



STATE OF MISSISSIPPI
Phil Bryant, Governor
DEPARTMENT OF HUMAN SERVICES
John Davis, Executive Director



MISSISSIPPI DIVISION OF
MEDICAID

Walter Sillers Building
550 High Street, Suite 1000
Jackson, Mississippi 39201

January 9, 2018

The Honorable Brice Wiggins
Chairman, Medicaid Committee
Mississippi State Senate
Room: 404-B
P.O. Box 1018
Jackson, MS 39215

The Honorable Chris Brown
Chairman, Medicaid Committee
Mississippi House of Representatives
Room: 104-A
P.O. Box 1018
Jackson, MS 39215

Dear Mr. Wiggins and Mr. Brown:

The Mississippi Division of Medicaid (DOM) and the Department of Human Services (MDHS) are submitting this Progress Report on the Medicaid and Human Services Transparency and Fraud Prevention Act (House Bill 1090). As required under Section 3, DOM and MDHS are filing a Progress Report on implementing the eligibility verification service which is due every six (6) months from the passage of House Bill 1090.

DOM and MDHS have received federal approval on a joint Advanced Planning Document (APD) for shared eligibility and fraud and abuse initiatives. We look forward to meeting the obligations of House Bill 1090. For DOM inquiries, please contact Rita Rutland (601) 576-4147. For MDHS inquiries, please contact Jacob Black (601) 359-4458.

Sincerely,

Drew Snyder
Executive Director
Office of the Governor
Division of Medicaid

John Davis
Executive Director
Mississippi Department of
Human Services



MISSISSIPPI DIVISION OF
MEDICAID

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

**Medicaid and Human Services Transparency and Fraud Prevention
Act**

Bi-Annual Status Report

January 10, 2018

State of Mississippi

Division of Medicaid

Department of Human Services

TABLE OF CONTENTS

1 LEGISLATIVE REQUEST..... 4

2 EXECUTIVE SUMMARY 5

3 BACKGROUND..... 7

4 CURRENT HOUSE BILL 1090 STATUS 8

4.1 Short Title 8

4.2 Integration of eligibility systems..... 8

4.3 Real-time eligibility verification service 8

4.4 Enhanced eligibility verification process 8

4.5 Enhanced identity authentication process 9

4.6 Discrepancies and case review..... 9

4.7 Referrals for fraud, misrepresentation, or inadequate documentation 9

4.8 Reporting.....10

4.9 Transparency in Medicaid10

4.10 Work Requirements.....10

4.11 Federal asset limits for the Supplemental Nutrition Assistance Program.....10

4.12 Broad-based categorical eligibility10

4.13 Sharing enrollee information across agencies11

4.14 Maximum family grant11

4.15 Verify identities and household composition, and all expenses of welfare applicants11

4.16 Full cooperation with fraud investigations.....11

4.17 Gaps in eligibility reporting.....12



4.18	Noncompliance with Temporary Assistance for Needy Families program rules	12
4.19	Noncompliance with Supplemental Nutrition Assistance Program rules.....	12
4.20	Out-of-state spending	12
4.21	Public Reporting	12
4.22	Pilot program for photos on EBT cards.....	12
4.23	Limits on spending location	12
4.24	Excessive EBT card loss	13
4.25	Timeframes.....	13

1 Legislative Request

This report is in response to the legislative requirement in the Medicaid and Human Services Transparency and Fraud Prevention Act (House Bill 1090). Section 3 requires:

“The department shall have the eligibility verification service required by this section implemented and operational not later than July 1, 2019. The department shall submit a report every six (6) months on its progress on implementing the eligibility verification service to the Chairmen of the House and Senate Appropriations Committees, the House Public Health and Human Services Committee and the Senate Public Health and Welfare Committee, and the House and Senate Medicaid Committees. The report also shall be provided to the other members of the Legislature upon request.”

This report was prepared by the Mississippi Division of Medicaid (DOM) and Mississippi Department of Human Services (MDHS).

