

PCGHealth & Human Services™



Work Support Strategies *Stakeholders Meeting*

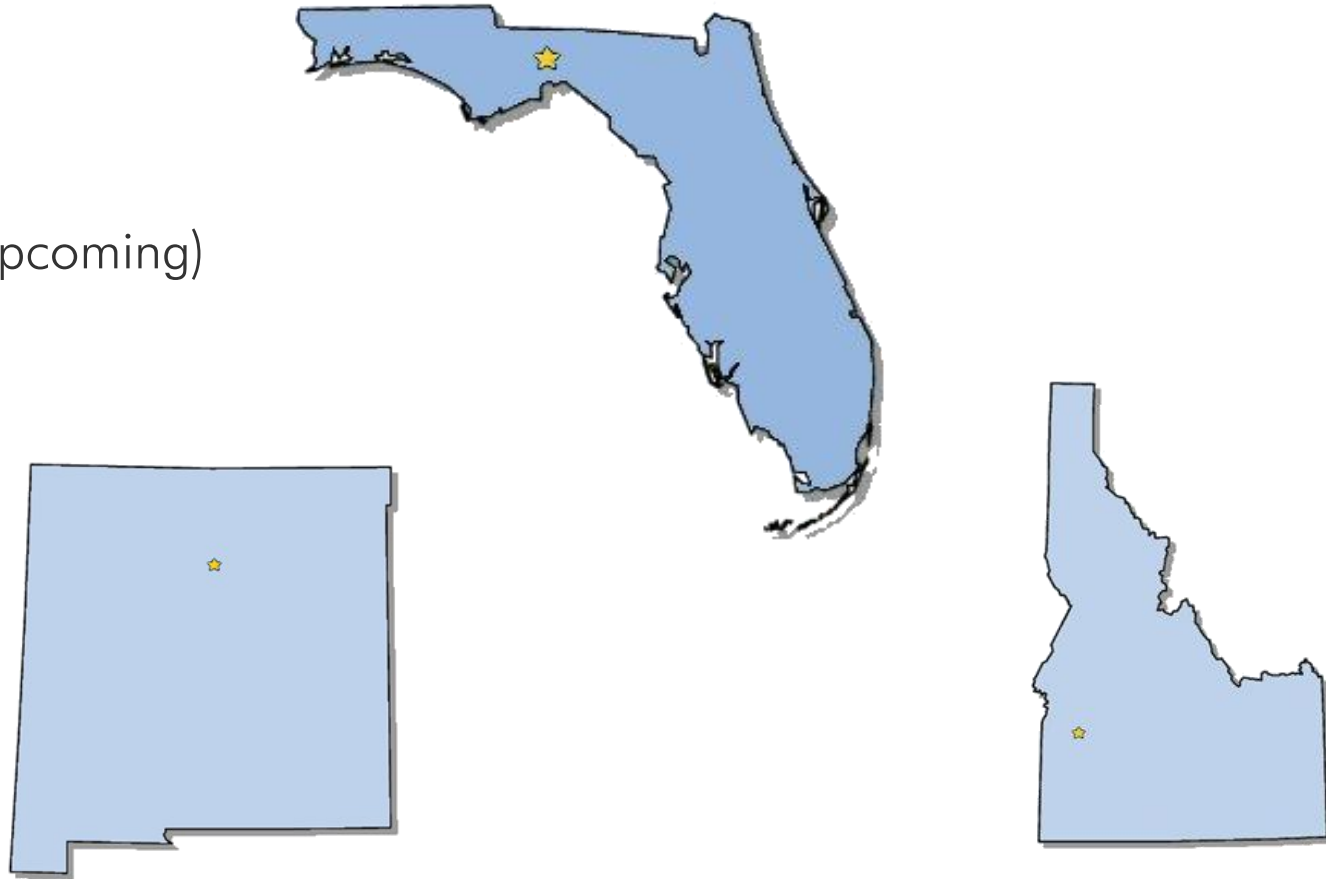
September 22, 2011

Agenda

- Welcome and Introductions
- WSS Refresher/Stakeholder Discussion
- Completed and Ongoing Activities
 - National Site Visits
 - County Site Visits and Client Interviews
 - Data and Southern Institute Project
 - Integrated Eligibility
 - County Best Practices
- Planned Activities
- Program Evaluation Division Report
- Stakeholder Discussion

National Site Visits

- Florida
- New Mexico
- Idaho
- Washington (upcoming)



