



WORK SUPPORT STRATEGIES: AN INTRODUCTION

Purpose

North Carolina was one of nine states to be awarded grant funding for the **Work Support Strategies: Streamlining Access, Strengthening Families** initiative. This initiative provides our state with the opportunity to design, test, and implement more effective, streamlined, and integrated approaches to delivering key supports for low-income working families, including health coverage, nutrition benefits, and child care subsidies.

*Families will tell their story once
and receive the services they
need.*

This initiative, sponsored by the Ford Foundation, the Annie E. Casey Foundation, and the Open Society Foundations and its partners, Urban Institute and the Center on Budget and Policy Priorities, will invest \$15 million to build on recent state and federal innovations by providing states with expert technical assistance, peer support, and financial backing to take their efforts to the next level. North Carolina's grant funds one year of planning activities, and the state will be a candidate to receive additional funding for implementation years.

The goal of this initiative is to plan for a new service delivery model for North Carolina

families in need. At the end of our planning year, we aim to have a workable, achievable Action Plan. The Action Plan will provide a road map for realizing a new service delivery model and will lay out our vision for such a system.

Vision

North Carolina envisions an integrated service delivery system that will serve families and individuals in a holistic manner, asking them to tell their story once rather than multiple times. We aim to eliminate duplicative or redundant steps in application and recertification processes, improve coordination amongst human service benefit programs, support the integration and automation among program-based systems, and eliminate the silo approach to benefit delivery.

Through the WSS initiative, North Carolina aims to capture the attention and imagination of all stakeholders including the federal government, the state executive and legislative branches, counties, case workers, citizens and community partners, in order to build a visionary, forward-thinking service delivery system. Such a service delivery system will benefit the citizens of North Carolina, whether their primary perspective is that of a working family, taxpayer, business owner or state official.



The following tenets and desired outcomes will provide the foundation for such a service delivery system:

Families will tell their story once, and receive the services they need. Families with multiple needs will no longer be subject to redundant processes that are difficult to manage and hard to understand. Families will experience drastically fewer breaks in service and faster service. Family outcomes and customer service will drive operations, management and day-to-day interactions.

There will be no wrong door to accessing benefits. Clients will have a choice in when, where and how they access benefits. Families will have new avenues through which to access benefits, and will experience a new level of consistency and customer service. Families will be served holistically, and will be screened for the full package of benefits for which they might be eligible. As eligibility information is collected in a more uniform manner, we expect improved benefits accuracy and program integrity.

Community partners will provide new avenues for accessing services. Community partners will have an increased and more formalized role in service delivery. The state and counties will better leverage local resources, good will and energy in order to improve the customer experience. North Carolina will develop a finer safety net for families in need.

The state and counties will work together to make operational improvements, maximize the use of technology, and make the service

delivery system as efficient as possible. Beyond outstanding customer service, the state and counties will plan, promote and implement improved business processes that make the most of technological opportunities such as NC FAST, document imaging and centralized call centers. The state and counties will work together to build a workforce that supports a modern, customer-centric service delivery system. In an improved service delivery model, every interaction with a family member will count – activities that do not add value to eligibility processes will be removed.

Customer service, efficiency, and data will drive the development of service delivery models and the development of staffing roles. The new service delivery model will be designed, implemented and managed with a steady stream of information and data to support decision making. Anecdote, conjecture and politics should not be the primary drivers of a new service delivery system. The savings that result from these efforts will be reinvested in families with more complex service needs and additional efforts to connect clients to employment and other opportunities/services.

Counties will retain flexibility in how they implement, but outcomes, performance and a positive customer experience will provide the ultimate measure of success. Given the fact that North Carolina is county-administered, we expect that service delivery will not be wholly uniform across the state. While business processes and organizational structures may not be identical among counties, the new “bottom line” will be consistent across the state,



regardless of jurisdiction. We will construct measures that connect the dots between WSS goals and performance at the local level.

Accessing benefits will not be a hindrance to working families. Service delivery will be designed in a way that supports working families and their ability to maintain employment. Guided by the assumption that working families receiving the full work supports package can be more successful, a new service delivery system should not *interfere* with employment. Processes need to be streamlined, consume a minimal amount of time for families, and be easy to manage. Once a family has been determined eligible for benefits, we will make all efforts to support the continuity of benefits for which families are eligible.

These tenets are firmly rooted in the vision, mission, values and service goals of DHHS Excels, a recent initiative aimed at shaping a new organizational culture that is customer focused, anticipatory, collaborative, transparent, and results-based. Most notably, the Excels initiative aims to “transform from a silo approach in the delivery and management of services to a coordinated, open and interrelated approach” and “improve decisions and accountability based on solid information/data.”

Planning Year Activities

In order to develop the Action Plan, North Carolina has been busy conducting several types of analysis. The project team continues to gather

information from a variety of resources to inform the planning process. Some examples are:

Site Visits to Counties

In July and August, the project team conducted site visits to Catawba, Wake, Nash, and Franklin Counties to understand and document business processes at these counties and identify inefficiencies and duplication of effort. The site visits also provided the team with the opportunity to review innovative processes the counties have implemented to manage work flows through their offices.

