

# Ongoing Studies, Reports and Program Evaluations

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Minnesota Department of **Human Services**

## Legislative Report

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## Ongoing Studies, Reports and Program Evaluations

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## **Ongoing Studies, Reports and Program Evaluations**

### **I. Executive summary**

In response to the directive contained in MS § 256.01, subd. 32, the Department of Human Services conducted an internal review of ongoing studies, reports and program evaluations for the purpose of identifying those that could be considered duplicative, unnecessary or obsolete. The Department has identified the following as meeting these criteria and recommends their discontinuation in law:

- Vulnerable Adult Maltreatment Report – MS § 256.021, subd. 3
- Child Maltreatment Review Report – MS § 256.022, subd. 3
- Child Support Enforcement Mechanism and Programs Report – MS § 518A.65 (f)
- Children’s Residential Treatment Survey – MS § 253.01
- Redesigning Service Delivery; Planning for an Integrated Service Delivery System – Laws 2011, 1st Special Session Ch. 9, Art. 9, Sec. 17
- Report on Ongoing Studies, Reports and Program Evaluations – MS § 256.01, subd. 32

In addition, the Department recommends changing the statutory release date of the Minnesota Sex Offender Program Performance report to allow additional time for collection and analysis of the data required for completion of the report.

## Ongoing Studies, Reports and Program Evaluations

### II. Legislation

MS § 256.01, Subd. 32 states:

**Review and evaluation of ongoing studies.** The commissioner shall review all ongoing studies, reports, and program evaluations completed by the Department of Human Services for state fiscal years 2006 through 2010. For each item, the commissioner shall report the legislature's appropriation for that work, if any, and the actual reported cost of the completed work by the Department of Human Services. The commissioner shall make recommendations to the legislature about which studies, reports, and program evaluations required by law on an ongoing basis are duplicative, unnecessary, or obsolete. The commissioner shall repeat this review every five fiscal years.

## Ongoing Studies, Reports and Program Evaluations

### III. Introduction

Pursuant to MS § 256.01, Subd. 32, The Department of Human Services Senior Management Team directed business area division directors to identify and review ongoing studies, reports & evaluations conducted within their areas. Note that the review is limited to *ongoing* reports. Mandates for one-time studies reports or evaluations were outside the scope of this review.

Staff were instructed to identify where these ongoing tasks were undertaken in response to a state or federal mandate, and to determine whether they activity was known to be funded by a discretely tracked direct appropriation, the published costs of recent legislative reports, and whether the report is duplicative, unnecessary or obsolete. Staff was instructed to omit routine periodic financial reports used in managing programs, grants and administrative budgets as these were clearly required for sound management of public resources. While it seems unlikely that the 99 studies, reports and evaluations included in our review was complete and exhaustive of all such activities conducted within the agency, we believe our process has captured reports that managers within the department consider to be a poor use of the resources expended to produce them.

The appendix to this report lists the ongoing studies, reports and evaluations included in our review.

## Ongoing Studies, Reports and Program Evaluations

### IV. Findings

Identifying and reviewing the ongoing studies, reports and program evaluations produced within the agency revealed the following:

1. Many of the ongoing reports and evaluations produced by DHS are tied to requirements of various federal programs and fund streams. State law is often crafted to enforce these federal requirements. Since the state mandate reinforces an existing federal mandate for reporting and evaluation, any action to remove the state mandate would have little impact.

For instance, federal law (42 USC § 300x-3) requires that states host ongoing mental health planning councils as a condition of receiving federal Community Mental Health Services Block Grant funds and requires these planning councils conduct an annual evaluation of the allocation and adequacy of mental health services within each state. This federal requirement is then mirrored in Minnesota statutes (MS § 245.697), which requires the Minnesota's State Advisory Council on Mental Health (staffed by the department) to provide the Governor and Legislature with a biennial report on its findings.

2. The great majority of the legislatively mandated reports without ties to federal requirements are one-time in nature rather than ongoing. Taken together, the 2010, 2011 and 2012 Legislatures mandated the commissioner of human services to produce 52 reports, but only eight of these were required to be produced more than once on a periodic schedule.
3. Many of the ongoing reports / evaluations are a worthwhile resource for planning and program management purposes and also provide useful information to inform and engage external stakeholders. For instance, the Biennial Report to the Legislature on Alcohol & Other Drug Abuse and the Report to the Legislature on the Chemical Dependency Pilot combine to provide a complementary view of the current status of drug and alcohol services within the state and a view of possible enhancements for the future.