2 Executive Summary

The DOM and MDHS are pleased to submit this Bi-Annual Status Report on the progress on the Medicaid and Human Services Transparency and Fraud Prevention Act (House Bill 1090).

DOM and MDHS are working to implement the provisions of House Bill 1090 by the deadlines specified in Section 25. DOM and MDHS jointly launched the HHS Transformation Project or “HHSTP” in July 2017 which is dedicated to accomplishing the goals of House Bill 1090. DOM and MDHS met the initial deadlines of House Bill 1090 and submitted the first required report on July 11, 2017 focused on satisfying all provisions of Section 2 and securing federal approvals and funding. This Bi-Annual Status Report is focused on providing a status on all 25 sections of House Bill 1090.

DOM and MDHS have completed or implemented approximately 30% of the applicable twenty-three provisions of House Bill 1090 and are on-track to implementing the rest of the provisions by the specified dates in Section 25. A detailed summary of the progress on each provision is included in the body of this report. DOM and MDHS have provided a tabular overview of provision status in Table 1 below, and further detail in Section 4.

Table 1: House Bill 1090 Summary of Provision Status

SECTION #	SECTION TITLE	STATUS
1	Short Title	Acknowledged
2	Integration of eligibility systems	Complete
3	Real-time eligibility verification service	In-progress
4	Enhanced eligibility verification process	In-progress
5	Enhanced identity authentication process	In-progress
6	Discrepancies and case review	In-progress
7	Referrals for fraud, misrepresentation, or inadequate documentation	In-progress
8	Reporting	In-progress
9	Transparency in Medicaid	Complete
10	Work Requirements	Complete
11	Federal asset limits for the Supplemental Nutrition Assistance Program	In-progress
12	Broad-based categorical eligibility	In-progress
13	Sharing enrollee information across agencies	In-progress
14	Maximum family grant	Complete
15	Verify identities and household composition, and all expenses of welfare applicants	Complete
16	Full cooperation with fraud investigations	Prohibited by Federal Regulations
17	Gaps in eligibility reporting	Complete
18	Noncompliance with Temporary Assistance for Needy Families program rules	In-progress



SECTION #	SECTION TITLE	STATUS
19	Noncompliance with Supplemental Nutrition Assistance Program rules	In-progress
20	Out-of-state spending	In-progress
21	Public Reporting	In-progress
22	Pilot program for photos on EBT cards	In-progress
23	Limits on spending location	In-progress
24	Excessive EBT card loss	Complete
25	Timeframes	Acknowledged

3 Background

As required by House Bill 1090, DOM and MDHS delivered an initial report on July 11, 2017 on Section 2 and the progress toward submitting an Advanced Planning Document (APD). Building on work already in progress between the two agencies prior to the enactment of House Bill 1090, DOM and MDHS signed a Memorandum of Understanding (MOU) to develop a vision of interoperability and shared services leveraging 90/10 Federal Financial Participation (FFP) and A-87 Cost Allocation Exception. DOM and MDHS finalized a joint vision in January 2017, drafted the APD in parallel to the 2017 Legislative Session, and submitted it shortly after the passage of the Act in April 2017. This approach enabled DOM and MDHS to act on the legislation quickly while giving the State the maximum time available to leverage the A-87 Exception, which is currently set to expire at the end of 2018. DOM and MDHS reported in the July 11, 2017 initial report that our Federal partners, the Centers for Medicare & Medicaid Services (CMS) and the Federal Nutrition Services (FNS) have approved the APD. The approved APD allows DOM and MDHS to receive FFP for approximately \$46M in IT investments with a State share of approximately \$8M or 17% (see the previous report for more details).

Because of the planning effort and the approved APD, DOM and MDHS jointly launched the HHSTP in July 2017 which is dedicated to accomplishing the goals of House Bill 1090 and the APD. DOM and MDHS are moving quickly and decisively to implement the provisions of House Bill 1090 and allow for as much time as possible to leverage the A-87 Exception and meet the deadlines. While the initial report in July was focused on progress related to the APD submission requesting project funding, this Bi-Annual Status Report is focused on reporting status for all provisions.

