

Catawba County Best Practices

We did not change a lot of the way we are doing business. We did go entirely universal in the beginning of Medicaid moving into NCF, but that was a mgt decisions that wasn't as inclusive of staff as it should have been.

We fairly quickly realized that was not what was best for our customers or staff and moved to universal intake and specialized case management/review. We weren't afraid to say, we didn't get it right the first time. We recently surveyed staff to see what they thought about universal intake and specialized case management and our set up. Management thought that perhaps an intake office who does nothing but intake/processing would be the way to go. Staff had differing opinions on this. They felt that they did not want to lose their blended program knowledge. We did not move to task management or some of the other "new" processes but stayed true to what we had been doing with a focus on customer service. Staff wanted to be accountable for the work performed. They enjoy having ownership of a caseload and receive satisfaction by providing benefits timely and accurately. Staff sees apps/recerts as more than just numbers or deadlines. They know that what they do provides a parent with a way to feed his/her children or a elderly person a way to eat without having to chose between food or medicine. Staff also said that they wanted us to modify our intake rotation. Therefore, they decided that all staff should rotate through intake to keep staff up to date on these programs and functions. As a result, we decided to not do blended case mgt, only universal intake and then the worker on intake hands off to the program specialist after they process the case. This did require some physical moves in the agency to make this work. From the beginning we arranged teams with one supervisor specializing in FNS and one in Medicaid. The supervisors partner together to help each other learn about the other program and to be a support to staff. Supervisors have a mix of FNS and Family Medicaid specialized staff.

Helpful tips:

- Eligibility Specialists (ES) complete both intake functions and case management functions.
- Keeps staff abreast of policy knowledge for both programs.
- Provides better customer service by client tell their story for our two major programs one time.
- ALL staff rotate every 4 days on intake (this was at their request).
- The intake worker completes and processes applications for FNS and F&C Medicaid (exception is Work First and Day Care).
- Once the applications are processed, the case approved in the worker's area of expertise is kept in his/her caseload.
- The case approved for the program outside of his/her expertise is transferred to an eligibility specialist that manages cases of that type.
- Decreases the potential for county errors or intentional program violations by having one worker (and one with expertise) to react to applications.
- Have dedicated Staff to do FFM's and SSI cases.
- Have a Business Manager and Software Systems Engineer to assist with Economic Services.
- Monitor work to determine if additional staff are needed.
- Supervisor Review-Second Party Reviews of ALL Cases for ALL staff who are here 6 months are less. For seasoned staff, second party reviews are done on households with 5 or more.
- We are not promoting EPASS-we prefer walk ins as we can control those cases better. We don't discourage EPASS, and still work those, but we are not promoting it until needed changes are made.

Supervisors and Managers use the daily O & M reports, but we also expect staff to pull their own reports, to monitor their own performance. We also use the monthly application processing and caseload statistics. We use the reports to look for trends and also to look to see if an individual is struggling. We then determine what we need to do in terms of training to assist staff (either as a whole or individuals).

We do agency wide outcomes and reinvest our dollars where needed. If we meet outcomes, we have more resources so all boats rise. We include outcomes in staff evaluations. Outcomes focus on processing times for standard and expedited FNS applications and quality of FNS determinations while maintaining a focus on processing Family MA applications faster than state expectations. Staff are held accountable for their performance and it impacts their evaluation score and the amount of raise. For example, last FY, staff set a goal of processing applications within 10 days or less vs 30 days. We achieved this at a rate of 98.9%.

We recently hired a QA supervisor and are in the process of hiring a QA team. We aren't afraid to fail as we are focusing more on continuous improvement-which is different from continuous change. We are always evaluating how we are doing and what we are doing and to make adjustments as necessary but to make sure we understand the root cause of the issues before making a wholesale change. This team will work with supervisor, staff, and managers to do the following:

- resolving internal NCFASST issues
- training
- quality reviews for staff
- reviewing and interpreting policy changes and answer questions to ensure accurate delivery of benefits
- one-on-one support and training as needed
- assist with process improvement efforts
- monitoring available data/reports and create internal reports when needed to assess program performance
- utilize OST
- work internal reports that we have created in Data Warehouse (list)
- when QC sends back any findings, we implement training based on findings
- supervisors /Managers monitor common mistakes or FAQ's and then send out answers tips to all to address those issues
- if the NCFASST POC finds an issue in NCFASST or an issue where staff isn't following a process, they correct with staff
- bring attention to NCFASST job aides and post cards that need to be explained (translated) to staff
- address trends with individual staff or supervisor if Managers begin to notice recurring issues
- promote the use of the integrated manual

The other lesson is to not rule with a big stick, but to see what we can do to be supportive to staff. Ask for their opinion. Provide training. Provide multiple trainings on the same subject if needed. We know people need to hear it more than once in order for them to fully understand.