## Ongoing Studies, Reports and Program Evaluations

### V. Recommendations

Based on our review, the Department recommends eliminating or making changes to the following ongoing studies, reports or evaluations:

- A. **Vulnerable Adult Maltreatment Report** – discontinue. Since 2001, pursuant to MS § 256.021, subd.3, the DHS administered vulnerable adults review panel has produced an annual report on the number of maltreatment determinations it is asked to review, the number of cases where it requires the county to reconsider its disposition and the of cases where the final disposition is then changed. While an important due process function, there appears to be little interest in the report – it has never been the subject of any questions directed at the department. Reporting on the number and type of reports of alleged maltreatment involving licensed facilities, the number of those requiring investigation, and the resolution of those investigations would continue administratively. The Department recommends that this requirement be repealed.
- B. **Child Maltreatment Review Report** – discontinue. Similar to the report above, MS § 256.022, subd. 3 requires an annual report by the child maltreatment review panel on the number of maltreatment determinations it is asked to review, the number of cases where it requires the county to reconsider its disposition and the of cases where the final disposition is then changed. In the past 7 years, the panel has conducted 15 reviews, made two recommendations for further review and no changes have resulted. Not surprisingly, with this low level of activity, there is also little interest in this report. The Department introduced language to repeal the report during the 2012 session and the repeal was adopted into law. (Laws of Mn 2012, Chap 216, Art. 1, Sec. 51)
- C. **Children’s Residential Treatment Survey** – discontinue. Starting in 1986, MS § 253.01 required an annual survey of children’s residential mental health treatment programs within the state to collect summary data on the number of children admitted, their length of stay, court involvement and other demographic information. The information was only required to be “available to interested parties upon request” and so far as we’re able to ascertain, no external stakeholder has ever requested the data. In part because of this disinterest and in part because the absence of dedicated funding for the activity, the Department ceased collecting the data sometime in the late 1990s or early 2000s. The Department recommends that this requirement be repealed.
- D. **Home and Community-Based Services Report and Quality Assurance for People with Disabilities Report** – discontinue. These reports were partially duplicative and better managed as a combined, single report on services for persons with disabilities. DHS proposed and the legislature enacted repealing these two reports and replacing them with a more overarching, biennial review of services for persons with disabilities in language passed during the 2012 legislative session. The reports will be replaced beginning January, 2013 with a single report now mandated under MS § 252.34.
- E. **Child Support Enforcement Mechanism and Programs Report** – discontinue. Mandated by MS § 518A.65(f), the information in this biennial report is largely

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duplicated in another performance report published annually. The Enforcement Mechanism and Programs Report focuses on information related to those at risk of losing their driver's license due to non-compliance with child support obligations. The annual performance report, however, contains more information and is a more comprehensive review of the child support system's status.

- F. **Report on Ongoing Studies, Reports and Program Evaluations** – discontinue. The kind of review mandated by this statute already occurs within the agency's business areas on an ongoing basis, and the agency does already bring proposals forward to the legislature when it makes sense for policy reasons to seek changes to particular mandated reporting requirements. (See actions already taken related to recommendations B & D above.) Requiring that the agency coordinate the production of and issue a formal report to the legislature on this topic does not provide additional value to either agency management or to the legislature.
- G. **Redesigning Service Delivery; Planning for an Integrated Service Delivery System** – discontinue. Originally passed in 2011 (Laws 2011, 1st Special Session Ch. 9, Art. 9, Sec. 17) as a means of monitoring DHS progress toward modernizing systems used to administer human services programs at a local level. DHS and county government now have a productive relationship on this project and are well down the road of finalizing planning and implementing the improved systems. The report now takes valuable staff time that would be better spent on completing the tasks at hand. The Department recommends that this requirement be repealed.
- H. **MSOP Annual Performance Report** – continue, but change date to accommodate data collection & processing requirements. Required under MS § 246B.035, this report provides a useful overview of evolving program mission, goals, objectives and outcomes, costs and other evaluative information. However, because the report is due on January 15th of each year, and covers performance for the preceding calendar year, the Department is challenged to complete it by the mandated deadline. The Department recommends continuing the report, but revising the due date in statute to February 1st of each year.

## **Ongoing Studies, Reports and Program Evaluations**

### **VI. Appendix**

Ongoing reports, studies or evaluations reviewed during this cycle by DHS are included in the attached table. When available, if an appropriation was provided for the report, the amount is listed. The Department's actual reported cost for legislative reports is also listed.

## DHS Ongoing Studies, Program Evaluations & Reports

MS § 256.01, Subd. 32 requires DHS to review its ongoing studies, program evaluations and reports and make recommendations to the legislature regarding those identified as duplicative, unnecessary or obsolete.

ROW	Title	Description	Federal/ State Requirement?	State Citation	Frequency of Study /Eval / Report	Direct Appropriation (\$000's or "None")	Stated cost of most recent report	DHS Recommendation / Comments
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### Reports that DHS recommends discontinuing or replacing.

1	<b>Quality Assurance for People with Disabilities</b>	A biennial report to the chairs of the legislative committees with jurisdiction over health and human services policy and funding on the development and activities of the quality management, assurance, and improvement system designed to meet the federal requirements under the home and community-based services waiver programs for persons with disabilities.	State	MS § 256B.096, Subd. 5	Biennial	\$ 10,000	\$ 3,061	Recommend to discontinue this report and replace it with a biennial report for services across the Disability Services Division's programs, which would include quality assurance. NOTE: Laws of 2012, c216, art9,s 7 & 25 repeals this report effective 1/1/2013 and replaces it with a report of broader scope under MS § 252.34.
2	<b>Home &amp; Community Based Waiver Report</b>	An annual report on county and state use of available resources for the home and community-based waiver for persons with developmental disabilities. Information required includes: county of residence/financial responsibility, age, and major diagnoses for persons eligible for CADI/TBI waivers: (1) receiving those services; (2) screened and waiting for waiver services; and (3) residing in nursing facilities and are under age 65.	State	MS § 256B.0916, subd. 7; MS § 256B.49, subd. 21	Annual	\$ 10,000	\$ 10,000	Recommend to discontinue this report and replace it with a biennial report for services across the Disability Services Division's programs, which would include quality assurance. NOTE: Laws of 2012, c216, art9,s 7 & 23 repeals this report effective 1/1/2013 and replaces it with a report of broader scope under MS § 252.34.
3	<b>Vulnerable Adult Maltreatment</b>	By January 15 of each year, the Vulnerable adult review panel shall submit to the committees of the legislature with jurisdiction over section 626.557 regarding the number of requests for review it receives under this section, the number of cases where the panel requires the lead agency to reconsider its final disposition, and the number of cases where the final disposition is changed, and any recommendations to improve the review or investigative process.	State	MS § 256.021, subd. 3.	Annual	None	\$ 200	Recommend to discontinue this report. DHS has produced this report for many years and has never received a question in response to its release. It is not clear that there is an interested audience for the report.