County Site Visits

	County Population	Case Management vs. Process Management	Program-Specific or Generalized Workers	Call Center	Case Management System	Client Tracking System	Document Imaging
Catawba	155,157	Case Management	Program Specific	No	Electronic	Yes	Yes
Wake	828,759	Case Management	Program Specific	Yes	Paper	Yes	Planned
Nash	92,814	Case Management	Program Specific	No	Paper	No	Planned
Franklin	57,201	Case Management	Program Specific	No	Electronic, Paper	Yes	Yes

County Site Visits

Observations	Implications	Root Causes, Solutions
Counties operate in silos based upon program (SNAP, Medicaid, TANF, Child Care).	<ul style="list-style-type: none"> • Duplication of effort • Confused clients • Not client-centric 	?
Administrative churning – lapsing benefits, incomplete applications, failure to supply verifications, etc. – occurs frequently.	<ul style="list-style-type: none"> • Generates additional work • Generates calls, walk-ins • Error prone 	?
Communication across programs is limited.	<ul style="list-style-type: none"> • Duplication of effort • Not client-centric • Perpetuates bad practices/contains good ones 	?
Eligibility processes are paper-heavy.	<ul style="list-style-type: none"> • Generates additional work • Duplication of effort • Error prone 	?
Clients don't understand having to supply the same information for different programs.	<ul style="list-style-type: none"> • Confused clients • Discourages applications • Generates additional work 	?

County Site Visits

Observations	Implications	Root Causes, Remedies
Counties operate under a case management model; staff typically own cases.	<ul style="list-style-type: none"> • Coverage challenges • Error prone • Lack of transparency 	?
Caseworkers are overwhelmed with phone calls and voicemails from clients.	<ul style="list-style-type: none"> • Poor work conditions • Churning • Poor customer service 	?
Front desk worker responsibilities are often limited to clerical functions.	<ul style="list-style-type: none"> • Unnecessary waits • High case manager workloads • Poor customer service 	?
Case workers view policy as the main complication in implementing a generic worker model.	<ul style="list-style-type: none"> • Discourages referrals • Discourages information sharing • Duplication of effort 	?
Programs collect much of the same eligibility information.	<ul style="list-style-type: none"> • Duplication of effort • Confused clients • More paper 	?

Summary of Client Interviews

- Conducting phone interviews with clients at four counties
- Clients perceive issues with receiving benefits to be out of the control of case managers
 - Policy
 - Eligibility
 - Verifications

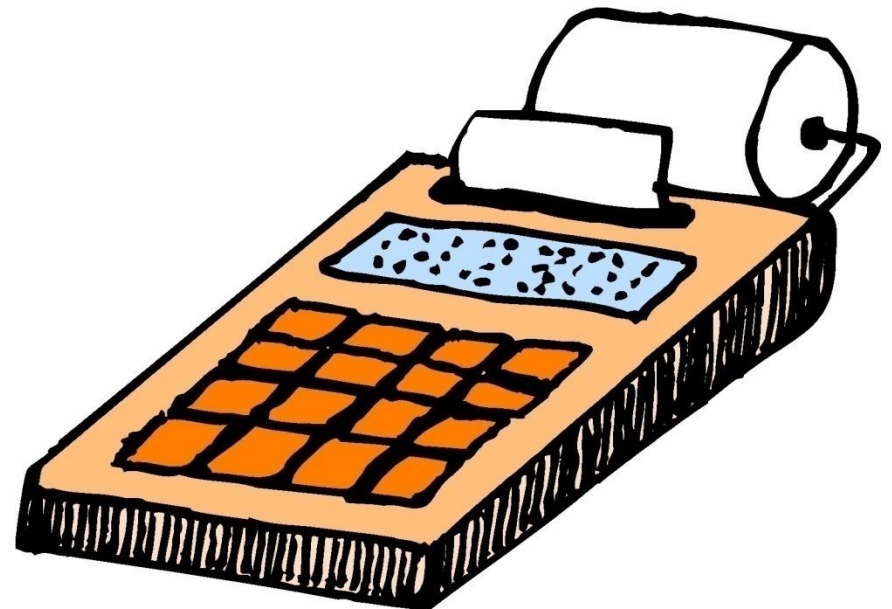
“It would be nice if you could see one caseworker for everything.”

“Every six months you fill out the same stuff, even though nothing has changed.”

“I just ask the [caseworker] for help. I just want to give the right answer so we don’t have to have repeated correspondence and phone calls.”

