

**Appropriations Committee
LR 580 Testimony
November 16, 2016**

**Courtney Phillips, CEO
Garet Buller, Internal Audit Administrator
Department of Health and Human Services**

Good afternoon Senator Mello and members of the Appropriations Committee. My name is Courtney Phillips (C-O-U-R-T-N-E-Y P-H-I-L-L-I-P-S) and I am the Chief Executive Officer of the Department of Health and Human Services. With me today is Garet Buller, Internal Auditor for the Department. He will update you on our activities regarding audit findings and disallowances.

Good afternoon, Senator Mello and members of the Appropriations Committee. My name is Garet Buller (G-A-R-E-T B-U-L-L-E-R), and I am the Internal Audit Administrator with the Nebraska Department of Health and Human Services. I am a Certified Public Accountant and have been with DHHS since 2014. Prior to that, I was with the Department of Revenue for eight years, most recently as a Senior Revenue Auditor. I am here to provide information for the interim study on LR 580.

Department programs are routinely audited by both federal and state authorities. During the last five years beginning in Fiscal Year 2011, the Department has undergone five single audits by the State Auditor of Public Accounts; eleven audits by the Federal Office of Inspector General (OIG); one hundred and eleven audits, reviews, site visits, and evaluations by our federal awarding agencies i.e., Centers for Medicare and Medicaid Services (CMS), Administration for Children and Families (ACF), Centers for Disease Control and Prevention (CDC); five attestations by the State Auditor of Public Accounts, and five audits by the Legislative Performance Audit Committee. Included Attachment A provides the basis for these various audits.

As the current administration began to delve into agency processes and procedures, including critical discussions both internally and externally, it became clear there was an opportunity to improve DHHS audit activities. In fact, there was not even a centralized catalog of outstanding audit findings nor status of corrective action plans.

This has become a critical focus area and is included as a priority in the DHHS Business Plan. We continue to work through audit findings for actions that occurred in years past and we are aware that more could be uncovered. This did not occur overnight. Our staff are working diligently with our federal partners on audit findings from previous years to bring down potential costs, and we are making improvements to processes so disallowances are less likely to occur in the future.

Per LR 580, I am focusing today on:

- Programs and procedures that resulted in disallowances and audit exceptions for the state and an analysis of disallowances and fines related to programs over the past five years;
- Changes in policy and procedure, organizational structure, or quality control or implementation of other qualitative measures that will prevent future such occurrences;
- Inventory of current issues which may lead to future disallowances or fines;
- Reports from the Auditor of Public Accounts, program auditors, performance and internal audits of the past two years, including findings and management responses; and
- The Department's management analysis of the length of employment, turnover rates and management responses.

Past Disallowances:

Disallowances paid during the past five years were due largely to decisions and actions made prior to January 1, 2015 and, in some cases, going as far back as 2003. These findings have been previously reported and came through Single State Audits, from OIG audits, and through self-identification. A list of these disallowances is included as Attachment B. I will also share changes we have made in many areas to mitigate similar findings in the future.

The written testimony includes detailed examples, but in the interest of time I will be brief:

- From October 1, 2003 to September 30, 2008, the Federal Office of Inspector General audited the Child Care and Development Funds (CCDF) and found the Department improperly claimed child care and development targeted funds. DHHS improperly obligated funds after the obligation period ended and claimed targeted fund expenditures that were not for targeted fund activities. DHHS did not refund to ACF targeted funds that were returned by the grantee after the obligation period had ended or remained unliquidated after the liquidation period ended. Including these items on the reports and claiming federal funds for them was improper. Even though these dates are outside five years, these disallowance payments have been recently paid. The amount identified was \$2,965,913 and this full amount was returned. In response to the corrective action plan which was implemented in 2013, the Department has developed several process improvements to accurately identify child care claims specific to targeted funds and the CCDF requirements. Also, the Department continues to work closely with the federal Administration for Children and Families, the federal funder, on the overall administration of the program.
- From April 1, 2005 to June 29, 2007, Administration of Children and Families issued a fine, not an audit, for not implementing amendments to the Public Assistance Cost Allocation Plan (PACAP). Even though these dates are outside five years, these disallowance payments have been recently paid. The amount identified was \$7,772,308 and this full amount was returned. In response to the corrective action plan, the Department has updated the cost allocation plan on a consistent basis. The Department has received federal approval on Fiscal Year 13, Fiscal Year 14, and Fiscal Year 15 plans. The Fiscal 16 plan was submitted in December 2015. Additionally, the Fiscal 2017 plan was submitted June 2016.
- From January 1, 2009 through December 31, 2011, the Federal OIG audited the Department for claims unallowable for federal reimbursement for Medicaid physician-administered drugs in the amount of \$3,325,922. The Department repaid \$3,337,590, an increase from the OIG's original calculation, due to an error in their work papers. The Auditor noted that the Department did not collect the National Drug Codes (NDC's) that were required for it to invoice manufacturers for rebates. System edits were not in place to reject claims submitted without NDC and utilization data. The Department has implemented several system changes in response to this audit and has been able to invoice manufacturers for rebates by capturing all necessary data. System changes are continuing for process changes and improvements.
- For the period of October 1, 2009 until September 30, 2012, the Administration of Children and Families issued a fine, not an audit, related to agency supported foster care maintenance payments. Disallowances are generally associated with audits (Single Audit, OIG). Fines are associated with federal reviews or other issues not identified in audits. The results are the