4 Current House Bill 1090 Status

As of January 2018, the current status for each of the Sections of the Medicaid and Human Services Transparency and Fraud Prevention Act is provided below. The Subsections that follow within this report follow the Sections as written in the bill, and all references beyond this point shall constitute references to Sections within the Medicaid and Human Services Transparency and Fraud Prevention Act, unless otherwise noted.

4.1 Short Title

Status: Acknowledged

DOM and MDHS acknowledge the act shall be known as the "Medicaid and Human Services Transparency and Fraud Prevention Act."

4.2 Integration of eligibility systems

Status: Complete

DOM and MDHS submitted an Initial Advanced Planning Document to CMS and FNS on April 3, 2017 as well as a final report on July 11, 2017. All requests made in the Medicaid and Human Services Transparency and Fraud Prevention Act, Section 2 were included as part of the final Advanced Planning Document. Section 2 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been completed.

4.3 Real-time eligibility verification service

Status: In-progress

DOM and MDHS are in the process of capturing detailed requirements for developing a computerized income, asset, residence and identity eligibility verification service to verify eligibility, eliminate the duplication of assistance, and deter waste, fraud, and abuse within each respective assistance program. DOM and MDHS are carefully defining the aspects of the service, analyzing existing processes, and conducting analysis to maximize value to the State and minimize costs. Additionally, DOM and MDHS are participating in discovery sessions with vendors to understand if their identity authentication and asset verification tools will meet the requirements stipulated in the Medicaid and Human Services Transparency and Fraud Prevention Act. Section 3 provisions are all part of the requirements and on-track to be completed by the specified date. More details will be found in the next Bi-Annual Status Report.

4.4 Enhanced eligibility verification process

Status: In-progress

DOM and MDHS acknowledge the request to verify eligibility for assistance by using the enhanced eligibility verification service established in Section 3(2) of this act as well as periodically reaffirming assets where applicable. DOM and MDHS already terminate recipients with active programs within receipt of information about recipients moving out of state or within a maximum of 10 days. Section 4's

remaining provisions will be addressed in a subsequent report and as progress is made on the enhanced real-time eligibility verification service.

4.5 Enhanced identity authentication process

Status: In-progress

DOM and MDHS acknowledge the request to verify identity of applicants before moving to the next stage in the eligibility process and before the possible awarding of assistance. Additionally, the departments acknowledge the request to review the recipient's identity ownership periodically to verify and protect the identity of the recipient. DOM and MDHS are participating in discovery sessions with vendors to understand if their identity authentication tools will meet the requirements. Details regarding the processes and procedures requested in Section 5 of the Medicaid and Human Services Transparency and Fraud Prevention Act will be addressed in a subsequent report and as progress is made on the enhanced real-time eligibility verification service.

4.6 Discrepancies and case review

Status: In-progress

DOM and MDHS are continuing to confirm that the requested processes and policies in this Section are implemented in their respective agencies. MDHS uses the best available information to process cases where discrepancies may exist. Once new information becomes known to the department, eligibility redeterminations are made. If discrepancies exist at that point, the department provides the client with written notification of the discrepancy and the recipient has 10 days to respond to resolve the discrepancy or change. The department views the enhanced verification service as another data source and will use the data provided by it in future eligibility redeterminations. As part of the project, DOM and MDHS are continuing to analyze all existing processes, procedures, and data sources and will be finalizing those policies as the project progresses. The remaining processes and procedures requested in Section 6 of the Medicaid and Human Services Transparency and Fraud Prevention Act will be addressed in a subsequent report and as progress is made on the enhanced real-time eligibility verification service.