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4	<b>Child Maltreatment Review Panel Report</b>	The Child Maltreatment Review Panel Reports annually on (1) the number of requests for review it receives; (2) the number of cases where the panel requires the investigating agency to reconsider its final determination; (3) the number of cases where that final determination is changed; and (4) any recommendations to improve the review or investigative process.	State	MS § 256.022, subd. 3.	Annual	None	No cost estimated-one page report.	Recommend to discontinue the Maltreatment Review Panel and this report as unnecessary. In 7 years since this panel was implemented, there have been only 15 reviews, two recommendations for further review and no changes made by investigating agencies.
5	<b>Evaluation of Minnesota Child Support Enforcement Mechanisms and Programs</b>	This biennial report includes an evaluation of Minnesota's performance on federal incentive measures, a comparison of performance relative to other states, individual county performance, and a review of select enforcement mechanisms.	State	MS § 518A.65, para. (f) and 1998 Minn. Laws, Ch. 382, Art. 1, § 23	Biennial	None	\$5,974 for 2011 report	Recommend elimination as most items, but not all are duplicated in the report below. The information is published every year in a published Performance Report not mandated by state law. (See row #27 below)
6	<b>Children's Residential Treatment Reporting</b>	Survey conducted to collect summary information on numbers, demographics, length of stay, diagnosis, and legal status of children admitted to residential and hospital mental health programs.	State	MS § 253C.01	Annual	None	N/A	Recommend repeal of this requirement. DHS collected this info for many years but stopped in late 1990s since no one ever requested it. Much of this info is now available through the DHS data warehouse.
7	<b>Redesigning Service Delivery; Planning for an Integrated Service Delivery System</b>	This is a annual progress report on work accomplished by DHS, counties, OET and other state agencies in developing an integrated service delivery framework which simplifies / streamlines eligibility and enrollment processes.	State	Laws 2011, 1st Special Session Ch. 9, Art. 9, Sec. 17	Annual progress reports beginning May 15, 2012	None	\$ 3,000	Recommend discontinuing this report. The design and implementation of the systems modernization work required to better integrate the delivery of services is well underway and less burdensome mechanisms to keep stakeholders in the loop have been implemented.
8	<b>Review of Ongoing Studies, Reports and Program Evaluations</b>	A period review and report on the ongoing studies, reports and program evaluations conducted by the Department of Human Services with the charge to make recommendations on those considered duplicative, unnecessary or obsolete.	State	MS § 256.01, subd. 32	Every 5 years	None	\$ 5,000	Propose to discontinue this report. The kind of review already occurs within the agency's business areas on an ongoing basis, and the agency does already bring proposals forward to the legislature when it makes sense for policy reasons to seek changes to particular mandated reporting requirements.

## DHS Ongoing Studies, Program Evaluations & Reports

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### Reports that DHS recommends changing statutory requirements.

9	<b>Minnesota Sex Offender Program (MSOP) Annual Performance Report</b>	The MSOP Annual Performance Report the report must include the following information: description of the program, strategic mission, goals, objectives and outcomes; program wide per diem; annual statistics; and the sex offender program evaluation report required under section 246B.03.	State	MS § 246B.035	Annual	None	N/A	Recommend changing the annual due date for this report. The report is to include data covering the immediately preceding calendar year. With a report due date of January 15, MSOP staff is challenged to produce this report within 15 calendar days. DHS recommends adjusting the due date in statute to February 15 in order to allow staff an adequate amount of time to produce the report.
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### Reports that DHS recommends continuing.

