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Colorado Eligibility Process Improvement Collaborative

Final Report

Introduction

The Department of Health Care Policy and Financing (the Department) was awarded a grant from the Colorado Health Foundation (CHF) for the Colorado Eligibility Process Improvement Collaborative (CEPIC). In its grant proposal to CHF, the Department proposed contracting with the Southern Institute on Children and Families (SICF) to work with fifteen (15) county teams to assist the counties in improving the efficiency, effectiveness and quality of processes within the public health insurance programs that support lower-income children and families, with a focus on eligibility services. SICF teaches executive leaders and front-line workers process improvement principles and guide them in the application of these principles to generate process improvements in programs through process improvement collaboratives. CEPIC utilized small-scale plan-do-study-act (PDSA) cycles to test and adapt strategies to improve the effectiveness of Medicaid eligibility processes. This report reviews CEPIC from the time it began in June 2010 with the identification and recruitment of teams through August 2011. This report provides an overview of CEPIC, as well as highlights team accomplishments and the challenges teams faced during the course of the project.

The Collaborative Process

A process improvement collaborative is a shared learning environment among multiple teams working to make improvements in processes. Each team focuses on achieving specific goals and works in collaboration with other teams to achieve a common goal. Collaborative participants achieve success by reviewing their current processes and results, testing, sharing successes and failures with other teams, and spreading improvements. The collaborative encourages teams to test and adapt changes based on the teams' unique environments or test sites in order to spread the change to other areas of the organization. Learning is shared by communicating through telephone calls, email, learning sessions, site visits and a secure Web site. SICF staff supports teams through teaching, coaching and providing individualized technical assistance. A key benefit of collaborative participation is the continuous building of knowledge and skills across organizations, counties and states that can enhance future improvement.

Data and measurement are important components of a collaborative. An improvement effort needs to have a mechanism for measuring success, failure or the need to refocus efforts. Teams are provided a set of core measures of indicators to determine the impact of a strategy. Data on these indicators or factors are collected and analyzed to determine if a process is stable and whether a strategy being tested is an improvement.

Collaborative teams are provided a package of Improvement Strategies and concepts that have demonstrated effectiveness in improving processes. The broad concepts and more specific strategies in the package can be used for developing ideas to test. Teams have

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found it to be a very useful tool to stimulate thinking and to learn about successful processes in other eligibility offices from across the country.

Overview of CEPIC

Of the estimated 176,000 uninsured Colorado children (ages 0-18 yrs) in 2008, Colorado Health Institute estimates that about 115,000 were eligible but not enrolled in the Medicaid and CHP+ programs. Nearly 61,000 children were eligible for the Medicaid program but not enrolled and approximately 54,000 were eligible for the CHP+ program but not enrolled. These estimates include only uninsured children who were U.S. citizens or legal residents who had lived in the U.S. for at least five years and met the income eligibility guidelines.

Studies indicate that the reasons families do not enroll their children in public health coverage include a lack of awareness, burdensome application processes such as verification requirements and a negative impression of the public eligibility system. Even if families get through the application process, often times a lack of knowledge of the program rules and processes can result in children losing coverage at renewal although they continue to be eligible for coverage.

The health coverage eligibility decision-making process is a system of complex inputs and outputs that must be tuned finely with each other in order to ensure accuracy and efficiency. The inputs to the system include factors such as the effectiveness of the automated computer system, the complexity of the many detailed policies, the individuality of a worker's knowledge and skills, the availability of up-to-date training, resources for workers to access and the personal record-keeping ability of applicants. In many eligibility offices around the country, administrators are familiar with the inputs, but they have much less information about the outputs and the overall accuracy of the eligibility decision-making process.

Inaccurate decisions in public health coverage programs have human and financial consequences. Public trust can be diminished and a system may lose credibility when ineligible persons are provided coverage and eligible persons are denied coverage. Persons who are truly eligible for health coverage programs deserve to access programs and secure benefits in a timely and efficient manner.

Project Objectives

The goals of CEPIC include the following:

- Increased enrollment of eligible Coloradoans in Medicaid and the Child Health Plan *Plus* (CHP+) by 15,000;
- Improved processing times, learning and application of new skills, and knowledge
- Improved quality and efficiency in internal office processes as a result of solving existing workflow problems;
- Staff trained and proficient with a new approach to problem-solving; and

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- Staff experienced in collaborating across local offices to share successful countermeasures statewide.

Identifying and Selecting County Participants

The Department invited counties to participate in CEPIC based on the potential impact the changes would have on the population served. County teams were identified and selected based on volume as it relates to the number of applications coming into the office, as well as, the overall size of the office. The counties that willingly participated in CEPIC:

- High volume/large office – Denver
- Medium volume/large office – Adams, Arapahoe, Boulder, El Paso, Jefferson, Larimer and Weld
- Low volume/large office – Mesa
- High volume/medium office – Garfield and Montrose
- Medium volume/medium office – Logan
- High volume/small office – Cheyenne/Kit Carson
- Low volume/small office – Routt

In addition, a medical assistance site, located in El Paso County, was invited to participate in order to include a Medicaid only processing center.

CEPIC Activities

Pre-work

Participation in CEPIC included the completion of pre-work activities to help prepare teams for the first learning session. Pre-work activities included the following:

- Reviewing information on building an effective team and then selecting appropriate members for the team
- Identifying a test site and test population
- Completing a value stream map of the Medicaid eligibility processes for applications, including collection of process data
- Completing a project storyboard based on the value stream map
- Reviewing the Improvement Strategies Guide
- Completing an eligibility staff and eligibility office organizational structure document

The pre-work package was sent to all identified team members via email on July 1, 2010. A pre-work conference call was held on July 13, 2010. The purpose of the call was to review the pre-work package and provide teams the opportunity to ask questions or share their concerns regarding what was being requested. There were no major issues or concerns with the information requested during the pre-work period. There was a

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question about the whether the focus would only be on Medicaid or would the collaborative include a look at SNAP cases as well. The clarification was made that the focus would be on Medicaid cases but the data provided may include combination cases of Medicaid and SNAP.

The pre-work package included a data template that identified the data elements to be tracked for a value stream map. SICF worked with the Department to provide eligibility outcome data to each participating team. A secure portal was developed for data to be uploaded for individual teams to access and analyze. The data was uploaded by SICF, monthly, after being made available by the Department.

Learning Sessions (LS)

Three learning sessions were held in Denver, Colorado.

LS 1 was held September 21-23, 2010. Fourteen county teams, one medical assistance site, and one state team (59 participants) registered to attend LS 1. The state team was comprised of representatives from both the Department and the Colorado Department of Human Services (CDHS). The Deputy Director for the Office of Client and Community Relations from the Department and The Colorado Health Foundation Program Officer were invited to provide an overview of the project goals and expectations. LS 1 was designed to bring together all team members to learn improvement methods. Teams developed and presented storyboards based on value stream maps. Teams were guided through the process of using the value stream maps that were created during the pre-work period to identify problems and to use the information to create future state maps of what success would look like. They also were shown how to use the voice of the process (data) to know when a process has special cause issues or the process is stable. Teams developed strategies to test with a focus on eliminating problems that hindered progress to achieve the desired future state. All teams had the opportunity to interact with and learn from their peers in other counties and offices, practice new skills and plan for next steps. Teams developed aim statements and planned their first test to make improvements in their eligibility processes. Teams left LS 1 with instructions to complete the test and be prepared to report the results during a follow-up conference call.

LS 2 was held December 7-9, 2010. Sixty four participants registered to attend this session. The Cheyenne/Kit Carson team made the decision that they could not actively participate in the collaborative and did not attend LS 2. During this session teams were provided information on the different kinds of waste and the opportunity to identify wasteful steps in their eligibility sites processes. Teams were provided information on spread and sustainability for strategies that had proven to be successful with other eligibility sites. In this session the teams were given tools to identify, measure, and eliminate or prevent backlog because this was a concern several of the teams had asked for help with. Teams presented storyboards that highlighted team testing and other activities that took place during action period 1. Prior to leaving LS 2 teams were asked to develop plans for a breakthrough improvement with plans to share results on the next scheduled conference call.

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LS 3 was held April 19-21, 2011. Sixty six participants registered to attend this session. Amy Latham, Senior Program Officer, Colorado Health Foundation and the state team made encouraging remarks in support of the work being done and the accomplishments teams have made thus far. LS 3 was structured to celebrate the accomplishments of teams and share what had been learned. The storyboard instructions for LS 3 were for teams to show their value stream map from LS 1 and contrast it with a value stream map of their current eligibility process. Teams were to showcase reductions in steps, handoffs and time in days or hours and to highlight changes in workflow such as push versus pull. Team storyboards also were to include a projection of the county-wide impact of successful tests and activities. Teams were also given the benefit of a review of presentations on Who Owns the Process and Variation.

Teams were invited to attend an optional data analysis and interpretation workshop that was held April 18-19, 2011, before LS 3. The purpose of the workshop was to provide instruction and guidance on designing control charts and how to analyze them to assess eligibility processes over time. Teams attending this workshop were encouraged to bring their real data and a laptop to have an interactive session. Ten counties, as well as, representatives from the Department and CDHS took advantage of this opportunity. Participants found the session to be very beneficial and suggested this type of session be held earlier in the collaborative process.

Action Periods

At the end of each learning session teams shared their plans for the next action period. Action periods are the time between learning sessions when teams are testing strategies to generate improvements.

During the action period time frame teams' participated in monthly conference calls where they shared information learned from testing. These calls were very interactive as teams eagerly shared their experiences and learned from each other. Some calls were focused on specific topics like managing variation using control charts and run charts, as well as responding to questions regarding the data that is made available to teams each month. Those teams that benefited from a site visit also shared the highlights of the site visit experience. A total of 10 conference calls were held. In addition SICF held individual team calls as needed.

A total of eight site visits were made with SICF staff, the Department and CDHS in attendance. Teams reported the visits to be very beneficial as they were able to see their processes through a different set of eyes. Two teams that were not afforded the opportunity to have an onsite visit sent representatives to observe the walkthrough, analysis of the process and follow-up discussions that occurred during other site visits. The results of the site visits included a team totally revamping their eligibility processes or as they put it "they blew up their system." Based on observations from the site visit, a team decided to identify and sort ready to work applications so that they could be

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completed first. Some teams were encouraged to try the pull system as a way to reduce backlog and improve processing time. Others implemented visual management.

Teams had access to a website where they could upload all Plan Do Study Act (PDSA) documents and supporting documents from testing, as well as, team leader reports. This tool was used to share information and enable teams to learn from each other. PDSA documents usually had more detail than what was provided on the conference calls and if a team uploaded it prior to the conference call, they were able to review and formulate questions prior to the calls. The document could also be used as building blocks to develop tests to suit the specific needs of the team.

Teams were asked to provide feedback after each learning session. Some of their comments are below:

On the effectiveness of the collaborative in making improvements:

- *We blew up our whole way of doing business as a result of this initiative. The collaborative provided us insight, new ideas, and a push to make changes that would have taken us months or even years to achieve on our own.*
- *The collaborative was very effective in getting my thinker going as to what more we could do to make things more efficient for both worker & client. Ignited excitement & opened my eyes to possibilities for improvement.*
- *This collaborative was great for us, it allowed us to work through ideas we would have never come up with had we not been given the opportunity. We were able to overhaul our intake process to reduce the time to within a few days and completely get rid of our backlog. Worker and client satisfaction is amazing and cases are all being processed in a timely manner.*
- *It has been incredibly effective! Our greatest achievement was successfully reinventing our intake process so we could not only get caught up, but also timely process our income work volume!*

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Team Progress and Results

Give an update on the measurable results and intermediate milestones as specified in your grant agreement. We are looking for the quantitative results achieved through this grant activity during this report period.

CEPIC team activities have had an impact on a number of areas. The goals of CEPIC were to improve processing times, learn and apply new skills and knowledge, improve the quality and efficiency in internal office processes as a result of solving existing workflow problems, staff trained and proficient with a new approach to problem solving and staff experienced in collaborating across local offices to share successful countermeasures statewide. The Department expected that 15,000 additional eligible Coloradans would be enrolled in Medicaid and Child Health Plan Plus (CHP+) because of the improvements to the counties business processes.

When CEPIC began in June 2010 the combined case load size of Medical Assistance programs for all CEPIC participating counties was 366,155. By the end of CEPIC in July 2011 the combined case load size of Medical Assistance programs for CEPIC participating counties rose to 592,403, an increase of 226,248 cases.

Highlighted below and in Appendix B are some of the results reported by teams as it relates to the goals of the project.

Improved Processing Times

In the storyboards for LS 3, teams were asked to create a value stream map of their eligibility processes which reflect the changes that had been made to the process and to project the county-wide impact. Changes in processing time are reflected below as highlighted from some storyboards.

Mesa County reported a change in processing time for Family Medicaid from an average of 36 days to less than 10 days.

Garfield County reported a 50% reduction in processing time for Family Medicaid applications from a baseline of 20 days.

Routt County reported a reduction of application processing time from 35 days to 7 days.

Participant feedback regarding processing time:

- *The collaborative has been extremely effective. We can now process our applications in less than 15 days.*
- *This process has been extremely effective. We have lowered the processing time in half!*

Use of New Skills and Knowledge

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Larimer County reported that using the PDSA model/small test cycles before considering wider change is now embedded in the Benefits Planning Division and they have “spread” the PDSA model/Value Stream to Child Support program.