4.7 Referrals for fraud, misrepresentation, or inadequate documentation

Status: In-progress

DOM and MDHS are continuing to confirm that the requested processes and policies in this Section are implemented in their respective agencies. As of December 2015, MDHS implemented policy changes that required staff to refer changes or discrepancies that may affect program eligibility to appropriate agencies and divisions within 10 days. This includes suspected cases of fraud, misrepresentation, or inadequate documentation and cases where an individual is determined to be no longer eligible for the original program. In cases where fraud affecting program eligibility is substantiated, the department garnishes wages and/or state income tax refunds until the state recovers an amount equal to the amount of benefits that were fraudulently received. The remaining processes and procedures requested in Section 7 of the Medicaid and Human Services Transparency and Fraud Prevention Act will be addressed in a subsequent report and as progress is made on the enhanced real-time eligibility verification service.

4.8 Reporting

Status: In-progress

DOM and MDHS acknowledge the request for a pre-development report as well as a post-implementation report referred to in Section 8. The pre-development report will be delivered at the end of the detailed requirements process and thirty days before entering into a competitively bid contract or before renegotiating an existing contract with a current vendor. The post-implementation report will be completed 6 months after the implementation of the enhanced eligibility verification service. Both reports will be delivered to the requested audiences when complete.

4.9 Transparency in Medicaid

Status: Complete

DOM has completed the request for the data specified in Section 9 and has posted the following reports publicly on an external website. The reports can be found at the following address:

<https://medicaid.ms.gov/resources/legislative-resources/>

They are located under the “HOPE Act Reports” and are titled:

- Medicaid Physician and Other Supplier National Provider Identifier (NPI) Aggregate Report, Calendar Year 2016
- Medicaid National Healthcare Common Procedure Coding System (HCPCS) Aggregate Report Calendar Year 2016

4.10 Work requirements

Status: Complete

As of January 2016, MDHS has not sought out, applied for, or accepted/renewed any waiver of requirements established under 7 USC Section 2015(o), except during a formal state or federal declaration of a natural disaster. Section 10 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.

4.11 Federal asset limits for the Supplemental Nutrition Assistance Program

Status: In-progress

MDHS intends to update department policies pursuant to Section 11 by implementing asset limits verification. Section 11 of the Medicaid and Human Services Transparency and Fraud Prevention Act will be updated in a subsequent report as department policies are updated and implemented.

4.12 Broad-based categorical eligibility

Status: In-progress

MDHS intends to update department policies pursuant to Section 12 by eliminating broad-based categorical eligibility as well as implementing Federal Asset Limits for SNAP, as requested by Section 11. Section 12 of the Medicaid and Human Services Transparency and Fraud Prevention Act will be updated in a subsequent report as department policies are updated and implemented.

4.13 Sharing enrollee information across agencies

Status: In-progress

DOM and MDHS acknowledge the request to share eligibility information with each other within 30 business days when an enrollee has been disenrolled for any financial or nonfinancial reason that may result in the enrollee's disqualification for benefits with the other department, including the rationale for the action. Additionally, DOM and MDHS will establish procedures to re-determine eligibility for any enrollee whose eligibility or benefit levels could change as a result of new information provided by either department. Additional details for Section 13 of the Medicaid and Human Services Transparency and Fraud Prevention Act will be addressed in a subsequent report, and as progress is made on the real-time eligibility verification service.

4.14 Maximum family grant

Status: Complete

As a result of the Personal Responsibility and Work Opportunity Act of 1996, MDHS implemented policies specific to TANF recipients, limiting them to children already born or conceived at the time of initial application. Further, only children born into the family during the first 10 months of assistance or a child whose date of birth is prior to the end of the 10-month cap period for the case will be added to the case and eligible to receive benefits. Section 14 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.

4.15 Verify identities and household composition, and all expenses of welfare applicants

Status: Complete

As of January 2018, MDHS has implemented policies regarding the verification of all expenses for all programs. Regarding verification of household composition, the department verifies household composition when questionable. Lastly, in accordance to 7 CFR 273.2 (a) (vii) Federal Regulations, MDHS currently verifies identity. Section 15 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.

