Government Efficiency and Accountability Review (GEAR)

GEAR08 Board Meeting

May 15th 2018

https://gear.delaware.gov/

Agenda

30 min

1. Introductions
2. Old Business
   - Review/approve minutes
   - 2018 GEAR Board meeting schedule
   - GEAR team update
3. New business
   - Progress reporting
   - Employee and public comments management
   - Governmental Accountability Act (GAA) revision

90 min

4. Deep Dive
   - Criminal Justice
   - DHSS & Healthcare
5. Open Topics discussion -- Board
6. Public Comment
7. Adjourn

Old Business

Review/Approve Minutes from prior Board meeting

Old Business

2018 GEAR Board Schedule

Tuesday, January 9, 2018
10:00 a.m. to 12:00 p.m.
New Castle County

Wednesday, March 14, 2018
8:00 a.m. to 10:00 a.m.
Dover

Tuesday, May 15, 2018
10:00 a.m. to 12:00 p.m.
New Castle County

Wednesday, July 11, 2018
8:00 a.m. to 10:00 a.m.
Dover

Tuesday, September 18, 2018
9:00 a.m. to 11:00 a.m.
New Castle County

Wednesday, November 14, 2018
8:00 a.m. to 10:00 a.m.
Dover

Old Business

GEAR Team Update

- GEAR website updates:
  - New GEAR News Stories
  - Focus Area updates
  - Publishing team 4-Blockers

- Education Task Force Structure subcommittee findings include connect to GEAR

- Focus Areas active:
  - Justice GEAR subcommittee
  - P3 GEAR
  - Financial Services Delivery

- GEAR employee and public input

- *DTI Centralization update*

- *DHR Centralization update*

https://gear.delaware.gov/

New Business

Progress Reporting

- 4-Blocker reporting template submitted two days before every GEAR Board meeting

- 4-Blockers posted to GEAR website before meeting

- Addresses our requirements for transparency

- Adding progress indicator to each 4-Blocker

FINANCIAL SERVICES
ENSURE EFFECTIVE INTERNAL CONTROL SYSTEMS ARE DEVELOPED AND MAINTAINED: PCARD

1

Objectives and Achievements	In Progress
• Issue: State agencies have traditionally operated with significant autonomy. As a result, many administrative and financial service functions are duplicated statewide, resulting in unnecessary expenditures for employee and contractor time, software licenses, and computing service costs. • **Objective: Ensure effective internal control systems are developed and maintained: Increase PCARD usage (each additional $25M in spend will increase rebates $300K and lower costs for processing checks)** • **Current PCard spend 2017 $130.1 M** • **Leadership: DOF (Cole) and OST (Gonzalez).**	• DOF working with OST to issue joint PCard RFP so that PCard spending, rebates, cost savings and banking fees addressed comprehensively. • GSS drafting Critical Need memo to extend current PCard contract
Next Steps (Future Activities)	**Challenges (Issues and Risks effecting your effort)**
• Review and issue the comprehensive RFP • Meet with DTI to develop an implementation plan for integration of products with FSF • Together with travel continue explorations of travel management services which through connection to the PCard will result in increased usage. • Reduce the current pay cycle for checks and ACH transactions from daily to weekly or biweekly to drive more payments to the Single Use Account (SUA) within the PCard program	• Current capacity of the ERP team to handle additional workload required to implement new banking products/services

Delaware Government Efficiency and Accountability Review Board

New Business

Project Priority

Priority	Definition
1	Urgent: problem must be addressed immediately High value to organization High ROI Critical public relations concern Large opportunity cost Highly impactful to customers
2	Important: must begin addressing problem in current year Valuable to organization Costly if not addressed ROI significant Public relations concern Impactful to customers Identifiable opportunity cost
3	Opportunity for consideration Undetermined or minimal value to organization Some cost impact if not addressed Low ROI Minimal public relations concern Minimal impact on customers Minimal opportunity cost

Project Status

Status	Definition	Action
Green	The project is performing to plan. All aspects of project viability are within tolerance, i.e., time, cost, and scope.	No action required.
Yellow	A problem has a negative effect on project performance but can be dealt with by the project manager or project Focus Area team. Actions are being taken to resolve the problem, or a decision has been made to watch the situation. One or more aspects of a project's viability — time, cost, scope — is at risk. However, the deviation from plan is within tolerances assigned to the project manager	The project sponsor(s) must be notified.
Red	There are significant issues with the project. The project requires corrective action to meet business objectives. The issue cannot be handled solely by the project manager or project team. One or more aspects of project viability — ex. time, cost, scope — exceed tolerances set by project sponsor or board.	The matter must be escalated to the project sponsor and Agency leadership immediately.

Examples

1 (green)	High-priority project with no schedule, budget, or resource issues.
1 (yellow)	High-priority project with some schedule, budget, or resource issues.
2 (red)	Mid-priority project with significant schedule, time, budget, or resource issues.

New Business

- Employee/Public Input tracking
  - Comments distributed to GEAR Board agency leadership
  - Agencies please triage/sort into categories:

    1. **Important and actionable**
    2. **Informative but requires follow-up to determine if actionable**
    3. **General suggestion**
    4. **Not actionable**

  - Seeking best practices from other states

Governmental Accountability Act

- **What Changed:**

  – Shifts focus from budget books to the budget process

  – Makes annual budget process part of performance management system (strategic planning, performance metrics and performance budgeting), dedicated to continuous process improvement and making government more efficient, reducing costs, etc.

  – Effective (full implementation) beginning with the FY 2022 budget process (starting Fall CY 2020)

- **Action Needed:**

  – Approved by GEAR Financial Services Delivery Team (May 4, 2018)

  – Seeking formal GEAR Board support and approval for the revisions and submission to General Assembly (May 15, 2018)

  – Leverage GEAR process improvement projects, desire GEAR Board feedback on implementation

New Business

2018 Deep Dive Order

Tuesday, January 9, 2018

Education

Information Technology

Wednesday, March 14, 2018

P3 – Public/Private Partnership

Financial Services

Tuesday, May 15, 2018

DHSS & Healthcare

Criminal Justice

Wednesday, July 11, 2018

Information Technology

Human Resources

Tuesday, September 18, 2018

Education, Financial Services

Criminal Justice

Wednesday, November 14, 2018

P3 – Public/Private Partnerships

DHSS & Healthcare

GEAR
Criminal Justice Focus Group

MAY 15, 2018

Criminal Justice Focus Group

- Improved Criminal Code

- Standard Sentencing Orders

- Electronic Bail Payments

- e-Filing

- Data Sharing and Other Technology Issues

Improved Criminal Code

Improved Criminal Code

Background and the Super-Process:

- Criminal Justice Improvement Committee
  Created in 2014 in the FY 15 Budget Act by the Joint Finance Committee

- University of Pennsylvania School of Law

- Working group

- Public hearings in each county in spring 2017

- Input from law enforcement, the Office of the Attorney General, victim's advocacy groups, unions, and the public

- Introduction of SB 209 and SB 210

- Planned 20-month implementation process

Improved Criminal Code

Why is SB it needed anyway?