Best Practices

The project team identified and documented several best practices in North Carolina counties that support WSS tenets. We are compiling these best practices for distribution in early 2012.

Data Analysis

North Carolina is conducting data analysis to understand caseload activity across programs and counties to inform the strategic planning process. Areas of analysis include caseload overlap across programs, processing times, denial rates, and error rates. As we move toward a final Action Plan, these data points will provide context and the basis for setting goals moving forward.

Client Interviews and Surveys

The project team has conducted client interviews and surveys in various counties. The purpose of these interviews is to understand and document



the experience in receiving work support benefits of clients, to identify key considerations from the client perspective in creating a new service delivery model, and to identify opportunities to reduce client churning in obtaining benefits.

National Site Visits

Members of the project team also had the opportunity to complete site visits in Florida, New Mexico, Idaho, Washington and Colorado. The site visits were open to other grant recipient states, and provided a forum for information sharing and discussion on opportunities to streamline services.

Policy Simplification

As part of the WSS initiative, DHHS has been working to streamline eligibility determination policy across several human service programs, including TANF, SNAP, Medicaid, Subsidized Child Care and Energy Assistance. The simplification effort is a new way of thinking about policy development, and is based on the premise that aligning policy and eligibility requirements will lay the groundwork for a more client-centric, holistic approach of service delivery.

Policy Governance Board

A significant product of this initiative is the development of a unified Policy Governance Board. The Board will provide a formalized, transparent, and meaningful platform for developing eligibility policy *across* programs administered by DHHS. The Board's activities will

include developing, analyzing, testing, and monitoring new policies collaboratively across programs, as well as providing a sounding board for policy implementation issues at the county level. In addition, members will maintain a healthy dialogue among state policy makers, counties, NC FAST, and other stakeholders regarding program policy.

Alignment of Certification Periods

One of the “quick hits” for the state is the alignment of certification periods across programs. The misalignment of certification periods across programs leads to confusion for the client, more work for county staff, and a higher likelihood that families will experience a lapse in benefits. DHHS is currently implementing a pilot to test a new policy to align certification periods for clients enrolled in FNS and Family & Children's Medicaid (including MIC/MAF). Orange and Lenoir counties will participate in a three month pilot to test this new policy, the results of which will inform the development of a formal cross-program policy.

Long Term Initiatives

During WSS county site visits, case workers and managers suggested that a unified policy manual with consistent architecture across programs would be a great step toward policy simplification. The project team has also begun reviewing combined policy manuals in other states to determine whether this is the right step for North Carolina. The team has reviewed manuals from Michigan, Wisconsin, Kansas, Missouri, Indiana, and Montana.



What does this mean for my county?

The Work Support Strategies project can only reach its full potential with support from counties. We ask that you support these efforts in the following ways:

- Share any feedback and give input on the direction of WSS initiatives
- Communicate changes with your staff, Board, and other county stakeholders
- Share any best practice activities that your county has undertaken
- Continue to implement innovations or any of the WSS quick wins – and share your outcomes
- Bring back to the WSS planning team any input from staff or partners
- Create a culture of readiness for change in your county



USING DATA TO IMPROVE QUALITY, EFFECTIVENESS, AND EFFICIENCY OF SERVICE DELIVERY

Overview

As part of the Work Support Strategies (WSS) planning year, North Carolina has focused on how to use data to better inform both policy and operational decisions. We have reviewed the types of data currently used by the state and counties to manage performance, and have begun to develop key data elements that will support the goals and vision of WSS. Additionally, North Carolina reviewed best practices from other states during the planning year, and worked with the WSS Technical Assistance Team to think through different options for collecting and interpreting data.

Planning Year Activities

The WSS data team analyzed administrative data and identified ways to incorporate data into day-to-day decision making. Through a collaboration of DHHS and the University of North Carolina's School of Social Work, we have drawn several conclusions about opportunities concerning data utilization. Priority data points included:

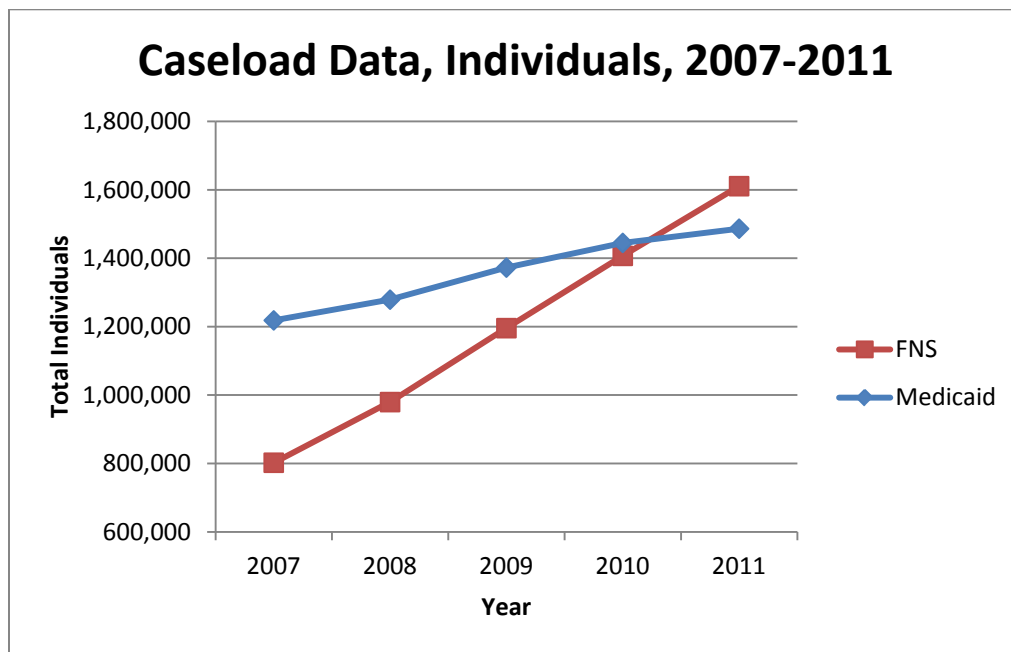
- *Unduplicated client count* – The count of unique individuals receiving FNS, Medicaid, and Child Care benefits.
- *Caseload overlap* – A breakdown of clients receiving multiple benefits, and the different combinations of benefits they are receiving.
- *Procedural vs. eligibility denials* – The percentage of clients denied for procedural reasons, as opposed to eligibility.
- *Administrative churning* – The number of individuals who cycle in and out of programs in a short period of time.
- *Client experience* – Challenges that clients face when applying for benefits, and how service delivery could be improved from the client perspective.



Findings

Through a review of existing data, and some original data extraction, the team was able to generate the priority data points. These data provide valuable information as we further develop a new service delivery system.

Program enrollment has increased significantly over the past five years. While this is no surprise for counties, most programs have seen considerable increases in the double digits during 2011 alone.

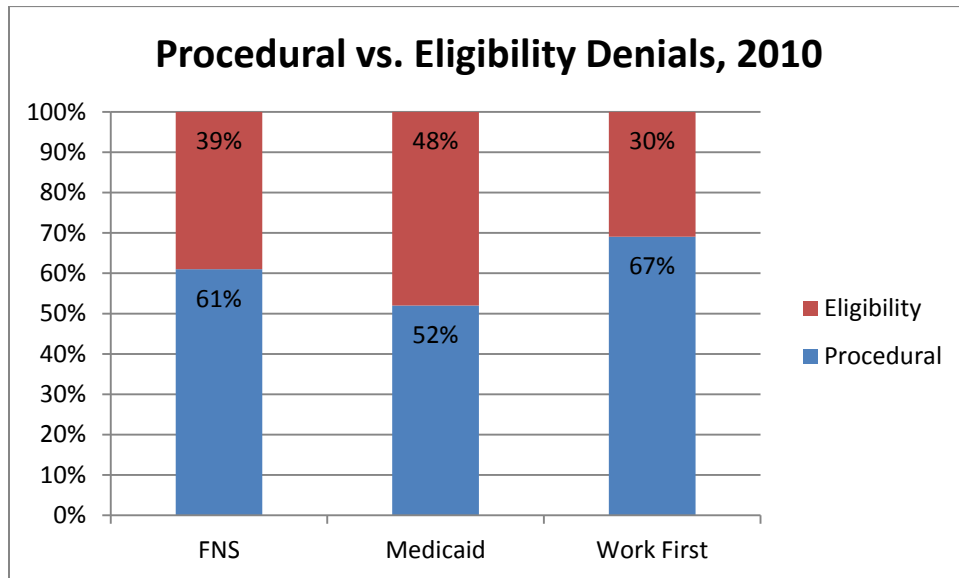


Processing time varies significantly by county. Through our visits to local DSS offices and feedback from program managers across the state, we have validated that many counties are managing until the final day to process cases. The average processing time for the state is 16.2 days, with a low of 4.6 and a high of 29.7 days. For FNS, case processing time varies significantly by county. Wait time to obtain benefits is a central aspect of what we consider to be good customer service. As we pursue this new service delivery model, we will place a priority on getting clients connected with the spectrum of services they need as quickly as possible.

Counties are processing a large number of denials each year. While the attention is mostly focused on the active caseloads, county staff spend a large amount of time processing denied applications. In 2010, counties processed 207,000 denied applications for medical assistance, 84,000 for nutrition benefits, and 17,000 for cash assistance. This data does not include the many applications that are accepted by Child Care staff across the state.



A significant number of applications are denied for procedural reasons across FNS, Medicaid and Work First. Procedural denials occur both as a result of the unstable circumstances that bring many clients into DSS offices and cumbersome policy guidelines concerning eligibility. The number of procedural denials also serves as an indicator of potential churn – many of these same clients will likely reapply for the same benefits within a few months. The high level of procedural denials indicates that North Carolina has an opportunity to address policies that are confusing to clients and create administrative duplication for county staff.