Data Analysis – Planning Year Goals

- Unduplicated count of clients across all work support programs
- Determine the number of clients that are denied benefits due to procedural reasons, versus eligibility reasons
 - Procedural reasons such as missing verifications, failure to establish eligibility, or failure to reapply
 - Ineligibility due to income, citizenship, residency, or household composition



Data Analysis – Planning Year Objectives

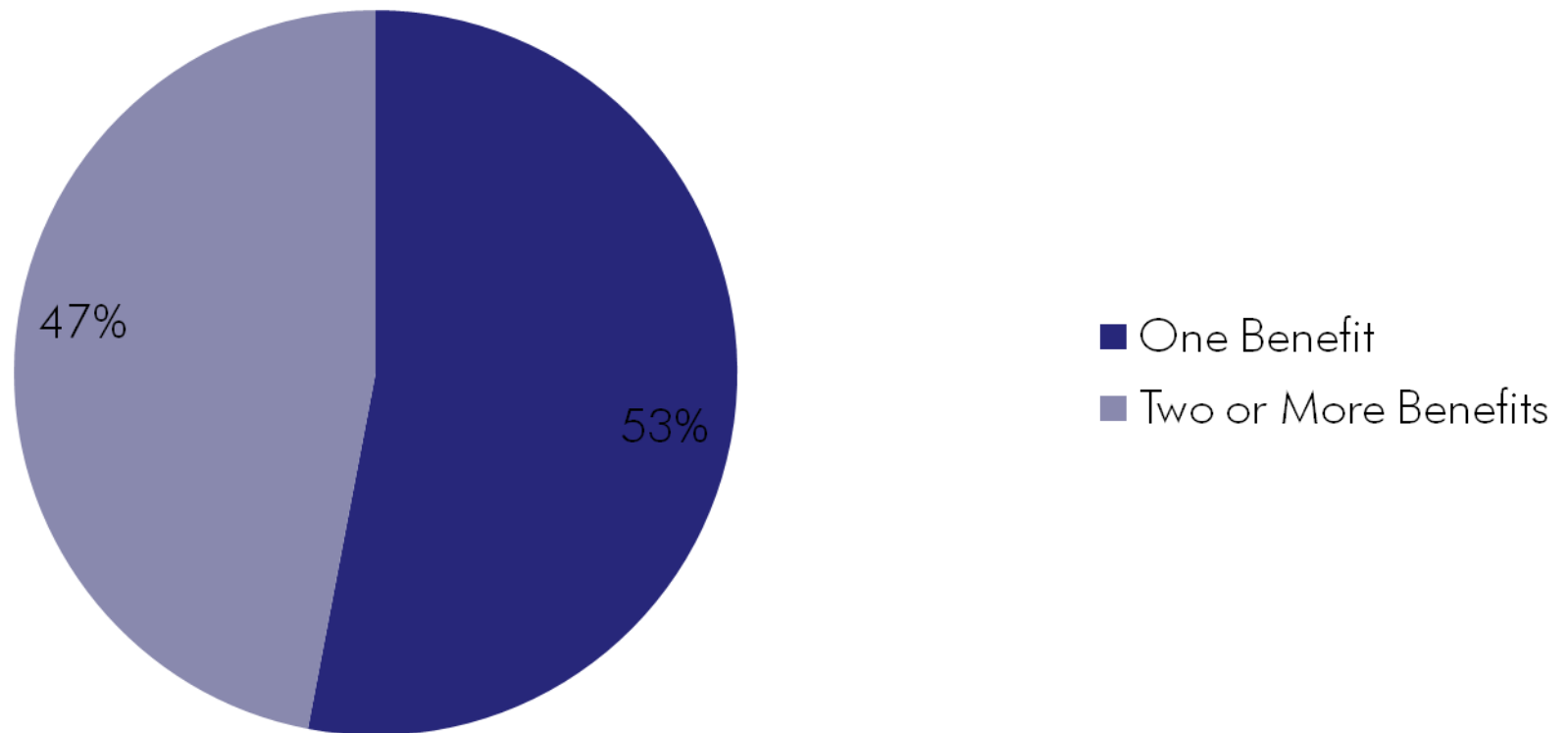
- Planning Year
 - Create baseline measures from which to determine the overall success toward the project mission
 - Validate areas of opportunity to reduce churning
 - Utilize data to inform policy and process changes
 - Identify future data needs
 - Tools for ongoing improvement and self-evaluation

Tell the story of the client.

How many families are engaged in multiple eligibility and review processes?
How can aligning programs help them?