10	<b>Consumer Satisfaction Data</b>	An annual memorandum that provides the following information: (1) the number of calls made to each of the department's help lines by consumers and citizens regarding the services provided by the department; (2) the program area related to the calls; (3) the number of calls resolved at the department; (4) the number of calls that were referred to a county agency for resolution; (5) the number of calls that were referred elsewhere for resolution; (6) the number of calls that remain open; and (7) the number of calls that were without merit. The commissioner is required to publish the memorandum on the department's Web site each year no later than March 1.	State	MS § 256.01, subd. 31.	Annual	None	N/A	Recommend to continue this report.
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ROW	Title	Description	Federal/ State Requirement?	State Citation	Frequency of Study /Eval / Report	Direct Appropriation (\$000's or "None")	Stated cost of most recent report	DHS Recommendation / Comments
11	<b>Long Term Care Report (Consolidated)</b>	The commissioners of health and human services, with the cooperation of counties and in consultation with stakeholders shall prepare a report to the legislature regarding the status of the full range of long-term care services and supports for the elderly and children and adults with disabilities and mental illnesses in Minnesota.	State	MS § 144A.351	Biennial	\$ 5,000	\$15,000 (2010)	Recommend to continue this report.
12	<b>Minnesota Comprehensive Health Association (MCHA) HIV - annual report</b>	Departments, agencies, programs, instrumentalities, or political subdivisions of the state are required to report to MCHA and Commissioner of Commerce each year regarding the number of persons and the amount of premiums, deductibles, copayments, or coinsurance that it paid for on behalf of enrollees in the comprehensive health association in the preceding state fiscal year.	State	MS § 62E.05. subd. 2.	Annual	None	N/A	Recommend to continue this report.
13	<b>Needs determination for disability waiver residential and support services</b>	Information and data on the overall capacity of licensed long-term care services, actions taken to manage statewide long-term care services and supports resources, and any recommendations for change.	State	MS § 245A.03, subd. 7(f)	Annual	None	\$ 4,000	Recommend to continue this report.
14	<b>Child maltreatment and children in out-of-home placement</b>	The MN Child Welfare Report to the MN Legislature describes the state of children involved in child welfare/protection response continuum during a calendar year in the areas of child maltreatment assessment/investigation, out-of-home care and adoption. It provides an overview of how children are faring, and presents information about Minnesota's performance on key child welfare indicators required by state and federal governments.	State	MS § 257.0725	Annual	None	\$7,943 for the 2009 report	Recommend to continue this report. Valuable information not produced in other reports.
15	<b>Management Indicators Report</b>	Mandated quarterly report of eight county-level MFIP performance measures	State	MS § 256J.751, subd. 2.	Quarterly	None	N/A	Recommend to continue this report.

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ROW	Title	Description	Federal/ State Requirement?	State Citation	Frequency of Study /Eval / Report	Direct Appropriation (\$000's or "None")	Stated cost of most recent report	DHS Recommendation / Comments
16	<b>Minnesota Family Investment Program (MFIP) Monthly Report and County Specific Report</b>	Mandated monthly report of MFIP and Diversionary Work Program (DWP) cases (state summary and county details)	State	MS § 256J.751, subd. 1.	Monthly	None	N/A	Recommend to continue this report.
17	<b>Biennial Report to the Legislature on Alcohol &amp; Other Drug Abuse</b>	Mandated biennial report to the governor and legislature describing public services delivery and recommendations.	State	MS § 254A.03, subd. 1, para. (6).	Biennial	None	\$ 5,000	This report should be continued as a means of informing the Governor and Legislature the current state of public treatment services and needs.
18	<b>Report to Legislature on Chemical Dependency County Pilot</b>	Provide update on the pilot project to utilize other than traditional treatment approaches to persons with two previous treatments.	State	MS § 254B.13	Two reports, one in 2010 and another in 2014	None	\$ 5,000	This report should be continued as a means of examining the original pilot, the expansion of it, and the continuum of care as integration evolves.
19	<b>State Operated Services (SOS) and Minnesota Sex Offender Program (MSOP) Forecast and Census Data</b>	DHS provides census data and fiscal projections for the State Operated Services Minnesota Security Hospital secure program and for the Minnesota Sex Offender Program at the time of the November and February state forecasts.	State	Laws 2009, Ch.79, Art. 13, Sec. 3, Subd. 10	Twice Annually (November & February)	None	N/A	Recommend to continue this report.
20	<b>Activities of the State Medical Review Team</b>	Report on the activities of the State Medical Review Team (SMRT) including: 1) number of applications that were approved, denied or withdrawn; 2) average processing time; 3) number or appeals, appeal results, and length of time for an appeal determination; 4) for applicants their age, health coverage, hospitalization history within three months of application, and whether an application for Social Security or SSI benefits is pending; and 5) specific information on the medical certification, licensure, or other credentials of the person or persons performing the medical review determinations and length of time in that position.	State	MS § 256.01, subd. 29.	Annual	None	N/A	Recommend to continue this report.

## DHS Ongoing Studies, Program Evaluations & Reports

MS § 256.01, Subd. 32 requires DHS to review its ongoing studies, program evaluations and reports and make recommendations to the legislature regarding those identified as duplicative, unnecessary or obsolete.