same. The amount identified was \$21,957,055 and the amount returned was \$14,210,798. The reasons for this fine were due largely to Nebraska's failure to provide supporting documentation for Title IV-E foster care maintenance expenditure claims. Nebraska reported total costs of foster care maintenance payments that were derived from "bundle rates", when some of the costs included in the "bundled rates" were for contractor administrator costs. Nebraska was unable to reliably identify the amount of the "bundled rate" that was paid directly to foster parents as foster care maintenance, as defined by federal regulations. The corrective action plan implemented in 2014 called for the establishment of new foster care rates that separated the maintenance portion paid directly to the foster parent from the administrative portion of the foster care rate.

- While not a disallowance or a fine, the Department returned \$965,928 relating to the State Ward Permanency Project, which started on July 1, 2014, whereby state wards with developmental disabilities, and prioritized above those on the waiting list for services, were inappropriately served through a Medicaid waiver. This error was identified by the current program staff and reported to the federal Centers for Medicare and Medicaid Services (CMS) when the federal dollars were returned.

Changes in Policy and Procedure:

As mentioned previously, developing and improving audit processes has been a priority and is included in the DHHS Business Plan. Due to the significance of past audit findings, the Department under this administration has made strategic changes during the past two years to better manage our programs and enhance audit processes to prevent similar audit findings and disallowances in the future.

We are showing a significant downward trend in the amount of questioned costs in federal program findings, from over \$27 million for Fiscal Year 2012 to just over \$3 million in Fiscal Year 2015, due to concerted efforts across the Department. These efforts include:

- The Department has developed a comprehensive review process for audit findings over the past two years, after the FY 2013 Single Audit was completed in FY 2014. Our Internal Audit unit has implemented a formalized process for developing and testing corrective action plans which continues to be refined. It includes a thorough review of corrective action plans developed by our staff from the program responsible up to our senior management team. Each corrective action plan is tested by Internal Audit for implementation completeness and effectiveness to ensure timely action is taken to reduce the likelihood of repeat audit findings. The results of the testing is shared with the program responsible for the finding. The status of all corrective action plans is now tracked Department-wide. Monthly meetings are held with the leadership team of each Division to address the status of audit findings within their respective Divisions and what additional steps are necessary to resolve the finding. Reviews are also held with the entire Department Senior Leadership Teams to review the status of all findings.
- We have significantly improved our relationships with our federal partners and in furthering our coordination with them, the Internal Audit unit has been working closely with federal agencies, such as the Administration for Children and Families (ACF) and the Centers for Medicare and Medicaid Services (CMS), to address outstanding audit findings and provide additional requested information to bring audit findings to final closure and reduce the possibility of future findings and disallowances.