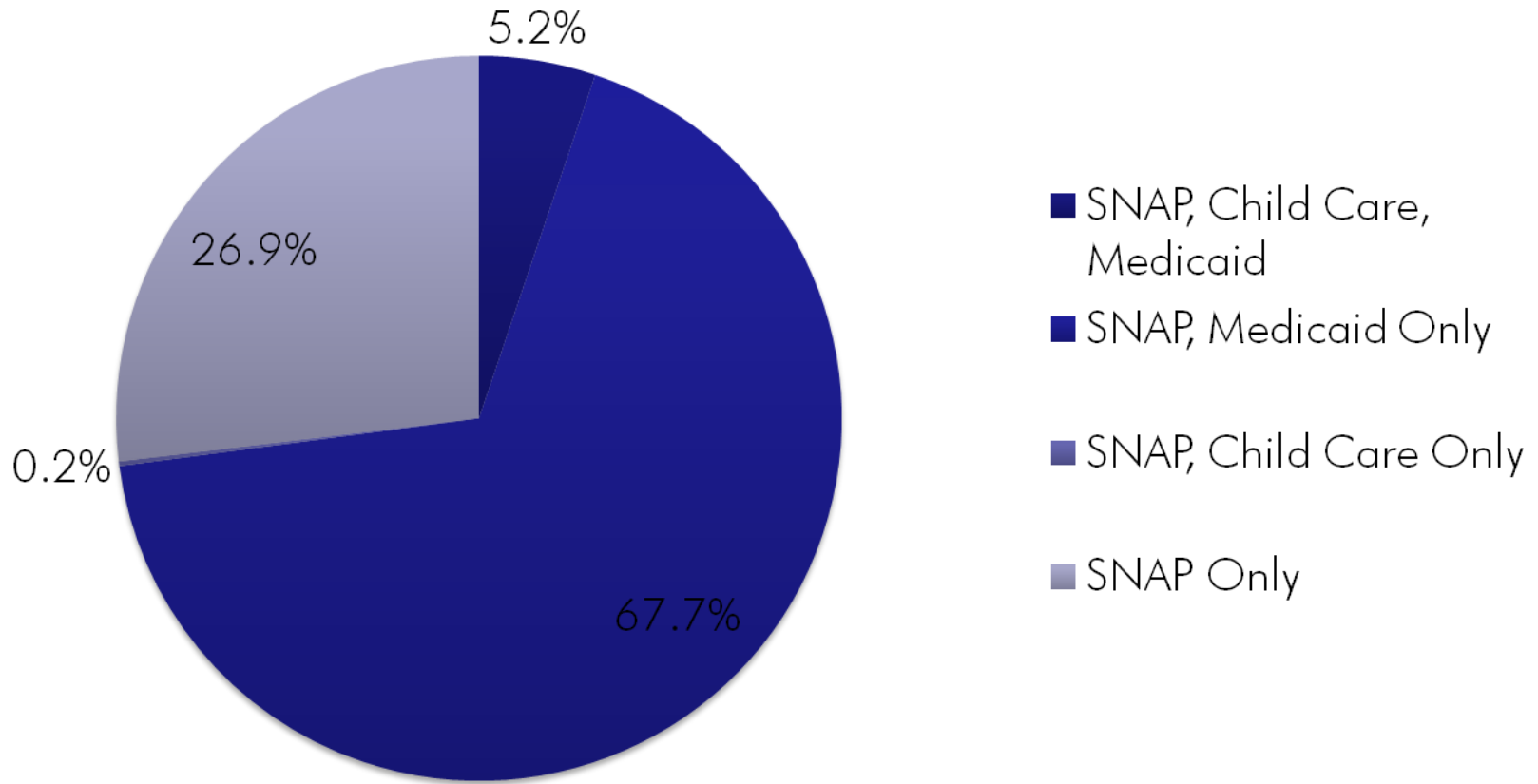
Caseload Overlap

Clients Receiving Multiple Benefits, 2010
(Including Medicaid, SNAP and Subsidized Child Care)