Participant feedback related to the use of new skills and knowledge:

- *It has been incredibly effective! Our greatest achievement was successfully reinventing our intake process so we could not only get caught up, but also timely process our income work volume!*
- *We are much more willing to TRY something on a small scale and see if it works. Also our staff seem to be much more willing to give input, even when not formally solicited, on how we could do things better/more efficiently.*

Improved Quality and Efficiency of Internal Office Processes

El Paso County combined Application Initiation (AI) and Interactive Interview (II) functions for intake. This resulted in an increase in staff in their ongoing ROPE Unit and intake staff.

Larimer County tested a process of up-front imaging of all incoming mail, dropped off paperwork, faxes, etc. to their FileNet system. The one-day pilot was successful. Technicians commented that it was easy for them to find documents they needed in FileNet, and their reports from that day showed that they had 100% congruence between what came in and what was imaged, so no documents were lost. They started another cycle of this PDSA with all incoming Recertification Redetermination Reassessments’ (RRR) and it also worked extremely well.

Participant feedback on quality and efficiency:

- *The collaborative has been highly effective for our site. The pull system has been our greatest achievement so far.*
- *This collaborative was great for us, it allowed us to work through ideas we would have never come up with had we not been given the opportunity. We were able to overhaul our intake process to reduce the time to within a few days and completely get rid of our backlog. Worker and client satisfaction is amazing and cases are all being processed in a timely manner.*
- *Very effective-greatest achievement-collaborative between lobby area and eligibility department.*

Staff Trained in New Approach to Problem Solving

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Logan County predicts that they will use the PDSA concept and apply it to other decisions in the coming years. They now look for waste of all types and ask why things are done a certain way. They believe they will save dollars on paper alone by saving emails rather than printing and doing 2-sided copies when possible. They intend to look at ways to prevent rework of all types and watch for what is causing rework to occur. They also found that communication is the key with clients so they know what is needed. Further communication is important with staff to share information along the way toward improvement and amongst everyone so that they are on the same page.

Participant feedback on problem solving:

- *It has made a huge difference on how we problem-solve....learning the importance and benefit of small scale testing and data gathering has been huge. Never again will I make a big change without first testing it, gathering data, and evaluating it, so I can be confident it is the right decision.*

A complete document highlighting the responses to the feedback questions is attached as APPENDIX A in response to the evaluation component that relates to the results of a survey from participants after LS3.

Describe the method used to track and calculate these results.

The Department expected that 15,000 additional eligible Coloradans would be enrolled in Medicaid and Child Health Plan Plus (CHP+) because of improvements to the participating counties business processes. Enrollment increased by 226,248 households which is documented in the Medicaid Client Caseload by County reports. These reports can be found on the Departments website at www.colorado.gov/hcpf/budget. Appendix C displays the participating sites case loads when the project started in June 2010 and again in July 2011

Value Stream Mapping

The Improvement Strategies Guide was provided to teams as a part of the pre-work to help stimulate ideas for testing as they analyzed their current processes. The primary tool used to analyze their current processes was a value stream map. A value stream map is a picture of a service from end to end. It is similar to, although not the same as a process map or a flow chart. A value stream encompasses all of the steps in a process, those steps that add value to delivering a service and those steps that do not add value to delivering the service. The value stream is how work flows and it is about the movement of people and information. The goal of value stream mapping is to learn about an eligibility system from the customer's perspective and from the perspective of all colleagues in the system. Further analysis at LS 1 led teams to review handoffs and wait time involved in each step of their eligibility process.

Teams developed ideas from information in their value stream maps and guidance provided during LS 1 on problem identification using value stream maps. After reviewing

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the information in the value stream maps, teams began to view the eligibility process from the eyes of their customers to help identify opportunities for improvement. They also began to review how they do their work and develop ideas to make the process easier and more efficient for staff. These ideas were used in planning and implementing PDSAs/small scale testing.

PDSAs/Small Scale Testing

PDSA/small scale testing was used to help teams view the potential impact of implementing a strategy. It provided them the opportunity to make any necessary changes to the strategy before full implementation or before abandoning the idea completely. A list of strategies tested that are documented on the SICF Website and team storyboards is attached as APPENDIX B. A sample of the results from some teams is shown below.

Garfield County reported

- Backlog was eliminated
- Decreased processing time by 50% from 8/10 to 3/11
- Increased staff morale
- Eliminated rework

Jefferson County reported

- Overall reduction in Family Medicaid cases on the exceeding processing guidelines (EPG) report for the intake area
 - 69% reduction since February 14, 2011
- New start up of process improvement groups in other areas
- Overflow process no longer being utilized
- Screening applications in the Ongoing food assistance and Family Medical area identified expedited cases
 - 43% decrease in expedited cases on the EPG report for the Ongoing area
- Building relationships and expanding outreach

Routt County reported

- Decrease in phone calls allowing the front desk AI worker more work time

The strategies tested could fall under more than one improvement concept outlined in the Improvement Strategies Guide. Teams were encouraged to use all improvement concepts in order to maximize the potential for improvement but a review of the strategies indicates that teams focused more on improving workflow and improving customer service to achieve their goals.

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Examples of Strategies Tested in Improving Work Flow and Improving Customer Service	
Improvement Concept	Strategy Tested and Implemented
<p>Improve Work Flow/Improve Customer Service</p>	<p><u>Reduce wait time for customer assistance; Use scheduled appointments</u> Mesa County schedules initial interviews by appointment in two hour intervals instead of walk-in interviews in order to accommodate more of a pull system rather than a push system. Processing time for ready to work applications is two business days from drop off to completion.</p> <p><u>Mass Intake; Eliminate Backlog</u> Arapahoe County scheduled two weekly mass intakes to reduce the backlog of appointments until they get to within one week of scheduling and then eventually to same day. This reduced the time out for scheduling from 28 days to 3 days and also resulted in the application processing time being reduced to less than 45 days. It also helped eliminate the backlog of Colorado Works applications.</p> <p><u>Triage applications so that ready-to-work applications are completed first</u> Jefferson County developed a plan for triaging applications so that ready to work applications would be processed first. It involved the training of several administrative staff regarding what verifications are required for Family Medicaid and staff completing a screening sheet to indicate whether an application is ready to work at the same time AI is completed. Applications are then organized and filtered based on a color coded system (green-ready to be processed; yellow-additional verification required; red-not eligible). All Family Medicaid only applications are placed in one cabinet for a visual review of work.</p> <p><u>Pull work rather than push work</u> El Paso County started on April 4th a new pull system with 874 April issuance RRRs yet to process. They were able to complete those RRRs and start on their May issuances at noon on April 11th.</p>

The number of strategies tested and PDSAs by team varies. Some teams tested multiple strategies and others focused on perfecting one strategy to achieve their goal. This variation could be attributed to a number of factors. Teams with strong leadership helped with reinforcing the idea that generating improvements is a part of everyday work instead of additional work and it should be a part of office operations. More successful teams need to know that they have the support of management and that support should be evident across supervisory lines. A stable team with a regular schedule for meetings also contributes to a teams' success. Teams that included non traveling members who were

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kept informed of CEPIC activities and goals increased their pool for generating ideas for improvement as well as, increased buy-in from staff.

Teams were encouraged to continuously look at their process and develop more than one aim statement to maximize their potential for improvement. However, most teams focused on one aim statement. It should be noted that a high number of PDSAs and multiple aim statements is not an automatic indication of success. One of the most successful teams focused only on perfecting the strategy of scheduling appointments and allowing adequate time for technicians to make the eligibility determination decisions during the available work time. That narrowly focused strategy resulted in application processing time of less than 10 days in most cases, but also improved staff and client satisfaction. Staff satisfaction was highlighted in discussions with staff during a site visit for the project.

Some of the most notable changes that teams adopted include the following:

Triage applications so that ready to work applications are completed first:

Teams were using the eligibility determination process of first in first out, which resulted in applications that were submitted with all required verifications being delayed for processing. Teams began reviewing applications, particularly those teams that had a backlog of applications in order to determine which ones were ready to work and which ones needed additional information. The ready to work applications were then completed. This assisted in reducing the backlog and maintaining timely processing.

Develop checklists:

Teams developed checklists to help workers determine when applications had all required information included and were ready to work. They also developed checklists to attach to applications for their customers to know what verifications were required.

Redesigning workflow:

Teams implemented a pull system or used visual management as a way to manage work and improve workflow. They also used screeners to review incoming applications for completeness and to provide clients with a checklist of information still needed.

Use scheduled appointments:

Some counties began scheduling appointments and allowing a set amount of time for the interviews and the eligibility determination.

Measurement and Data

In a collaborative, measures are for learning and not for judgment. A team needs just enough data to determine if changes are leading to improvement. Measurement in a collaborative should be designed to accelerate learning and improvement, not slow it down. In addition, measurement helps evaluate the impact of changes to improvement on processes and systems.

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There are three types of measurement:

- Core Measures are data that reflect eligibility outcomes for a county office or large unit within a local office. The Department provided each county team with 18 months of baseline data and continued to provide monthly data throughout the course of the collaborative. SICF posted the data on a secure Web portal and notified teams when the data was available for review and analysis.
- Process Measures are data that assess the extent to which a business process performs and produces the desired outcomes. This data included application processing times. The Department provided 18 months of baseline data for each team and continued to provide monthly updates throughout the course of the collaborative.
- Test Measures are data associated with the Plan-Do-Study-Act (PDSA) cycles that were used by the teams for testing improvement ideas. These measures may be associated with just a few workers or a small number of pre-defined cases.

Core Measures

Core measure data was important in the assessment of eligibility outcomes of the system.

For this project they include:

- Number of applications
- Number of approvals
- Number of denials
- Reasons for denials
- Application processing times

Early analysis of the eligibility outcomes data resulted in some questions related to the codes associated with the categorization of reasons for denials. The Department continues to work with the data vendor to clarify that data, so it is useful to the eligibility sites as they continue to measure data.

Process Measures

The process measures were very important for this collaborative. The minimum standard for monitoring the progress of a team throughout the collaborative is a set of run charts with annotations showing the changes that are being tested and the measures associated with those tests.

The SICF staff developed run charts for each team at the beginning of the collaborative and additional run charts were developed with data through August 31, 2011.

Several teams gathered and analyzed their own county reported data because there were discrepancies between their team's data and the data obtained from the data vendor. The Department continues to work with the data vendor on these discrepancies.

Test Measures

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All teams used the Plan-Do-Study-Act (PDSA) cycles to test strategies and make changes to the eligibility process with the overall focus of improving processing times. PDSA cycles are small-scale tests of change used to increase knowledge about the system while working towards a specific goal. The teams documented on the SICF Website 120 tests using PDSAs. Some of these documented tests were follow-up cycles to the same strategy but with modifications. Teams also conducted tests that were not documented on the Website but were highlighted in team storyboards or discovered during site visit discussions.

The data gathered by teams from their small scale tests/PDSAs were by far the most fruitful, reliable and valid data. Teams tests' of strategies to reduce processing times yielded improvements that teams were able to extrapolate and assess the impact of the improvement county-wide. For more information on test results, please review the section on measurable results and intermediate milestone.

Describe any deviations from the initially predicted results as specified in your grant agreement.

CEPIC was designed to focus on improving Medicaid eligibility. However, as teams reviewed their processes and data it became evident that the focus should include Colorado Works (CW) and Food Assistance (FA) programs because the teams receive a large number of combination applications. Combination cases are when an applicant has applied for more than one program. Due to this fact, several teams focused on multiple eligibility processes not just Medicaid.

Initially, CEPIC began with 15 local eligibility offices and one state team. The Cheyenne/Kit Carson team made the decision prior to Learning Session 2 that they could not participate because of their workload. This team encompassed a small client population and had minimal staff available to participate in an intensive effort such as the collaborative. Additionally Denver County was unable to sustain a stable team and participated only on some of the monthly conference calls and activities, which resulted in minimal participation.

Data

The Department provided teams with core measure health coverage data. Some teams used the data more than others because they had staff members who could complete the analysis and interpret what the data mean. Other teams did not use the data regularly because there were discrepancies between the data and their own reports. The Department continues to work with these counties to improve the integrity of the data. A data workshop was held prior to the beginning of LS 3 focused on analyzing and interpreting enrollment and renewal data. The workshop provided instruction and guidance on designing run charts and tables that can be used to assess eligibility processes over time.

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Some teams had difficulty developing a measurement strategy for some of their PDSAs. They found it difficult to measure the impact of strategies such as videos in the lobby or streaming informational phone messages. Follow up and support were provided by SICF staff to the teams in interpreting the results of the PDSA findings. However, continued follow up and support should be provided for continued progress.

Team Challenges

Teams were required to submit monthly team leader reports to provide an update on the activities and to highlight any challenges they encountered during the project, as well as, to let staff know where they felt they needed assistance. The monthly conference calls and site visits were opportunities for teams to discuss specific challenges, compare process, and make improvements. Some of the most note challenges by teams are discussed below.

Time was listed as a major factor in teams' inability to move forward with improvements. Teams were viewing their efforts to improve their processes as an added responsibility, but were encouraged to see improvement as a continuous opportunity to make work easier for the customer and themselves.

The teams were pleased to have the State team as an active participant in the collaborative. However, some teams found it challenging when they did not receive what they considered a timely response to questions and requests from the State.

There were some teams that found it challenging to bring staff on board with the idea of change for improvement. They found that providing information about the reasons for change and the projects they were working on, as well as soliciting input from staff regarding their ideas for improvement helped alleviate this problem. Ultimately the change in mindset from meeting the minimum requirements to exceeding customer expectations resulted in better customer satisfaction and staff satisfaction.

