specialized services. The HSDF supports specialized services that are locally focused and determined by the needs of communities. Specialized services allow counties to create programs that address those needs not otherwise addressed under categorical programs.

Non-HSBG counties spend significantly less overall due to comparatively lower service populations. From FY 2016-17 to FY 2019-20, non-block grant expenditures declined from \$6.1 million to \$5.3 million (-13.1%). Expenditures under non-block grant counties tend to be for Adult Services and specialized services.

For FY 2020-21, six counties were added to the HSBG: (1) Bradford, (2) Huntingdon, (3) Juniata, (4) Lawrence, (5) Mifflin and (6) Sullivan. Allegheny County was one of the first counties to join the block grant, and in FY 2019-20, expended \$8.7 million (80%) on specialized services. Philadelphia County is not part of the HSBG and spent less than \$1 million (30%) on specialized services in FY 2019-20. The primary category of spending for Philadelphia was for Adult Services (\$1.6 million, 49%), which support local programs that serve low-income adults.

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Activity 13: Program Integrity and Third-Party Liability

The Bureau of Program Integrity (BPI) has primary oversight for the Medical Assistance (MA) program to ensure that (1) fraud, waste and abuse costs are recovered, (2) services are appropriately utilized and documented and (3) providers comply with MA policies and procedures. Program integrity oversight includes both fee-for-service and managed care environments for providers and recipients of MA services. The number of providers precluded, excluded or terminated from the MA program peaked in FY 2016-17 due to a federal mandate change, and declined to 136 providers in FY 2020-21. Program integrity is implemented through various methods such as provider education, prepayment review, state and contractor retrospective reviews and preliminary investigations such as following up on tips or complaints. Total program integrity recoveries and cost savings decreased from \$108 million in FY 2016-17 to \$94 million in FY 2019-20, and further fell to \$63 million in FY 2020-21. The decline was due to the shift from fee-for-service to managed care in long-term living programs.

BPI also monitors prescribers and recipients for potential fraud, waste and abuse of controlled substances, including opioids. For example, if a recipient is found to be abusing medical services, the individual may be placed on the recipient restriction program, which results in a cost savings due to the curbing of medical services abuse. The bureau documents investigations of provider and recipient fraud and abuse related to opioids, although a new case management system is needed to track and report the outcomes of the investigations.

The bureau reviews third-party liability (TPL) to ensure the department is the payer of last resort. BPI recovers certain costs from legal liability claims (e.g., due to an injury), estates or other health insurers. These recoveries reduce the overall cost for the MA program. Total TPL recoveries and cost avoidance decreased from \$581 million in FY 2016-17 to \$467 million in FY 2019-20, and further fell to \$340 million in FY 2020-21. The decline was due to the shift from fee-for-service to managed care in long-term living programs.

The primary goals and outcomes of this activity are to (1) prevent, detect and investigate fraud, waste and abuse; and (2) ensure MA is the payer of last resort so that public funds are not misused.

Resources for Program Integrity and Third-Party Liability						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$16.3	\$15.5	\$16.7	\$16.2	\$16.9	\$16.9
Operational Expenses	<u>2.8</u>	<u>2.8</u>	<u>2.3</u>	<u>2.6</u>	<u>2.4</u>	<u>2.4</u>
Total	19.0	18.3	19.0	18.7	19.3	19.3
Expenditures by Fund						
General Fund (State)	\$7.6	\$6.9	\$7.0	\$6.8	\$6.9	\$6.9
General Fund (Federal)	<u>11.4</u>	<u>11.4</u>	<u>12.0</u>	<u>11.9</u>	<u>12.4</u>	<u>12.4</u>
Total	19.0	18.3	19.0	18.7	19.3	19.3
Average Weekly FTE Positions	172	162	164	170	167	166
Personnel Cost/FTE (\$ thousands)	\$94.5	\$95.8	\$102.0	\$95.1	\$101.1	\$101.7

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for Program Integrity and Third-Party Liability

