

Part I: Options Submitted by DHH to the Streamlining Advisory Group on the Elimination of Duplicative and Non-Essential Services:

1. Consolidate the operations of the Governor's Office of Elderly Affairs with the Office of Aging and Adult Services in DHH. These two agencies serve the same populations, and work independently to achieve a very similar goal. In many states, including Texas and Arkansas, the functions these agencies serve for the elderly are consolidated. The Center for Medicare & Medicaid Services "Model State Profile for Assessing a State Long Term Care System" identifies consolidated state agencies and single access points as key components of an effective long-term care system. Some identical services, notably adult protective services, are provided by both agencies with redundant infrastructure; the only distinction being that one serves persons over age 60 and one those under age 60. In at least 40 states, adult protection is consolidated. Individuals seeking services provided by these agencies do not have a single point of entry, which can be counterproductive to the goal of helping citizens seeking care. Furthermore, services through the Older Americans Act could be coordinated with Medicaid long-term care supports and services to facilitate cost effectiveness and administrative efficiencies. (*Office of Aging and Adult Services*)

Statutory References: OAAS: La. R.S. 36:258 (F); GOEA: La. R.S. 46:931 *et seq.*; APS La. R.S. 15:1501 *et seq.*

Desired Outcome: If this change is adopted, citizens seeking assistance could have a single point of access regardless of funding source. In addition, under one agency, resources could be managed more efficiently.

Current Budget: OAAS - \$50,580,595 (excluding facilities \$22,461,654); GOEA \$44,356,830.

Persons Served: OAAS Total for FY 09 – approximately 46,000; GOEA FY 08- approximately 80,000.

T.O.: OAAS 569 (141 excluding facilities); GOEA 57.

2. Consolidate the operations of the Governor's Office on Disability Affairs with the Office of Citizens with Developmental Disabilities in DHH. The functions of each are duplicative and overlapping, but also with the Louisiana Rehabilitation Services currently administered by the Department of Social Services (DSS), and other agencies in state government. The Governor's Offices on Disability Affairs has many functions that overlap with the Office of Citizens with Developmental Disabilities (OCDD) and Office of Aging and Adult Services (OAAS) (e.g., to collect facts and statistics and make special studies of conditions pertaining to the employment, health, financial status, recreation, social adjustment of the disabled; and to keep abreast of the

latest developments concerning disabilities and those with disabilities throughout the nation, and to interpret its findings to the public).

Most of the functions could be managed between the two DHH offices and advocacy functions could be provided through the Developmental Disability Council or through ombudsman programs currently operated by the state. Louisiana Rehabilitation Services functions could also be incorporated into the Department as most of their services are offered to individuals who also receive either OCDD or OAAS services and would provide easier access for consumers, as well as efficiencies in service delivery. (*Office for Citizens with Developmental Disabilities*)

Statutory References: La. R.S. 258 D (office functions); La. R.S. 28:451.1 (DD Law); GODA – La. R.S. 46:2581-2582; Louisiana Rehabilitation Services – La. R.S. 46:2102

Desired Outcome: As a result of consolidating these programs, the state could expect reduced costs for accomplishing similar goals, as well as easier, less-confusing access for people receiving services. As with any consolidation of programs, a reduction of state employees can be expected with associated savings.

3. Eliminate financing programs from the Department of Health and Hospitals. By abolishing the Health Education Authority of Louisiana (HEAL), the Department of Health and Hospitals could streamline its activities to those more directly related to its core mission. The Health Education Authority could transfer its responsibilities to the Treasurer's Office or the State Bond Commission, and transfer long-term financing related to the acquisition of Hotel Dieu (now University Hospital) from DHH to LSU. The Drinking Water Revolving Loan Fund (DWRLF) is another example of a financing program administered by DHH. Both HEAL and the DWRLF, as well as any other similar programs could be more appropriately administered by an entity other than DHH. (*Office of Management and Finance*)

Statutory References: La. R.S. 17:3052 *et seq.*; La. R.S. 36:259; La. R.S. 36:804; La. R.S. 17:3051; La. R.S. 40:2821, *et seq.*

Desired Outcome: This action would relieve DHH of responsibilities related to financing health care projects, allowing the department to reallocate resources to activities more in line with its core mission.

Current Budget: HEAL \$226,625; DWRLF \$61,311,000 (including funds from the American Recovery and Reinvestment Act)

T.O.: HEAL: 2; DWRLF: 11

4. Transfer Engineering and Architectural Services in the DHH Office of Management and Finance to Facility Planning in Division of Administration. DHH has had an Engineering and Architectural Services Division since the mid-1970s due to the large number of institutions under its direct control (primarily hospitals). With the transfer of the Charity Hospital system in the early 1990s, there has been a decreased need for these services to be provided within the department. Indeed, the size of that division has shrunk considerably since its creation. The only other department that has its own Engineering Division is the Department of Transportation and Development, whose function is primarily to oversee highway construction, not to oversee building maintenance. This function is already being performed for other departments by Facility Planning and Construction in the Division of Administration, and a transfer of the Engineering and Architectural Services program could be more consistent with the mission of each agency. In addition, considerations should be given to improving efficiencies of the Office of Public Health engineers during the permitting process. At this time, OPH engineers are required to review plans submitted by architect and developers that have been approved by an engineer before granting a permit. (*Office of Management and Finance*)

Statutory References: La. R.S. 36:256; La. R.S. 40:4(A)(6)

Desired Outcome: This action would relieve DHH of its responsibility to oversee building construction and maintenance and allow resources to be reallocated to other activities.