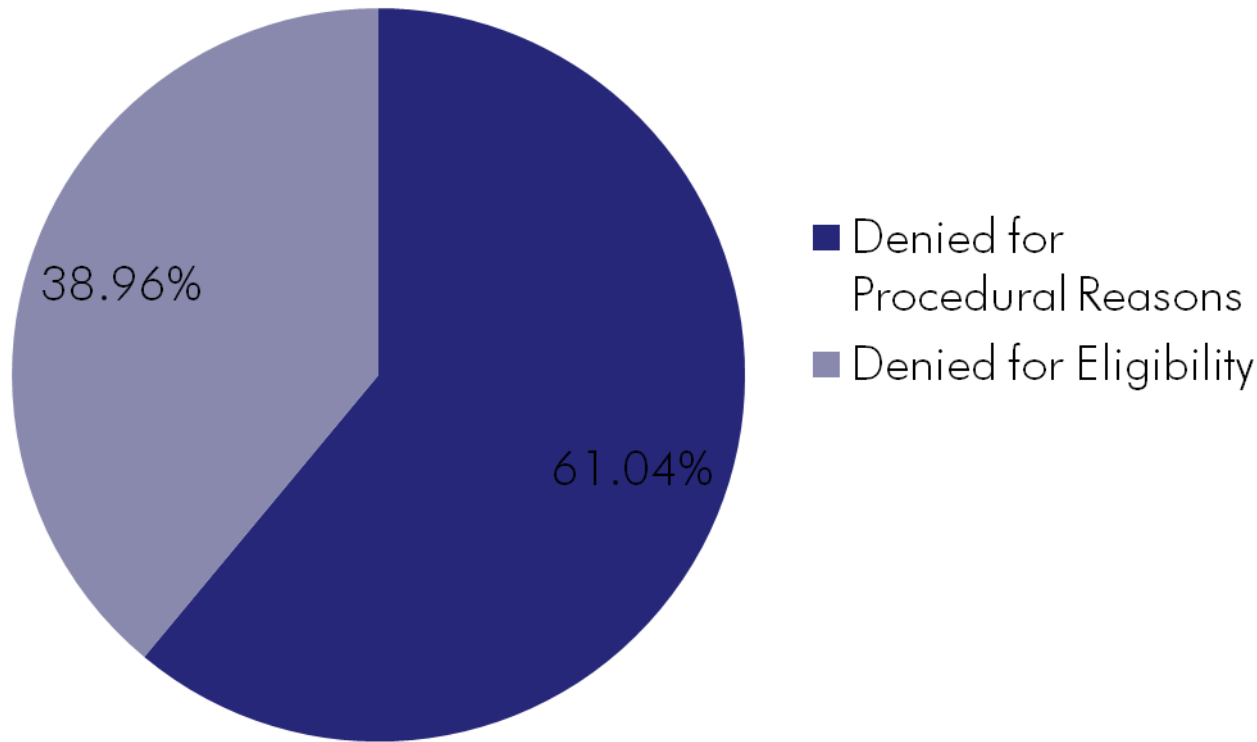
Caseload Overlap

Percentage of SNAP Cases Receiving Medicaid and Child Care Benefits, 2010



Data Analysis – Procedural/Eligibility Denials

SNAP Applications by Disposition, 2010



Procedural reasons account for about half of all denials across programs. This confirms NC's significant opportunity to benefit from the Work Support Strategies project.

Data Conclusions and Next Steps

Conclusions

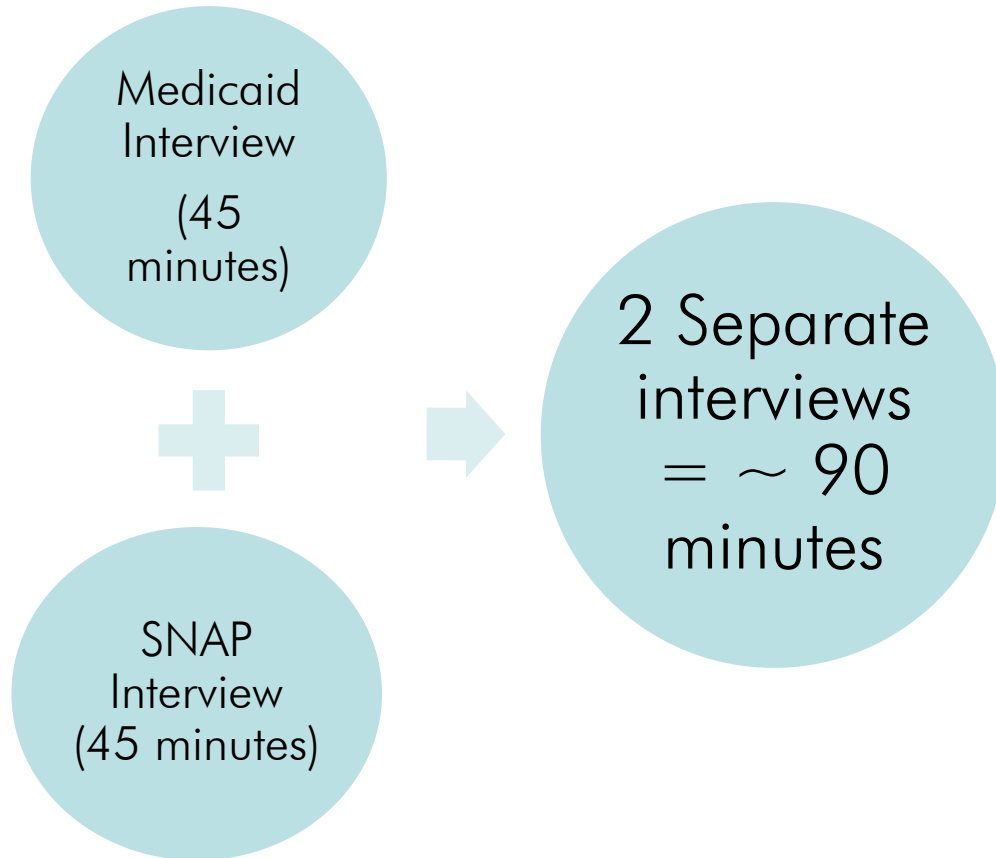
- Approximately half of all denied applications are due to procedural issues (missing verifications or other paperwork, failure to comply with interviews, or lack of cooperation in determining eligibility).
- Caseload overlap is significant in North Carolina, with approximately 60% of Child Care clients also receiving Medicaid and SNAP.