- The original (current) criminal code was enacted in 1973 and was 95 pages long.

- Over time, the code has grown to 407 pages.

- Changes have been made with little attention to the code's overall structure, terminology or application.

- There are inconsistencies, redundancies, ambiguities and contradictions throughout the criminal code.

- There has been no holistic review since its adoption over 40 years ago.

Improved Criminal Code

What does the Improved Code do?

- Adopts the values and judgments of current Delaware criminal law.

- Makes the code simpler, more readable, more accessible.

- Ensures consistency and rationality of criminal offenses and their penalties.

- Consolidates criminal felonies and misdemeanors.

- Places the highest priority on deterring violent crimes, sex crimes and gun crimes.

Improved Criminal Code

Why is the Improved Code "core" to criminal justice reform?

- Ultimately, the Governor and the General Assembly cannot wisely reduce the prison population if the Code does not strike the right balance in punishment.

- Bail reform is only as useful as the criminal code, as the code guides all cases.

- Sentencing guidelines cannot function as intended without a clearer code that has a specific sentencing range for each class of felonies and misdemeanors, and the current code does not.

- Technical reversals and confusion for police, prosecutors, and defense attorneys will continue if the code is not clarified.

- This willy-nilly growth of the Code causes confusion, leading to excessive costs to the system, errors in case processing and unfair pressures for offenders to plea bargain.

17

Standard Sentencing Orders

Standard Sentencing Orders

Old Sentence Orders:

- **Inconsistent formats**
- **Hand-written notes**
- **Paper documents**
- **Faxing of documents**

Standard Sentencing Orders

Improved Standard Sentencing Orders Will Create Efficiencies:

- ✓ Saving DOC staff time

- ✓ Reducing Errors

Other Benefits of Standard Sentencing Orders:

- ✓ Ensuring no one is detained too long or released too soon due to unnecessary errors

- ✓ Relieving stress on DOC staff having to interpret inconsistent data and handwritten notes

Standard Sentencing Orders

- Implementation Date: June 2018

- DOC's Lean Six Sigma Team estimates that this initiative will save 1,040 hours of staff time annually

- In 2014, there were 41,553 sentence calculations with 18 defects and one known lawsuit

- Extrapolating known 2014 defects with similar lawsuits, possible loss to the State/DOC is $2,250,000 per year if this project is not implemented

Electronic Bail Payments

Electronic Bail Payments

- When modern processes and technology aren't pursued, wasteful or unnecessary processes continue.

- The payment of bail is not electronic. People arrive at the courthouses to make payments in cash or check.

- Bail accounts are not centralized, and court-to-court transactions are processed by check.

- The Courts plan to implement the electronic payment of bail this fall.

Electronic Bail Payments

Automated Bail Processing Will Create Efficiencies:

- ✓ People will no longer have to come to the courthouse in person to pay bail in cash or check. In fact, this will no longer be permitted.

- ✓ Staff will no longer have to be available to accept cash or checks.

- ✓ Court-to-court transactions will no longer include check transactions.

- ✓ Reduction of repetitive processing by court staff means reduction of potential errors and saved time.

- ✓ Court staff will no longer have to transport the cash and checks to the bank.

- ✓ The Justice of the Peace Court will analyze opportunities for operational and security savings, since most late evening or overnight activity (outside the collection of bail) is done via videophone.

Criminal and Civil e-Filing

Benefits of e-Filing:

- ✓ More data will be captured in a more usable format.

- ✓ Data can be shared immediately.

- ✓ Eliminates the possibility of losing or misplacing paper copies.

- ✓ Reduces paper document storage needs.

- ✓ Saves time on certain staff activities.

- ✓ Registered attorneys can file case documents from their offices or homes right up to the filing deadline.

Current Status of Court e-Filing:

- ✓ Chancery Civil
- ✓ Superior Court Civil
- ✓ Court of Common Pleas Civil
- ✓ Justice of the Peace Civil
- ✓ To date, no General Fund dollars have been appropriated for Judicial Branch e-filing

e-Filing Challenges:

- ✓ Different case management systems between Courts and our criminal justice partners
- ✓ Complexity of integration with criminal justice partners
- ✓ Lack of stable funding for technology, including upgrades to basic equipment and investments in systems

Technology and Data Sharing

Recent Reports that Include Recommendations on Information Sharing

- Integrated Justice Information Systems (IJIS) Institute, "Delaware Department of Correction: Expanding Courts and Corrections Information Sharing", November 2016

- National Center for State Court (NCSC), "Criminal Case Efficiency Study", March 2018

IJIS Report Recommendations

- Add to formal governance structure

- Continue/Extend business documentation using Lean Six Sigma techniques

- Standardize sentencing forms

- Migrate Superior Court financial information into DELJIS

- Consider moving away from mainframe platforms

IJIS Report Recommendations

- Develop a plan to consolidate the various case management systems into a single unified system to include DOC, Judiciary, DHSS, and AG

- Implement standards-based exchanges like NIEM

- Develop Judicial Tools so judges can readily access case information and related case documents

IJIS Report Recommendations

Create a Master Data Exchange Plan

Table 7: New Data Exchanges and Notifications for Prioritization and Implementation

	Data/Information Required	Data Exchange or Notification	Destination Agency/System	Source Agency/Data Provider	Priority
1	Arrest Data (Kid)	Notification	FACTS	DELJIS	
2	VOP (Kid)	Notification	FACTS	DELJIS	
3	Capiase	Notification	FACTS	DELJIS	
4	Subsequent Charges	Data Exchange	FACTS	DELJIS	
5	Probation Status	Data Exchange	DELJIS	FACTS	
6	Probation Conditions	Data Exchange	FACTS,	DELJIS	
7	Sentencing Order	Data Exchange	FACTS	DELJIS	
8	Composite Data (Probation Officer, SBI #, Probation Status)	Data Exchange	DELJIS	FACTS	
9	Probation and Parole Notes	Data Exchange	AG/DOJ	DACS	
10	Interview Sheet (gang related info)	Data Exchange	AG/DOJ	IntelliDacs	
11	eFiled Case Data	Data Exchange	JIC (CCP)	eFiling Application	
12	Sentencing Conditions	Data Exchange	DACS	ASOP (Superior Court), JIC (CCP, FAM)	

IJIS Report Recommendations

Workflow Mapping

IJIS Report Recommendations

Increase the IT budget, especially for DELJIS

NCSC Report Recommendations

- Develop and implement electronic discovery

- Conduct a gap analysis on data and produce meaningful CourTool management reports

- Create "Judicial Dashboards"