ROW	Title	Description	Federal/ State Requirement?	State Citation	Frequency of Study /Eval / Report	Direct Appropriation (\$000's or "None")	Stated cost of most recent report	DHS Recommendation / Comments
27	<b>County-based purchasing arrangements</b>	This report details the activities undertaken to ensure compliance with dispute resolution procedures under this section of statute. The report must summarize and justify any decisions made by DHS contrary to the recommendations of participating counties. A report is due to the legislature 30 days prior to the effective date of a new or renewed prepaid or managed care contract in a county.	State	MS § 256B.69, subd. 3a., para. (h).	Annual	None	N/A	Recommend to continue this report.
28	<b>Health plan company audits</b>	This report lists the independent audits performed on MHCP participating health plans and identifies those that DHS accepted, partially accepted, or rejected. The report also includes the rationale for partial acceptance or rejection. If the rationale for the partial acceptance or rejection was based on DHS' determination that the standards used in the audit were not equivalent to state law, regulation, or contract requirement, the report must also document the variances between the audit standards and the applicable state requirements.	State	MS § 62Q.37, subd. 7.	Annual	None	N/A	Recommend to continue this report.
23	<b>Obsolete Rules</b>	The Appeals area of DHS files an annual report to the legislature regarding any obsolete rules.	State	MS § 14.05, subd. 5.	Annual	None	N/A	Recommend to continue this report.
24	<b>Maltreatment Report</b>	Commissioners of Health and Human Services must annually report to the Legislature and Governor on the number and type of reports of alleged maltreatment involving licensed facilities reported under MS section 626.557 (see § 626.557, subd. 12b, paragraph (e).)	State	MS § 626.557, subd. 12b, paragraph (e)	Annual	None	\$ 4,000	Recommend to continue this report.

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25	<b>MN DHS Forecast of Expenditures report</b>	DHS prepares a forecast of enrollment and expenditures in its major entitlement programs twice each year for use in the state forecasts which are released each November and February. These forecasts are reviewed by MMB and are used to update the Fund Balance for the forecasted programs. The DHS forecast is a "current law" forecast. It aims to forecast caseloads and expenditures given the current state and federal law at the time the forecast is published.	State	MS § 16A.103	Twice Annually (November & February)	None	N/A	Recommend to continue this report.
26	<b>Minnesota Child Support Performance Report (DHS-4252)</b>	Provides data on state and county collection and caseload information on Minnesota's Child Support Enforcement Program.	N/A	N/A	Annual	None	N/A	Recommend to continue this report.
27	<b>Health Care Home (HCH) Claims Utilization Monitoring</b>	Tracking of the HCH payments made statewide; monitoring of provider coding patterns.	N/A	N/A	Annual	None	N/A	Recommend to continue this report.
28	<b>Annual Summary of DHS Financial Incentives Report</b>	This report summarizes the financial rewards (incentives) and penalties for managed care Minnesota health Care Programs (MHCPs). The purpose of these incentives is to emphasize MCO and health care provider improvement efforts in the areas of prevention, early detection and screening. State mandated withholds and performance targets focus on specific health care issues.	N/A	N/A	Annual	None	N/A	Recommend to continue this report.
29	<b>National CAHPS Benchmarking Database (NCBD) Benchmarking Comparison Report</b>	Comparison reporting of DHS CAHPS survey results with national Medicaid results based on gender, age, education, race/ethnicity, and self-reported health status.	N/A	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
30	<b>Performance Measure Race Report</b>	Analysis and evaluation of 12 performance measures that may identify possible race/ethnic disparities in the delivery of health care services.	N/A	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.

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31	<b>Reporting provider payment rate</b>	Study of data on HMCP payment rates. The analysis addresses information on payments to physicians, physician extenders, and hospitals, and may include other provider types as determined by the commissioner. The commissioner shall also array aggregate provider reimbursement rates by health plan, by primary care, and nonprimary care categories. The commissioner shall report the analysis to the legislature annually, each December 15th.	N/A	MS § 256B.69, subd. 9c	Annual	None	N/A	Recommend to continue this report.
32	<b>Pharmacy Program Reports</b>	Set of reports which make up pharmacy dashboard. Includes utilization, PMPM, average \$/prescription, generic utilization, and specialty drug utilization among other metrics	N/A	N/A	Monthly	None	N/A	Recommend to continue this report. It is a valuable resource for responding to external stakeholder's inquiries.
33	<b>Status Report for Provider Types 23 &amp; 27</b>	List of providers of types 23 (Case Mgr.) & 27 (Health Care Coordinator) in pending enrollment status. This is a MMIS generated report that alerts DHS that a county has added a case manager or case coordinator. DHS then activates the pending status.	N/A	N/A	Every 3 weeks	None	N/A	Recommend to continue this report.
34	<b>Summary of MDH Quality Assurance Examination Findings</b>	An annual DHS summary of all deficiencies and mandatory improvements for MCOs with a Quality Assurance Examination or Mid-cycle review, conducted by MDH, that was finalized during the reporting year. This report is also used by the EQRO to assess MCO strengths and weakness in the ATR.	N/A	N/A	Annual	None	N/A	Recommend to continue this report.
35	<b>Appeals statistics</b>	DHS conducted appeals are tracked on a monthly basis. This report includes new appeals and decided appeals by program type. The caseload of each Appeals Judge is also tracked.	N/A	N/A	Monthly	None	N/A	Recommend to continue this report.
36	<b>Consolidated Chemical Dependency Treatment Fund (CCDTF) Fund Balance</b>	Produce periodic CCDTF fund balance based on the CD Entitlement forecast and other non-state resources.	N/A	N/A	3 times annually (November, February & End of Session)	None	N/A	Recommend to continue this report.