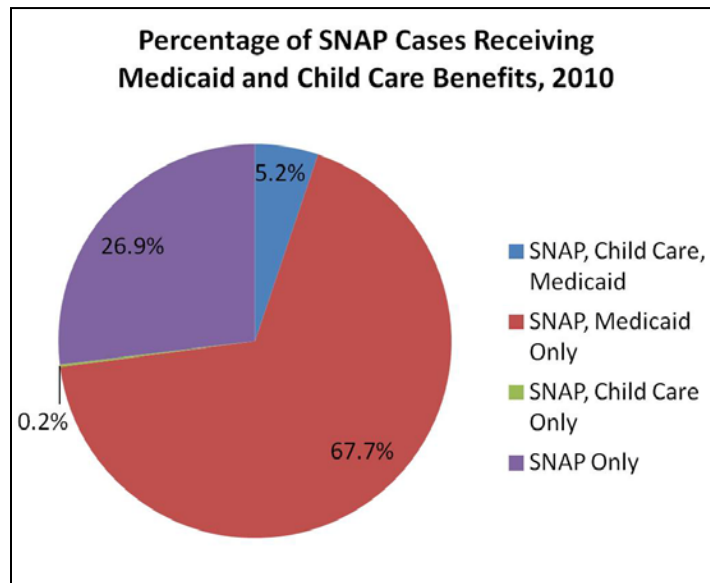


The unduplicated count of clients across work support programs was the basis of the caseload overlap analysis. Through this data work, we were able to identify the most significant areas of overlap and where to focus our cross-program efforts. The biggest opportunity in this area is for clients receiving both FNS and Medicaid.



Unduplicated Client Count by Program	
Program(s)	Individuals
In Child Care, Medicaid, FNS	56,380
In Child Care, Medicaid Only	26,861
In Child Care, FNS Only	2,677
In Medicaid, FNS Only	928,117
In Child Care Only	4,408
In Medicaid Only	716,586
In FNS Only	437,819
Total	2,172,848

Almost half of all clients receive more than one benefit. Of clients enrolled in FNS, Medicaid, and Child Care in 2010, 47% were receiving multiple benefits. The most significant overlap was between SNAP and Medicaid. Of all clients receiving SNAP, 67.7% were receiving both nutrition and medical benefits.



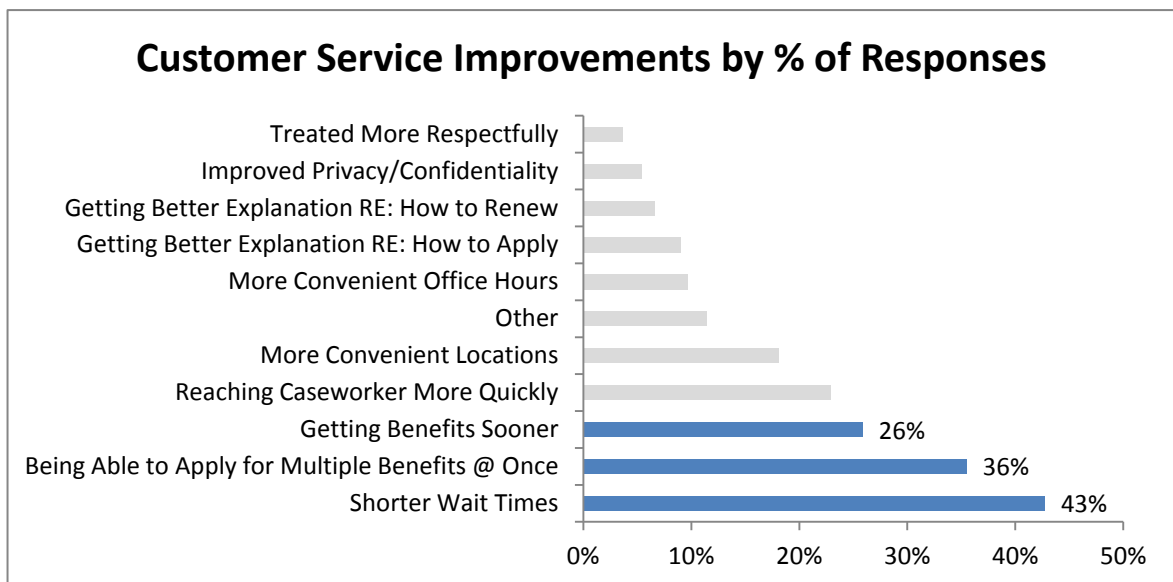
Churning can and has been tracked by individual counties to indicate the level to which this is occurring. McDowell County performed this type of analysis in July 2011. Through an informal case review, DSS Director Phillip Hardin discovered that of the 258 applications his Family & Children’s Medicaid staff took that month, 204 applicants had their case terminated within the previous 60 days.



While this may have been an informal exercise, it speaks volumes about the level of churning that occurs across the state.

Churning in MacDowell County, Family & Children's Medicaid, July 2011		
Total Applications in July 2011	Of those, cases Closed Within Prior 60 Days	Percent of Application Closed Within Prior 60 Days
258	204	79%

Clients who are coming into the building often already have one service and are looking to apply for another. Of the 211 clients we surveyed in 4 counties, 78% are currently receiving services from one or more programs. Even more importantly, we found that 40% of the people who are already receiving one or more benefits were coming in to apply for a new, different program. This indicates that there is room to serve all of a client's needs at once instead of having them make return trips. In addition, clients were asked "Which three of the following customer service improvements would be most important to you". The top three most frequent responses were: getting benefits sooner, being able to apply for multiple benefits at once, and having a shorter wait times.