NCSC Report Recommendations

- Create a strategic campaign to improve system-wide caseflow management

- Develop outcome measures, especially for specialty courts

- Capture additional data on court caseflows

First Steps

- Form a Data Working Group to provide information that would be the "Phase I" approach for virtually any long-term strategy:

  - ✓ Workflow mapping
  - ✓ Data mapping
  - ✓ Standardized data definitions

- Key Leaders from the Criminal Justice Focus Group will continue to meet, with a focus on developing system-wide long-term strategies

Interim Steps

- Interim solutions, such as using middleware software that can improve data sharing until we move to a unified system

- With middleware software, it is possible to access data from the current systems, regardless of the platform

Long-Term Solutions

- Long-term solutions to be determined by the Data Working Group and Key Leaders of the Criminal Justice System

- Consider creating a consolidated Criminal Justice case management system

- Move away from mainframe applications

The Three Paths Toward Efficiencies

Process cannot overcome poor substance:
- ✓ Improved Criminal Code
- ✓ Bail Reform
- ✓ Sentencing Reform

Improved processes:
- ✓ Continuous Improvement
- ✓ Eliminating the manual payment of bail
- ✓ Workflows

Technology and data:
- ✓ Funding
- ✓ Improved systems
- ✓ Uniform systems
- ✓ Data driven decision-making

Deep Dive

DHSS & Healthcare

Healthcare Spending Benchmark
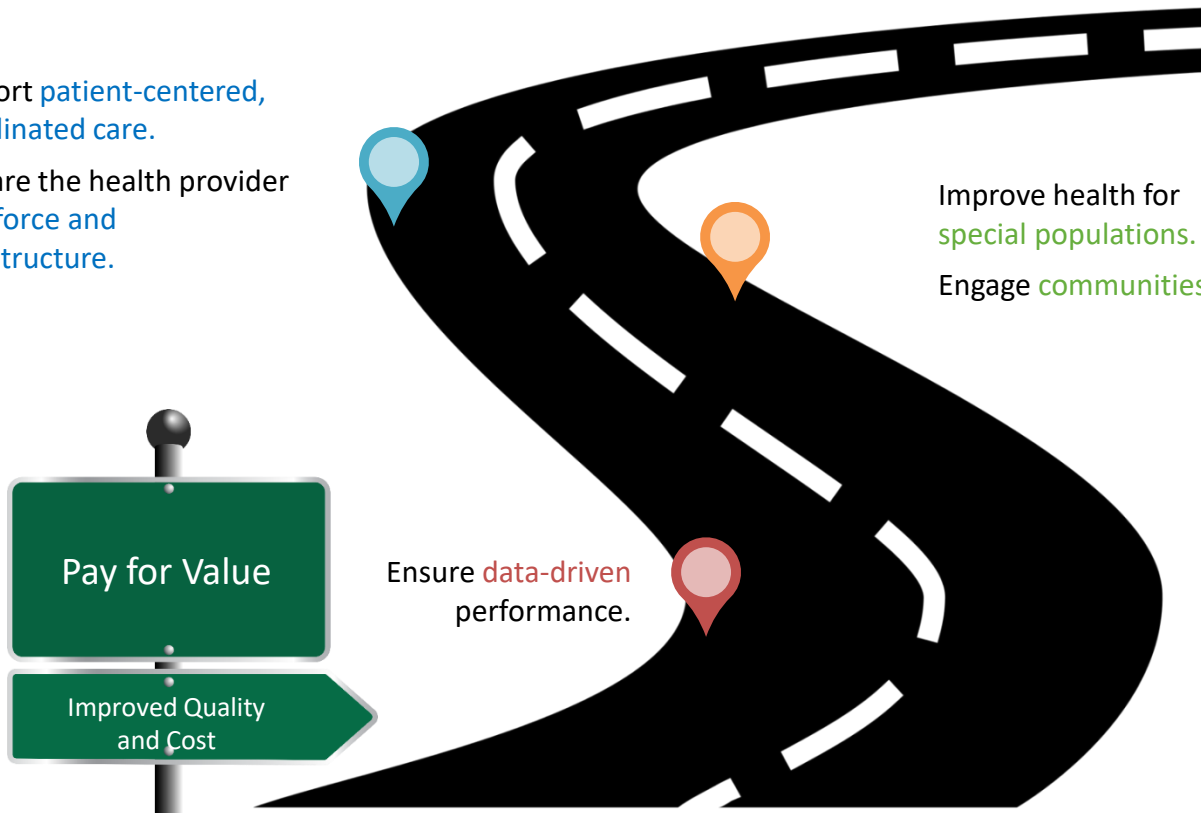
Kara Odom Walker, MD, MPH, MSHS

DHSS Cabinet Secretary

Delaware's Road to Value

Support patient-centered, coordinated care.

Prepare the health provider workforce and infrastructure.

Improve health for special populations.

Engage communities.

Pay for Value

Improved Quality and Cost

Ensure data-driven performance.

Why the Benchmark Is Important

- Delaware's per-capita health care costs are **more than 25% above** the U.S. average.

- Delaware's health care spending is expected to more than **double by 2025**.

- Health care costs consume at least **30 percent** of Delaware's budget.
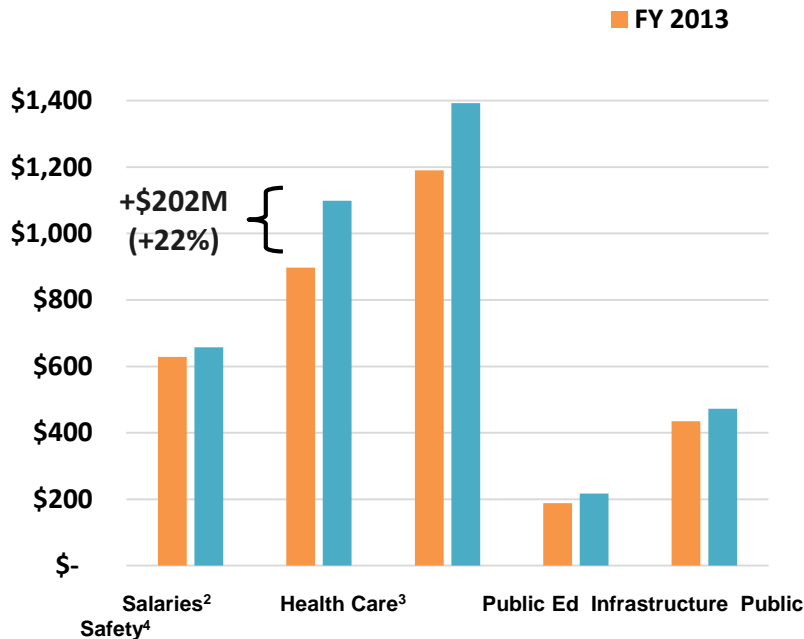
Delaware's Overall Health Is Poor

- Our population is **older and aging** faster

- We are **sicker** than the average state

- Our investments have not led to better outcomes — we are **ranked 30th** in America's Health Rankings

RANKED
30

Increasing Health Care Costs

DELAWARE GENERAL FUND EXPENDITURES[1], FY2013 VS. FY2017

Legend: ■ FY 2013

Chart showing expenditures by category (Salaries[2], Health Care[3], Public Ed, Infrastructure, Public Safety[4]) with FY2013 and FY2017 bars. Y-axis from $- to $1,400. Health Care bars annotated **+$202M (+22%)**.