- In response to new federal regulations and single audit findings related to sub-recipient monitoring requirements, the Department began hosting routine staff trainings for program managers and financial staff to discuss the regulation requirements as well as best practices to meet our obligations to monitor federal funds passed-through to our sub-recipients. These are hosted by our Internal Audit unit and also include our Legal Services division and are held twice a year.
- Also, our Internal Audit unit now hosts training for DHHS staff specific to the single audit process twice a year for program managers, financial services, and legal staff. The training detailed a review of the audit process, resources available to help audit contacts, the process for developing corrective action plans, and testing implementation of the corrective action plan.
- Often the cause of findings or errors occur is because procedures were not documented. Many corrective plans from external or internal audits include a component that requires procedures to be documented. In response, we now have a formalized process to ensure implementation of corrective action plans. This testing process includes an evaluation of the completeness and effectiveness of the corrective action plan, and the status of corrective action plans is tracked in a dashboard for the Department.
- The Department has established a policy that all staff at the beginning of a single audit are reminded of communication protocols, statutory response deadlines, and necessary contacts.
- The Department has enacted several agency-wide internal control policies to govern standard practices including, but not limited to, journal entries, allowable costs, and sub-recipient monitoring. Further, our Financial Services Unit has developed written policies including grant reporting, obligation definitions and documented procedures governing fiscal oversight of grants based on federal regulations and best business practices.
- We are examining regulations across all divisions and updating them in response to audits, process changes, federal and state changes or outdated information.
- The Department is continually developing and implementing computer system changes. These changes are developed in response to audit findings, process changes, federal regulation updates and enhancements requested by staff.
- Several organizational changes have been made to strategically position the Department in addressing audit findings as well as ensuring greater oversight and efficient practices. These changes have improved communication across and within the Department. In addition, external communication with our federal partners has increased significantly, enhancing our compliance.
 - The internal audit function was established in October, 2011 and expanded in responsibility in January, 2014.
 - A DHHS chief financial officer position was created in 2015 to oversee the planning, implementation, and management of all financial responsibilities within DHHS.
 - Fiscal officer positions have been placed within divisions to work directly with program staff on division financial issues and be a liaison with the Financial Services area.
 - Internal audits are conducted by our Internal Audit unit. Audits are selected based on evaluation of criteria which include financial, internal control, management evaluations, and other risk factors.

- The Department has also implemented quality controls including processes for accuracy reviews on case files, claims processing and dashboards.

Pending Disallowances:

I'd like to address two categories of potential disallowances or fines, these are listed in Attachment C. The first includes audits whose findings have been reported to us, we have worked to decrease the amount owed, and a final ruling by our federal partner has not yet been made. The second category includes two instances where we do not yet have a formal notice of questioned costs but are already working closely with our federal partners and we are providing a substantial amount of additional documentation that we believe will bring the potential of questioned costs down.

While the actions resulting in these findings occurred prior to the current administration, we are committed to making improvements and working with our federal partners. We understand in the past this due diligence did not occur; however, it is our responsibility to do all we can now to lessen the State's financial obligation.

Single State Audit findings over the past five years include a potential for disallowances in fourteen program areas. These are provided on the attached handout and have a potential payback; however, our federal funding partners have not made a final ruling on what we owe or where the Department is contesting the final ruling. Again, I will be brief; however the written testimony provides additional detail:

- Per the Federal Office of Inspector General, from October 1, 2008 to September 30, 2009, the auditor identified \$11,158,693 in questioned costs. In the opinion of the auditor, the Department did not always claim Medicaid payments for Medicare Part B deductibles and coinsurance for services whose payments are limited to the State Medicaid plan rate in accordance with Federal requirements and the approved State plan. These discrepancies occurred because the State agency did not compare the Medicare payment to the State Medicaid plan rate. The State agency did not make this comparison because it did not have policies and procedures requiring it to do so. DHHS does not concur with OIG on this issue. The section of the Nebraska state plan that was reviewed by the OIG was revised in 2004 to add hospice services. There was no intention of changing the payment methodology for payment of Medicare coinsurance and deductibles. The change was a scribe's error. The State agency said that it had corrected the "scribe's error" by submitting a State plan amendment, which CMS approved on November 2, 2011. DHHS is awaiting a decision from CMS and intends to contest any disallowance if the finding is upheld by CMS.
- During the FY 2012 Single Audit, the auditor identified \$18,633,151 in questioned costs related to the Low Income Home Energy Assistance Program (LIHEAP). The Department has supplied all requested information to the Administration for Children and Families including the justification of the funds and why the costs should not be sustained. This information was provided in December 2014. Status requests have been sent over the last few months but the Department has not received any updates.

The two instances for which we have not yet received formal notice include:

- From October 1, 2011 through September 30, 2014, the Department may be issued a disallowance for not complying with the federal and state requirements for claims submitted for the Non-emergency Transportation Program in the Medicaid and Long-Term Care Division. The

draft report has preliminary questioned costs in the amount of \$4,025,118. However, the Department does not agree with the preliminary amounts and submitted additional documentation to the OIG that addresses many of the issues noted. We are awaiting a response from the OIG on the final disallowance amount. We had already implemented some changes and are in the process of implementing additional actions.