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37	<b>Temporary Assistance for Needy Families (TANF) Fund Balance</b>	Produce periodic TANF fund balance based on the MFIP/TANF forecast and other TANF allocations (including TANF allocated to MDH).	N/A	N/A	3 times annually (November, February & End of Session)	None	N/A	Recommend to continue this report.
38	<b>Minnesota County Human Service Cost Report</b>	This annual publication contains each county's costs and revenues for Support, Health, and Social Service Programs within Human Services. The report combines county fiscal activity and DHS centralized activity for counties, and computation of the federal, state, and county shares. Counties use it to compare budget to actual figures, in levy analysis and in county to county comparisons; DHS staff and management, legislative staff, and national organizations use it for numerous types of analysis.	N/A	N/A	Annually	None	N/A	Recommend to continue this report as an important longitudinal source of local and state human services expenditure information.
39	<b>Annual Drug Utilization Review Report</b>	Annually. Summary of prospective and retrospective drug utilization activity through the year.	Federal & State	MS § 256B.0625 Subd 13	Annually	None	N/A	Recommend to continue this report. Useful to compare performance of pharmacy program against other states and national benchmarks.
40	<b>Grievance System ATR Report</b>	A three year summary and graphical analysis of Grievance, DTR, and Appeals and State Fair Hearings reported data used in evaluations by the EQRO, Ombudsman and MDH QA Examination.	Federal & State	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
41	<b>Grievance System Quarterly Reporting</b>	Report summarizes the Grievance, DTR, and Appeals and State Fair Hearing data for the past nine quarters for the State Ombudsman's review and monitor of MCO compliance.	Federal & State	N/A	Quarterly	None	N/A	Recommend to continue this report, federally mandated.
42	<b>Special Recovery Unit Payment Report</b>	Report pulled from business area Lien and Notice of Potential Claim databases for payments made related to MA liens and Notice of Potential Claims sent to Financial Operations Division	Federal & State	MS § 256B.15; 42 USC 1396p; MS § 524.3-1201	Bi-Weekly	None	N/A	Recommend to continue this report.

## DHS Ongoing Studies, Program Evaluations & Reports

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ROW	Title	Description	Federal/ State Requirement?	State Citation	Frequency of Study /Eval / Report	Direct Appropriation (\$000's or "None")	Stated cost of most recent report	DHS Recommendation / Comments
43	<b>Triennial Compliance Audit (TCA) Report</b>	Compliance with BBA and DHS/MCO Contract requirements <u>not covered</u> by Minnesota Managed Care Licensing regulations is collected by MDH during the on-site QA Exam for DHS. DHS evaluates the collected information and requires the MCO to take corrective action if BBA and Contract requirement are not met. This process of collecting additional compliance information for DHS by MDH significantly reduces the MCO's compliance oversight burden.	Federal & State	N/A	Annual	None	N/A	Recommend to continue this study, federally mandated.
44	<b>Administration on Aging (AoA): Aging and Disability Resource Centers</b>	Semi annual program and financial reports on OAA grants to the Minnesota Board on Aging (MBA) to establish aging and disability resource centers.	Federal	N/A	Semi-annual	None	N/A	Recommend to continue this report, federally mandated.
45	<b>Alzheimer's innovation grants</b>	Semi annual program and financial reports on OAA grants to MBA to implement evidence-based programs throughout Minnesota.	Federal	N/A	Semi-annual	None	N/A	Recommend to continue this report, federally mandated.
46	<b>AoA Alzheimer's disease evidence-based grants</b>	Semi annual program and financial reports on OAA grants to MBA to implement evidence-based programs (Mary Middleton study) throughout Minnesota.	Federal	N/A	Semi-annual	None	N/A	Recommend to continue this report, federally mandated.
47	<b>AoA American Recovery and Reinvestment Act (ARRA) Chronic Disease Self Management Program (CDSMP)</b>	Semi annual program and financial reports on OAA grant to MBA to implement evidence-based health promotion programs throughout Minnesota.	Federal	N/A	Semi-annual	None	N/A	Recommend to continue this report, federally mandated.
48	<b>AoA Community living program</b>	Semi annual program and financial reports on OAA grant to MBA to develop flexible service options for older adults and family caregivers who are eligible for MA and other public programs as well as those who are fully private pay.	Federal	N/A	Semi-annual	None	N/A	Recommend to continue this report, federally mandated.
49	<b>AoA Dementia Services Grant</b>	Semi annual program and financial reports on OAA grant to MBA to improve the capacity of the state's home and community-based service system to support older adults with Alzheimer's disease and other dementias and their family caregivers.	Federal	N/A	Semi-annual	None	N/A	Recommend to continue this report, federally mandated.