	16-17	17-18	18-19	19-20	20-21	21-22
Workload						
<u>Program Integrity</u> ¹						
Investigations opened	1,852	1,709	2,036	1,714	1,845	--
Investigations closed	1,226	1,564	2,086	2,471	2,821	--
Opioid investigations opened		-- Recommended measure	--	--	--	--
Opioid investigations closed		-- Recommended measure	--	--	--	--
Efficiency						
Program Integrity investigations closed per FTE	26.1	32.6	40.1	57.5	70.5	--
\$ Recoveries/activity cost ²	\$9.55	\$11.76	\$11.21	\$11.85	\$9.65	--
Outcomes						
Providers precluded/excluded/terminated	433	352	283	139	136	--
Individuals precluded/excluded/terminated		-- Recommended measure	--	--	--	--
<u>Program Integrity (\$ millions)</u>						
Cost avoidance ³	\$70.8	\$40.2	\$36.8	\$32.0	\$20.2	--
Cost savings ⁴	\$28.4	\$27.0	\$29.9	\$32.6	\$30.8	--
Recoveries ⁵	\$8.8	\$19.6	\$12.2	\$29.1	\$11.9	--
<u>Third-Party Liability (\$ millions)</u>						
Cost avoidance ³	\$408.0	\$399.2	\$397.3	\$274.5	\$165.6	--
Recoveries ⁵	\$172.9	\$195.6	\$201.0	\$192.5	\$174.4	--

Notes:

1 See Notes on Measures.

2 Calculations by the IFO. Includes recoveries for Program Integrity and Third-Party Liability. Activity cost includes total state and federal funds.

3 Cost avoidance refers to the costs that the department would pay if certain actions (e.g., automated claims rejections, recipient restriction) had not occurred.

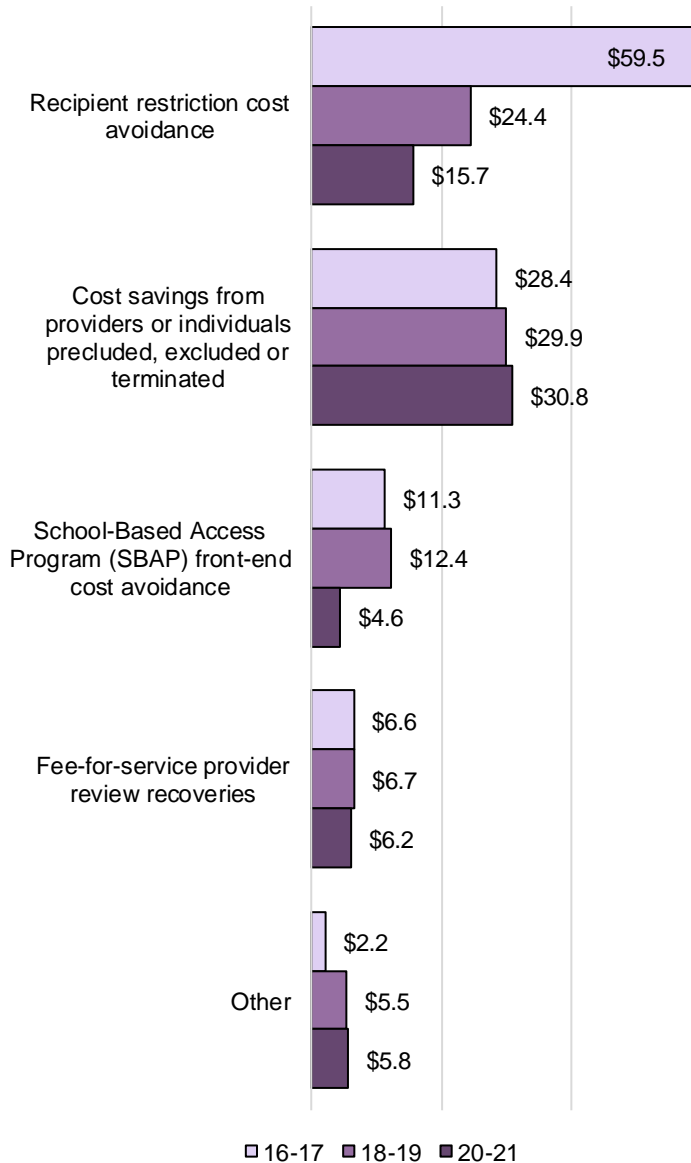
4 Cost savings include the billings and costs related to providers precluded, excluded or terminated from the MA program.