Sustaining improvements was also a challenge for some. Staff had a tendency to go back to the old way of doing business when a test was completed, even though it generated an improvement in workflow and their overall process. Teams were encouraged to continuously monitor their processes through the review of data and feedback from staff. Some teams indicated they will continue weekly meetings to ensure that they have not taken their eyes off their ultimate goals as well as to identify other opportunities for improvement.

Teams indicated the down time of CBMS eligibility system was a barrier to timely processing.

Please describe the significant successes and challenges the organization experienced related to the funded grant.

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An initial challenge for the Department was gathering data. The Department is improving the data collection process so that it will provide teams data as needed so they can assess their eligibility processes in order to make informed decisions.

Although the Department and CDHS have a good working relationship, this project has allowed the two agencies to become even more engaged to work across agency lines. Both departments have been able to better understand how varying policy guidelines hinder progress for the eligibility sites and are working jointly on many projects.

Due to bureaucratic process constraints, the Department and CDHS have not been able to make speedy changes as requested by the teams on various projects. Both Departments are committed to continued work on state team projects and are always looking at ways to speed up process time.

Please describe what the organization learned based upon the results, successes, and challenges.

Providing the eligibility sites with the extra resources to address an issue of backlog does not help identify the real problem which often is related to the poor implementation of the eligibility process. Adding more staff to a cumbersome, inefficient process can in fact exacerbate a problem. Eligibility sites need to be provided the tools to identify the problems causing backlogs and other processing barriers. In addition, we learned as the counties did that first in first out does not necessarily provide the best customer service when the first in requires additional information and the application that comes in after that point has all required information. Encouraging counties to implement a pull system as well as implementing a visual management system would help them alleviate some of the backlog issues that occur and assist in meeting applications processing guidelines.

Eligibility sites struggle with change but are willing to review their processes and make change when they know they have the support and encouragement from the Department and CDHS. The two organizations must continue to work together to provide the eligibility sites needed support.

Please address programmatic, evaluative, or organizational changes that will be made based upon these lessons learned.

The Department has allotted 50% of a staff employee's job duties, paid for by the Department, to oversee business process improvement activities with eligibility sites. This employee and their supervisor have been trained in business process improvement activities by Denver Health and are currently working on a Lean Six Sigma Green Belt for Healthcare certificate. This will allow the Department, on a small scale, to continue and sustain the work and progress made by the collaborative.

Additional Information

GRANT REPORT NARRATIVE

If applicable, please share anything else that happened during the grant period that impacted the organization, either positively or negatively.

The Department and CDHS wrote system changes for the CBMS eligibility system which would allow all programs to align their RRR process. However, due to differing priorities and budgetary constraints this system change has been delayed.

On a positive note the Department also drafted a system change request known as “Auto Re-enrollment.” This enhancement allows for a RRR received by a program within CBMS to be accepted as an RRR for the Medical Assistance programs. This system change was initiated in August 2011 and the Department remains confident it will improve continued access to medical programs and increase processing timeliness for eligibility sites.

APPENDIX A: Evaluation of CEPIC

CEPIC Participants' Collaborative Assessments

1. How effective has the collaborative been in making improvements in your eligibility or renewal process? What has been your greatest achievement thus far?

- The collaborative has been extremely effective. We can now process our applications in less than 15 days.
- We blew up our whole way of doing business as a result of this initiative. The collaborative provided us insight, new ideas, and a push to make changes that would have taken us months or even years to achieve on our own.
- The collaborative was very effective in getting my thinker going as to what more we could do to make things more efficient for both worker & client. Ignited excitement & opened my eyes to possibilities for improvement.
- Getting to hear what the other counties were trying and not having to recreate the wheel was great. I think that has been a big help in us evaluating our process
- Getting input from the other counties has been priceless. Our greatest achievement to date has been increased processing due to phone interviews.
- It has been effective with providing new ideas, getting staff to look at processes in a different way, and energizing us to share with other counties. I think Adults biggest achievement is in intake changes.
- This collaborative was great for us, it allowed us to work through ideas we would have never come up with had we not been given the opportunity. We were able to overhaul our intake process to reduce the time to within a few days and completely get rid of our backlog. Worker and client satisfaction is amazing and cases are all being processed in a timely manner.
- Very effective-greatest achievement-collaborative between lobby area and eligibility department.
- Taking a look at our current processes and trying to make them better.
- The collaborative has been highly effective for our site. The pull system has been our greatest achievement so far.

- It has been incredibly effective! Our greatest achievement was successfully reinventing our intake process so we could not only get caught up, but also timely process our income work volume!
- This process has been extremely effective. We have lowered the processing time in half!
- We have greatly increased our vision of looking for ways to improve our business in all areas and have all staff involved in one way or the other. The PDSA process has been very helpful and now that we can show data in run and control charts we can look at even more data and make informed decisions in new ways.
- Very effective. Our greatest achievement has been to reduce our processing times and minimize the number of cases on EPG.

2. How useful has it been to interact with other counties during the collaborative? What were the best ways to learn from other counties: web site, monthly phone calls, storyboards and presentations, or personal follow-up directly with other teams?

- It has been useful and I hope we can continue. Monthly calls worked well.
- We got GREAT ideas from other counties - both about what works so we could consider new ideas and what doesn't work that we don't need to spend time trying ourselves. The conference calls and the postings on the CEPIC website were our richest sources of this input.
- The interaction was very useful. All the ways to learn were effective. It looked like some counties had staff with time to prepare presentations and we did value the ideas they presented. We were always "on the fly" when trying to get ready for presentations and do reports.
- Wonderful and personal follow up was the best.
- Interacting with the other counties really opened our eyes to our own process. The best information came out from the discussions following storyboard presentations and phone conferences.
- It was useful. For me, the website, the storyboards and presentations and the personal follow-up were the best ways to learn - I had a difficult time staying focused on listening to the other counties during the monthly phone calls.
- It has been helpful to see what has worked and has not worked throughout other counties throughout the state. Interacting with them let us see how different

processes may or may not work for us and to get new ideas on things that we could try when attempting to improve our own processes.

- Useful-very informative to hear about all the other counties and what they do. Best way to learn-definitely presentations at the meetings.
- This has really helped in the whole process. Sharing others ideas, new processes, failed processes, etc.
- We enjoyed learning from other counties and are using some of their ideas. I enjoy the monthly phone calls and presentations.
- It was great to interact with other counties. The website is great to get documents from other counties. The monthly phone calls would probably be better if the counties shared more...I was shocked at the final session to see what all had been done, because the calls didn't seem to reflect that. The physical storyboards weren't that effective, but the PowerPoint presentations were. The personal follow-up directly with teams sure helped to keep us on track!
- The storyboards and presentations were extremely helpful. The monthly phone calls are often difficult to follow. Just the overall sharing with counties has been wonderful.
- Hearing the ideas, what worked or didn't work from the other counties has been great. We have often taken what someone else tried and made it our own process and made it work for us. The conferences were very helpful - to get away from the daily work but still be focused on CEPIC and the progress we have made.
- Very useful. We received great ideas from other counties. We also established contacts. The storyboards and presentations were the most useful.

3. What impact has participation in the collaborative had on the way you do your work when trying to problem-solve?

- I can now look at a process that is not working and use a PDSA.
- We are much more willing to TRY something on a small scale and see if it works. Also our staff seem to be much more willing to give input, even when not formally solicited, on how we could do things better/more efficiently.
- We are less hesitant to try new things and are always looking at why we do things and trying to avoid "because we've always done it".
- I look at things thru a different process.

- I take more of a team approach for problem solving now.
- It has reinforced different approaches to looking at issues and providing solutions and also made the ability to "try on" possible solutions more palatable for staff.
- It has really opened my mind and gotten rid of that "this will never work" mentality. It has made me open to new ideas and excited about trying new things that come to mind to see if they work.
- Doing a PDSA helps and now getting all workers not just managers involved.
- I try and go step by step when making a change. Small changes are good.
- I find myself now asking "why" more often. I also try to see the bigger picture and what impact our processes will have on clients, partners and other departments within our organization.
- It has made a huge difference on how we problem-solve....learning the importance and benefit of small scale testing and data gathering has been huge. Never again will I make a big change without first testing it, gathering data, and evaluating it, so I can be confident it is the right decision.
- I hope that our management team continues to utilize the PDSA system. I believe it is fair, involves those that need to be involved and embraces buy-in. It is certainly better than making decisions around a conference room table, behind closed doors and then serving it to staff.
- I ask why more often, I look for better ways to do business, and I don't just get frustrated with things that are working - I try to figure out why it's not working and look at a process that may help. The idea that one simple change could affect a lot of the process has been key to me.
- Huge impact. The collaborative has shown me how to take my ideas and follow them through.

4. Were you familiar with the improvement methodology that includes PDSA cycles for testing and implementing change before participating in this collaborative? Reflect on the effectiveness of the PDSA cycle as a way to test and implement changes.

- I was not familiar with it.
- I was familiar with Six Sigma, but only in the context of industrial/manufacturing environments. It had never occurred to me to overlay that model to a services-based business or environment. It is brilliant!

- Not really. Shortage of time has impacted what we can get done but the collaborative made a difference in how we look at the process and the possibilities. Now that our new system is totally slow, I have more time to think and plan!
- No, I had never heard of this process before. The PDSA process has helped me walk thru the steps to resolving issues without giving up at the first step.
- I was not familiar with the methodology of the PDSA cycles for testing. PDSAs are great for plotting strategies and tracking results. It is nice to know the temperature of the water before you jump in.
- Not familiar with PDSA in particular, but familiar with similar processes. I feel the PDSA cycle is very effective for testing and implementing changes.
- No I had never heard of this methodology prior to participating with this collaborative. I think the PDSA cycle has been very effective and exciting because it forces you to look at what you are trying to accomplish and specifically how you plan to get there and what you plan to find. This is very helpful in determining if you have been successful or not. Also the small scale test prior to implementation has made it easier to succeed with the new processes because rather than just throwing everyone into a new system and dealing with their resistance, this allows us to find how effective it will be, use the small amount of data to gain worker buy-in, and get people excited about it. It also makes tweaking new processes easier.
- Was not familiar at all with PDSA. Changes could not be done without doing a PDSA.
- No, it gives you a goal to reach and you understand what you are trying to achieve
- Our organization uses the PDSA methodology. The 4 cycles help keep us focused in planning, doing, studying and acting.
- I was not familiar with the PDSA cycle, but I love it! What a great tool!
- I was familiar with various 'paradigm shifts' and approaches to management and change. I think the PDSA process is extremely helpful and easy to understand and share with others.
- No, I wasn't aware of this process at all. I like the format, the questions you are answering, and the evaluation. Also having various cycles of PDSA has been helpful. Try it one way, change something, go to another cycle and see what

happens with that. We have several PDSA's that are still ongoing because we keep trying to improve them.

- No. On a scale of 1-10, the PDSA cycle is a 10 as far as effectiveness.

5. Do you plan to continue to use the PDSA cycle to make changes in your organization? If yes, can you give any examples?

- Yes, with our RRRs.
- Yes - our staff are used to the concept now of trying something on a small scale, getting data from that, then assessing if we will implement on a larger scale. I also think staff are less afraid of "failure" of these tests than they used to be in trying new ideas or processes.
- We hope to. We want to implement data tracking both at an individual tech level and at the unit level, to increase accountability, and to increase worker satisfaction.
- Yes, just used in working thru how to handle applications with 2 vacant positions
- We would like to use PDSAs to test advancing some of our technology, such as our computers, scanning documents, and automated phone system.
- Yes - no new examples at this time, just continuation of what we have already started.
- Yes, we are currently focusing on how we can improve our redetermination and ongoing teams through this process. We are also looking down the road at using it to make our clerical staff more efficient. Also on a county wide basis we are going to spread this process to other divisions to get them involved in improving other departments.
- May not use PDSA but will write down what change needs to be made and bring it up at staff meetings.
- Yes.
- We will continue to use the PDSA cycle.
- Yes, we will continue to use it. We are using it to test changes in our ongoing teams. Other agency divisions are using it to try new ideas within their divisions too. We are also using the PDSA to test ideas for collaboration between other County Departments!

- Yes, we have other processes we would like to work on implementing changes. I have shared with upper management as well.
- Yes. In fact we came back and are doing a PDSA that will encompass all the technicians in the agency for case processing over the next 2 weeks of new applications. We have had resistance prior to do PDSAs in other units, but with this one all are being involved due to us using a screener concept for all new applications for 2 weeks. This will allow them to have more time to work in the CBMS Web and also hopefully get more ready to work applications in to the office.
- Yes, we are adding more departments and have a list of 13 items to look at.

6. How are the principles learned during the collaborative going to continue to be useful to you? How do you plan to share these principles with other staff?

- For all changes needed in processes. In monthly division staff meetings.
- We are well on our way to institutionalizing examination of our processes and a willingness to change what isn't working or what could just work better/more efficiently.
- I try to keep in mind the hamburger story - never would have thought of that. So many ideas that could be missed because we never would have thought outside the box we live in.
- I plan to use this process with my staff when we try to resolve new issues that come up.
- We will continue to implement change to improve our process. We ask for staff observation and input.
- Work toward being more efficient.
- Since participation was at a higher level (managers) in our county, I would assume that decisions made at this level would incorporate principles learned. Direct sharing with staff would most likely occur at the unit meeting level.
- They will be very useful, and sharing them with staff has been fairly easy for us because we have had such great success with our intake team that other people are hearing about our success and are getting excited about how they can improve their departments and what we will do next to improve our own.
- Principles are useful way to get everyone involved. Can talk about it with staff members.