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50	<b>AoA Integrated Systems Grant</b>	Semi annual program and financial reports on OAA grant to MBA to increase coordination of risk management and evidence-based interventions with state-certified health care homes.	Federal	N/A	Semi-annual	None	N/A	Recommend to continue this report, federally mandated.
51	<b>AoA Lifespan Respite Grant</b>	Semi annual program and financial reports on OAA grant to MBA to improve access to and availability of lifespan respite services for Minnesota's family caregivers.	Federal	N/A	Semi-annual	None	N/A	Recommend to continue this report, federally mandated.
52	<b>Center for Medicare and Medicaid Services (CMS) Basic Health Insurance Counseling grants</b>	Semi annual program and financial reports on CMS grants to MBA and AAAs and service providers to provide health insurance counseling, education and assistance services to seniors to help obtain health insurance benefits.	Federal	N/A	Semi-annual program report, annual financial report	None	N/A	Recommend to continue this report, federally mandated.
53	<b>Medicare Improvement</b>	Semi annual program and financial reports on Centers for Medicare and Medicaid Services (CMS) grants to MBA and Area Agencies on Aging (AAAs) to increase capacity to provide information and assistance regarding Medicare.	Federal	N/A	Semi-annual program report, annual financial report	None	N/A	Recommend to continue this report, federally mandated.
54	<b>Medicare Improvement MIPPA</b>	Semi annual program and financial reports on CMS grants to MBA to expand, extend or enhance the outreach efforts to beneficiaries on Part D and for those with limited incomes, and to plan for statutory changes which provide for significant opportunities for beneficiaries.	Federal	N/A	Semi-annual program report, annual financial report	None	N/A	Recommend to continue this report, federally mandated.
55	<b>MN Senior Medicare Patrol grants</b>	Semi annual program and financial reports on OAA grants to MBA to help seniors obtain health insurance benefits and report fraud, waste and abuse within the health care system.	Federal	N/A	Semi-annual program report, annual financial report	None	N/A	Recommend to continue this report, federally mandated.
56	<b>Older Americans Act (OAA) Title III Formula Funds</b>	Semi annual program and financial reports on Older Americans Act (OAA) grants to Minnesota Board on Aging (MBA) to provide specific types of services to seniors (60+), targeted to individuals in greatest social and economic need.	Federal	N/A	Annual participant data (NAPIS) and financial reports	None	N/A	Recommend to continue this report, federally mandated.

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57	<b>State Plan on Aging</b>	Strategic Plan for aging services in Minnesota, submitted by MBA. Plan encompasses Older Americans Act formula and competitive grant-funded activities and other public funding sources as applicable.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
58	<b>Title VII Ombudsman Program</b>	OAA funding for the Long Term Care Ombudsman program	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
59	<b>Annual Food Support Complaint Summary &amp; Analysis</b>	State agency is required to maintain records of complaints received and their disposition, review records annually to assess whether patterns of problems exist and provide FNS with an annual complaint summary, analysis and associated corrective actions.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
60	<b>Food Support Management Evaluation Reviews (FSME) and annual Bulletin</b>	FSME reviews are conducted to provide a systematic method of monitoring and assessing FS program operations, provide a basis for strengthening program operations by identifying and correcting deficiencies and provide a continual flow of information between county, states and FNS to develop solutions to problems in program policies and procedures.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
61	<b>TANF Data Reports: Caseload Reduction Credit</b>	Caseload changes can reduce the required WPR.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
62	<b>TANF Data Reports: WPR &amp; SSP-MOE</b>	State submits Work Participation Rate (WPR) data to assure state accountability.	Federal	N/A	Quarterly	None	N/A	Recommend to continue this report, federally mandated.
63	<b>Child Care Assistance Program Improper Authorizations for Payment Report (ACF-402)</b>	DHS must complete this federal report every three years. In order to complete this report, DHS (Program Compliance & Audits) reviews 276 child care assistance program cases to determine error rates in the program.	Federal	N/A	Every 3 years	None	N/A	Recommend to continue this report, federally mandated.
64	<b>Annual Substance Abuse, Prevention &amp; Treatment Block Grant Report</b>	Reporting on the state's use of federal substance abuse prevention and treatment grant dollars.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.

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65	<b>Community Mental Health Services Block Grant Implementation Report</b>	Reports quantitative and qualitative measures on the goals and performance indicators established in State Plan.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
66	<b>Community Mental Health Services Block Grant State Plan</b>	Serves as an application for \$6.8 million annual federal mental health block grant. Reports the planning priorities for state's mental health system; establishes goals and performance indicators.	Federal	N/A	Biennial	None	N/A	Recommend to continue this report, federally mandated.
67	<b>Federal Drug Administration Report</b>	Identify use of federal funds to enforce non-sale of tobacco to underage youth.	Federal	N/A	Annual for five years.	None	N/A	Recommend to continue this report, federally mandated.
68	<b>SPIF/SIG Report</b>	Report on state's use of federal funding for prevention infrastructure building.	Federal	N/A	Annual for five years.	None	N/A	Recommend to continue this report, federally mandated.
69	<b>Synar Report</b>	Identify the percent of sales of tobacco to underage youth and enforcement activity by county or municipality.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
70	<b>Ambulatory Care Sensitive Conditions Report</b>	This report presents the results of 12 ACSC measures of hospital inpatient encounter data to assess the quality of ambulatory care in preventing unnecessary hospital admissions.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
71	<b>Annual Performance Improvement Projects Summary Tables</b>	The state is required to review, at least annually, the impact and effectiveness of the MCO's quality and performance improvement program, including the results of the MCO's Performance Improvement Projects (PIPs). This set of summary tables is designed to quickly provide answers to the most frequently asked questions regarding the current and past performance improvement projects.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.