SOURCE: Delaware Office of Management and Budget; DEFAC Expenditure Reports.
1- Infrastructure funds reported from Transportation Trust Fund expenditures, not General Fund.
2- Salaries are not inclusive of public education salaries.
3- Healthcare includes employee health benefit expenditures and Medicaid expenditures.
4- Public safety expenditures include expenditures by DSHS, DOC, and Youth Rehabilitative Services (DSCYF)

- During this same time frame, General Fund revenue collection has grown by just 7.6%.

- Health care costs now account for about **30% of the state's budget**.

- **Crowds out necessary investments** in:
  - Salaries
  - Education
  - Infrastructure
  - Public Safety

Delaware Spends More on Health Care Than Most Other States
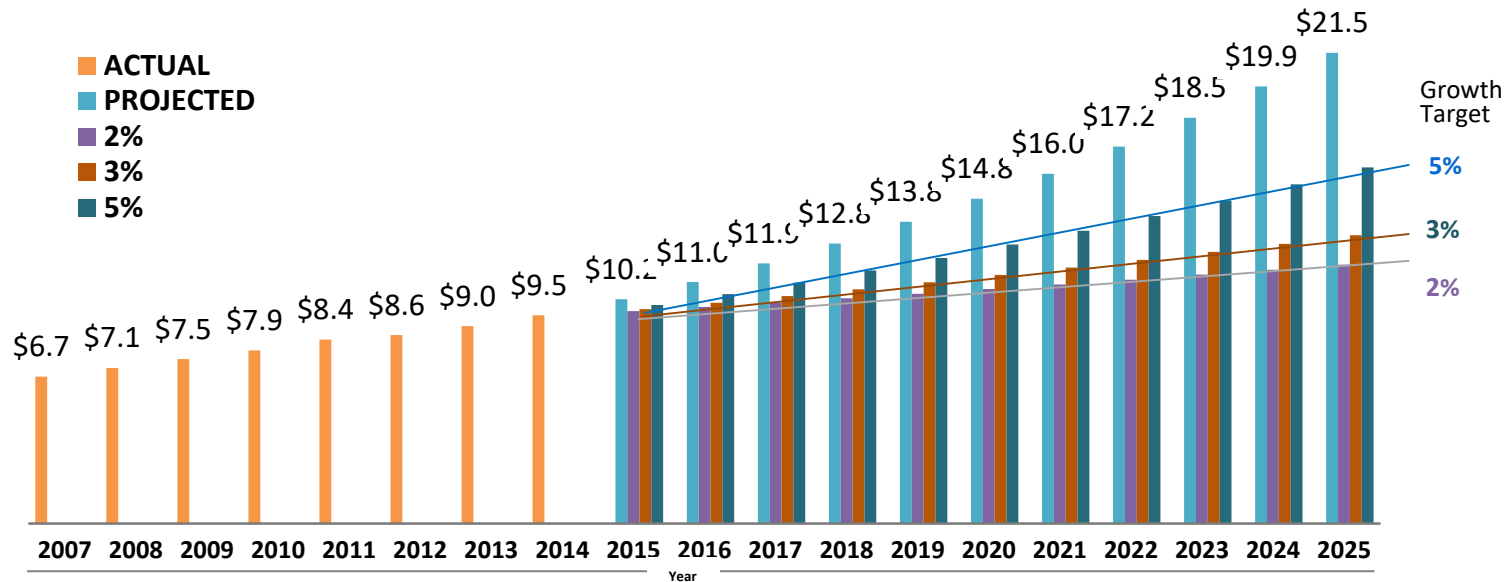
PER CAPITA PERSONAL HEALTH CARE EXPENDITURES, 2014
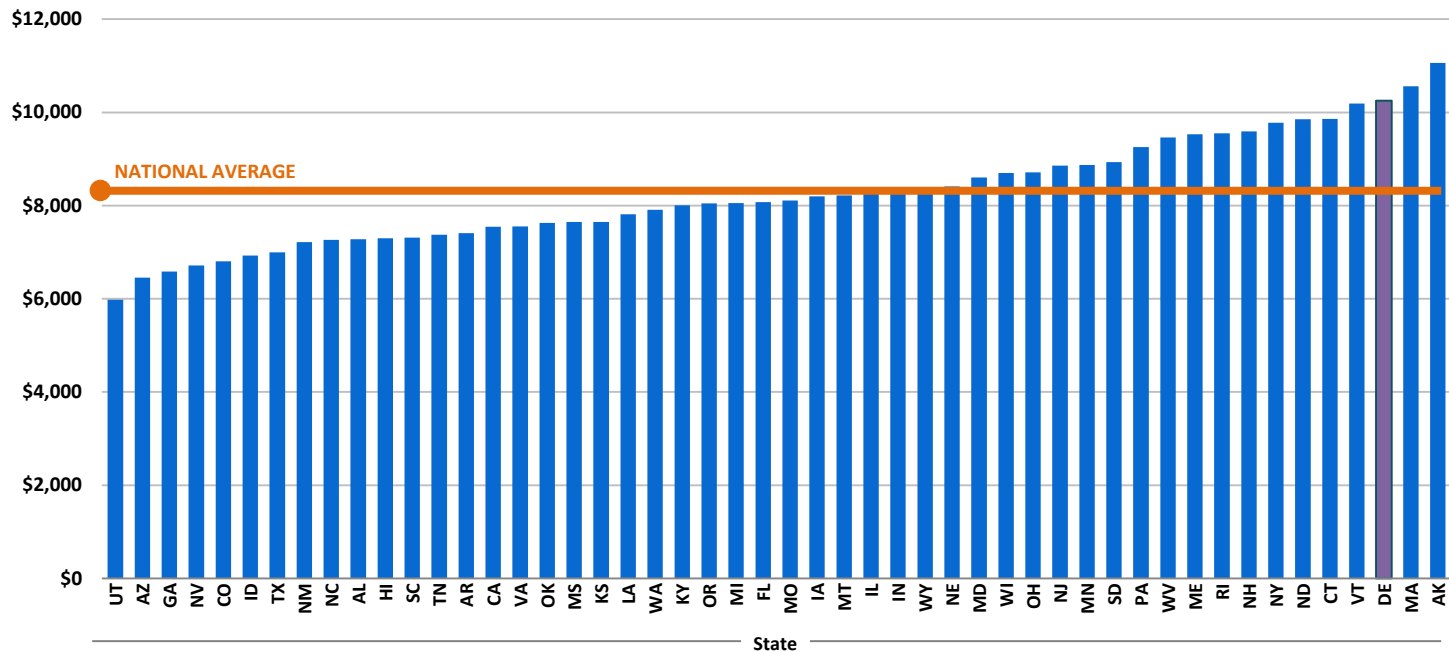
NOTE: District of Columbia is not included.
SOURCE: Centers for Medicare & Medicaid Services, _Health Expenditures by State of Residence_, CMS, 2017.