5 Recoveries are monies paid that are recouped by DHS (e.g., third-party liability claim, overpayments).

Notes on Measures

- A new case management system (Fraud Capture) is an ongoing initiative to provide integrated case management that will provide the department accurate, comprehensive and accessible data to produce more quality fraud leads and reduce administrative tasks. Other features of the new case management system include real time and ad hoc reporting, data querying and predictive modeling. The system enhancements are expected to improve data reporting, program efficiencies and outcomes (e.g., increased fraud identification and recoveries). Fraud Capture is anticipated to roll out in 2022.

Program Integrity Cost Avoidance Declines Since FY 16-17



Notes: Dollar millions. Other includes global settlements and Attorney General reviews, credit balance reviews, voided provider claims and corrective actions, managed care organization provider review recoveries and contractor recoveries.

Program integrity cost avoidance, cost savings and recoveries totaled \$108 million in FY 2016-17 and declined to \$63 million in FY 2020-21.

Since FY 2016-17, long-term living programs shifted from a fee-for-service model to a managed care model, which drives the decline in program integrity recoveries and cost avoidance.

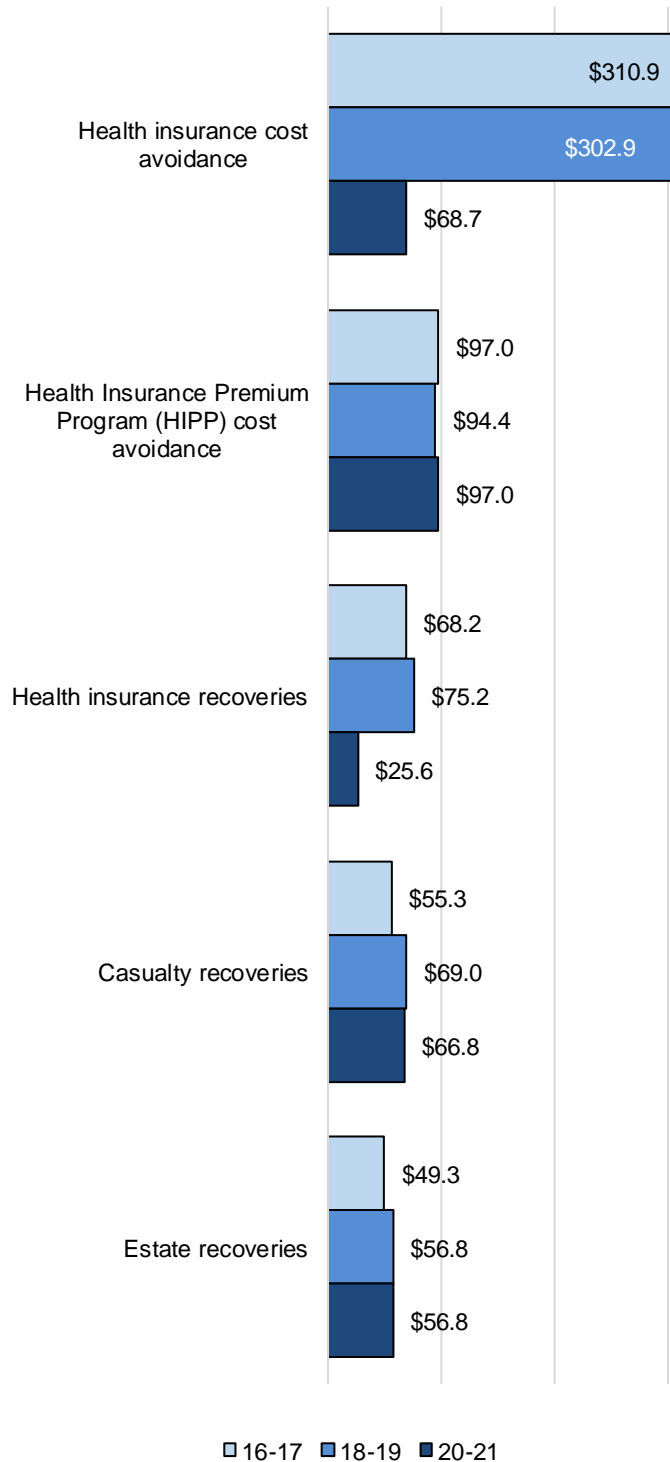
Recipient restriction cost avoidance relates to individuals who have misused or overutilized MA benefits (e.g., doctor shopping, sharing a medical card), who are then restricted to one doctor, pharmacy and/or hospital. This measure fell from \$59 million in FY 2016-17 to \$16 million in FY 2020-21 due to an update to the formula used to calculate cost avoidance.