- It will help me to lead my teams in a better direction with their help.
- I plan to take the principles I have learned and make them a part of my daily process and way of thinking.
- I plan to share the principles learned as a member of our County's new Quality Improvement Committee.
- We have shared the information with upper management.
- New eyes - look for things that can be improved and not just "work around" the problem. We plan to continue this process across the entire agency.
- Yes.

7. Having participated in a collaborative, would you recommend participation in a collaborative for another unit/office in your county or another county that has not been exposed to the collaborative? Why or why not?

- Yes because it works!!
- We have already spread these principles to our Child Support program and they are eager to start trying some of this out. As for other counties, I cannot imagine that any county would not benefit from going through this process. I cannot say enough too about how important and supportive it was to have a team from the state programs/policy directors there as a support as well.
- Absolutely. Though time was an issue, it forced us to slow down and take the time to work toward maximizing the time we do have to increase process efficiency.
- Yes, the networking was so good and having a non partisan coordinate things was very good.
- I would definitely recommend participation in such a collaborative to other departments, because it offers insight and realization that your own process can be improved.
- Yes - it is a great way to get a feel for what other counties are doing, and be able to really obtain best practices.
- Absolutely, this collaborative was fun and exciting and has changed our entire way of looking at things for the better. Without this collaborative our team would

still be playing catch-up constantly rather than staying ahead of the game as we are currently.

- Would recommend participation especially to a department that is struggling.
- Yes it works.
- I would recommend a collaborative. We are all working toward a common goal and often we tend to forget that and focus on our individual department or county.
- YES! I would recommend participation. The things I didn't know were a barrier to our success. This collaborative really opened my eyes to new ideas.
- I believe this information should be shared with other counties on how to implement changes within your organization.
- Yes. In fact, I was so impressed with the large counties success and processing time amounts that I think the state should put out a "best practice" list for all the counties across the state.
- Yes, the collaborative was great.

8. What does an organization need to have in place to successfully participate in a collaborative like CEPIC? What are the barriers to successful participation in the collaborative process?

- Teamwork.
- Upper management HAS to support this effort, and empower the group responsible to make changes and try new things. Without that any efforts made by the group will not sustain.
- An agency has to have staff who are taking responsibility and feel strong enough to speak out about problems and to bring possible solutions back. Also director support was essential. We have had to stand up to "naysayers", etc., and have to be willing to take a chance on potential improvements. And strong enough to try again when an idea doesn't work.
- A director and administrator with a open mind and the funds to be able to participate.
- In order to participate you need available participants who can dedicate time to the collaborative. A definite barrier is work load issues. Displacing the work load of a participant can be challenging.

- Have to have buy-in from upper management, and not be afraid to discuss ideas and projects that "didn't work" along with your successes.
- I would argue that anyone could benefit from this collaborative because there is always room for improvement regardless of how well you think your current process is working. Barriers to success might include not having worker buy in, and not having the support from upper management.
- Director willing to send employees to participate. Barrier-lack of time--not willing to change.
- Time and money taking time out to participate in the collaborative.
- An organization needs a "team" of people that are working toward the same goal, that come together as one team and are open to change.
- They need to have commitment. They need to not be afraid of change. They need to be creative. They need to be willing to sacrifice time for the benefit of the process.
- It is helpful for the organization to be prepared to conduct business in a different fashion than previously. Being open to suggestions from various levels of workers, managers, etc. will make the process work well.
- Willingness to learn something new and leadership that is willing to allow some staff time to come to the conferences and do the extra work. Barriers would be amount of extra time involved, but once you see the success of the work the time is worth it.
- Need to have upper management on board.

9. What changes would you recommend to make participation in the collaborative more effective at achieving the goals?

- Even more interaction among the county staff. We had several blocks of time in our Denver sessions to work with just our own county team - but maybe structuring mixed-county group activities would have yielded even more shared learning.
- The sessions with individual groups were long - these are the same people we rode over with, the same we spend our days with, and the same we'll ride back with. We have plenty of time together, and we want to hear from other counties and SI. Not each other at that time. The excitement and planning also happen in the evening, on the way home, when we get back to work.

- Cutting back on team discussion and opening up to more group discussion. Each team works with each other during the work week and have ample time for discussion, but the open discussion between the different counties was refreshing and brought about "Ah-has".
- I'd do away with meeting on first day from 3-5 and maybe just have the reception - that way you could greet out of town participants but not have metro people drive down for 2 hrs. At end of day. Also, breaks were too long.
- My only complaint would be on the monthly calls, it gets difficult to listen to other counties for 20-30 minutes at a time, and there could be ways to get those calls more structured so they flow better and are more beneficial to listeners.
- More interaction between counties.
- It's good.
- I would like suggestions on how to take our ideas back to our individual teams in a way that ensures buy in from the rest of the team.
- The monthly phone calls...something needs to be changed there. Maybe have a set standard of questions each group has to answer to draw out what they are doing? In the current structure, people just say whatever they want...sometimes it's way too much....but most of the time, it's not enough.
- None.
- More time on the data workshop - I think we could have had been taught that earlier in the process and maybe made even more effective decisions. Probably not right in the beginning but definitely not just at the end.
- None

10. What advice would you give to funders (e.g., Colorado Health Foundation), the Southern Institute or other offices/counties about future collaboratives?

- **FUND THESE** - they work better than anything I've participated in before!
- If all collaboratives are as positive and productive as what we got with the Southern Institute, I see a fantastic investment for funders and encourage them to put money into the process that makes a difference.
- Well worth the money spent.

- The data that was provided to each of the teams by the collaborative was very motivating. The data workshop was exciting, because we saw how the data was put together to make sense and show status. I would recommend offering the data workshop at all collaboratives and provide the teams with more tangible data from an IT stand point, because actually seeing your position is very driving.
- I would just suggest that you get this collaborative offered to as many people as possible and possibly to have a follow up down the road to see the progress and growth of the counties who have participated.
- Try to get more counties to attend
- I can't think of anything other than Keep it up!
- I think the process works very well. When you can get counties, state and federal in the same room to discuss problems and work toward unified goals is a huge step in the right direction!
- Keep it going, don't lose momentum.

11. Is there anything else you would like to tell us about the collaborative?

- Thank you for allowing our county to be part of the collaboration.
- It was great. Keep up the good work. Site visits from the technical Southern Institute staff should be mandatory, not optional - it was our site visit that made a critical shift in where we were going!
- Thank you for the valuable opportunity to learn and share. SI was great - we got a lot of work done and had a lot of fun. Really opened my eyes and encouraged me to keep trying to improve the process and worker satisfaction. In my next life (not too soon, I hope!) I might be an efficiency expert with a side of worker satisfaction. Like SI!
- I really enjoyed it and feel that it was a great learning experience.
- Thank you!
- Thank you very much for the opportunity, it was enjoyable and very informative.
- So glad I was able to participate-win win situation--employees and clients happier.
- Thank you, thank you, thank you:)

- THANK YOU!
- The staff were awesome! Each person brought a special flare to the training and were always positive, up-lifting and had the ability to make you think outside of the box.
- I really appreciate the willingness of the Southern Institute staff to help in so many ways and not making us feel "stupid." I have never been formally trained in any of these areas and this is exciting and challenging to me. Thanks so much for the opportunity!
- I loved it. Thank you.

APPENDIX B: CEPIC Team Activities

Change Concept	Team	Strategy	Results
Improve Customer Service	Adams	Strategy: Check pending FA applications for phone numbers to make courtesy calls to remind them of needed verifications.	<p>Results: Forty pending applications were checked for phone numbers and all had a phone number for call back. Two FA intake processors made scripted courtesy calls to encourage clients to bring in required eligibility paperwork. They were able to talk with 14 clients and left messages for 19. No contact was made with 7.</p> <p>LS2 storyboard reported the following results from the calls for FA cases:</p> <ul style="list-style-type: none"> • 92.5% had valid phone numbers • 2.5% were contacted directly • 47.5% were left messages to return verifications • 50% turned in needed verification prior to 30 days • After contact, verification turned in on average within 1.7 days <p>LS3 storyboard reported the following results from the calls for FA cases:</p> <ul style="list-style-type: none"> • Over a three month period (Jan – Mar 2011) 464 calls were made which resulted in 156 verifications received or 33.6% of calls resulted in verifications being received.
Improve Customer Service	Adams	Strategy: Educate customers and community partners on verifications needed through outreach for FA to have complete applications when they enter the building (LS 2 Storyboard)	<p>Results: Conducted 2 training sessions. One with tri-county health and TANF contractors.</p> <p>No indication of impact on the number of complete applications received.</p>
Improve Customer Service	Adams	Strategy: Same day interviews for FA to decrease wait time for clients in the lobby (LS 2 Storyboard)	<p>Results from LS 3 Storyboard: Data chart shows same day processing results:</p> <ul style="list-style-type: none"> • Dec: 68% approved; 32% pended • Jan: 66% approved; 34% pended • Feb: 65% approved; 35% pended • Mar: 68% approved; 32% pended
	Adams	Strategy: Restructured Adult Section Support Staff daily workflow and created a minimum workload (LS 2 Storyboard)	<p>Results:</p> <ul style="list-style-type: none"> • Workload is research only, not AI • Staff receives clean researched cases in AI based on Alpha split • Pilot included one temp absorbing caseload

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	Adams	Strategy: Imaging pilot in satellite office (LS 2 Storyboard)	Results: Tested CW/FA/FM combo cases first: <ul style="list-style-type: none"> • Created new filing order to general categories • Created new process flow as it relates to file creation • Very limited pilot to work out details prior to deployment
	Adams	Strategy: Analyze workload in Aurora Service Center (LS 2 Storyboard)	Results: Found uneven caseload distribution; FA techs had a backlog; FM techs did not Redistributed FA/FM caseload across the board; Trained FM techs on FA policies; Reclassified two support staff to technicians to help with caseload
	Adams	Strategy: Redistribution of AI functionality for all Adult Program applications (LS 2 Storyboard)	Results: <ul style="list-style-type: none"> • Reduced overall caseload sizes to a more manageable level <ul style="list-style-type: none"> – Included previous AI staff to regular caseloads – All techs now responsible for their own AIs based on alpha split • Feedback from staff is positive <ul style="list-style-type: none"> – Request for information is more expedient – Staff like the new process flow – Touching cases once vs multiple times – Not touching resources unless questionable (for paper review cases)
Improve Workflow	Arapahoe	Strategy: Schedule two weekly mass intakes to reduce the backlog of appointments until they get to within one week of scheduling and then eventually to same day. (PDSA # 1, 2, 3, 4)	Results: Morning and afternoon mass intake sessions held that accommodated 100 applicants. This allowed staff to have 4 processing days and one day of FTF interviews, which was much more manageable. They will continue to do mass intake until the end of the year, and evaluate where they are at that time based on data.
Improve Workflow	Arapahoe	Strategy: Reducing the time out for scheduling CW interview appointments in order to decrease the backlog of scheduled appointments. They began data collection and process mapping as well as initial analysis regarding recommendations.	Results: CW Only- 219 applications scheduled out. Combo (CW/FA/FM)- 112 applications scheduled out. Analysis showed that they did not have adequate staff to ensure timely processing. Their schedules were 4 weeks out for Colorado Works.
Improve Workflow	Arapahoe	Strategy: Assign all backlog, including RTW, pending and RRR's to Quality Assurance staff for processing, in order to allow intake staff to concentrate on	Results: Distributed the RTW cases and RRRs to QA and Claims staff for processing. Conducted an office audit of each team member and collected all backlog cases to ensure that intake staff had the ability to concentrate on current workload. They were surprised at the number of backlogged

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		processing current applications from Mass Intakes, remedies, EPGs, help desk tickets and problem cases.	cases. Although QA staff is currently working the backlog of cases they will need to enlist additional staff from other divisions in order to ensure that they can process the entire existing backlog by the end of December 2010.
Change Work Environment	Arapahoe	Strategy: Cross train all front desk staff in all programs so that they can screen applications for every program.	Results: A meeting was held with front desk team and supervisor and the supervisor of Colorado Works to explain why the plan was to train front desk staff, the benefits and when training will start. Staff was open to the idea, asked relevant questions and provided feedback about the plan. It was learned that they should be able to cross train front desk staff with the knowledge for screening all programs in a short amount of time which should allow them to pull the Colorado Works business associate screener from the front desk to perform other duties for the CW team. They also found that the database for scheduling appointments allows only one person to use it at a time so they need to figure out a way for more than one person to use the data base at the same time in order to ensure proper scheduling.
Eliminate Waste	Boulder	Strategy: Modify content of task name to allow sorting by case id in order to help technicians respond more quickly to follow-up tasks, which should allow more time to be allocated to application processing.	Results: The time to enter the documents in BEAGLE was reduced to half, so the strategy was fully implemented in October 2010.
Eliminate Waste	Boulder	Strategy: Standardize technician task list structure and protocol by narrowing and renaming the task categories to simplify the use of the task list, which should reduce processing delays.	Results: The task list is easier to read and managers are better able to determine technician work load and reallocate resources as needed.
Improve Workflow	Boulder	Strategy: Implement a new workflow to the AI and II process and implement BCHK imaging of med only applications. Measure the process for BCHK from application submission to final determination in order to determine the time required and efficiency of the current process.	Results: It takes 22 days from the date that an application is received in the county office to final determination of eligibility. By reducing handoffs they can upload applications faster and eventually reduce BCHK application processing times. This should also reduce the number of errors and missing documents because less people will be handling the application. (PDSA notes they plan to continue to monitor the progress of the new workflow but there are no details on what actual changes were made to workflow.)