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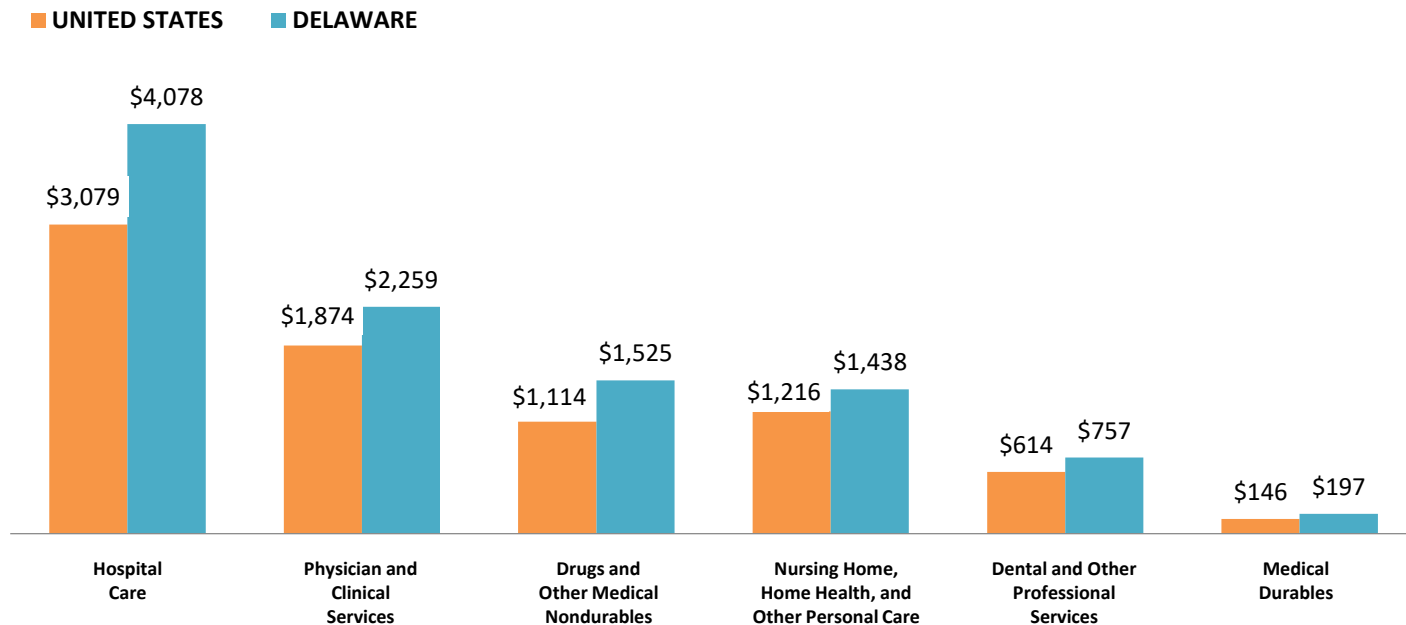
Delaware's Total Health Spending Will Double from 2015-2025

**DELAWARE'S ACTUAL AND PROJECTED PERSONAL HEALTH CARE EXPENDITURES, 2007—2025
(BILLIONS OF DOLLARS)**

Legend:
- ACTUAL
- PROJECTED
- 2%
- 3%
- 5%

Growth Target

Values by year: $6.7 (2007), $7.1 (2008), $7.5 (2009), $7.9 (2010), $8.4 (2011), $8.6 (2012), $9.0 (2013), $9.5 (2014), $10.2 (2015), $11.0 (2016), $11.9 (2017), $12.8 (2018), $13.8 (2019), $14.8 (2020), $16.0 (2021), $17.2 (2022), $18.5 (2023), $19.9 (2024), $21.5 (2025)

Growth Target lines: 5%, 3%, 2%

SOURCE: Centers for Medicare & Medicaid Services, *Health Expenditures by State of Residence*, CMS, 2017;

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48

Per Person Speeding in Delaware Is Higher Than the National Average in Every Category of Service

UNITED STATES AND DELAWARE PER CAPITA SPENDING BY SERVICE, 2014

Legend: ■ UNITED STATES ■ DELAWARE

Category	United States	Delaware
Hospital Care	$3,079	$4,078
Physician and Clinical Services	$1,874	$2,259
Drugs and Other Medical Nondurables	$1,114	$1,525
Nursing Home, Home Health, and Other Personal Care	$1,216	$1,438
Dental and Other Professional Services	$614	$757
Medical Durables	$146	$197

SOURCE: Centers for Medicare & Medicaid Services, *Health Expenditures by State of Residence*, CMS, 2017.

Medicare and Medicaid Account for Nearly 40% of Delaware's Health Spending

TOTAL PERSONAL HEALTH EXPENDITURES BY PAYER IN DELAWARE, 2014
(MILLIONS OF DOLLARS)
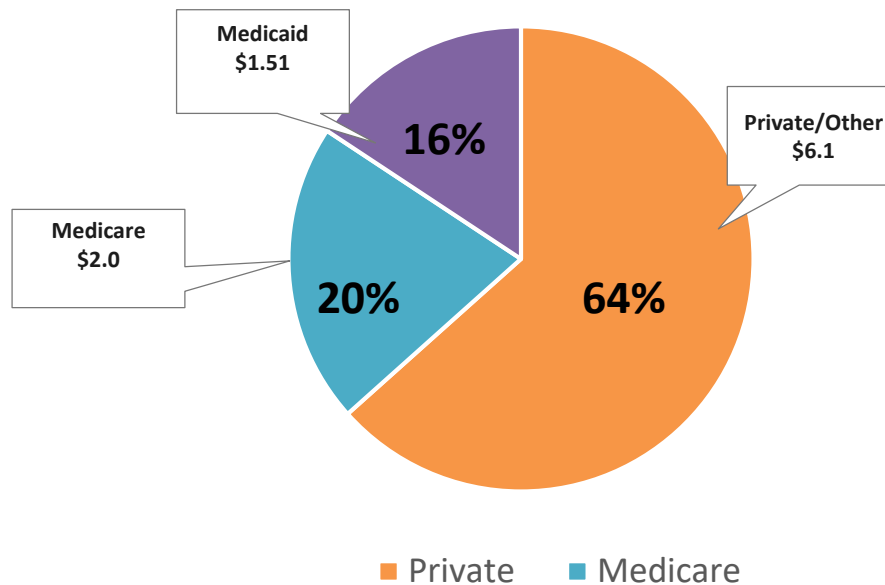
Medicaid
$1.51

16%

Medicare
$2.0

20%

Private/Other
$6.1

64%

■ Private ■ Medicare

SOURCE: Centers for Medicare & Medicaid Services, *Health Expenditures by State of Residence*, CMS, 2017
.