- From July 1, 2014 through September 30, 2016, the Department may be issued a disallowance for claiming unallowable expenses relating to Medicaid waivers. During the process of developing new rate methodology for providers, the Division of Developmental Disabilities and the Centers for Medicare and Medicaid Services discovered that a portion of existing provider billing guidelines developed in 2011 and implemented in 2014 are not available for federal funding participation. CMS advised that DHHS must end the unallowable payments and reimburse claims already submitted. We are working closely with providers and CMS to develop a comprehensive claims review process to determine the fiscal impact.

Audit Reports:

In addressing the reports from the auditors, we have provided a list (Attachment D) of the reports from the Auditor of Public Accounts, program auditors, performance and internal audits from the past two years and we are providing this information for the Committee.

Human Resources:

A handout is provided (Attachment E) with information regarding agency staffing. The average State experience of DHHS staff is 11.99 years. By division, the average State experience is 11.79 years for Behavioral Health, 9.83 years for Children and Family Services, 13.24 years for Developmental Disabilities, 10.74 years for Medicaid and Long-Term Care, 15.35 for Public Health, 7.85 for Veterans' Homes, and 15.11 for Operations staff.

The average position experience for DHHS staff is 6.57 years, as of October 1, 2016. Broken out by division, the average position experience is 6.31 years for Behavioral Health, 5.46 years for Children and Family Services, 6.49 years for Developmental Disabilities, 5.70 years for Medicaid and Long Term Care, 8.81 years for Public Health, 5.33 for Veterans' Homes, and 7.7 for Operations staff.

Internal transfers in 2016, January through September, total 384 and internal promotions stand at 499.

The agency turnover rate for employees leaving the agency this calendar year, January through September, is 19.4%. The projection for 2016 by division is 19.3% for Behavioral Health, 18.1% for Children and Family Services, 16.2% for Developmental Disabilities, 13.0% for Medicaid and Long-Term Care, 7.3% for Public Health, 34.6% for Veterans' Homes, and 12.9% for Operations.

For the most part, the average numbers of monthly separations across DHHS do not fluctuate much from 2015 to 2016. Recruitment and retention provides an opportunity. We want to make sure we are recruiting and hiring the right people for our positions and are increasing our recruitment efforts. We are training managers on best practices for selecting top talent. We will be deploying a comprehensive onboarding program to educate, monitor and retain new hires. This will include leadership a check-in with new hires over the first six months of employment, a mentoring program and revised learning opportunities. A social media recruiting campaign is currently in development. We are revising the recruitment and hiring process to make it easier to apply and interview with DHHS.

We are also now using exit survey data analysis to help identify the reasons employees are leaving the agency, which provides opportunities for improvement on our part.

In conclusion, many of the Department's disallowances and fines occurred for audit periods before 2015. We are cleaning up from these past errors. It is now our responsibility and we are committed to do all we can to mitigate potential disallowances from those years.

Improving our audit processes is a priority and is highlighted as such as part of the DHHS Business Plan. We have implemented many new policies and procedures that are improving our program and auditing processes, such as developing our comprehensive internal review process, providing staff training on sub-recipient monitoring and the Single Audit process, documenting procedures, implementing internal control policies, reviewing program findings for enhancements across the agency, and making internal organization improvements regarding financial and audit staff.

We are improving relationships and working closely with our state and federal partners, and we are committed to continued improvement in future audit findings.

I am happy to answer any questions you may have.

Attachment A - Various Audit Types

	Single Audit	Federal OIG Audits	Federal Audits	Attestations	Performance Audits	Internal Audits
Conducted by:	State Auditor	Office of Inspector General	Federal Awarding Agency	State Auditor	Legislative Performance Audit Committee	DHHS Internal Audit Section
Basis:	Federal Requirement	Selected by OIG	Selected by Federal Agency	Discretion of Auditor	Selected by Committee	Risk Based Selection
Findings Resolved by:	Federal Awarding Agency	Federal Awarding Agency	Federal Awarding Agency	N/A	Legislative Performance Audit Committee	Internal Audit
Intended Audience:	Federal Awarding Agency	Federal Awarding Agency	Federal Awarding Agency	Legislature and General Public	Legislature and General Public	Senior Management
Could result in Questioned costs?	Yes	Yes	Yes	No	No	No
How repaid?	State General Funds	State General Funds	State General Funds	N/A	N/A	N/A