Cost savings from licensed providers or individuals that are precluded, excluded or terminated from the MA program increased to \$31 million in FY 2020-21.

SBAP front-end cost avoidance results from automated reviews of claims that are not submitted to DHS due to failing a compliance metric. These cost savings fell from \$11 million in FY 2016-17 to under \$5 million in FY 2020-21. The decrease in cost savings is due to increased oversight and the COVID-19 pandemic.

Fee-for-service recoveries result from retrospective claim reviews. These recoveries have remained around \$6 million annually.

Health Insurance Cost Avoidance Declines Since FY 16-17



Notes: Dollar millions. Health insurance recoveries include special projects through the Health and Medicare unit and contracted vendor recoveries. Data exclude family planning recoveries, which totaled \$25 million in FY 20-21.

TPL cost avoidance and recoveries totaled \$581 million in FY 2016-17 and declined to \$340 million in FY 2020-21.

Since FY 2016-17, long-term living programs shifted from a fee-for-service model to a managed care model, which drives the decline in TPL recoveries and cost avoidance.

Health insurance cost avoidance occurs when other insurances are used prior to MA payment (e.g., private health insurance or Medicare coverage). Health insurance cost avoidance declined from \$311 million in FY 2016-17 to \$69 million in FY 2020-21.

Cost avoidance for HIPP, which pays private insurance premiums for individuals eligible for MA, has remained steady at around \$97 million.

Health insurance recoveries occur when MA recipients are identified as having health insurance through data exchanges with the Centers for Medicare and Medicaid and Pennsylvania private insurers.

Casualty recoveries occur when an MA recipient is injured and there is legal liability or a financial settlement. During these cases, TPL establishes a claim for any MA or cash benefits the recipient received during the incident.

Estate recoveries occur when MA recipients (age 55+) had received nursing facility or home and community-based services, and upon settlement of the estate, TPL receives payment based on the availability of funds.

Activity 14: Hearings and Appeals

The Bureau of Hearings and Appeals (BHA) provides hearings and adjudicates administrative appeals from department decisions on changes in benefit amounts or eligibility. An appeal can be filed by a benefit recipient or a provider when an adverse state action has been taken (e.g., a reduction in benefits). Over 95% of appeals are filed by recipients. Of the remaining provider appeals, the majority are formal appeals (i.e., requiring a courtroom hearing). Appeals may be upheld, overturned, partially upheld, withdrawn or dismissed. An appellant may appeal BHA's decision to the Commonwealth Court.

The primary goals and outcomes of this activity are to (1) ensure all appeal requests are heard and adjudicated in a timely manner and (2) ensure due process has been afforded to the appellants in a timely manner.