Opportunities and Threats to Better Health

- We purchase health care for a **greater share** of the population than most other states

- We have made progress on moving to **value-based** payment models

- The current pace of adoption of **downside risk** may not be sufficient to achieve our goals

Our Objectives:
Improved Choice and Better Delivery

- Give Delawareans **choices and information** to help them make better health care decisions.

- Reinforce **healthy choices** via institution and neighborhood design.

- **Support primary care** infrastructure that allows for improvements.

52

Strategy One

Improve Health Care Quality and Cost

- Establish a value-based, health focused, public health framework

- Create systems of care centered on quality, patient experience and costs with a strong primary care foundation

- Reduce unnecessary and inappropriate care

Strategy Two

Pay for Value

- Establish a health care spending benchmark that can examine cost drivers

- Reorient data-driven monitoring of cost toward value and put this information in the hands of physicians

- Require cost and quality thresholds in Medicaid Managed Care Organization contracts
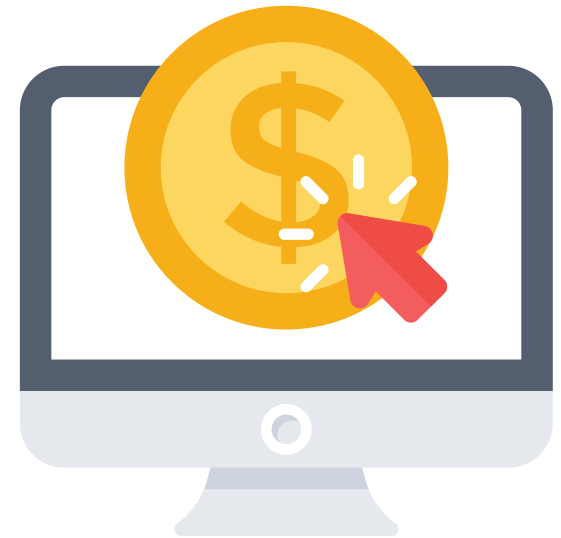
Strategy Three

Support Patient-Centered, Coordinated Care

- Create all-payer ACOs to facilitate integration of services and patient-centered medical homes

- Support and pay for coordination of care across settings

- Create reimbursement approaches for safety-net services

- Examine the Health Resources Board's authority to both allow for system growth and right-sizing

55

Delaware Government Efficiency and Accountability Review Board

Strategy Four

Support the Health Care Provider Workforce and Health Care Infrastructure Needs

- Support primary care workforce, dental, behavioral health, and health-professions education

- Increase racial and ethnic diversity of workforce

- Prepare for safety-net providers' increased needs

- Invest in telehealth and coordination of services for at-risk populations

- Invest in provider-readiness infrastructure

Strategy Five

Improve Health Care for Special Populations

- Strengthen capacity to promote health equity for people with disabilities

- Continue to focus on maternal-child health

- Establish a trauma-informed system of care

- Use patient-centered medical homes for prison-reentry population
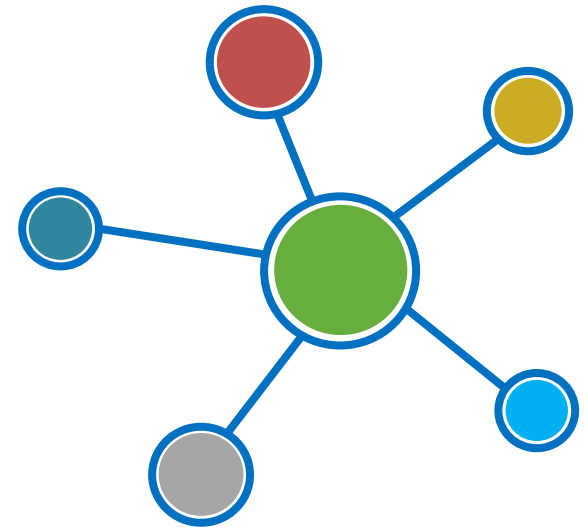
Strategy Six

Engage Communities

- Improve community-based wellness initiatives, including ACEs, obesity prevention and tobacco cessation

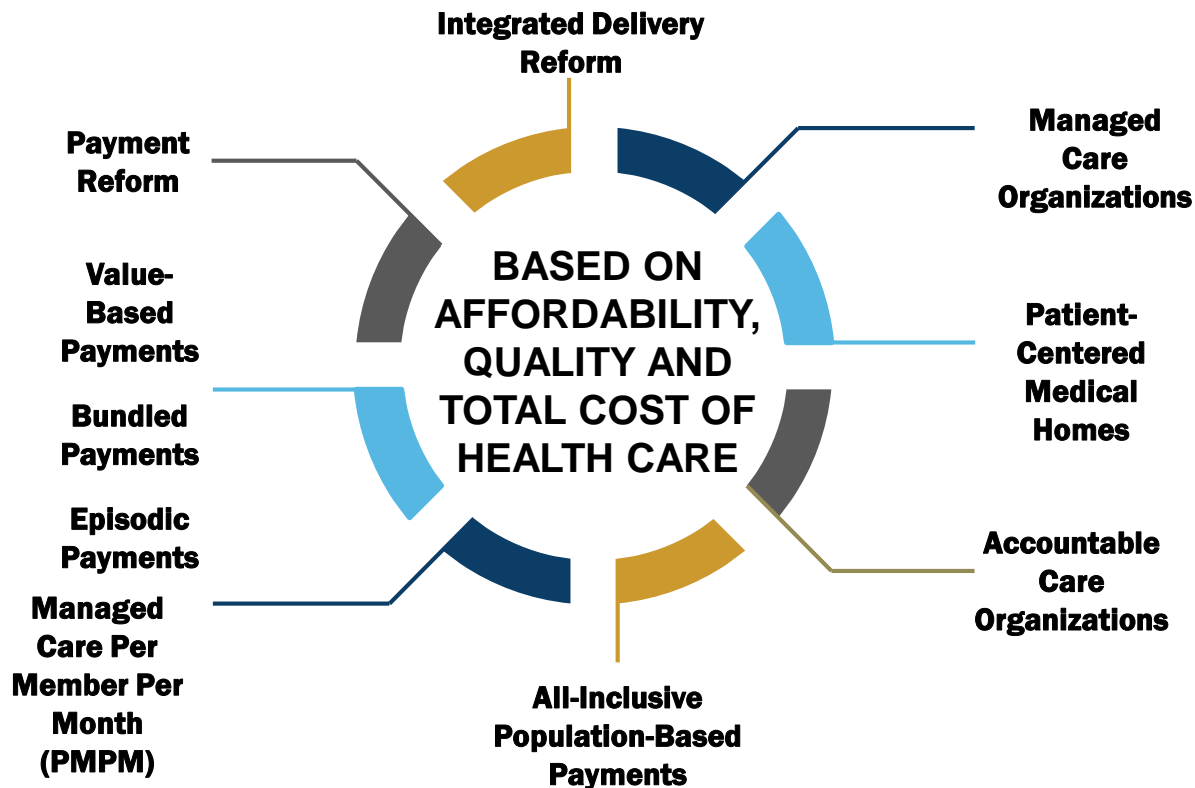- Create population-health metrics and community data-driven approaches