How can I make better use of data in my county?

Through the technical assistance provided by the grant funders, North Carolina partnered with the Southern Institute on Children and Families to further explore the available administrative data and determine ways that counties can maximize it to inform their day to day operations.

Additionally, we have identified several indicators that counties are encouraged to use internally.¹ Counties likely already utilize some of these indicators, and some may be new.

- *Total enrollment* – How many people are enrolled in each program this month?
- *Total disenrollment* – How many people are leaving each program this month?
- *Overall retention at 3, 6, and 12 months* – What proportion of individuals entering the program 3, 6, and 12 months ago are still enrolled this month?
- *Churn* – How many people leaving the program in a given month return within 6 months?
- *Long term departures* – How many people leave the program in a given month and do not reenroll for more than 6 months?
- *True entry* – How many people enrolling in the program in a given month are truly new to that program, or income maintenance programs in general?
- *Lost at entry* – How many people have their application rejected with their eligibility status unknown?
- *Lost at Exit* – How many people are leaving the program with their eligibility status unknown (i.e. information was missing at their recertification)?



Why is using data important?

How do states know whether their current systems are working well? How do they know which changes might be most important to adopt and where to start? How can they assess the changes they do make? This chapter explores how states can use the data they already have, or could arrange to have, to answer critical questions like these.

Currently, most states primarily measure their performance using data required by the federal government, such as the number of participants in various benefit programs and the accuracy and timeliness of payments. While these data are important for program management and accountability, this chapter seeks to help states answer a more nuanced question: *Is our state's system as efficient and effective as possible?* By exploring this question, states can understand where and how their service delivery system is efficient or burdensome, whether families are falling through the cracks and why, which solutions to these concerns are the most appropriate, and which aspects of its workload management are effective.

The information embedded in state systems can be a powerful tool in answering these questions — in diagnosing operational problems, designing improvements, and conducting ongoing monitoring. Because state agencies that provide work support benefits collect, enter, and sort countless pieces of data about families' circumstances and program participation — as well as about their own work — they have a wealth of information with which to begin.

For example, knowing whether procedural denials at renewal result more often from returned mail or from missing documentation would enable a state to develop a targeted solution to improving benefit retention. Knowing how many days it takes to provide the package of work support benefits to new applicants and those renewing their benefits can call attention to customer service and operational issues. Similarly, knowing whether certain types of families (such as non-English speakers or families with young children) are having particular difficulty navigating the system can help states target their process redesign and outreach efforts. Furthermore, data from the county, local office, and even individual worker level can reveal quite a bit about performance and workload management.

Excerpt from: Dean and Rosenbaum, *"Improving The Delivery Of Key Work Supports: Policy & Practice Opportunities At A Critical Moment"*.

ⁱ Using Data to Drive State Improvement in Enrollment and Retention Performance.

COUNTY INNOVATIONS

The Work Support Strategies project team, with the assistance from the North Carolina Association of County Directors of Social Services (NCACDSS), reached out to counties to hear about some of the innovations taking place across the state. While this is not a comprehensive listing of best practices taking place in the state, it is a compilation of best practices/innovations observed across the state level during the planning year.

Wilson County: Express Application Center

Since July of 2010, clients who walk into Wilson County DSS are given the option to go to the Express Center or to see a traditional caseworker. If they choose the Express option, they are directed to one of eight computers where they answer questions written in “plain language” that form-fill the appropriate application (FNS or Medicaid) in the background. There is a DSS staff member available to help them at all times. The software is question-driven, simple to understand, and the process takes less than 30 minutes, which is a reduction of close to 10 minutes from the traditional process. Signature pads are available for capturing electronic signatures and the DSS attendant will ask them for verifications to be scanned and sent to the on-going worker. Over 60% of all Food Assistance applications received by the agency come through the Express Application Center, and the initiative has been so well received that Wilson is looking at making the application process available on the county’s website so that clients can complete applications without coming into the building.

Express Application Center

Cost	IT staff time +\$17,000 for initial set-up
Outcomes	Decrease in client wait times, 60% of FNS applications are self-serve
Replication Potential	Yes, across any county

Cleveland County: FNS Re-Organization

The FNS staffing structure for serving participants of the Food & Nutrition Services Program was re-organized so that all Income Maintenance Caseworkers in the FNS Department performed both intake and redetermination functions. The previous structure consisted of 2 separate functions: One-third of the staff took and processed new applications, and the remaining two-thirds processed re-certifications, changes, and performed routine case maintenance. At this time, the county faced:

- Tremendous growth in caseloads
- Negative client feedback
- Wait times that regularly exceeded an hour
- Constant shuffling of staff
- Department overtime of 400-500 hours/month
- Low morale



FNS Re-Organization

Cost	\$0
Outcomes	80% reduction in overtime hours and wait times; 60% decrease in days to process; increase in manageable caseload and customer satisfaction
Replication Potential	Yes. The key is providing accurate information and being honest about the overall situation.