4.16 Full cooperation with fraud investigations

Status: Prohibited by Federal Regulations

MDHS currently implements policies regarding TANF clients fully cooperating with fraud investigations by providing information or permitting the caseworker to obtain essential information to establish continued eligibility. Caseworkers proactively identify and review questionable cases. If conclusive information is not received, the case(s) are closed and reason for closure is fully documented. This also prevents those cases from entering into the fraud investigation process.

Alternatively, SNAP case closure as the result of noncompliance with a fraud investigation is not permitted by the Code of Federal Regulations. The Code of Federal Regulations, 7 CFR § 273, provides instances in which a case may be closed, or a participant denied benefits due to noncooperation with SNAP. Noncooperation is detailed in §273.2(d), §273.12(d), §273.11(o)(1). Noncooperation occurs at application, recertification, during a Quality Control review, or when failing to cooperate with child

support services. §273.16(e)(5) requires cases to remain open, if the household is eligible, while awaiting a disqualification hearing. Section 16 of the Medicaid and Human Services Transparency and Fraud Prevention Act is unable to be implemented as requested.

4.17 Gaps in eligibility reporting

Status: Complete

As of January 2018, MDHS has implemented change reporting for all new applications. As ongoing cases come due for renewal of benefits, they will be converted from simplified reporting to change reporting. Section 17 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.

4.18 Noncompliance with Temporary Assistance for Needy Families program rules

Status: In-progress

MDHS is currently reviewing the code of federal regulations in respect to the requests made in this Section. The processes and procedures requested in Section 18 of the Medicaid and Human Services Transparency and Fraud Prevention Act will be addressed in a subsequent report.

4.19 Noncompliance with Supplemental Nutrition Assistance Program rules

Status: In-progress

MDHS is currently reviewing the code of federal regulations in respect to the requests made in Section 18. The processes and procedures requested in Section 19 of the Medicaid and Human Services Transparency and Fraud Prevention Act will be addressed in a subsequent report.

4.20 Out-of-state spending

Status: In-progress

MDHS acknowledges the request for the distribution of de-identified out-of-state spending data based on dollar amounts and separated by program. Data is currently being assembled and more detail within Section 20 will be available and addressed in a subsequent report.

4.21 Public reporting

Status: In-progress

DOM and MDHS acknowledge the request for the annual distribution of de-identified recipient data within Section 21 of the Medicaid and Human Services Transparency and Fraud Prevention Act. The first distribution of this data will be as requested by July 1, 2018.

4.22 Pilot program for photos on EBT cards

Status: In-progress

MDHS is currently in the discovery stage of establishing a pilot program for photos on EBT cards. MDHS has learned that our EBT vendor does not store Photo IDs therefore a new photo or a stored photo from another source will be required for card replacement. MDHS has met with the Mississippi Department

of Public Safety (MDPS) and has identified potential partnerships. MDHS feels that a partnership that involves the sharing of photos stored by MDPS may be a solution that will allow this pilot to move forward. MDHS will update this section as we progress forward.

4.23 Limits on spending location

Status: In-progress

Section 4004 of the Middle Class Tax Relief and Job Creation Act of 2012 (P.L. 112-96) requires states receiving TANF grants to “maintain policies and practices as necessary to prevent assistance provided under the State program funded under this part from being used in any electronic benefit transfer transaction in any liquor store; any casino, gambling casino, or gaming establishment; or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.” Additional limits on spending locations are prohibited by these federal regulations, though DHS proactively works with each recipient requiring the acceptance of a Personal Responsibility contract acknowledging limits on spending locations and consequences thereof. Also, the federal law does not expressly prevent certain products from being purchased with TANF assistance via EBT transactions; rather it specifies locations where state policies and practices should prevent any transfer of TANF assistance via EBT transaction from occurring, regardless of the product being purchased. Additionally, DHS currently identifies fraudulent activity through a SNAP Integrity grant and is exploring continuing to use those tools and processes to satisfy Section 23, thus, this section of the Medicaid and Human Services Transparency and Fraud Prevention Act will be updated in a subsequent report.