Attachment B - Disallowances Paid

Disallowances from Single Audits					
Program	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Child Care Development Fund		\$11,557	\$410,442	\$44,158	
Children's Health Insurance Program		\$39,284			\$457
Cost Allocation		\$2,692	\$18,212	\$4,053	
Foster Care	\$13,611				
Medicaid	\$532,988	\$1,493,706	\$339,557	\$68,141	\$85,810
Centers for Disease Control and Prevention		\$92			
Totals	\$546,599	\$1,547,331	\$768,211	\$116,352	\$86,267

Program	Disallowances from OIG Audits						Other Disallowances and Paybacks			
	10/1/03 - 9/30/08	1/1/07 - 6/30/09	7/1/07 - 6/30/09	1/1/09 - 3/31/09	1/1/09 - 12/31/11	4/1/11 - 12/31/13	4/1/05 - 6/29/07	10/1/09 - 9/30/12	7/1/14 - 6/30/15	7/1/14 - 7/7/15
Child Care Development Fund	\$2,965,913 1									
Foster Care							\$7,772,308 3	\$14,210,798 3		
Medicaid		\$4,482,438 2	\$54,766 2	\$39,803 2	\$3,337,590 2	\$268,285 2			\$965,928 4	\$19,737,110 5

Footnotes

- 1) *Nebraska Improperly Claimed Some Child Care and Development Targeted Funds* from 10/1/2003 through 9/30/2008 (\$2,965,913)
- 2) *Nebraska Medicaid Payments for Personal Care Services* from 1/1/2007 through 6/30/2009 (\$4,482,438)
 - Review of Costs by the State of Nebraska for Non-Emergency Medical Transportation Services Provided by Share Mobility Coach* from 7/1/2007 through 6/30/2009 (\$54,766)
 - Review of the Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program in Nebraska* for 1/1/2009 through 3/31/2009 (\$39,803)
 - Nebraska Claimed Unallowable Federal Reimbursement for Some Medicaid Physician-Administered Drugs* from 1/1/2009 through 12/31/2011 (\$3,337,590)
 - Nebraska Incorrectly Claimed Federal Reimbursement for Inpatient Claims With Sterilization and Delivery Procedures* for 4/1/2011 through 12/31/2013 (\$268,285)
- 3) Disallowance from the Administration for Children and Families (ACF) for unallowable Foster Care Maintenance Payments for 10/1/2009 through 9/30/2012 (\$14,210,798)
 - Title IV-E Unallowable Administrative Expenditures due to Not Implementing Public Assistance Cost Allocation Plan Changes Timely from 4/1/2005 through 6/29/2007 (\$7,772,308)
- 4) State Ward Permanency Project Serving Individuals through a Medicaid Waiver who were Prioritized Above Those on the Waiting List for Services from 7/1/2014 through 6/30/2015 (\$965,928)
- 5) Nebraska implemented a Rate Methodology Change Prior to Federal Approval for 7/1/2014 through 7/7/2015 (\$19,737,110)

Attachment C - Potential Disallowances

Potential Disallowances from Single Audits					
Program	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Adoption Assistance					\$683
Aging					\$169,504
Centers for Disease Control and Prevention		\$149,934	\$112,502		\$65,393
Child Care Development Fund					\$9,326
Cost Allocation				\$955,372	\$1,826,232
Family Planning					\$263,423
Foster Care		\$5,175,329		\$542,343	\$2,653
Hospital and Public Health Emergency Preparedness					\$669,922
Low-Income Home Energy Assistance Program		\$18,633,151	\$60,376	\$11,603	\$21,507
Medicaid		\$98,560		\$1,128,921	\$72,905
Social Services Black Grant	\$31,126	\$232	\$134	\$359,801	\$40
Supplemental Nutrition Assistance Program					\$3,634
Temporary Assistance for Needy Families				\$3,756	\$36,942
Women, Infants, and Children Nutrition Program				\$87,626	
Total	\$31,126	\$24,057,206	\$173,012	\$3,089,422	\$3,142,164

Program	Potential Disallowances from OIG Audits			Other Potential Disallowances
	10/1/08 - 9/30/09	10/1/08 - 9/30/09	10/1/11 - 9/30/14	7/1/14 - 9/30/16
Medicaid	\$5,639,664 1	\$5,519,029 1	\$4,025,118 1	Unknown 2

Footnotes

1) *Nebraska Did Not Always Comply with Federal and State Requirements for Claims Submitted for the Nonemergency Transportation Program* for 10/1/2011 through 9/30/2014 (\$4,025,118)

Nebraska Did Not Properly Pay Some Medicare Part B Deductibles and Coinsurance from 10/1/2008 through 9/30/2009 (\$5,639,664)