Resources for Hearings and Appeals						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$11.1	\$10.1	\$10.7	\$10.7	\$11.0	\$11.0
Operational Expenses	<u>3.0</u>	<u>3.0</u>	<u>2.7</u>	<u>2.5</u>	<u>3.1</u>	<u>3.1</u>
Total	14.0	13.0	13.4	13.3	14.1	14.1
Expenditures by Fund						
General Fund (State)	<u>\$14.0</u>	<u>\$13.0</u>	<u>\$13.4</u>	<u>\$13.3</u>	<u>\$14.1</u>	<u>\$14.1</u>
Total	14.0	13.0	13.4	13.3	14.1	14.1
Average Weekly FTE Positions	110	97	100	98	99	99
Personnel Cost/FTE (\$ thousands)	\$100.6	\$103.7	\$106.9	\$109.6	\$110.6	\$111.1

Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.

Performance Measures for Hearings and Appeals

	16-17	17-18	18-19	19-20	20-21	21-22
Workload						
Incoming recipient appeals ¹	8,148	8,344	8,901	9,287	6,250	--
Incoming formal provider appeals ^{1,2}	173	165	162	173	124	--
Incoming non-formal provider appeals ¹	72	79	92	135	69	--
Efficiency						
% SNAP recipient appeals timely ³	96%	98%	93%	87%	82%	--
% Non-SNAP recipient appeals timely ⁴	95%	98%	87%	86%	74%	--
Outcomes						
Outgoing recipient appeals ¹	8,317	7,953	8,704	9,997	7,747	--
Outgoing formal provider appeals ^{1,2}	210	201	173	146	91	--
Outgoing non-formal provider appeals ¹	70	56	70	90	54	--
Medical Assistance appeals ⁵	49,595	54,189	68,581	67,440	29,291	--
Hearings held	1,021	868	817	765	395	--
% Upheld	60%	61%	62%	63%	64%	--
SNAP appeals ⁵	41,312	38,578	36,837	29,996	36,257	--
Hearings held	1,039	676	623	402	357	--
% Upheld	68%	66%	63%	69%	72%	--
TANF appeals ⁵	4,478	4,146	3,193	3,327	2,785	--
Hearings held	146	102	75	64	55	--
% Upheld	71%	75%	64%	84%	80%	--
ChildLine appeals ⁵	1,366	1,177	1,094	947	597	--
Hearings held	1,193	926	891	811	366	--
% Upheld	27%	23%	26%	23%	25%	--
Appeals to the Commonwealth Court ⁶	100	134	105	76	83	--
% Upheld	74%	65%	65%	61%	57%	--
% Remanded	26%	15%	18%	22%	0%	--

Note: SNAP is Supplemental Nutrition Assistance Program. TANF is Temporary Assistance for Needy Families.

1 Data are a monthly average for each fiscal year.

2 Formal Appeals follow the Governing Rules of Administrative Practices and Procedures housed within Title 1 of the PA Code.

3 SNAP recipient appeals have a timeliness benchmark of 60 days.

4 Non-SNAP recipient appeals have a timeliness benchmark of 90 days.

5 Annual number of appeals. Appeals upheld are the appeals that BHA decides in favor of the department which are reduced by those instances when the department rescinds denials.

6 Appeals to the Commonwealth Court reflect the number of BHA adjudications in which a party sought appellate review.

Activity 15: Administration

The Administration Activity provides the executive and organizational leadership functions within the department. It also includes policy development and administration, legislative services, legal services, publications and communications, financial management services, contracting and procurement and other core support services. Currently, DHS manages 166 leases, many of which are County Administrative Offices (CAOs) throughout the Commonwealth.