A consolidation plan to create a generic food assistance department was implemented in 2009, meaning all FNS staff would perform all functions from intake through redetermination. Though the number of persons served would support an increase of six additional staff, the department has been able to manage productively the volume

of cases without requesting additional staff. Within just a few short months, overtime was reduced to less than 100 hours per month for the department and wait times were reduced on average from 90 minutes to 15-20, improving overall client satisfaction. The average number of days to process an application has decreased from 16 days to 6 days. In addition, worker morale and productivity has increased since the workers are no longer being pulled away from their own work to help in other areas.

Buncombe County: No Wrong Door

For a long time counties have only offered two options for completing an application: come in or mail in. Buncombe’s approach is designed to reach people where they live and offer a way to access services in a way that is best for them. Their new model encompasses the following strategies:

- *Re-classification of Staff:* a new classification of positions (PIA V instead of IMC) designed to capitalize on technology and customer service at a lower cost.
- *Created Universal Intake:* PIA Vs, using Medicaider to screen applicants for all public assistance are able to provide wrap-around service delivery and eliminate the need to meet with multiple staff.
- *Enhanced Call Center:* developed internal and partner call center capabilities to include over-the-phone applications from 8am-11pm seven days a week.

No Wrong Door

Cost	Can vary: some community partners may charge to take applications; may also have additional costs for technology
Outcomes	Over 12,000 applications have been completed without the client coming into the building (90% of Family MA, 50% of FNS).
Replication Potential	Yes, either as a whole or with partial components



- *Utilized Community Partners:* built on current community outpost sites as well as developed new partnerships with local organizations for clients to be able to make application for programs at dozens of locations around the county, including: libraries, grocery stores, food banks, homeless shelters, and the hospital.

- *Capitalized on Technology.* Expanded automation of programs such as queuing, lobby kiosks, and self-scan stations to ensure clients are able to easily access services at their convenience.

Integrated Caseloads

Cost	Training; Staff time for training
Outcomes	Decrease in the number of people in the waiting room as well as positive client feedback
Replication Potential	Yes

McDowell County: Task Management Model

McDowell County recently switched their FNS and Family Medicaid program to a task management model, which removed caseloads and reorganized the filing system by case status (active, pending reviews, pending applications, etc). FNS staff rotate functions each week (intake, processing reviews, phone calls/mail) and thus become skilled in all pieces of the process. Cases are no longer affected when workers are not in the office, and training time for new staff has been shortened as staff are able to concentrate in one area at t time. In Family Medicaid, rotation will be done between two groups: intake and processing, and staff will change tasks monthly. One of the benefits to this model, in addition to the

Task Management Model

Cost	\$0
Outcomes	Decrease in client complaints around phone calls, decrease in county responsible overpayments
Replication Potential	Yes, across other counties <u>and</u> programs

decrease in client complaints, has been an increase in the quality of the work. With the rotation schedule, staff are constantly in a state of second party peer review. McDowell has seen a drop in their county responsible overpayments since the implementation of this model in June, 2011.

Brunswick County: Integrated Caseloads

With the knowledge that many clients in their county were getting multiple programs, and often spending several hours waiting for workers, Brunswick County set out to create a more generic model. The model that they have created combines FNS across all departments, ensures maintenance workers are trained in CIP and LIEAP, and combines caseloads across programs. Clients who come in to apply for Family and Children’s Medicaid and FNS can see one worker to



complete both applications. Those applications will be processed by the same worker and move to a maintenance department who carries both cases. This change has resulted in very positive feedback from clients as well as shorter waiting times in the lobby. The County hopes to roll out Adult Medicaid training across staff as well as Subsidy in the near future.

Mecklenburg County: Case Banking

In May, 2011, Mecklenburg County moved 165,000 cases to one central location, in an attempt to reduce file room/clerical costs, streamline processes, and improve workload and worker morale. The intake unit now processes all applications and sends the dispositioned case to the case bank until the review date comes up. When it is time for a review, the case is automatically assigned and distributed based on workload to the next worker in the queue, ensuring consistency in workload. Instead of file cabinets with, often, more than 2,000 cases lining the walls of workers cubicles, files are stored in a central location and distributed when they are up for review. The only cases that a worker has in his/her office are the ones they have been assigned for this month's and next month's recertifications. Vital to the success of this program, in addition to the automation of case assignment, is Mecklenburg's newly redesigned call center. Workers here have a high level of knowledge of all programs, access to the state systems, and can process changes and answer eligibility questions; thus keeping enabling a system in which the worker does not have a traditional caseload. From their work so far, Mecklenburg has seen

Case Banking	
Cost	IT costs for mass assignment system
Outcomes	Improvement to employee morale, staff savings in file room
Replication Potential	Yes

positive feedback, both from clients and from workers, as well as significant staff savings in the file room. In addition, since implementation, Mecklenburg passed its first Medicaid monitoring without a corrective action in several years.