Next Steps

- Quantify savings to be realized through the work support strategies initiative.
- Understand the impact of client churning across programs.
- Incorporate data into Strategic Implementation Plan.

Potential Savings

A client goes to a county DSS office to apply for Medicaid and SNAP for herself and her children...



Southern Institute on Children and Families

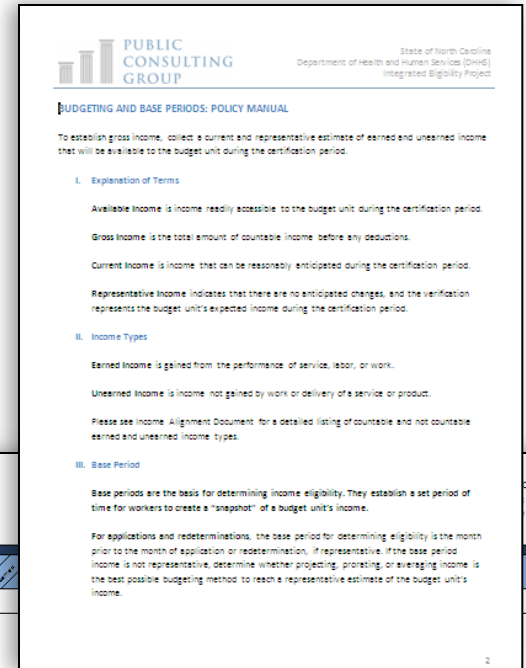
- Consulting services offered by Southern Institute to supplement the development and design of the Strategic Implementation Plan.
- Planning for Southern Institute support WSS by:
 - helping counties identify data/information that would help counties make management decisions, especially those decisions related to process improvement
 - providing technical assistance on how to collect data/information that is not currently being collected
 - providing technical assistance on how to analyze, interpret and act upon data/information
 - providing suggestions for outcome measures that might apply to all counties, regardless of particular processes
 - informing a framework for counties to conduct ongoing self-assessment



Integrated Eligibility Update

- Status
 - Mapped policy across Medicaid, Work First, Special Assistance, and Subsidized Child Care and aligned where possible

- Current Activities
 - Propose unified policy manual across programs utilizing common policy language
 - Propose a governance body on to guide implementation and continue unified policy development



	Medicaid	Work First	Special Assistance	Subsidized Child Care
Armed Forces Pay (Variable)	Include Base Pay, Special Pay, Bonus Pay, Incentive Pay	✓	✓	✓
Attendance Allowance and Dependent Care (Wages)	This is earned income from employment. This allowance is not income for providing care. Payments do not come from a source outside the household budget unit in order to be countable.	✓	✓	✓
Bonus Pay	Only count income if reasonably expected or received on a regular basis (including annual).	✓	✓	Exclude over the period of time it is intended to occur. Count as a monthly amount.
College Work Study or College Work Study on Aid	Do not count if under Title IV or BIA.	✓	✓	Exclude over the period of time it is intended to occur. Written verification of the award amount and schedule from the benefactor. Award letter.
Field Wages	Count when received. Count only if employer is not a household member. Do not count if employer holds wages.	✓	✓	Count monthly gross amount being withheld.
Temporary Pay	If reasonably expected.	✓	✓	
Travel Allowance Payments	Only count amount above stated maximum.	✓	✓	Only count for travel.
Unemployment Training	WICOP payments are countable for MA. Unemployment is under 10. WICOP is countable for Special Assistance recipients under the age of 25.	✓	✓	Subtract the stated maximum for food and board payments from the total before any payments received. If there is any excess remaining, divide by 2 to determine how much is available to be earned.
Pay Advancements		✓	✓	Count gross monthly income as wages.

Carolina (DHHS) Project

County Best Practices

- **McDowell County: *Task Management Model***

- McDowell County recently switched their FNS program to a task management model, which removed caseloads and reorganized the filing system by case status (active, pending reviews, pending applications, etc.). Staff rotate functions each week (intake, processing reviews, phone calls, etc.) and thus become skilled in all pieces of the process. Cases are no longer affected when workers are not in the office. McDowell is also moving their Family Medicaid program to a task management model.