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Improve Workflow	Boulder	Strategy: Modify the application workflow for BCHK intake by minimizing handoffs, reducing delays between steps and having one point of contact internally from application to imaging, so that the BCHK technicians will Beagle, Image and AI each application.	Results: The number of days to process an application from the date the application was received at the county to final determination was reduced to 17 days, down from 22 days. Based on the results of this test, BCHK modified the imaging process minimizing steps and changed equipment settings.
Improve Customer Service	Boulder	Strategy: Create a proactive calling campaign to customers shortly after the R3 packet has been generated. Provide proactive phone outreach on generated R3s for Food Assistance and Family Medicaid.	Results: Identified two technicians who can carve out two hours a week to do outreach calls from the generated R3 list, using electronic signatures for processing. The technicians were able to contact 18 families to successfully work the cases (12 were pending verifications for December and the return of the electronic signature) They left messages for 17 but none had returned calls as yet and they were unable to reach 16 households. They learned that the upfront work was time consuming with regard to collecting the phone numbers and reviewing case details. There were issues with the customers who did not have access to PCs or who don't trust the system and still decide to come in with the necessary verifications. Of the 51 cases touched, 18 were successful which resulted in a 35% success rate for completing R3 in advance of the R3 date working from generated list.
	Boulder	Strategy: LS3 storyboard states small changes impact service. More phone interviews decreased lobby traffic and wait-times, allows for shorter interview duration and customer convenience; phone interview calendar allows for better planning and staff coverage; capturing email and postal addresses at front desk facilitates communication and timely service; immediate forwarding of PEAK apps to imaging ensures capture of file and reduces shredding time and costs.	Results: Achievements and Learning from LS3 storyboard <ul style="list-style-type: none"> • Clearing of R3 backlog allowed them to move from 39% timely to 60% timely as of March. They were expecting to work only current cases by the end of April. • EPGs virtually eliminated – no more than 1% of state and those generally are beyond their control • Ongoing joint planning sessions between CARS and Admin Support facilitates a seamless service-delivery process • Proactive calls and checklists yield 80-95% return rate of ready to work applications or R3s • Relevant correspondence that updates clients more timely and with more specific details than CBMS is facilitating tracking, assigning and timely processing • Modifying the due dates of R3s to match the issue date of benefits balances the R3 load for staff and enhances timely processing

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Improve Workflow	Denver	Strategy: Have the Montbello satellite office schedule same day appointments and complete an interactive interview and address expedited FS immediately.	<ul style="list-style-type: none"> • More staff are now generating PDSA ideas and have expressed enthusiasm for the process, even during a period of exceptional growth and on-boarding of new staff <p>Results: The difficulty in this process was in the number of staff available as well as adjusting to a holiday and furlough schedule. This resulted in an inability to maintain consistency on same day appointments.</p>
Improve Workflow	Denver	Strategy: Push versus pull in order to see which process leads to better efficiency and better productivity.	Results: The technicians that pulled applications processed 1.5 cases more than the technicians under the push system.
Improve Workflow	Denver	Strategy: Complete the application at time of interview	Results: One worker selected 3 FSP and FM applications out of scheduled interviews for one day to determine whether they could be completely worked at the time of the interview. The worker was only able to process one expedited FSP case. All three applications required further verifications, which the worker had to request. They learned that the necessary verifications need to be collected up front by AI staff if the applicant has them available or the worker will need to request at the time of the interview which will delay processing.
Improve Workflow	El Paso	Strategy: Triage Medicaid only applications	<p>Results:</p> <ul style="list-style-type: none"> • Fewer applications to processing site • Ongoing staff receiving work without delay. • Increase in timely determinations.
Improve Workflow	El Paso	Strategy: Combine AI and II functions for Intake	<p>Results:</p> <ul style="list-style-type: none"> • Increased staff in our Ongoing ROPE Unit by <u>3</u>. • Increased Intake staff to a total of <u>19</u>. • Set standard expectations and processes.

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Improve Workflow	El Paso	Strategy: Same Day Walk In Determination and Paperless Application Team (PAT) – True Interactive Interview Process- No Application	Results: <ul style="list-style-type: none"> • Reduced Need to Schedule by 92% • Call and complete interviews for applications that are mailed or dropped off. Reduced scheduling another 7.5%. • Reduce (virtually eliminated) <i>no shows</i> and <i>reschedules</i>.
Improve Workflow	El Paso	Strategy: Pull system – Changes, RRRs and verifications	Results: On April 4 th they started the new pull system in their new location with 874 April issuance RRRs yet to process. They were able to complete those RRRs and start on their May issuances at noon on April 11 th . This is the first time in awhile that El Paso County has been this far ahead of the game prior to the 15 th of the month.
Change Work Environment	Garfield	Strategy: Have a staff meeting with eligibility and front desk staff in order to obtain staff input on strategies to improve customer service and staff morale.	Results: Staff watched “The Nun and the Bureaucrat” followed by a group discussion. Each group completed and presented the waste report. They had a number of commonalities: multiple file labels, etc; phone messages over whelming; CBMS frustration; screener; paperless; lost files. They decided to do a Screener PDSA; Universal file drawer and look at number of files, labels, etc. and that process.
Improve Customer Service	Garfield	Strategy: Develop a form in English and Spanish that explains exactly what is required so that applicants return all required information to process applications. The form was attached to outgoing applications along with an orange ‘dot’ to track the applications that are returned to see if the process helped clients understand what is needed to complete the application process.	Results: 75% of the applications (6 of 8) were returned RTW. The form appeared to work so they will continue to use it.

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Improve Policies and Procedures	Garfield	Strategy: Train intake workers to request minimal required verification in order to avoid over verification and spending time looking for DRA comments.	Results: More RTW applications are submitted and time is saved with case comments are documented in the proper citizenship and identity section.
Improve Workflow	Garfield	Strategy: Have a manager or supervisor act as a screener for one week	Results: FA applications were processed within 7 days of receipt. Few interviews were being scheduled and they are not reworking cases. All technicians were and are working the backlog of FA appointments and applications. Verifications were received within 1 to 2 days and the intake technicians were able to process 7 to 10 applications a day without interruptions. They also plan to discuss change management with staff.
Improve Workflow	Garfield	Strategy: Organizing incoming apps as RTW versus needing additional verification review the applications and including research in CBMS (approximately 15 minutes each). Determination on RTW applications was not a step that could be made by looking at file only.	Results: More than half were ready to work and they also learned that DRA requirements need to be better explained to clients. They also found over verifications in some cases.
Improve Workflow	Garfield	Strategy: Submit statistical data to the Director including the number of applications, growth of caseloads within each program area charting the last 5 years.	Results: Review reports, caseloads, timeframes, etc., request two new eligibility technician positions. Director presented the information to the BOCC who approved 2 additional positions.
Change Work Environment	Garfield	Strategy: Review current staff organizational plan and balance out supervisory requirements. Reorganize current staff organization to better fit the needs of staff/supervisory roles. Also includes a reorganization of units/offices, etc.	Results: They reviewed the organizational chart and the lack of balance was visible. A lead eligibility specialist who has had a number of years working in the adult programs began supervising that unit as well as LEAP and child care. They also reviewed the physical location of the office and completed a footprint study. They decided to move staff so that all Intake/Screener unit was closer to the front desk/lobby as well as the supervisor. Physical moves with the adult programs occurred to be with the lead eligibility specialist. Ongoing team was relocated as well.

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Improve Customer Service	Garfield	Strategy: Meet the needs of clients by having a traveling screener each day. Modify the GWS office to be a satellite office. This will help with staff supervision, have all case files in one location and diminish lost files. Relocate all staff and case files to the Rifle office so that all staff is centrally located.	Results: All case files and staff were relocated to one office. GWS was organized to be a satellite office. Having all files in a central location allows for problems/questions that arise to be followed up on in an efficient manner. Cases can be streamlined between program areas in an efficient manner.
Improve Customer Service	Jefferson	Strategy: Create and implement informational messages related to services provided and the business process for clients to listen to while they are on hold with the call center.	Results: The list was created and received the support of everyone on the PIC team, coordinators and supervisors. They plan to meet with IT and communication staff to determine the best phrasing and process for implementation.
Improve Policies and Procedures	Jefferson	Strategy: Triage applications so that RTW applications are completed first by implementing a training plan for all staff to complete the screening sheet. This will allow AI staff to complete the screening sheet at the time they are AI'ing the case. This will serve to maintain consistency with the process and will allow all AI staff to be able to provide back up for each other regarding this new process.	Results: The training was implemented and staff was able to learn to use the sheet and the process was implemented with all FM intake team.
Improve Policies and Procedures	Jefferson	Strategy: Triage applications so that RTW applications are completed first by implementing a training plan for all staff to complete the screening sheet. This will allow AI staff to complete the screening sheet at the time they are AI'ing the case. This will serve to maintain consistency with the process and will allow all AI staff to be able to provide back up for each other regarding this new process.	Results: The training was implemented and staff was able to learn to use the sheet and the process was implemented with all FM intake team.

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Improve Workflow	Jefferson	Strategy: Triage applications so that RTW applications are completed first, by creating a checklist to determine whether applications are complete and RTW.	Results: Team developed criteria and created a checklist of what verifications may be required to process FM applications. The staff thought the tool was effective in sorting and separating RTW applications from those needing additional information.
Improve Workflow	Jefferson	Strategy: Triage applications so that RTW are completed first by sorting all applications using a color coding system that was created to indicate RTW, need additional verification or client may not be eligible.	Results: All applications assigned to one eligibility specialist were sorted and reviewed by supervisor and senior eligibility specialist to determine accuracy. Retraining was done as needed. The process resulted in applications being accurately sorted into the categories of RTW, need verification and ineligible. Next steps: Follow this process with apps as they come in the door for all FM only applications. Train all AI staff and Admin back up support to be able to complete this process.
Improve Workflow	Jefferson	Strategy: Triage applications so that RTW apps are completed first by creating a checklist to use to determine whether applications are complete and RTW.	Results: Created a checklist with the criteria of what verifications may be required to process FM applications. Reviewed the checklist with AI staff felt that it was a valuable tool in making it easier to assess whether apps were RTW. They especially liked the addition of page numbers for them to know what page to review to determine if certain verifications were applicable.
Improve Customer Service	Jefferson	Strategy: Improve communication to customers about the eligibility process by utilizing time and resources more effectively by creating an informational video to be played in the lobby. The video will include informational messages to be visually displayed in order to assist customers with navigating the benefit eligibility process. This should result in the customers being more educated on the eligibility process and begin utilizing the resources available to them.	Results: Pending (PDSA) LS 3 Storyboard shows video in lobby as an achievement

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Improve Customer Service	Jefferson	<p>Strategy: Develop an application verification checklist and post-authorization informational sheet in order to give applicants the best information available on how to quickly get their FM/CHP+ benefits and what they can expect once their benefits are authorized. This should result in applications being processed more timely because clients will know what verifications they need to submit with the application and clients will be better informed of what to expect once their application has been approved.</p>	<p>Results: Pending</p> <p>LS 3 Storyboard lists the informational sheets as an achievement</p>
Improve Customer Service	Jefferson	<p>Strategy: Engage staff in process improvement by creating a bulletin board that will provide information about the collaborative to include who is involved, what changes have been tested and/or implemented as well as obtain feedback and suggestions from staff for PDSAs.</p>	<p>Results: Placed a bulletin board in a high traffic area to allow all staff to have access to the Process Improvement Collaborative information. The bulletin board will be updated on a quarterly basis, so the information always current and keep the staff coming back to see what other changes are being tested and or implemented. Staff appreciated having more information related to what the collaborative does and how we started.</p>
Improve Workflow	Jefferson	<p>Strategy: Create a screening sheet/modify RRR report to identify expedited ongoing cases - RRR due date, RRR received and whether or not the case meets the expedited criteria in order to process timely. As a result staff will be able to identify cases that need action taken within 7 days.</p>	<p>Results: Created a screening sheet that will be used for staff to identify expedited FA for late RRR's. When reviewing the 3 months prior to establishment and 2 months after, we realized that this change resulted in a 42% decrease in expedited cases that were not processed timely. This is for the ongoing unit, applying to late RRR's. The screening tool helped create a significant reduction in cases not being processed timely.</p>
Improve Workflow	Jefferson	<p>Strategy: Triage applications so that RTW are completed first by sorting all applications using a color coding system that was created to indicate RTW, need additional verification or client may not be eligible.</p>	<p>Results: All applications assigned to one eligibility specialist were sorted and reviewed by supervisor and senior eligibility specialist to determine accuracy. Retraining was done as needed. The process resulted in applications being accurately sorted into the categories of RTW, need verification and ineligible. Next steps: Follow this process with apps as they come in the door for all FM only applications. Train all AI staff and</p>

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Admin back up support to be able to complete this process.