Resources for Administration						
	16-17	17-18	18-19	19-20	20-21	21-22
	Actual	Actual	Actual	Actual	Actual	Budget
Expenditures by Object						
Personnel Services	\$50.7	\$49.4	\$30.6	\$30.4	\$30.1	\$31.0
Operational Expenses	69.7	100.2	112.6	183.7	208.9	225.6
Fixed Assets Expense	6.6	3.7	8.0	7.8	3.7	3.7
Grants	<u>0.0</u>	<u>0.8</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Total	126.9	154.0	151.2	221.9	242.7	260.3
Expenditures by Fund						
General Fund (State)	\$56.6	\$72.9	\$107.6	\$101.0	\$104.8	\$111.6
General Fund (Augmentations)	\$2.2	\$2.4	\$1.0	\$0.6	\$0.6	\$0.5
General Fund (Federal)	<u>68.1</u>	<u>78.7</u>	<u>42.6</u>	<u>120.3</u>	<u>137.3</u>	<u>148.2</u>
Total	126.9	154.0	151.2	221.9	242.7	260.3
Average Weekly FTE Positions	459	250	246	238	213	213
Personnel Cost/FTE (\$ thousands)	\$110.4	\$197.6	\$124.2	\$127.9	\$141.1	\$145.5
Note: Expenditures in dollar millions. Actual expenditures are listed in the year the expenditure was recorded.						

Performance Measures for Administration

	16-17	17-18	18-19	19-20	20-21	21-22
Personnel						
Agency FTE ¹	17,023	16,117	15,925	15,971	15,672	16,073
Staff turnover rate	9.3%	9.1%	10.1%	8.9%	9.7%	--
Office-based positions ^{2,3}	--	--	--	--	--	14,841
Full-time telework positions ^{2,3}	--	--	--	--	--	1,013
Home-headquartered positions ²	--	--	--	--	--	219
Information Technology						
IT costs (\$ millions) ³	\$275.6	\$251.6	\$263.4	\$266.8	\$237.4	\$496.5
IT cost per agency FTE ⁴	\$16,191	\$15,610	\$16,542	\$16,703	\$15,146	--
Overtime						
Overtime costs (\$ millions)	\$36.6	\$35.4	\$42.3	\$43.0	\$48.6	--
Overtime cost per agency FTE ⁴	\$2,147	\$2,199	\$2,657	\$2,695	\$3,103	--
Human Resources						
HR costs (\$ millions) ³	\$21.8	\$20.9	\$19.0	\$19.1	\$19.4	\$19.1
HR cost per agency FTE ⁴	\$1,282	\$1,294	\$1,191	\$1,197	\$1,236	--
Facilities						
Facility costs (\$ millions)	--	--	--	--	--	\$32.6
Facility space (millions sq. ft.) ⁵	--	--	--	--	--	1.6
Facility cost per square foot ⁴	--	--	--	--	--	\$19.88
Agency-specific						
Right-to-Know requests	404	434	432	388	511	--
Leases	167	167	167	167	166	166
<u>Procurements processed</u>						
Purchase orders	9,811	9,341	9,041	8,676	8,416	--
Agency contracts	96	88	40	25	24	--
Grants/amendments	138	174	275	157	179	--

Notes:

1 Average weekly filled FTE.

2 Preliminary data as of December 2021.

3 See Notes on Measures.

4 Calculations by the IFO.

5 Includes 86 leases for County Assistance Office building space. The Commonwealth owns other facility space that DHS may use.

Notes on Measures

- In FY 2017-18, executive agency human resources (HR) and information technology (IT) complement were consolidated under the Office of Administration (OA). During this transitional year, executive agencies continued to pay the personnel costs associated with the HR and IT complement transferred to OA. Beginning in FY 2018-19, agencies are billed for these services as well as for a portion of the HR and IT enterprise budget previously appropriated to the OA.

- Management Directive 505.36 issued in April 2021 defines classifications of workers eligible to telework: (1) full-time telework work remotely each day of their workweek, (2) part-time telework have regularly scheduled days working remotely and in an office and (3) ad hoc telework work remotely only in case of weather emergency or other qualified occurrences. Office-based positions include non-telework, part-time telework and ad hoc telework positions.