Current Budget: \$600,000

T.O.: 6

Part II: Options Submitted by other cabinet level agencies to the Streamlining Advisory Group on the Elimination of Duplicative and Non-Essential Services that apply to DHH:

Department of Education

1. Increase Medicaid Reimbursement to Schools (p. 46). DOE has been working closely with DHH to maximize the use of Medicaid dollars in the state. Specifically to revise the current Medicaid plan to expand the number and types of services reimbursable by Medicaid. The goals of the initiative are to:

- a. Establish protocols and procedures and provide professional development that will enable all school districts to bill Medicaid for services that are reimbursable to schools and school systems under the current LA state Medicaid plan.
- b. Devise a mechanism by which all school districts can certify the “local match” portion to prevent increasing the financial burden on DHH. Introduce legislation in the next session if determined necessary to allow for this certification.
- c. Work with DHH Medicaid staff and key policy makers to revise current State Medicaid plan to expand the number and specifically the types of services for which schools and school systems would be able to be reimbursed, within the existing regulations and guidelines of CMS.
- d. Work with DHH Medicaid staff and key policy makers to incorporate language into the LA Health First plan that would ensure that school systems, schools and school-based health centers have the opportunity and a prescribed mechanism for reimbursement services.

2. Merge Harlem Children’s Zone and Neighborhood Place Programs (pp. 46-47). It is recommended that, based on the information gathered by each committee (which were comprised of leadership from DOE, DSS, DOL, OYD, and DHH) that were very similar in purpose, a Louisiana model should be established taking the best of both the Harlem Children’s Zone and Neighborhood Place models with a clear governance structure, duties, and responsibilities spelled out and funding put in place to implement statewide.

Department of Environmental Quality

3. Examine Early Warning Organic Compound Detection System (EWOCDS) (p. 4). The EWOCDS program could be identified as under-performing due to lack of funds and staffing. EWOCDS along the Miss. River was instituted in the late 80’s at the request of DHH to provide them with monitoring stations (9 locations) to identify pollutants significance in the river to prevent contamination of drinking water intakes. There has never been funding for this effort; initially EPA provided grant funds to start up the project and after that DEQ absorbed this cost

annually. Over the past several years companies who voluntarily opted to participate dropped out so there are now 6 sites, which is not sufficient to capture a significant event along the river from Baton Rouge to the mouth of the river. Also 2 water works dropped out due to lack of funding and staff. It can cost upward of \$100,000 per year to maintain and replace equipment at these sites. Post-Katrina, the funding for this effort was used elsewhere and DHH and DEQ have attempted to work out funding for some of the sites, notably the drinking water intakes (DHH can fund through the drinking water fund but funds can only be used for municipal intakes, not industrial). Industry, with the recession, cannot fund or man the sites and there has not been a significant event since the late 90s. Prior to Gustav, DEQ, DHH, industry and municipal water intakes met to discuss the feasibility of replacing the current system with a voluntary program, funded by industry, the municipal water works and DHH (drinking water fund), similar to the program that exists along the Ohio River. The stakeholders along the Ohio River have a consortium of industrial and municipal drinking water sources that have established sampling sites that monitor the river's water quality. The Ohio River partnership is a very good model to establish a similar effort for the lower Miss. River and DEQ is willing to work with all stakeholders to move this forward. The EWOCDS project is not truly a regulatory function but rather an alert system to protect drinking water supplies from chemical contamination. As such a partnership among users and dischargers between Baton Rouge to below New Orleans, with possible oversight or assistance from DHH, has the potential of a fully implemented sampling program (9-12 sites) that protects drinking water supplies.

4. Move Lead-based Paint Program to DHH (p. 18). The primary intent of the program is to protect children from lead exposure risk from improperly conducted lead abatement activity. Because Louisiana Department of Health and Hospitals (DHH) are well aware of the locations and conditions of lead-poisoned children, it could order abatements and oversee abatement activity and monitor improvements more efficiently than DEQ. DHH already has a significant outreach program to address lead poisoning called the Childhood Lead Poison Prevention Program (CLPPP), and it would be more efficient if one agency administered the entire program. DHH could use the Lead Hazard Reduction fund to establish a position to process training provider, accreditation fees, and contractor letters of approval. *Note: a similar proposal was included in the DHH internal analysis on page 4. The department suggested transferring the OPH Child Lead Poisoning Prevention Program to DSS.*