FREE HEALTH SCREENINGS

Strategy Seven
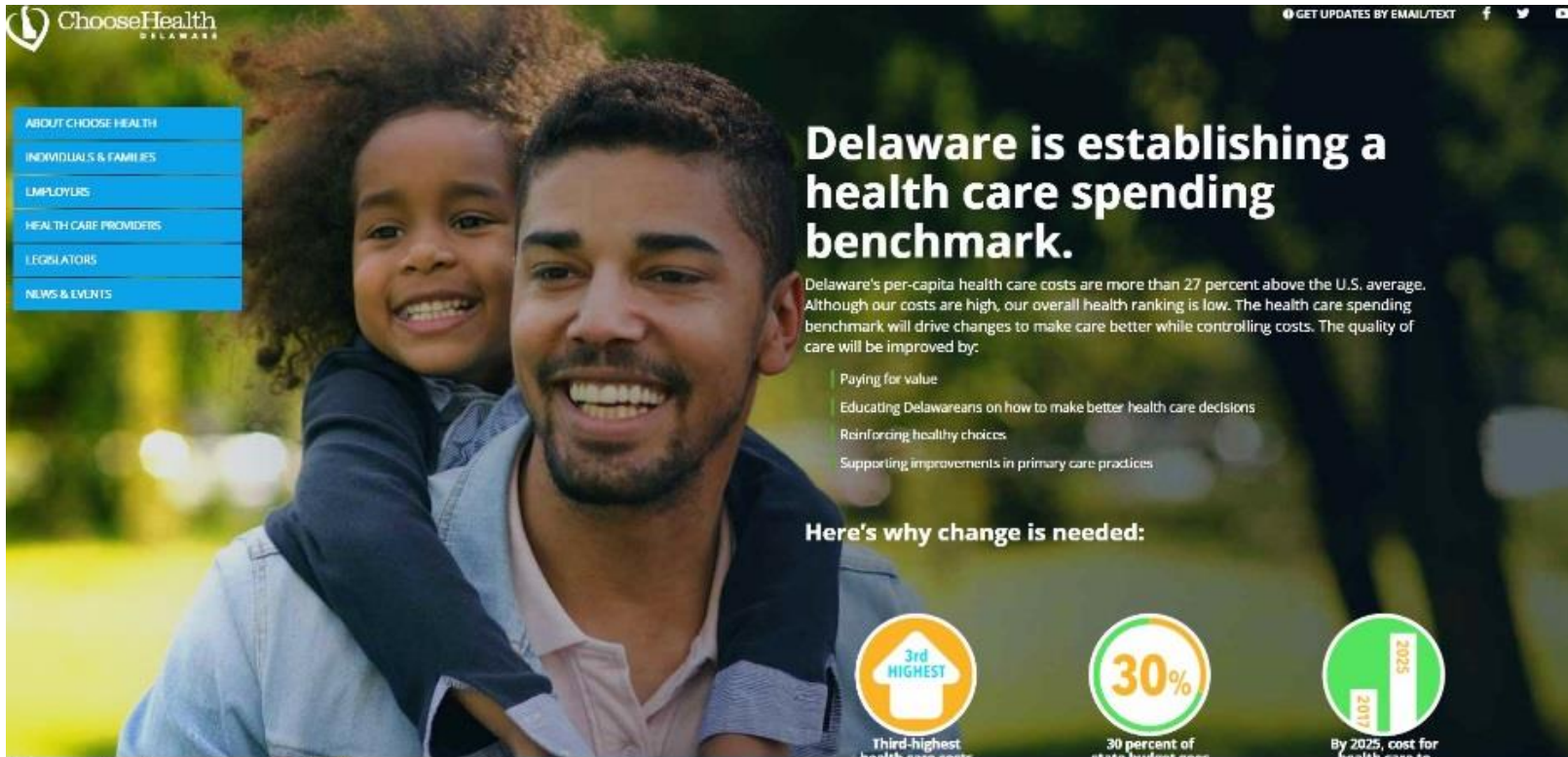
Ensure Data-Driven Performance

- Use public-private collaboration to establish quality and cost targets

- Create methodology for ACOs to interpret quality and cost goals

- Align all payers with total-cost-of-care models leveraging DHIN capacity and HCC-'like' authority

- Use a multipronged approach to strengthen the exchange and Medicare ACO strategies

What's Included in the Benchmark

BASED ON AFFORDABILITY, QUALITY AND TOTAL COST OF HEALTH CARE

- Integrated Delivery Reform
- Managed Care Organizations
- Patient-Centered Medical Homes
- Accountable Care Organizations
- All-Inclusive Population-Based Payments
- Managed Care Per Member Per Month (PMPM)
- Episodic Payments
- Bundled Payments
- Value-Based Payments
- Payment Reform

Benchmark and Quality: What's Next

How You Can Get Involved

- Visit ChooseHealthDE.com's relaunched website to read more about the benchmark:
  https://www.choosehealthde.com/Health-Care-Spending-Benchmark

- Read more at the Health Care Commission website:
  http://dhss.delaware.gov/dhcc/global.html

- Watch archived Facebook Live videos of benchmark summits:
  Facebook.com/DelawareDHSS or youtube.com/DelDHSS

- View the DHSS report to JFC on the benchmark or Delaware's Road to Value white paper, visit:
  http://dhss.delaware.gov/dhss/dhcc/global.html