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Appendix

Performance-Based Budgeting and Tax Credit Review Schedule

Performance-Based Budgets						
Year						
1	Corrections	Board of Probation and Parole	PA Commission on Crime & Delinquency	Juvenile Court Judges' Commission	Banking and Securities	General Services
2	Economic & Community Development	Human Services – Part 1	Health	Environmental Protection	PA Emergency Management Agency	State
3	PennDOT	Human Services – Part 2	State Police	Military & Veterans Affairs		
4	Education	Human Services – Part 3	Aging	PA Historical & Museum Commission	Agriculture	Labor and Industry
5	Drug and Alcohol Programs	Insurance	Revenue	Executive Offices	Environmental Hearing Board	Conservation and Natural Resources
Tax Credits						
Year						
1	Film Production	New Jobs	Historic Preservation Incentive			
2	Research and Development	Keystone Innovation Zones	Mobile Telecom and Broadband	Organ and Bone Marrow		
3	Neighborhood Assistance	Resource Enhancement and Protection (REAP)	Entertainment Economic Enhancement Program	Video Game Production	Keystone Special Development Zones	
4	Educational Tax Credits	Coal Refuse and Reclamation	Mixed-Use Development	Brewers'		
5	Resource Manufacturing	Manufacturing and Investment	Waterfront Development	Rural Jobs and Investment		

 Independent Fiscal Office

Agency Response



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES

Dear Director Knittel:

I want to thank you and your staff for the work you have done in completing the Department of Human Services' (DHS) third phase of a performance-based budget. As with the past two years, we appreciate the level of detail, the illustration of where DHS is accomplishing our mission of improving the lives of Pennsylvanians and where opportunities exist for improvement and continued progress.

As previously referenced, we continue to emphasize and monitor performance management through regular meetings, called PeopleStat, where DHS program and executive staff review performance data. These meetings provide a space for ongoing feedback and monitoring in pursuit of better service for Pennsylvanians. We will, where possible, include the measures and observations in this report as part of our ongoing PeopleStat meetings and appreciate the opportunity to broaden the work happening there. In response to some of the programs and areas of focus of this report, I am pleased to provide an overview of some of the progress DHS has made.

Community HealthChoices

Pennsylvania is in its second full year since implementing Community HealthChoices (CHC), our managed long-term service and supports program for older Pennsylvanians who are dually eligible for Medicare and Medicaid and adults with physical disabilities, across the commonwealth. While none of us expected a global pandemic to take hold in the first few months of statewide implementation, I'm very proud of the work our CHC managed care organizations and providers undertook to ensure that services for participants could safely continue and, when vaccines became available, how they mobilized to deliver COVID-19 vaccines to participants who needed help accessing this life-saving resource. We continue to make progress on CHC's core goal: serving more Pennsylvanians in the community. As the IFO notes, the percentage of Pennsylvanians receiving long-term services in the community increased from 50 percent to 68 percent and is now at 72 percent as of August 2021 - up nearly 6 percent from where it stood in January 2020. We look forward to continuing this trend, and as our managed care organizations continue to gain experience operating this program, embed additional performance targets that tie compensation to quality of care and services received by participants.

Children's Health Insurance Program

Pennsylvania's Children's Health Insurance Program (CHIP) program remains an important option for families seeking low-cost, high-quality health care for their children. CHIP offers coverage in three cost tiers: no-cost, low-cost, and full-cost. Participation in each tier is based on income, but low- and full-cost tiers are still often good options for families who qualify due to low copays, no deductibles, and a robust benefits package available up to kids through age 19.

OFFICE OF THE SECRETARY

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CHIP's enrollment has declined through the public health emergency due primarily to families moving from no-cost CHIP to Medical Assistance coverage. While, at this time, we do not know when the federal public health emergency will end, our Office of Income Maintenance, CHIP, and Pennie, Pennsylvania's state-based health insurance exchange, are working together to ensure that any Pennsylvanian who no longer qualifies for Medicaid is connected to an appropriate coverage option for themselves and their family.