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72	<b>Annual Technical Report (ATR)</b>	An annual independent external quality review of Minnesota Public Healthcare Programs, required by the BBA (Subpart E, 42 CFR 438.364). This report is the external quality review organization's (EQRO) assessment of mandated state and federal activities.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
73	<b>Annual Voluntary Changes in MCO Enrollment Report</b>	A public report summarizing results of monthly surveys of enrollees who voluntarily change from one MCO to another as an indicator of the quality of care and services provided.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
74	<b>Assessment and Compliance (AC) Work Plan</b>	The AC work plan is used to organize and manage the activities associated with the EQRO's annual assessment of the MCO's strengths and weaknesses. The activity findings and assessment are summarized in the ATR.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
75	<b>Brain Injury Waiver</b>	Quality review evidence, providing results of quality measurements	Federal	N/A	Every five years	None	N/A	Recommend to continue this report, federally mandated.
76	<b>CAC Waiver</b>	Quality review evidence, providing results of quality measurements	Federal	N/A	Every five years	None	N/A	Recommend to continue this report, federally mandated.
77	<b>CADI Waiver</b>	Quality review evidence, providing results of quality measurements	Federal	N/A	Every five years	None	N/A	Recommend to continue this report, federally mandated.
78	<b>Consumer Assessment of Healthcare Providers and Systems (CAHPS) Evaluation Report</b>	An operational analysis report summarizing; preparation, field work, results, project outcomes, and suggestions for future improvements to the consumer satisfaction surveys.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
79	<b>CAHPS Race Analysis Report</b>	An analysis and evaluation of enrollee's responses to this consumer satisfaction survey to determine if there are possible disparities in managed care services.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
80	<b>CAHPS Regional Analysis Report</b>	Analysis of responses to this consumer satisfaction survey it identify regional difference in managed care services.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
81	<b>CAHPS Work Plan</b>	Operational description of how and when enrollee satisfaction is measured, evaluated, and publicly reported using a nationalized recognized survey instrument.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.

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82	<b>CCDTF Waiver Evaluation</b>	Evaluation prior to renewal	Federal	N/A	Every two years	None	N/A	Recommend to continue this report, federally mandated.
83	<b>Developmental Disabilities Waiver</b>	Quality review evidence, providing results of quality measurements	Federal	N/A	Every five years	None	N/A	Recommend to continue this report, federally mandated.
84	<b>Elderly Waiver</b>	Quality review evidence, providing results of quality measurements	Federal	N/A	Every five years	None	N/A	Recommend to continue this report, federally mandated.
85	<b>Family Planning Evaluation</b>	Demonstration, prior to renewal, that the waiver has met its goals	Federal	N/A	Every five years	None	N/A	Recommend to continue this report, federally mandated.
86	<b>Family Planning Waiver Annual Reports</b>	Annual summary of quarterly progress reports	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
87	<b>Family Planning Waiver Quarterly Reports</b>	Quarterly progress reports	Federal	N/A	Quarterly	None	N/A	Recommend to continue this report, federally mandated.
88	<b>FFS &amp; Managed Care Delivery System Comparison for Special Needs Populations Report</b>	An evaluation and analysis of 19 prevention performance measures for FFS and managed care special needs populations.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
89	<b>Medicare Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration Quarterly Report</b>	Quarterly description of implementation activities re: Minnesota's participation in the MAPCP Demonstration, which provides Medicare payment for care coordination to certified health care homes.	Federal	N/A	Quarterly	None	N/A	Recommend to continue this report, federally mandated.
90	<b>Performance Measurement Report</b>	Twenty four HEDIS based measures are calculated for the current year and three previous years providing recent trend and comparisons to national Medicaid, Commercial and Medicare benchmarks. This report is used to evaluate how effectively services were delivered, utilized and to identify healthcare disparities, and trends that may impact the delivery of healthcare services.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
91	<b>Performance Measurement Validation Project Report</b>	The report assesses validation activities and the certified HEDIS auditor makes recommendations on methods that may lead to greater accuracy and efficiency in the validation process.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.

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92	<b>Performance Measurement Validation Report</b>	Public report on the HEDIS auditor's assessment of DHS' encounter data and analysis systems that specifically influence the ability to accurately report performance measures demonstrating that the automated systems, management practices, data control procedures, and computational procedures necessary to ensure all performance measure information is adequately captured, transformed, stored, computed, analyzed, and reported. This report demonstrates DHS compliance with 42 CFR 438.242.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
93	<b>Performance Measurement Validation Work Plan</b>	A comprehensive plan describing validation activities and associated timeframes conducted during the year. The Work Plan includes a description of validation methods, processes, and the rigorous testing to ensure the performance measures are consistent with federal guidelines.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
94	<b>PMAP Waiver Annual Report</b>	Summary of quarterly progress reports	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
95	<b>PMAP Waiver Evaluation</b>	Demonstration, prior to renewal, that the waiver has met its goals	Federal	N/A	Every five years	None	N/A	Recommend to continue this report, federally mandated.
96	<b>PMAP Waiver Quarterly Reports</b>	Quarterly progress reports	Federal	N/A	Quarterly	None	N/A	Recommend to continue this report, federally mandated.
97	<b>Quality Strategy</b>	The state must have a written Quality Strategy [42 CFR 438.202(a)] for evaluating and improving the quality of health care services for public program enrollees. The Quality Strategy is reviewed annually and updated as necessary.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.
98	<b>Summary of MCO Repeat QA Exam Deficiencies</b>	An annual summary of MCOs, who during the MDH Quality Assurance Examination, had repeat deficiencies from the previous QA Exam conducted three years previously. This report is also used by the EQRO to assess MCO strengths and weakness as reported in the ATR.	Federal	N/A	Annual	None	N/A	Recommend to continue this report, federally mandated.