Change Work Environment	Jefferson	<p>Strategy: Create and send a job satisfaction survey to staff within EMAS - Economic Medical Assistance Services. Information received from this survey will be shared with staff and any improvements that can be implemented will be prioritized.</p>	<p>Results: Staff responded to questions and offered ideas for improving their work experience. We also added a question asking for anyone interested in being on the collaborative to join. They learned that there were a variety of issues staff brought up. All comments were shared with Program Coordinators and Program Manager to address issues in their areas. 4 additional staff are interested in joining our team. An informational orientation will be held the first week of February to update them on our current projects and our history with this team.</p>
Improve Customer Service	Jefferson	<p>Strategy: Have an EMAS employee sit in the work area of CYF staff one morning a week which should strengthen our collaboration by being available to answer questions and meet with clients. Since previously CYF staff found it difficult to navigate through the system we set up for them, we thought they might contact us more frequently if we were physically available in their work area. We will collect the following data...determine increased interaction by counting the number staff in CYF that are assisted by this on a weekly basis.</p>	<p>Results: CYF staff were informed that we were available in their work area and were given the opportunity to meet with our staff to ask any questions they may have. Even though we are now sitting in their work area, it does not seem to have increased our interaction with them as we hoped. Kris is receiving occasional visits from CYF staff, which is more than before. Our hope is that her being accessible will create a situation where over time more staff utilize this opportunity.</p>
Change Work Environment	Jefferson	<p>Strategy: Create an electronic desk aid for staff to utilize. Collect all the paper desk aids that staff currently use and compile them all into one document which will be placed on the shared drive.</p>	<p>Results: Pending</p> <p>LS 3 Storyboard lists the desk aid collection as an achievement</p>

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Improve Customer Service	Jefferson	Strategy: Create a bulletin board including information related to a variety of resources: employment, financial assistance, food banks, clothing, housing, etc. This will be located on the wall that clients stand next to when they are waiting to drop off mail at the mailroom. This will create a centralized area where clients can look at available resources in the community and therefore clients will more easily be able to access available resources, and will have this information to browse while they are waiting in line for the mailroom.	Results: Pending
Change Work Environment	Jefferson	Strategy: To train our call center staff in updating data in CBMS that is being reported by the customer through the call center.	Results: Pending LS 3 Storyboard lists call center staff to make changes in CBMS as an achievement
Improve Customer Service	Jefferson	Strategy: Develop an application verification checklist for Colorado Works by compiling a document titled: Want Your Benefits Quicker? In order to give applying clients the best information available on how to quickly get their Colorado Works benefits. To increase customer awareness of required verifications for Colorado Works	Results: Created a document which will be submitted to Colorado Works staff, Supervisors, and Coordinators for review and approval to move forward. The Colorado Works staff, Supervisors, and Coordinators reviewed the document, offered suggestions for either additional information or changes. Staff and Management feel this is going to assist customers by providing them current information as to what verifications are needed for the program. They hope will increase the number of completed applications they receive at Intake.
Change Work Environment	Jefferson	Strategy: Compile a list of ideas for Coordinators and Supervisors to review and/or approve in order to increase workers morale and job satisfaction by creating different atmosphere and promote a more positive work environment. Staff will be rewarded for positive behavior, going above and	Results: Pending LS 3 storyboard list employee designed Coin Program, Unit Appreciation days, other forms of recognition as achievements as well as encouraging new ideas and recruiting new staff for the team

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beyond or assisting others (customers, internal and external co-workers or agencies). It is anticipated that staff will look forward to coming to work and encourage others around them to be positive. They will gather feedback from the Coordinators and Supervisors to assist us in developing a few ideas to start with and then pursue implementation of those ideas. Make up these two informational sheets for submittal to supervisors and coordinators for approval to move forward.

Eliminate Waste	Larimer	<p>Strategy: Add an ‘out of compliance’ date to the current pending list in order to help technicians prioritize their pending list.</p>	<p>Results: The additional column was added to the technicians’ pending reports. They reported that they used the column to prioritize the cases that were closest to being out of compliance and worked those first. Having more data helped the technicians better organize and prioritize their work. In September they had 339 Medicaid applications pending and after adding information to the pending list, they had 201 Medicaid applications pending on November 1. They found that the addition of the column to the report is valuable and they will keep it as a part of the report.</p>
Eliminate Waste	Larimer	<p>Strategy: (Cycle 1) Eliminate steps in the process (bottleneck) between AI and assigning the Medicaid eligibility determination task to a technician, by having the AI staff assign the eligibility determination to the desk team of techs at the time of pending the case.</p>	<p>Results: The Loveland staff was able to assign 7 tasks for eligibility to technicians. The Fort Collins staff handled 12 applications in this way. It took no additional time from the usual AI process. Run another cycle</p>
Eliminate Waste	Larimer	<p>Strategy: (Cycle 2) Continue to have AI staff assign the eligibility determination in a rotation to technicians by expanding the test from two days to a week and include Adult Medicaid and Med Savings program applications.</p>	<p>Results: 92 cases were pended to the technicians avoiding the bottleneck. The assumption was that the pending list would be reduced but in actuality it increased in volume because although they were filtering Medicaid, those cases were attached to applications that were applying for HLPGs. They will continue the process to track processing goals and the impact on their processing times.</p>

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Eliminate Waste	Larimer	Strategy: Identify the reasons for returned mail and implement changes to reduce the amount of returned mail.	Results: They created a detailed document of the steps involved with the processing of returned mail. They determined that they would not be able to find inefficiencies in the process for returned mail until they develop up-front imaging. The current process seems to be as streamlined as possible, because the steps in the process are based on the decision points that lead to various outcomes.
Eliminate Waste	Larimer	Strategy: Eliminate steps in the process between AI and assigning the app to a technician	Results: AI staff assigned the eligibility determination to the desk team of technicians at the time of pending (versus 3-5 business days later in the process flow) for any application that included Medicaid. The Loveland staff was able to directly assign 7 tasks for eligibility to technicians and in Fort Collins there were 12 applications assigned this way. This resulted in 19 cases being removed from the wait time bottleneck to get the eligibility determination completed. The AI staff was excited because they could see that the alteration in the process made sense.
Improve Customer Service	Larimer	Strategy: Increase the percentage of complete and accurate applications received by the time of client interview, by having the front desk staff give applications with a checklist stapled to it identifying the required documents and letting them know they can get their benefits faster if the documentation is provided timely.	Results: They distributed 69 app and 33 went through AI and 17 had interviews. 76% (13 of 17) of the applications were complete. The checklist appeared to have a positive impact on the number of complete applications at the time of interview. The checklist has become a permanent part of their application packet.
Improve Customer Service	Larimer	Strategy: To communicate with clients via email regarding their redetermination coming due within the next month and reminding them of what must be submitted, by assessing the Business Information Center software capabilities to send automated reminders/messages to clients.	Results: Pending

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Improve Workflow	Larimer	Strategy: Place a technician (screener) at the front desk to receive applications that are being dropped off, in order to screen incoming applications for completeness. A manual verification checklist will be completed and given to the client if the application is not complete. This PDSA focused on Food Assistance.	Results: Nine applications were received and six were sent to a processor to have the FA completed that same day. The process works. Their most recent compliance percentage for expedited FA was only 54.9% and they feel this strategy could substantially improve that rate. Note: See Larimer County PDSA # 8.1 for details on this PDSA to include technician comments and suggestions)
Improve Workflow	Larimer	Strategy: See how long an application sits in various steps prior to work being done to progress to case decision, in order to determine whether the lag times have been shortened from their initial value stream and to identify other areas for possible improvements.	Results: Pending
Improve Workflow	Larimer	Strategy: Change the workflow from imaging applications/documents after the case has been processed to having all documents imaged within 24-48 hours of receipt by the agency.	Results: On January 10th, all documents that arrived at Human Services were separated into categories. Baskets were placed on a table in the imaging room labeled with the categories. No discrepancies were found between reports after imaging. A retreat was held to redesign the process to get documents to technicians faster.
Improve Workflow	Larimer	Strategy: RRRs that are received will immediately be peeled off for imaging which will be completed within 48 hours of receipt. All of these documents will be logged into Business Information Software where they will be assigned to a technician and then sent to be imaged. They will monitor the time it takes for them to be released into File Net to stay within the time frames for any cases that may be eligible for expedited FA.	Results: Virtually eliminated the “black hole” of paperwork where documents could not be found and had to be resubmitted.

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Eliminate Waste	Logan	Strategy: Review Logan County HD ticket log and share information with the State team who works with HD ticket problems. This is being done to determine the types of HD tickets, variety of urgent issues still unresolved and escalate the tickets that need to have some type of additional; action (other than what the county can handle)	Results: Pending
Eliminate Waste	Logan	Strategy: Freeze the caseload of one worker to ensure that her caseload does not increase while she is out of the office and to allow her to catch up on old RRRs and applications from previous months. All Susan's applications will be distributed to the three remaining technicians.	Results: Two days was not enough, so they extended the freeze on Susan's caseload into the next week and then again on 10/12/10 decided to extend it. A total of 6 new cases had been worked by other techs/supervisor from the date the freeze was put on to 10/12/10. Continuing to hold new cases from going to Susan to be data entered and processed will allow her to get caught up on her past due RRRs and new applications for the past 2 months. They will continue to monitor the progress she has made on completing old RRRs and applications that hit her for past 2 months. Supervisor will have to monitor and track this somehow. At this time other staff have handled a total of 9 new applications (combination of FS and FM/CHP) for Susan.
Improve Customer Service	Logan	Strategy: Have the verification checklist sent out within 2 days of application receipt on incomplete new FM applications and follow-up with a phone call/email to tell them what is needed. They will measure how many clients were able to successfully be reached by phone as well as how many verification checklists were mailed out.	Results: A second cycle was run to try to figure out how to get the missing verifications connected with the case and not placed in the technicians' mail box or on their desk. They will continue to have all verifications go through the supervisor who will check the boxes to determine if the verification required has been received or not. That process seem to work well since the supervisors are familiar with the FM/CHP applications that are pending and they are kept abreast of changes that are occurring in other cases. A third cycle was run with the pre-review checklist being done by the front desk staff and supervisor. They make notes on the checklist and give it along with the previous case file and CBMS case comments about DRA to reflect what is needed. Technicians call clients to encourage them to bring in verification, offer assistance in getting what is needed and if income is the only thing missing and if FM case only they check DOLE to see if information is available that can be used to complete the case. They added a second sheet to the pre-review checklist for ROC notes, income calculations and the supervisor has added the MEQUIP final review to the

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			bottom of the form.
Improve Customer Service	Logan	Strategy: Log all incoming phone calls to determine what the callers need and who they are calling, in order to determine whether there are certain areas in the department that are receiving more calls and why. This will allow the department to be able to assist clients by training the front desk staff in certain areas and to educate clients by providing them with direct extension numbers. This will reduce the number of interruptions at the front desk.	Results: The phone log reflected that child/adult protection receive the highest volume of calls, although their caseworkers have given them their business cards with the direct phone number to the workers desk. Common questions: When will social security be in the building; what is the status of an application that has been submitted; what is the mailing address for the department; questions related to LEAP. We can add some information to the main telephone message about the LEAP workers direct extension so those calls never go through the front office. The caseworkers will remind clients that they can call directly to their extension number instead of calling the front office and then getting transferred. Additional training for questions that are being directed to technicians and can be answered by the front office.
Improve Policies and Procedures	Logan	Strategy: Add a RRR checklist to RRRs as they come in order to review for completeness and determine RTW. Add CBMS case comments, update case management database.	Results: Pending
Improve Workflow	Logan	Strategy: Have a worker do all office and phone interviews for one week and enter all information in CBMS during the interview. Schedule interviews for 1-2 hours.	Results: Worker scheduled 8 appointments for FA RRR or combo cases that packets had already been received but the interview process needed to be completed. She also scheduled 4 office interviews for FA RRR and new FA applications due to changes that now made them eligible for FA benefits. Out of the 12 phone/Office interviews conducted 8 had missing verifications that were given to them during Office interview or mailed to client the same day. Tech was able to complete 5 of the 8 cases within the due date the client was to return this missing verifications. Tech was pleased with the response of the clients, their willingness to help me complete their case, and spending the extra time on phone/Office interview to do so. Tech would call those that had missing verifications upon receiving and completing their case as well. Tech had a positive satisfaction upon completing the phone/Office interviews by helping the clients do their case timely even with missing verifications. It took less

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time in the long run to enter case comments into CBMS and reduce the rework of getting familiar with the case & case comments on the ROC at a later date.

Improve Workflow	Logan	<p>Strategy: Applications will be processed from AI through II directly into CBMS without requiring a paper application. AI will be completed by worker during the interview and continue on to II.</p>	<p>Results: Only one application for FA or FA/FM combo case was interviewed during the test period for a total of three cases. The three applications already had the paper application completed so none that were interviewed were interviewed without the paper application. Since some clients could not stay for an interview and they had only three applications that fit the test criteria during the test period, this process will not be implemented although the results were positive. They were unable to justify the amount of resources needed.</p>
Improve Workflow	Logan	<p>Strategy: Triage backlog of changes and get caught up to within 10 days of the change, by gathering all changes and entering them into the case management database, then printing the report and working the changes along with the RRRs on applications or prior to RRR if appropriate. As of 10/21/10 meeting, one worker had spent 2 full days entering changes that had been reported. Still was not current with Susan's changes. After those 2 days, Marsha had to do her own work & couldn't get back to going through changes. She continually works cases for Susan to assist with getting these old things caught up - about 1 a day is completed.</p>	<p>Results: They found the task to be quite overwhelming & don't know when all the changes will be completed and processed.</p>
Improve Workflow	Logan	<p>Strategy: Triage applications so that RTW apps are completed first by sorting through pending FM apps and supporting documents. Separating RTW (placed in green light box) from those needing additional verification (placed</p>	<p>Results: 38% (7 of 18) were RTW with 62% (11 of 18) pending verification. Two apps required out of state DRA verifications and were sent to the PE unit for processing to provide at least 60 day coverage. Two apps that were RTW were completed and placed in the red box for supervisor review. Triaging is effective but further study is needed for the pull system of putting apps in green (RTW) or yellow (pending</p>

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in yellow light box). This strategy also included a test of the pull system.

verification) boxes. A second cycle of this strategy resulted in the implementation of the pre-review process for FM/CHP unit. They found that emails, calls to clients, using DOLE income verification and other pre-review notes improved the timely processing of cases. It also resulted in fewer errors in the final review of the cases. They also implemented scanning of id/birth certificates as of 10/22/10 with receipts being given to the technicians so that they would know the DRA documents had been scanned and available on their I drive. A third cycle of the pre-screening resulted in it continuing to be very helpful. The overall conclusion was that triaging is effective and they will continue to use the pre-review sheet. They will continue with further study of the pull method.