Catawba County: Reduction in No-Show Rates in Medicaid Transportation

As many other counties have seen, when Medicaid Transportation resources are provided (i.e. driver/vehicle sent to client home) but client does not utilize the services, this results in a loss of revenue for the county. In addition, no-shows also result in a loss of service for other clients who could have been served during this same time period. In 2010, Catawba County implemented enhancements to the Medicaid Transportation policy/procedure to address the issue of no-shows. Actions implemented include the following:



- Drivers call clients when client does not exit the home upon the driver’s arrival. If there is no answer from client, the driver calls a DSS staff person who then calls—some clients would not answer a call from driver’s cell phone, but would answer calls identified from Social Services.

- Policy for notice of cancelation, without good cause, was increased from two hours to twenty-four hours. The policy was revised in January 2008 and implemented in July 2008. The six month time period was used to educate clients about the change in the policy. Efficiencies occurred as additional clients were served in time slots originally scheduled for clients who canceled.

Reduction in No-Show Rates in Medicaid Transportation

Cost	\$0, automated phone system already existed
Outcomes	Reduction in no-shows from 9% to 5%
Replication Potential	Yes

- In March 2010, Medicaid Transportation implemented use of an automated phone notification system. The system is used to contact clients, reminding them 48-hours in advance of their appointments. Clients will then have time to cancel within 24-hours if needed. There was no cost for the automated phone notification system as it was already being used in the County.

The project was implemented at no additional cost to the agency, and resulted in no-show rates that decreased from 9% in FY 2007/08 to 5% in FY 2010/11.

Sampson County: Intake Teams

After an assessment of traffic in the lobby, Sampson County knew they needed to shorten the amount of time people were spending in the office. Clients who came in to receive multiple services could spend as many as six hours seeing multiple workers, and returning to the lobby to wait for the next worker.

Intake Teams	
Cost	\$0
Outcomes	Reduction in time spent in the building from 6 hours to 90 minutes for clients applying for multiple programs
Replication Potential	Yes

They pulled a team of income maintenance caseworkers who were well-known for their customer service abilities together in a workgroup. The plan that came out of this group was to pair any workers who represented programs a client wanted to apply for, together to execute a joint intake

process. The FNS worker always takes the lead asking the questions that apply to all of the programs the client is requesting as well as the FNS-specific ones. The client then stays to meet with the other workers, one by one, to fill in any remaining pieces of those applications. Duplicate forms only have to be signed once, and workers find themselves communicating across program lines to process those



applications. Sampson has seen a drastic reduction in the amount of time these types of clients are spending in the building—down to an hour and a half from upwards of 5-6 hours.

Robeson County: Paperless Project

In 2009, Robeson County was drowning in paper and running out of space. The storage of paper case records had taken over all available space in the agency, including break rooms. When the agency bought a document management product later that year, the department was able to go paperless across the entire agency. In addition to being able to scan all of their files and see them electronically, the software also offered the opportunity to autopopulate forms with information downloaded from the state system and track clients as they come into, and move throughout the agency. Robeson is also scanning mail and submitting it directly to workers. The new system is not only helping caseworkers do their job more efficiently, it is also helping the entire agency improve their performance. Robeson got its first 100% score on the Health Choice report card, has reduced wait times in the lobby by more than 80%, decreased intake times by 60% and lowered the average number of days to process an application by 8 days. While there was a significant up-front costs for the product, Robeson believes that it has saved multiple millions of dollars by not having to design space for file storage in their new building.

Paperless Project

Cost	Significant cost for Northwoods, scan stations and individual scanners
Outcomes	Reduction in: (1) wait times from 2 hours to 20-30 minutes; (2) intake times by 60% to 15-20 minutes; (3) processing time frames by 8 days. Cost savings of several million dollars in new building design by eliminating the file room and worker space for files.
Replication Potential	Yes, although costly up-front.

CONCLUSIONS FROM SITE VISITS

Over the course of the planning year, the Work Support Strategies (WSS) project team reached out to as many counties as possible to understand the spectrum of practices and processes in place across the state. Through statewide county site visits, stakeholder meetings, and involvement with county professional associations, we have catalogued the following observations concerning county operations.

Administration

Geographic, political, historical, cultural and other local issues heavily impact the administration of economic services programs. This can be viewed as a strength or weakness: while local constituents may have bigger voice in how services are delivered, the autonomy of county operations creates inconsistencies across the state and limits the economies of scale that might be accomplished from a more centralized approach.

Most county eligibility operations and staff members are organized by program. Historically, the state has administered benefits programs in a way that mirrors federal funding sources, and it can be assumed that this organizational approach has made its way down to the county. While this structure simplifies program administration by keeping activities in line with funding sources, it does not appear to be beneficial for clients receiving multiple benefits, who are asked to go through a separate eligibility process for each benefit.

Administrative churning –lapsing benefits, incomplete applications, failure to supply

verifications, etc. – occurs frequently. Some counties reported that as many as 50% of clients applying for benefits had recently had their case closed. Completing a new application process is more labor-intensive (for both clients and case workers). The extent to which this churning can be improved is unclear: it is unclear whether churning is a systemic problem or simply a matter of clients neglecting or forgetting to submit the appropriate information on time...or both.