Review of Nebraska's Medicaid Payments for Dual Eligible Individuals' Medicare Part A Deductibles and Coinsurance from 10/1/2008 through 9/30/2009 (\$5,519,029)

2) While working with CMS on Medicaid Waiver renewals it was discovered that DHHS was claiming unallowable expenses from 7/1/2014 through 9/30/2016

Attachment D – Audit Reports from the Past Two Years

- Auditor of Public Account Reports
 - Single Audits FY2013, FY2014, FY2015
 - Attestations
 - Program 502 – Public Health Aid
 - Hastings Regional Center
 - Program 354 Subprogram 48 – Child Welfare
- Federal Office of Inspector General
 - A-07-11-03167 – Not All of Nebraska's Controls for Its Child Care Subsidy Program Claims Were Effective
 - A-07-14-01136 - Nebraska Incorrectly Claimed Federal Reimbursement for Inpatient Claims With Sterilization and Delivery Procedures for the Period April 1, 2011, Through December 31, 2013
 - A-07-13-06040 - Nebraska Claimed Unallowable Federal Reimbursement for Some Medicaid Physician-Administered Drugs
- Performance Audits
 - Nebraska Administrative Procedure Act: Review of Selected Agencies and Best Practices
 - The DHHS Behavioral health Division's Role in Reducing Service Gaps
 - Memorandum: DHHS HIPP Program Improved, No Performance Audit Planned
 - Memorandum: Funding Sources for Children's Behavioral health Services Reported, No Performance Audit Planned
- Internal Audits
 - McConaughy Discovery Center
 - Review of Amounts Reported on CAFR and SEFA
 - TANF Reporting for the QE 3/31/2014
 - Better Living
 - Mid Plains Center for Behavioral Healthcare Services
 - State Unit on Aging
 - Social Services Block Grant
 - Medicaid Consortia
 - LIHEAP
 - Purchase Cards
 - Program Integrity
 - Financial Responsibility
 - Overpayments
 - Payroll Testing
 - Personal Assistance Services
- Federal Program Audits
 - Administration for Children and Families
 - Child Support Enforcement Data Reliability Review
 - Administration for Community Living/Administration on Aging
 - State Long-Term Care Ombudsman Program Audit
 - Center for Disease Control

- Wise Women Site Visit
 - Cancer Prevention and Control Site Visit
- Department of Justice
 - Prison Rape Elimination Act
- Environmental Protection Agency
 - Drinking Water Analysis and Drinking Water Laboratory Certification Program
 - NE Clean Water and Drinking Water State Revolving Fund
- Health Resources and Services Administration
 - Maternal, Infant, and Early Childhood Home Visiting Program
- Housing and Urban Development
 - Housing Opportunities for Persons with AIDS
- Social Security Administration
 - Interim Assistance Reimbursement
 - State Ward Trust Account Review
- US Department of Agriculture
 - National School Lunch Program
 - Supplemental Nutrition Assistance Program
 - Financial Review
 - Management Evaluation
 - Emergency Solutions Grant Program Expenditure Requirements
 - Women Infant Children Technical Assistance Review
- US Department of Labor
 - Nebraska Senior Community Services Employment Program

Attachment E - DHHS Human Resource Data

January 1 to November 11, 2016

Statistic
<i>Average State Experience (Years)</i>
<i>Average Position Experience (Years)</i>

Behavioral Health	Children and Family Services	Developmental Disabilities	Medicaid and Long-Term Care	Operations	Public Health	Veterans Homes	DHHS
11.79	9.83	13.24	10.74	15.11	15.35	7.85	11.99
6.31	5.64	6.49	5.70	7.70	8.81	5.33	6.57

Statistic
2016 Transfers and Promotions^{††}
<i>Internal Transfers</i>
<i>Promotions</i>
Turnover
<i>2016 Annual Turnover % Projection ^{†††}</i>
<i>2015 Annual Turnover %^{†††}</i>

Aggregate Annual Data							Jan-Oct
Behavioral Health	Children and Family Services	Developmental Disabilities	Medicaid and Long-Term Care	Operations	Public Health	Veterans Homes	DHHS
125	76	59	20	3	7	94	384
88	255	26	59	17	18	36	499
19.3%	18.1%	16.2%	13.0%	12.9%	7.3%	34.6%	19.4%
18.8%	17.6%	17.9%	13.0%	11.2%	10.1%	32.3%	19.1%

^{†††} Annual Turnover % = (Total Annual Separations / Total Annual Separations + Filled Positions on January 1)