5. Relinquish DEQ Laboratory (p. 22). DEQ commissioned Astrix Technology Group in early 2008 to conduct a laboratory cost benefit analysis to determine the operational efficiency of the DEQ Laboratory Services Division (LSD) housed in the DEQ Laboratory at 1209 Leesville Avenue, Baton Rouge, Louisiana. The study was designed to evaluate the financial health of the LSD. The evaluation was focused on developing an income statement using the number and type of tests conducted. The fiscal year 2008 income statement revealed losses in excess of \$3 million, while cost of outsourcing all analytical testing is about \$2.2 million. Therefore, DEQ has

chosen to outsource all analytical testing utilizing the RFP process. The DEQ is also in the process of relinquishing the laboratory facility to the Department of Health and Hospitals (DHH). This alone will save the DEQ about \$1.5 million in rental charges. Personnel will be allocated to core functions of the department such as permitting and water quality. *Note: similar information was provided in the DHH internal analysis on page 22.*

6. Consolidate Drinking Water Program (p. 18). The department is presently exploring opportunities with the Department of Health and Hospitals regarding consolidation of its drinking water programs.

7. Consolidate Domestic Wastewater Program (p. 18). The entire Domestic Wastewater Program (including individual homes) is a program where efficiencies exist by having this program in one department. Discussions between agencies on how to take advantage of this streamlining opportunity should be explored.

8. Examine Surveillance (p. 17). The Surveillance division conducts inspections with EPA of regulated industries to address both state and federal requirements. These joint inspections have been a good training mechanism for state inspectors. Sewage issues – overlap/joint efforts with DHH; they review and approve STP plans; DEQ regulates discharges. We assist one another related to sewage complaints for both permitted and unpermitted discharges.

9. Fund Mercury Fish Tissue Sampling (p. 5). This program supports DHH and Louisiana Department of Wildlife & Fisheries (DWF) efforts related to mercury contamination advisories in specific streams and lakes and assists with decisions related to mercury discharge limits in Louisiana Pollution Discharge Elimination System (LPDES) permits. The legislature authorized this activity and provided general funds to conduct this project. However, general funds have been cut for the project. DEQ also participates in a national data collection effort that costs approximately \$78,000 per year and this may also be eliminated due to lack of funding (this is under AQAD). Funding for this program at some level benefits the citizens of Louisiana to protect public health and ensures adequate mercury discharge limits into our streams and lakes.

Department of Safety and Corrections

10. DHH is integral in the continuum of care for mental health treatment. DPS&C sees an overlap with DHH in regards to its reentry efforts (pg. 35).

Department of Social Services

11. Transfer appropriate components of Louisiana Rehabilitation Services to LWC and DHH (p. 19). LRS assists persons with disabilities in their desire to obtain or maintain employment.

DHH possesses components that provide additional supportive services to individuals with disabilities, providing greater alignment with core competencies.

12. Transfer LRS Commission for the Deaf which ensures that public and private services are accessible to DHH (p. 20). Within DHH, OCDD is also likely to provide services to the same target population.

13. Transfer LRS Independent because two components align with similar services provided by DHH (p. 20). These include:

- a) The State Personal Care Attendant (DSS) & NOW Waiver (DHH)
- b) The Community and Family Support Programs within DSS provides people with disabilities an opportunity to become independent in the community by providing services in an integrated setting that will result in a cost lower than the cost of institutionalization. Services along this continuum are provided by DHH.

14. Transfer LRS Traumatic Head and Spinal Cord Injury Trust Fund Program to DHH (p. 20). This program provides services to citizens who have survived traumatic head or spinal cord injuries and enables them to return to a reasonable level of functioning and independent living. DSS feels that DHH may already provide a number of these services.

15. Single point of access for eligibility and enrollment into public benefit programs offered by DHH and DSS (pp. 21-23). This could be accomplished by (a) transfer of Medicaid, LaCHIP and WIC eligibility and enrollment to DSS OR (b) transfer of DSS eligibility programs (TANF, SNAP, CCAP) to DHH.

16. System-wide analysis of targeted children (p. 24). DSS, OJJ & DHH propose a system-wide analysis of behavioral health needs of high risk children within the child welfare and juvenile justice system that is expected to most likely provide assessment and diagnosis, medical management, day treatment, and inpatient services.

17. Transition programs to DSS (pp. 25-26). Ensure statewide comprehensive early childhood intervention and development through transitioning appropriate programs to DSS including (a) DHH Early Childhood Support and (b) DHH Nurse Family Partnership.

Department of Wildlife and Fisheries

18. Consolidate field sampling (p. 14). DWF, DEQ & DHH all conduct field sampling procedures; DHH collects water samples relative to oysters. Although the purposes and procedures are different at the agencies, some efficiencies can be gained by combining the field sampling efforts at DWF. *Note: similar recommendation was provided by DHH in its internal analysis on page 6.*

Office of Juvenile Justice

19. *Coordinate Provision of Services (p. 10).* DHH, OJJ and DHH propose a system-wide analysis of behavioral health needs of high risk children within the child welfare and juvenile justice systems. OJJ suggests exploring opportunities to coordinate the provision of services with DHH. For example, OJJ purchases services from the private sector that DHH may be able to provide in a manner where the quality of service is maintained and a cost savings is realized.

20. *Provide Medicaid Application Centers (p. 11).* There is a current contractual agreement with the Medicaid Office to designate OJJ offices and facilities as Medicaid Application Centers.