Business Processes

Many counties operate under a case management system in which case workers “own” cases. This means that an individual case worker is responsible for specific cases, and that a family needs to contact a specific case worker in order to make changes, ask questions, etc. Bottlenecks can occur when a worker is unavailable and could be prone to distribute work unevenly. If a case worker is going to be gone, they either work ahead or plan for coverage (buddy system, for example).

Many counties have divided case workers between “intake” and “maintenance” functions, or have assigned certain days that workers complete intake or maintenance activities. These divisions of labor allow workers to focus and/or specialize on certain eligibility functions, however, they reinforce managing cases around 30- or 45-day processing requirements.

For many counties, eligibility processes are paper-heavy. Counties have different methods for managing paperwork. Some counties are moving toward being paperless, while others are

completely paper-based operations. Many counties maintain case files for each program, meaning duplicate copies of verifications, forms, and other documents for the same individual or family. These huge amounts of paper require storage, traveling to and from file rooms, and a limited ability to share cases across case workers or programs.

Case workers are overwhelmed with phone calls and voicemails from clients. Because most counties operate under a case management model where clients “own” cases, clients may have specific case workers for each of the programs in which they are enrolled and must contact those case workers in order to make changes or check the status of their benefits. Because case workers often spend time conducting intake functions, they do not have the ability to answer phone calls and calls go directly to voicemail. Managing voicemails is not only time-consuming but prevents an immediate resolution of a client issues.

Programs collect much of the same eligibility information. A review of intake forms, applications, and case files confirmed that there is a great deal of redundant information kept for each program. At counties with multiple front desks (for each program) even basic intake information may be collected multiple times during the same visit.

In some counties, especially rural counties, access to the DSS can be an issue. Some counties have extended hours to provide working clients with more convenient times to visit the office.

County staff had varying opinions on *ex parte* review process recently implemented by DMA. This new policy allows case workers to determine continuing eligibility for some Medicaid cases using

available data sources. While some case workers liked being able to approve benefits without meeting with clients, others thought that *ex parte* required too much research, which consumed a significant amount of time.

Staffing

Front desk worker responsibilities are often limited to clerical functions. Unlike many new models for eligibility programs, most counties maintain front desk workers who do not have the ability or training to conduct case maintenance activities. This means that even clients with relatively simple changes or requests must enter the general waiting room queue. Intake processes for walk-in clients can be convoluted, and processes meant to bring order to waiting rooms make for multi-step processes for clients who are looking to meet with a case worker.

Counties have attempted to implement a “generalist” case worker but many have not been successful. Case workers view policy as the main complication in implementing a generic worker model. Complex policies are not only a reflection of federal rules, because state programmatic policies have developed independently for a long time, they are inconsistent across programs, even in terms of language, delivery and structure.

Most county case workers reported that they struggled with caseload sizes, however, staffing ratios and worker caseloads can vary greatly across counties. One survey indicated that counties had caseload sizes between approximately 350 and 1300 FNS cases per worker. Although staffing roles are organized differently in different counties, this still points to a large disparity of caseload sizes across counties.

Many counties may not be able to fill frozen positions and are facing staffing shortages (from a historical perspective). In recent years, FNS caseload growth has made this even more of a challenge, and case workers are having to manage larger caseloads.

Communication

Communication across program areas is oftentimes limited. As noted, staffing roles are typically organized by program area. While there are requirements for case workers to communicate new eligibility information across programs through a state form, this does not always occur. And at a higher level, there may be limited communication about policy, procedures, processes, and clients among different programs at the county level. This, in turn, can limit the ability of counties to serve customers in a holistic manner.

Mail-in applications are oftentimes incomplete. Counties reported a high rate of incomplete Medicaid applications, and cited this as a constant source of frustration and inefficiency.

Clients don't understand having to supply the same information for different programs. Counties reported that clients were often confused by the fact that they had to provide eligibility information multiple times to multiple people.

The majority of client questions have to do with why the client didn't receive their benefits or when they will receive their benefits. Despite setting expectations about how long it will take to get approved and receive benefits, case workers frequently receive these calls.

Data/Measures

In some counties, processing activities are managed using 30- and 45-day processing requirements as the basis for success. Other counties have set goals of lower processing times, but few are attempting to prioritize same-day or next-day processing.

Basic reports that support the timely processing of applications (pending denials/closures) are most frequently used by county supervisors to manage operations. Counties track traditional measures of accuracy and timeliness to measure compliance, but may not be using them to help improve processes.

Counties staff and managers reported that good customer service and the accuracy of benefits were important priorities. The nature of service can be dependent upon the environment in which the county operates. For example, smaller counties may be able to provide more personalized services, whereas urban areas with high caseloads may require a more efficient process in order to accommodate the large number of customers.

Technology/Automation

Counties use different tools to conduct screening, case management, document management and customer flow activities. Counties have made significant investments in improving their service delivery system. Further, counties have invested time and money into designing programs around current silos.

County staff have developed in-house databases, tracking mechanisms and other systems to improve operations and reduce redundant data entry. For example, some program units have



Work Support Strategies: Streamlining Access, Strengthening Families

developed and maintained fill-able electronic forms so that they don't have to start from scratch when client renews or reapplies.