- Send public comments on either report via email to: OurHealthDE@state.de.us

Progress Update on GEAR Initiatives

Lisa Bond

Director, Division of Management Services

63

Department of Health and Social Services

OFFICE OF THE SECRETARY

Management Services

Public Health

Medicaid and Medical Assistance

Substance Abuse and Mental Health

Developmental Disabilities

Visually Impaired

Aging and Adults with Physical Disabilities

Child Support Services

Long Term Care Residents Protection

Social Services

State Service Centers
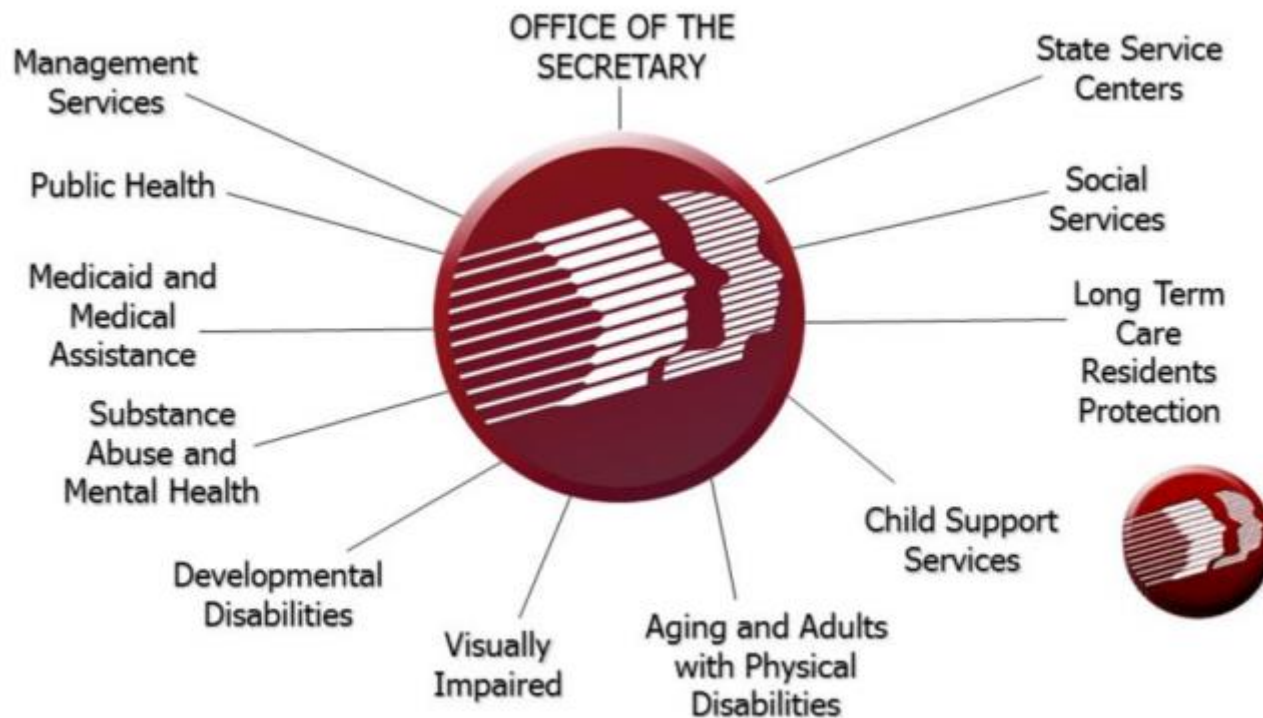
Centralization

- Medical Billing Functions
  - Evaluate a centralized model that would
    - Decrease staffing levels
    - Increase revenue
    - Promote consistent practices
    - Address succession planning
  - Next Step- May 2018
    - Delaware Health And Social Services Revenue Cycle Questionnaire, Part I
    - Delaware Health And Social Services Revenue Cycle Questionnaire, Part II

Reducing Operating Costs

- Fleet Services
  - Analysis Results
    - DHSS has 322 Block vehicles
    - During SFY 2017, 127 Block vehicles (39%) were underutilized
    - During year to date SFY 2018, 113 Block vehicles (35%) were underutilized
    - There were 67 Block vehicles (21%) that were underutilized in both reporting periods
    - Cost savings up to $350,000 annually

Reducing Operating Costs

- Fleet Services
  - Operational review of need
    - List of underutilized vehicles distributed
  - Justification for keeping it a Block vehicle (due today)
    - The vehicle license #
    - Names of staff who have access to drive the Block vehicle
    - Names of the staff who actually drove the Block vehicle in the past 30 days
    - Reason why reclassifying the Block vehicle as a Pool vehicle is problematic

Reducing Operating Costs

- Reduce Overtime
  - Established a workgroup of DHSS hiring managers
  - Identified main OT drivers
    - Calculation of OT
    - Hard to fill positions
    - Turnover
    - FMLA/STDI
    - Weather and other emergencies

Reducing Operating Costs

- ## Reduce Overtime
  - Calculation of OT
    - Paid on hours earned rather than hours worked
    - Cost to DHSS is estimated at $750,000 annually
      - Analysis limited to two weeks
    - DHSS recommends that the GEAR Board further explore this as a statewide cost saving opportunity.

Reducing Operating Costs

- Leases
  - Extended the authority of the space committee
  - Evaluate ability to move staff to state-owned space
    - 2 moves in progress.
    - $135,000 annually
  - Partnering with OMB
    - Lease negotiations
    - Funding escalators
    - Quality of space

Increase Revenue

- Fee Analysis
  - Completed a review of fees department wide
  - $1.8 million in increases identified
    - DPH
    - DHCQ

- Budget Epilogue in GRB

  Consistent with the Government Efficiency and Accountability Review Board's purpose, the Department of Health and Social Services is authorized to review and propose periodic necessary adjustments of fees assessed and collected by the department. The Secretary shall appoint a peer review team consisting of individuals familiar with the fee under review to evaluate the effectiveness and fairness of the fee. The department shall also provide such information to the Director of the Office of Management and Budget and the Controller General. Any changes in fees shall be submitted by the department as part of the annual budgetary process.

Increase Revenue

- Established Healthcare Financing Workgroup

- Reviewed and updated cost allocation plan
  - Increased federal funding for IT staff by 1M

- Evaluating the possibility of having partners match federal grant funding/maintenance of effort

- Explore centralized billing

Participation in Other Focus Areas

- Technology

  – Completed phase 1 of centralization planning

- Human Resources

  – Developed a recruitment and retention strategy for hard to fill positions

- P3

  – Federal match efforts

  – Identifying partnership opportunities

Banking Architecture Redesign

DHSS currently issues client welfare benefits via printed checks at a high cost to clients who use check cashing services

DOE and Delaware School Districts currently make 2,500 physical deposits each month at local banks

The Courts currently process over 244,000 credit card transactions annually

Delaware Department of Education

Delaware Courts

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74

GEAR

- **Open topics Discussion – Board**

- **Public Comment**

75

Adjourn

Contact

Please direct any inquiries about the Delaware GEAR program to:

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Director of Government Efficiency &
Accountability Review (GEAR)
Department of Finance

Bryan Sullivan (bryan.sullivan@state.de.us)

Director of Management Efficiency
Office of Management and Budget
Budget Development and Planning