4.24 Excessive EBT card loss

Status: Complete

MDHS has already implemented policies pursuant to Section 24(1), (2), and (3). Regarding Section 24(4), terminating the SNAP recipient’s benefits due to failure to make contact with a fraud investigator regarding excessive EBT card ordering is not permitted by the Code of Federal Regulations. The Code of Federal Regulations, 7 CFR § 273, provides instances in which a case may be closed, or a participant denied benefits due to noncooperation with SNAP. Noncooperation is detailed in §273.2(d), §273.12(d), §273.11(o)(1). Noncooperation occurs at application, recertification, during a Quality Control review, or when failing to cooperate with child support services. §273.16(e)(5) requires cases to remain open, if the household is eligible, while awaiting a disqualification hearing. Section 24 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented to the extent possible under Federal Regulations.

4.25 Timeframes

Status: Acknowledged

The department acknowledges the timeframes requested in this Section of the Medicaid and Human Services Transparency and Fraud Prevention Act.

BEING A GEN + LEADER

THE WAY FOWARD

Being a leader, emerging leader, or one who desires professional and personal growth requires commitment, dedication, and effort multiplication. Staying focused on achieving maximum results while guiding your team to exemplary performance can be challenging. As a leader, you must learn your team's personalities and what makes them perform. They must trust that you have their best interest at heart while not micromanaging them.

The transformational change of MDHS under the **gen+** model is a paradigm shift from the days of silo programmatic management. The consideration of our clients' holistic needs must be placed as a priority to accomplish our goals under **gen+**. To accomplish this, we are asking much more of our employees than ever before. Leaders must encourage the heart, model the way, and lead by example.

Our employees desire the freedom to make choices about their jobs and make decisions that you as leaders will support. As a leader, you need to give guidance and establish standards. You must be in a constant state of coaching, mentoring, and developing your subordinate to accomplish much more than ever before. How? By multiplication of leaders, you need help and your staff has supervisors and emerging leaders that can create small teams that support one another. The more you support an employee the greater authority they will entrust you with.

General Collin Powell once said, "When subordinates quit bringing you problems, you have lost the ability to lead." Good food for thought.

As a leader, you must set the stage for success by giving your employees all the tools they need to be successful. Whether that is resource information, policy and standards, or agency policy. On the same token, your leader tool box must be versatile and realize there is not a "one size fits all approach to leadership." You must be consistent with standards but you do not have to deal with every problem the same way. You must COMMUNICATE, COMMUNICATE, COMMUNICATE! Knowledge is not power until you give it to those who will use it to accomplish the goals of the agency. You must check for CLARITY. What is this, by asking everyone, "Do you understand what must be done?" You must FOLLOW-UP. This can be done through automation, spot checks, or informal counseling. Employees will pay attention to what you pay attention too.

Keeping a watchful eye: Our goal is not only to develop leaders but to foster an environment where all employees of MDHS are encouraged to seek professional and personal development. We will produce on-site, mobile, and video training to aid our employees in being the best they can be regardless of position. Leaders should encourage all employees from Day 1 until Retirement to seek development opportunities. We will be watching out for emerging leaders to develop, which supports succession planning. I know this is going to be hard to believe but employees leave for various reason and leaders move up or on. It is never too early to start delegating leader tasks to subordinates who are not formal leaders to see how they will perform.

Self-Assessment: What type of leader do you desire to be? One that people love to follow or one that people duck into their office when they see you coming? The mission of MDHS is a profession done by professionals who act like professionals. A title does not make you a leader, and it does not entitle you as a person to respect. Respect is earned through subordinate trust. They may have to respect your position but they don't have to respect you. Are you a micro-manager? Do you believe that employees will complete a task just the way you did because you have had their job before? Have you ever peeled a banana upside down?