Improve
Workflow

Logan

Strategy: Send verification checklist out within two business days of application receipt and follow-up with a phone call.

Results: They reviewed the incomplete FM applications to send out the missing verification checklist and put them in the yellow light box with a list to show case name, application date and the date verification was received. They put 11 cases in the yellow box for missing verifications. Four calls were made (those that were not home called back). After explaining to the client who was calling and why. This test had some procedural errors. There was supposed to be a list of cases that were placed in each box but that wasn't done so the supervisor could not track who took the cases.

Improve
Workflow

Logan

Strategy: Have one administrative specialist work solely on AI to speed up AI processing to the same day.

Results: One admin specialist was assigned to have uninterrupted time to complete AIs. As AIs are received the assigned admin moves to a quiet office to pull any inactive files from the dead file room or for new cases they put the name and state id on the front cover. The uninterrupted time did not appear to be very beneficial because admin specialist felt there was too much back and forth with her walking from the front office to the other office. (The processing time was estimated at 7 to 10 minutes per AI in the quiet office and to process in the front office with the interruptions the time averaged 8 to 14 minutes) She felt that she could have done it quicker in the front office. She was walking back and forth because one of the systems needed for access to the household database was in the front office and had to be done at the front desk. There were also some details missing or unclear from the person who initially took the AI so there was a need to get clarification from that person. They liked the quiet time but it wasn't enough of a timesaver and they felt they needed to be at the front desk helping the other worker.

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Improve
Workflow

Logan

Strategy: Track time spent on 10 new Applications (any kind) and 10 RRRs (any kind) from front office, pre-review, all way to completion. Determine where bottlenecks and delays are by the tracking sheet. Used a tracking form attached to Yellow files for NEW cases and Brown files for RRRs. Each person that works on the case will track the amount of time & what were the actions taken, reasons for delay, and passes on to next person until the case is completed and returned to supervisor for final review. They will compare the amount of time on these to their initial time tracking that was done back in Sept 2010 (prior to the pre-review checklist for new applications and RRRs, having front office pull files, and other improvements.) Marsha will tally the times and days to complete these 20 cases (10 new and 10 RRRs) and after group discussion will update the value stream or flow map to reflect new processing times. We will discuss at next Thursday's meeting the results. Marsha attached the tracking form to the yellow and brown files and explained to front office what will be tracked, that we want time spent on each step of the activity, including the reasons for delays and other issues with the case. This will only be done for 20 cases - the next 10 new applications for Marsha's unit and next 10 RRRs received for Marsha's unit.

Results: Pending

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Improve Customer Service	Logan	<p>Strategy: Use phone interviews to cut back on interview time by screening all applications or RRRs to see if phone interview is possible, then will call the client on the phone and offer to do the interview immediately or schedule a time for the interview later. The technician will also remind the client of the documentation requirements to complete the application.</p>	<p>Results: During the first week of this cycle, Susan found that she was unable to do any phone interviews (as she already had face to face scheduled.) The completion date was extended to end of Jan 2011. Susan continued to try to pre-review cases to see if phone interviews could be done. This pre review took about 5 minutes to do per case. Required pulling the case file to look to see when last FS interview was done. Susan found that phone interviews took about 5-10 minutes to complete, data entry took 1 to 2 hours depending on complexity of the case. 3 phone interviews were completed during this PDSA span of time. Face to face interviews that had already been scheduled took 15-30 minutes to complete in addition to the data entry time of 1 to 2 hours. So phone interviews do save time (10 to 20 minutes per case of time can possibly be saved.)</p> <p>Techs were reminded that for FS cases they don't even have to do phone interviews at the 6 month RRR - if they had another interview within the past year.</p>
Improve Workflow	Logan	<p>Strategy: Review RRRs for completion to determine ready to work, and process in proper timeframes. Do this in FM/FS unit. Checklist on RRRs. Start RRR in CBMS; make case comments in CBMS and case management database, updating Database with appropriate information.</p>	<p>Results: Some techs were finding that RRR looked like it was "ready to work" but once they got into the case there were other changes that hadn't been reported and still needed to be verified. Techs are finding that they need to send out the verification checklist sooner and maybe even call the clients to tell them that they won't need a face to face interview - and ask if they can provide their paystubs. Clients are used to turning in all their income when they come in for the face to face interview. Now that we are moving to phone interviews and less face to face contact with the client, we need to find more timely ways of notifying the client of the verification that is needed.</p>
Improve Workflow	Logan	<p>Strategy: Triage applications so that RTW applications are completed first.(cycle 4) Continue to prescreen the new FM applications as they come in. Front office is doing top part of the pre-review checklist, supervisor is doing the next part.</p>	<p>Results: Looking at just the FM applications approved from 2/1/11 through 2/23/11 see that 23 cases have been approved with average time to complete of 20.86 days per case. That is much closer to our goal of 21 days per case. Marsha sent these figures out to all techs along with reminder to get the R2W FM done as soon as possible and keep in mind our goal to process FM as soon as possible.</p>

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Improve Workflow	Logan	Strategy: Triage applications so that RTW applications are completed first (cycle 5)	Results: From 2/24/11 through 3/18/11 at 3 pm we have processed 29 FM cases. Total of 673 days with the average being 23.20 days to complete. High being 93 days (had to wait for the DRA fix to be able to deny the members that didn't provide DRA) to same day processing (which I count as 1 day). Still not at our goal of 21 days.
Improve Workflow	Logan	Strategy: Fresh Eyes/Next Steps. Block 2 hours (without interruptions) to work on FM RRRs, in the afternoons and use morning for FS appointments. Phone message on phone to leave message and Emma would check at 11:00 and 3:00 pm and if possible would return the message calls either at end of the day (4-5 pm) or within first hour of the next day. Found that most of Emma's FM RRRs had already been completed so used the blocked time for any RRRs that were coming in - comb or FA.	Results: Appointments are scheduled in the morning hours, with the idea that if they have not brought in all documents that are necessary then they would have time later that same day to bring documents back in. Sooner the information was provided the sooner the tech would process the case. If one appointment does not take the full hour allotted then Emma would data enter the information into CBMS for the case. Then the case would be ready to run once the missing. Afternoon blocked time is broken up into 2 segments. Usually 1-3 pm is for FM RRRs and FS if needed. If RRRs are not complete, the client is contacted to come in and complete the forms. 10 RRRs were processed during this period of time (started 1/21/11 and ended 2/15/11.) 8 of those were FA, 2 were FM/FA combo RRRs. It took 466 minutes to process the 10 cases during the blocked time, or an average of 46.6 minutes per case. Compared to previous RRR processing of 8 RRRs (not using the pre-review checklist or block time) which took an average of 61 minutes per RRR.
Improve Customer Service	Logan	Strategy: Screen application for needed verifications when client drops off applications to front office. The front office will notify David of all FA, FM and FA/FM combo applications while the client is still present. David will screen the application for needed verifications, advise the client of what verifications will be needed and schedule a FA interview if needed. This will reduce processing times for pending applications since the clients will be aware immediately of verifications	Results: Pending/None noted

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		required and appointment time if required. Record the applications received, date completed, whether or not the verifications were present at interview or how long it took the client to return the required verifications.	
Improve Workflow	Logan	Strategy: Screen all HLPG applications for 2 weeks to increase Ready to Work applications, track time spent by each person touching the case	Results: Six cycles have been run and it appears they continue to test
	Logan	Strategy: Pre-review of new FM/CHP applications LS 3 Storyboard	Results: From 9/1/10 to 4/11/11 our processing for new FM/CHP applications has gone to average of 23.31 days . (previous State data had shown processing days of 27 days) Activities: Revised intake to get more phone numbers, email addresses, better flow of information; Added phone number & address sticker to change forms (both FM/FS). Ask for phone number , current address, and email address at each contact with client; Pre-review checklist – top done by Front office, pulls old file, then gives to supervisor to complete next section. Supervisor alerts techs to “unusual” things in the case, and missing information. MEQUIP final review on back of pre-review checklist (to save time/paper.); Call, email, or contact client for missing information within 2 days. Monitor case for what is still missing and contact client to offer assistance. Call client after FM/CHP completed to let them know status. Call & remind clients to do RRR paperwork and provide income; Scanning DRA into common drive, give receipt to tech with State id document is filed under. Making sure that CBMS case comments reflect the DRA documents received; Case management database is constantly being revised to help us track and prioritize cases. Using for new, ongoing, changes reported, and RRR cases. All techs can use now; Shared ideas & results with other technicians; Same day eligibility when everything is present. Do FM eligibility first. Don’t wait for FA face to face interview; Deal with backlog of changes. Take action right away, when possible to do changes as they are being received; Prevent REWORK whenever possible! Phone

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calls made to remind clients of RRR coming due & stress income must be provided. Goal is to get as many Ready to work as can!; **Pre review checklist for RRRs.** Supervisor reviews missing items, starts RRR, updates database, then to tech. Marks in green if R2W. Others are needing verification. Keeps RRRs from being missed and becoming emergencies later on.

Improve
Workflow

Mesa

Strategy: Have four Community Service Building Intake workers see new applicants for all HLPGs which require an interview through scheduled appointments instead of walk-in.

Results: This is the 4th cycle of this test. A total of 53 applicants were seen through this PDSA. 51 of them or 96% elected to take the face-to-face interview over the phone interview; 3 individuals no show/no reschedule for their interview appointment (5%); 2 rescheduled (one rescheduled twice). All but 18 applicants submitted ALL their needed verifications prior to or during their interview, and we were able to gather the remaining needed verification through collateral contacts on 4 of the remaining 18 applications. (65% had all their verification submitted by the time of interview. Through collateral verification, we were able to bring the ready-to-work percentage up to 74%). The four participating workers expressed that they felt 2 hours was ample time to complete the ready-to-work applications.

Improve
Workflow

Mesa

Strategy: Schedule initial interviews by appointment in two hour intervals instead of walk-in interviews in order to accommodate more of a pull system rather than a push system.

Results: A total of 33 applicants were seen. The two participating workers felt that 2 hours was adequate time for the interview and completing the work needed. Of the 33 applicants, 22 selected the face to face interview over the phone interview and all but six submitted all needed verifications prior to or during the interview. They were able to gather the remaining needed verification through collateral contacts on three of the six which brought their RTW percentage up to 91%. A second cycle was of this test was run and they were able to schedule 41 applicants. 39 or 95% of the applicants elected to have the face to face interview rather than a phone interview. 34 of those applicants provided all required verification prior to or during their interview and they were able to gather the needed verification for four of the remaining 5 applicants through collateral contacts, which brought the RTW applications up to 97%. This test showed how critical the scheduling role is to the success of the process. They identified a number of variables that need to be considered as they continue this test with another cycle.

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Improve Workflow	Mesa	Strategy: Triage applications ‘RTW’ first by assessing the volume of RTW apps to be prioritized.	Results: Of 419 apps reviewed only 125 were FM/FA combo apps and of that 125, 46% (58) were now RTW with 9% (12) that actually came in RTW meaning that they were RTW at the time the application was submitted.
Improve Customer Service	Mesa	Strategy: Request the current mailing address of our clients with every contact we have with them, to reduce the number of RRR packets that do not make it to clients timely due to incorrect mailing addresses. (PDSA # 5 2-25-11) The two workers in the Ongoing Food Assistance team will verbally confirm the current mailing address with their clients at the time of every phone or face-to-face interaction during the test period. They will change their voice mail recording to ask clients to leave their mailing address in their voice mail messages to their worker at the time of each call. The outcomes of each call or contact will be recorded on a tally sheet.	Results: A total of 156 client contacts (either by phone, phone mail, or face to face) were included in this study. Correct addresses were confirmed with 101 or 65% of the clients. Incorrect addresses were confirmed with 15 or 10% of the clients. Of the 15 with incorrect addresses, 6 or 40% were due to worker data entry error. The remaining 9 or 60% of the incorrect addresses were because the client had not yet reported their new address. Addresses were not on the remaining clients because they clients failed to leave their address on voicemail at the time of their message. The findings do demonstrate an exceptionally high percentage of incorrect addresses (10%), which could lead to clients not receiving redetermination paperwork timely, which in turn would lead to a late submission of their redetermination paperwork. We were surprised to see that 40% of the incorrect addresses were due to worker error, so clearly this is an area we need to improve on. Based on this information, we have determined that the use of our voicemail recordings to ask for a mailing address confirmation and verbally confirming a mailing address with each in-person or phone interaction with a client is an effective strategy to accomplish our aim.
Change Work Environment	Montrose	Strategy: Maximize the use of front desk staff by increasing staff skills and program knowledge. Front desk staff will work with eligibility staff to identify complete applications versus incomplete applications.	Results: None documented on PDSA LS3 storyboard shows the following for front desk activities: <ul style="list-style-type: none"> • Front Desk Staff provides basic instructions and verification checklist for completing the application process. • Front Desk staff uses Organizer to schedule appointments as required. • Front Desk staff encourages phone interviews for Food Assistance and offers phone interviews as the first option. • Phone interviews have resulted in time savings. Data is entered during interview.