- **Catawba County: *"CLEx" Leadership Program***

- Catawba County utilized existing and external resources to implement a County Leadership Excellence professional development program for staff. CLEx provides staff with a long-term opportunity to develop leadership skills and has benefited the agency as these skills are put into practice and shared from participants to their staff.

County Best Practices

- **Cleveland County: *Reorganization of FNS Program***
 - Due to unmanageable caseloads sizes and excessive agency overtime, Cleveland reorganized its Food and Nutrition Services Program. The county went from specialized to generalized workers in this program, which has led to time savings, shorter wait times, application processing times, and greater morale among staff.

- **Cumberland County: *Subsidized Employment***
 - Utilizing an ARRA grant, Cumberland County contracted with a temporary employment agency to recruit TANF-eligible individuals for office support. The employees supported the office in areas of greatest need, particularly in FNS, where a solution was needed to reduce long wait lines.

- **Others: Wilson County, Buncombe County, Guilford County**

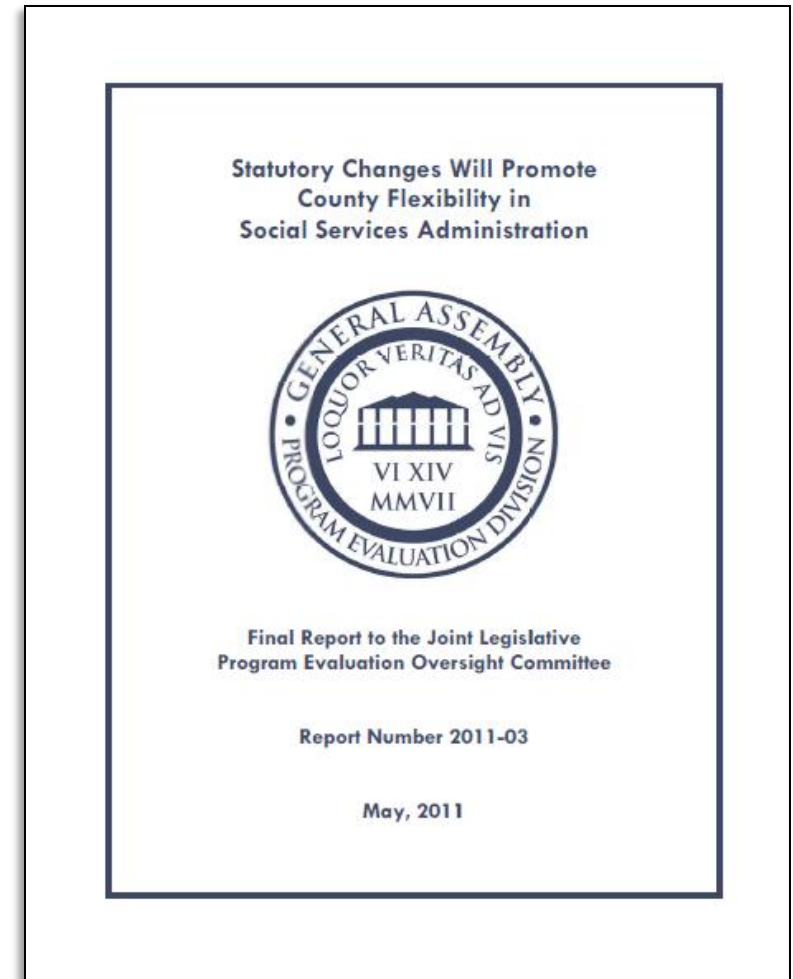
Planned Activities

- Social Services Institute (late October)
- WSS Conference (mid-November)
- Regional Directors Meeting(s)
- Foundations Meeting
- Focus Areas: NC FAST, Health Care Reform, Quick Hits
- Strategic Implementation Plan Development
- Stakeholder Meeting

North Carolina Program Evaluation Division Report

“Statutory Changes Will Promote County Flexibility in Social Services Administration”

- Overview
- Implications for Work Support Strategies



Stakeholder Discussion – Questions

- How does your organization measure success? How should the community of state, county and private service providers measure success for 1) families served by Work Support benefits and 2) the agencies serving those families?
- What are the most convincing pieces of information about why North Carolina must re-imagine its service delivery system? What pieces of information are absent?
- In the area of work support service delivery and eligibility, what resources do we overly rely upon? What resources do we under-utilize?
- How should other major efforts, including NC FAST and Health Care Reform, be incorporated the into strategic implementation plan?