We are also in the process of revising CHIP's marketing materials. For this effort, market research was conducted to identify knowledge gaps of CHIP and test numerous marketing concepts to assess awareness of CHIP as a health insurance program and how each concept resonated with parents. The new campaign will launch in 2022, and we are hopeful that the new campaign will be a valuable resource as we continue to promote CHIP as a high-quality, affordable health care option for Pennsylvania families.

Child Care

Child care is the backbone of our economy, and the pandemic has greatly strained this critical industry. Providers have faced staffing challenges and turnover, reduced enrollment, waiting lists due to staff capacity, increased costs due to infection control necessities, and, due to these challenges, reduced revenue. Since March 2020, 1,136 providers have closed. Conversely, 826 providers have opened, offsetting the impact of the majority of these closures. We know, though, that many of our providers are operating at reduced capacity and in delicate financial circumstances.

The Wolf Administration has taken significant steps to support the child care industry through the COVID-19 crisis. Federal relief has allowed us to make substantial investments in child care. Through the Coronavirus Aid Relief and Economic Security (CARES) Act and the Consolidated Appropriations Act of 2021, we were able to distribute nearly \$600 million to help providers reopen, support infection control costs, invest in Child Care Works (CCW) reimbursement rates, and provide grants directly to child care workers in recognition of the dedication to this industry and the families they serve.

The American Rescue Plan Act brought forth an additional historic investment in the health of our child care industry, allowing us to extend \$655 million to stabilize the industry. The grant funding can be used to cover provider expenses and support staff recruitment and retention. As of December 15th, \$565 million has been committed, reaching 85 percent of our licensed child care providers. Additionally, \$352 million in Child Care Development Fund funding from the American Rescue Plan Act was invested in Child Care Works to support lower costs for families, greater financial support to child care providers participating in the program, and setting incentives for providers who expand care availability beyond what is considered "traditional" child care hours – 6 a.m. to 6 p.m. These unprecedented investments allow us to continue to support providers while targeting equitable quality through our subsidized child care system. Pennsylvania's economy, its families, and its future depend on a strong child care and early learning system, and we will continue to support this industry through our economic recovery.

Housing

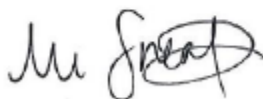
Housing has been a focus for DHS much of 2021. Previous federal, state, and local eviction moratoriums were a lifeline for Pennsylvanians who lost their employment or saw reduced income due to the pandemic, but as of the end of the summer, those protections were lapsed or eliminated. The Consolidated Appropriations Act of 2021 and the American Rescue Plan Act both included approximately \$1.2 billion in emergency rental assistance funding for Pennsylvania and our cities and municipalities, and through this, DHS established and oversees Pennsylvania's Emergency Rental Assistance Program

(ERAP). ERAP can help renters pay past-due and upcoming rent and utility balances and can assist with costs associated with helping renters find new, safe housing if they are facing eviction. The program is an opportunity to help both renters and landlords settle past due balances and set a path forward without jeopardizing a person's housing.

As of the end of October 2021, Pennsylvania has distributed nearly \$500 million in emergency rental assistance funding. While building such a large scale, high demand program quickly has been a significant challenge, I'm proud of DHS and our county partners' work to get this unprecedented assistance out to Pennsylvanians at risk of losing their homes. Large-scale evictions would seriously hinder our commonwealth's economic recovery, and we remain focused on helping meet the need created by nearly two years of co-occurring public health and economic crises.

Thank you again for the IFO's work and past recommendations shared through the performance-based budget process. We are united in our goal to be responsible stewards of taxpayer resources and our commitment to good service on behalf of Pennsylvania citizens, and I'm grateful to our partnership and the progress we'll be able to make because of this work.

Sincerely,

A handwritten signature in black ink, appearing to read "Meg Snead". The signature is fluid and cursive, with the first name "Meg" written in a larger, more prominent script than the last name "Snead".

Meg Snead
Acting Secretary of Human Services