Supervisor or Coach? What do you desire to be? Are we trying to create a team of multipliers or are we just trying to make one employee do his/her job?

Spirit of the Plan: To give deliberate opportunities for Employee Professional and Personal Growth through a resourced, deliberate plan that intentionally causes employees to better themselves which will in turn benefit the agency. We want to identify emerging leaders and energize seasoned agency leaders expand their knowledge. Abe Hatten said, "The only true form of investment is education and training because it can never be devalued." We will encourage reading from professional leaders, seminar attendance, off-site retreats, and other opportunities as they come available. Upon creation of the Intranet, we will post Professional Growth and Development Information and Training opportunities so that all employee can take part.

We will explore the idea of blending our training with State Personnel Board to ensure that leaders are doing the right training for career enhancement which could create portability.

Becoming a Flatter Organization: We are positioning MDHS to become a flatter organization in the future. We must begin the process of allowing decision making to be fostered and achieved at the lowest possible level to accomplish the goal. Why should all decisions rise to the State Office level? They should not. The only way to stop this to EMPOWER leaders to make decisions and for superiors to SUPPORT them and guide them. This is a culture change. This requires information dissemination.

Employee Retention is important: The simple fact is that MDHS invests close to \$100k with on-boarding, training, salary and fringe employees. You as a leader must care about your employees, get to know them, and find out what is important to them. You must seek out their goals and create an environment which helps they achieve their goals. Encouragement is a power tool but feedback is the breakfast of champions. Employees desire feedback and want to know what kind of job they are doing. As a leader, you must complete every employee's required annual evaluations. Failure to complete these actions are unacceptable. They must know the expectations, receive feedback, follow-up, and then be evaluated on performance.

Development of the gen+ Professional Leader: Our approach will focus on complementing each employee's Individual Development Plan. Our basic tenants will include training on Core, Technical, and Managerial Skills throughout the fiscal year. It is critical for each programmatic area to create a training plan that supports the technical areas workflow development to support professional development.

Use of External Resources and Partners: We will deliberately seek out opportunities to use external resources through partnership to promoted personal growth and professional development. We will focus on developing the whole person from health, education, and life balance perspectives. Often times, listening to professionals in other career fields can open new ideas for development.

Mentoring: We want to encourage all employees and leaders within the organization to have a mentor. Everyone needs someone not in their supervisory chain of command that can help them develop. The most important part is the mentee chooses the mentor. Leaders should encourage everybody to participate. This can be an informal private situation done weekly 15-20 minutes and routine contact via email etc.

Motivation: MDHS is standing on the edge of transformation. We have the opportunity to create true culture change within our organization and our state. **gen+** navigation and referrals will set the stage to potentially change the lives of our clients. What greater reward than to see the lives of our employees and clients changed through transformation and personal/professional growth? It is a fact that employee's whose needs are met will exceed expectations.

Set Realistic Expectations: MDHS will ensure that we provide Professional Growth and Development Training that is professional and resourced. Delivery of a substandard product is unacceptable. Our employees are owed the best training and resources MDHS can provide. Delivery methods will be arranged to support the (4) workforce development areas. As organizational leaders, we must allow our employees time for professional growth while remaining focused on our primary agency mission to deliver services to our clients. It will take leadership to accomplish both. Financial resources are critical and we must get the maximum ROI. Leadership must be aware of stewardship.

View from The Top: Our employees are our greatest asset. Mr. Davis, MDHS Executive Director, said, "We can make you exceptional where you are." It all starts with attitude, intentionality, clarity, and communication. Together, we can make difference in the lives of our employees and our clients. As leaders, this is our charge. If we take care of our people, they will take care of the MDHS Agency Mission and propel **gen+** as our future.

Every day, we have opportunities to give positive reinforcement and acknowledge those team members who are doing a great job in the **gen+** approach. Please do let those opportunities to thank our employees for a job well done slip by.