Tenets of New Service Delivery Model

- Families will tell their story once, and receive the services they need.
- There will be no wrong door to accessing benefits. Clients will have a choice in when, where and how they access benefits.
- Community partners will provide new avenues for accessing services.
- 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.
- Customer service, efficiency, and data will drive the development of service delivery models and the development of staffing roles.
- Counties will retain flexibility in how they implement, but outcomes, performance and a positive customer experience will provide the ultimate measure of success.

Stakeholder Discussion – Emerging Strategies

	Program Policy, Procedures	Business Process, Centralized Activities	Organizational Structures	Data, Outcomes, and Monitoring	NC FAST
1	Unified Policy Manual	Centralized Change Center	Unified Policy Governance Board	County Self-Assessment Tool	FNS Implementation
2					
3					
4					

Stakeholder Discussion – Emerging Strategies

	Legislative Support	Resources, Budget, Financial	Communication, Outreach	Personnel and Training	Health Care Reform
1	Regulatory Flexibility	Cost Allocation Redesign	Best Practices Laboratory	Personnel Classification Analysis	Data Harmonization
2					
3					
4					

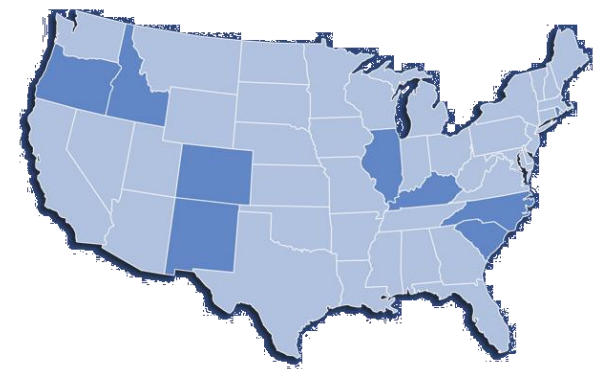
Appendix – Overview of Work Support Strategies

Scope

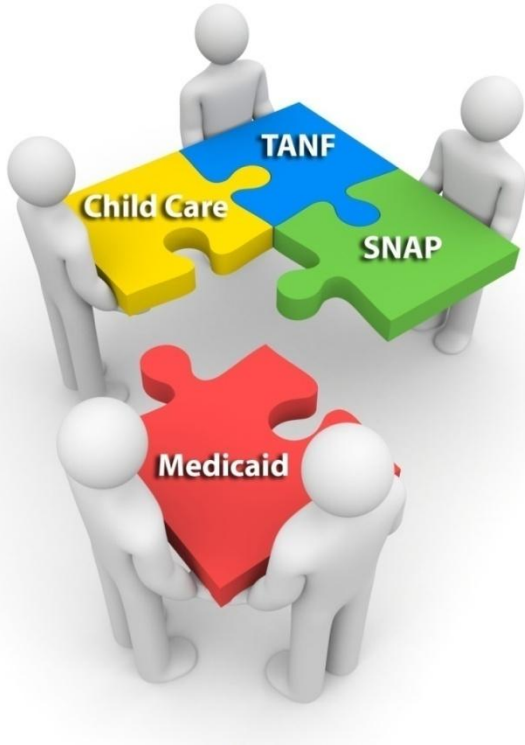
- One-year planning phase for diagnostic assessment and development of action plan
- Three-year implementation phase

Goals

- Improve health and well-being of low income families
- Glean lessons from demonstration states through rigorous evaluation
- Deliver benefits more effectively and efficiently



Appendix – Planning Year Vision



The Starting Point...

North Carolina is committed to create a **new service delivery model** for North Carolina families in need. Such a service delivery system will serve families and individuals in a **holistic** manner, asking them to tell their story once rather than multiple times. North Carolina aims 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.

– NC Work Support Strategies Proposal

Appendix – Planning Year Goals and Objectives

1. Develop and document overall vision for North Carolina universal service delivery model.
2. Test the alignment of eligibility determination policies and processes across programs, and implement initial round of changes.
3. Develop baseline measures that will inform policy/process changes and measure long-term progress of Work Support Strategies efforts.
4. Create DHHS-wide governance structure to manage integrated policy development and eligibility determination functions.
5. Develop long-term marketing plan for Work Support Strategies, and align relevant efforts that are already underway.

Appendix – Planning Year Goals and Objectives

6. Conduct several small-scale studies in order to further develop the business case for new service delivery model.
7. Implement “quick hits” to assist counties with caseload growth.
8. Catalogue and distribute national and county best practices for eligibility determination processes.
9. Develop business process redesign options that support “no wrong door” approach, and coordinate with NC FAST implementation efforts (FNS pilots) to identify opportunities to maximize technology and automation.
10. Develop Strategic Implementation Plan for Work Support Strategies.