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Improve Workflow	Peak Vista	Strategy: Have QA staff fix minor errors and create /send an electronic audit sheet to staff in order to reduce the # of QA days and reduce the # of paper exchanges between QA/techs/Coordinators	Results: Pending Note: This PDSA was not begun until 07-18-11 and was not scheduled to be complete until 08-19-11
Change Work Environment	Peak Vista	Strategy: Incorporate more of a “team” vs “individual” approach to daily work by having the team take ownership of the daily number of applications needing to be processed and to help reduce the number of days for processing applications. They did a daily review of the number of techs available= number of applications to process that day. Placed the applications in a bin for techs to be able to visually view the number of apps needing to be worked each day. Coordinators encouraged techs throughout the day to reach the team goal. Posted apps work and # of days out on a white board so that the team could see their progress.	Results: None noted. Next steps noted: Start triage process to determine incomplete and complete status of all applications coming into MA Site LS 3 storyboard shows techs are processing additional applications daily and the team encourages one another to reach the goal for the day.
Eliminate Waste	Peak Vista	Strategy: Review all current reports to see what data is reported that is duplicated or no longer needed in order to simplify the reporting system by combining multiple reports.	Results: Pending (PDSA) LS 3 storyboard shows that they combined spreadsheets and removed duplicate tracking which resulted in less time spent on reporting.
Improve Workflow	Peak Vista	Strategy: Equalize workload to increase efficiency to better serve applicants by triaging all applications that come to the	Results: It saved a little time on the incomplete applications, by allowing the technicians to know what was missing when they received the application. They will continue to triage all incoming applications and

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Improve Workflow	Peak Vista	<p>MA site into those that are complete (RTW) or incomplete (need additional information) before sending them to the technicians. Karen and one tech went through every application in the file cabinets and triaged the applications, separating the complete and incomplete applications. Applications were then put in the correct file cabinet in date order.</p> <p>Strategy: To incorporate previous PDSA successes into an improved workflow process by having two techs triage applications as they come in. Techs will pull their own daily work and track. Coordinator will track tech's daily progress. A white board will be used to visually track progress. In order to decrease steps taken to process an application by techs and improve overall efficiency, which should result in overall improvement of process and increase in number of apps processed by techs.</p>	<p>work on bringing to the technicians so that they can have a true understanding of the number of outstanding applications.</p> <p>Results: Techs were in favor of pulling and tracking their own daily work. The number of applications processed daily did not increase. The new process does allow our Leadership staff to view individual tech workflow and to address areas where time management can be improved upon. We will make this PDSA a permanent process going forward. Our Coordinators will use the tracking sheets during 1:1 with techs to review # of apps turned in daily and to implement PI plans when needed.</p>
Improve Workflow	Peak Vista	<p>Strategy: File applications in a way that will allow the technicians to visually see the applications to be processed. Discussed how to make the applications more visible and also discussed the issue of space.</p>	<p>Results: They determined that they did not have adequate space to visually display the applications. They decided to use a combination of visual aids and creativity to accommodate their workspace.</p>

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Improve Workflow	Peak Vista	Strategy: Distribute workflow evenly to increase capacity.	Results: Had 2 FTEs pull 5 complete and 5 incomplete applications to determine if daily benchmarks can be met. CBMS was frozen most of the day, so one tech was able to complete 2 and had 4 ready to authorize and the other tech had one completed and 2 ready to authorize. Staff was allowed to leave at 2:00 pm. They will continue testing.
Improve Customer Service	Peak Vista	Strategy: Determine if adjusting work hours would have an impact on the number of applications processed daily due to issues within CBMS by having 2 FTEs work overnight to determine if CBMS issues would be minimal resulting in an increase in the number of applications processed in an eight hour shift. Have 2 FTE work overnight hours from 11pm-7am to determine if working different hours will have an impact on the number of applications that can be processed in an 8 hour shift. CBMS will have fewer workers or fixes overnight resulting in an increase in the number of applications processed by each worker. We will collect the following data...number of applications processed in an eight hour shift and compare to the number of applications processed by the same workers when working their normal day hours.	Results: Pending (PDSA) LS 3 storyboard shows that working different hours had no benefit. The CBMS help desk was not available to overnight workers; CBMS batches overnight which resulted in workers losing access to the site as well as Peak Vista performing system maintenance overnight causing workers to lose access.

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Improve Workflow	Peak Vista	<p>Strategy: Have CBMS tech accountable for processing incomplete applications from start to finish by having each tech hold on to their incompletes. We plan to give each CBMS tech file folder numbered 1-31 to hold each of their incomplete (14 day pending) applications. The tech will file by the date the documentation is due. In order to have each CBMS be accountable for their own incomplete (14 day pending) case load. Each CBMS tech will process their incomplete (14 day pending) cases in a timely manner. We will collect the following data by tech turning in their daily bundle sheets, we will be able to determine how long it takes them to process the applications.</p>	<p>Results: Pending (PDSA)</p> <p>LS 3 storyboard shows this strategy was recently implemented and resulted in an increase in timely processing.</p>
Improve Workflow	Routt	<p>Strategy: Triage all applications for completeness of documents provided to allow for more accurate and timely processing. Apps that are complete will be processed first and verifications requested for those needing additional information.</p>	<p>Results: Team still in the process of getting the backlog of Medicaid apps taken care of and hope to have that accomplished within the week. They have assigned one tech to strictly doing food assistance interviews on 1 ? days of his scheduled work week. The other full day is spent processing Medicaid apps that are overdue. Tech Roberts is also processing Medicaid apps in addition to all food ass only apps. She also processes Medicaid apps in addition to the food ass apps. Their food assistance processing is for the most part down to 3 -4 days with the exception of the applications that are missing verification that they are waiting on. They are also in the process of getting an automated phone system set up. The process that they are currently using for the food assistance applications has worked very well by enabling quicker processing of applications and allowing the interview tech to become more versed in what is required for the program. It is also allowing him to better learn the CBMS system by processing only one program at a time on that system. The entire Management Team supports the automated phone system as it had been met with resistance the last time that it was brought up. After seeing how well their intake tech was doing, they along with the Visiting Nurse Association have created</p>

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another ? time position at their agency that will allow their intake tech to be employed full time and allow the applications that are taken there each day to be processed at the time they are received instead of waiting 3 – 4 days.

Improve Workflow	Routt	<p>Strategy: Triage all applications for completeness of documents provided to allow for more accurate and timely processing. Apps that are complete will be processed first and verifications requested for those needing additional information.</p>	<p>Results: Triaged all pending FM applications in the office and put them in two categories (complete and incomplete). There were 75% (21 of 28) complete apps and 25% (7 of 28) incomplete apps.</p>
Improve Workflow	Routt	<p>Strategy: Increase A.I. speed and allow worker to keep up by making applications accessible in the lobby.</p> <p>P=A.I. worker was getting behind due to distributing applications</p>	<p>Results: The A.I. worker is now able to complete all new application A.I.s by the close of the business day.</p>

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<p>Improve Customer Service</p>	<p>Routt</p>	<p>Strategy: Hired a part time Medicaid eligibility technician to catch up on Medicaid application processing time.</p>	<p>Results: Currently caught up with processing of Medicaid caseload.</p>
		<p>P=Had too many cases for three technicians and were having to use overflow services</p>	
<p>Improve Customer Service</p>	<p>Routt</p>	<p>Strategy: Created a verification checklist for applications to reduce application processing time.</p>	<p>Results: No cases on EPG in the last three weeks</p>
		<p>P= Had too many verification requests sent out keeping client's from receiving benefits in a timely manner</p>	
<p>Improve Customer Service</p>	<p>Routt</p>	<p>Strategy: Created a “what to expect when I apply” information sheet for food assistance to decrease the volume of calls the office was receiving</p>	<p>Results: Client's that are informed about what their responsibilities are to maintain their benefits</p>
		<p>P= We had so many inquiries about basic information on the program guidelines as well as what comes after the application process</p>	

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Improve Workflow	Routt	<p>Strategy: Created an office sign-up sheet to help cover front for H.H. & A.I. worker in order to give the A.I. worker adequate help up front to maintain A.I. speed</p> <p>P= When additional staff is here part time A.I. worker can keep up however when additional staff is not assisting front desk A.I. worker the applications began to stack up</p>	Results: Currently the A.I. worker is caught up and finishes A.I.s by the end of the business day
Improve Workflow	Routt	<p>Strategy: Process complete cases immediately in order to get our client's that have taken the time and consideration to apply for benefits the benefits sooner</p> <p>P= Clients were having to wait for eligibility results when they had submitted a complete application due to technician having to pay extra attention to the incomplete cases</p>	Results: No overdue cases or complete cases sitting on a shelf

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Improve Customer Service	Routt	<p>Strategy: Technician’s put phones on forward for uninterrupted work time in order to give technicians quiet time to complete cases</p> <p>P= Technicians were being interrupted numerous times while trying to process cases</p>	Results: Workers are able to put phones on forward and do not have any cases over due
Improve Workflow	Routt	<p>Strategy: Automated phone system activated in order to give A.I. worker some relief from phones to complete A.I.s</p> <p>P= They had a very high volume of calls coming through our office distracting workers and slowing work speed</p>	Results: Calls have decreased significantly allowing front desk A.I. worker more work time.
Improve Customer Service	Routt	<p>Strategy: Business cards were composed to give client’s the technician’s direct line in order to allow our clients to get in direct contact to report emergent and necessary changes</p> <p>P=Our clients weren’t sure when they would call who their worker was</p>	Results: Less confusion as to which worker to call

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Improve Customer Service	Routt	<p>Strategy: Technicians began phone interviews to get expedite cases within timely processing and get clients their benefits quicker</p>	<p>Results: No overdue cases</p>
		<p>P=We have five towns within our county which can result in 30-40mile trip to visit our office. This created excessive time for processing expedite cases</p>	
Improve Customer Service	Routt	<p>Strategy: <i>Divided case load between all four workers based off of program that is being applied for and house hold composition to keep clients informed and able to contact their worker with questions or changes</i></p>	<p>Results: No overdue cases and clients seem to know who their worker currently is.</p>
		<p>P= clients were confused as to whom to contact when they had issues and or questions about their benefits.</p>	
Improve Customer Service	Routt	<p>Strategy: A.I. worker is calling people prior to RRR due date as a reminder in order to cut down on time spent having a client reapply if they did not receive the RRR packet or had just forgot to get it in</p>	<p>Results: Pending</p> <p>Just began this PDSA since the automated phone system was activated 2 weeks ago. In 2 more weeks they will be able to tell by the amount of RRRs that were received compared to the typical average amount of discontinued cases due to not receiving the RRR</p>
		<p>P=A.I. worker is currently contacting clients within 10 days of the RRR due date to make sure client turns it in as</p>	<p>Note: LS 3 was held in April 2011 so results may now be available</p>

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well as supporting documentation

Improve
Customer
Service

Routt

Strategy: Create a visual display of the application process for the lobby to get more complete applications and to have the client understand the process and how to keep their benefits going

Results: Pending

P=Some clients go through the application so quickly they don't read or understand the entire process and the reason to submit certain documents resulting in increased processing time.

Improve
Customer
Service

Routt

Strategy: Have same day expedite interviews to get the most in need clients their benefits quicker and decrease expedite processing time

Results: Pending

P=We can get our expedite cases scheduled too far out for an appointment making the expedite portion overdue

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Improve Customer Service	Routt	<p>Strategy: Drop box in front of organization in order to serve clients better and receive documents in a timely manner</p> <p>P=We have clients that work various shifts in our town and can result in the client not being able to turn in documents outside of business hours, resulting in denial of benefits or discontinuance of benefits</p>	Results: Pending
Improve Customer Service	Routt	<p>Strategy: A.I. worker mark RRRs as received when they come in so no cases will discontinue and need rescinding</p> <p>P=Some RRRs after they are received by our office discontinue once they have reached the technician</p>	Results: Pending
Improve Customer Service	Routt	<p>Strategy: Client self-serve copy machine to allow clients to make whatever and how many copies they want as well as give the A.I. worker that additional time to A.I. applications and enter the RRRs as received</p> <p>P=Our A.I. worker is in charge of making copies for client's as they request upon walking in the door, taking</p>	Results: Pending

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the A.I. worker away for A.I.ing applications

Improve Workflow	State	<p>Strategy: Reduce the number of RRRs (Recertification, Redetermination, Reassessments) performed on a combo case (case with more than one program) by aligning the RRR certification period to the extent possible allowed for by each program area's rules and regulations. Analyze similarities amongst program areas to find ways to streamline and align the RRR process.</p>	<p>Results: They determined that programs recertify very similarly. Some program areas may need to make minor changes to their rules to allow for RRR alignment.</p>
Change Work Environment	Weld	<p>Strategy: Assess eligibility workers current level of satisfaction by developing a questionnaire via survey monkey.</p>	<p>Results: (PDSA 3) The link was sent to all Assistance Payments and Common Support workers. Out of the 188 workers that received the link to the survey 50% (94) responded. It was determined that there was a higher level of worker satisfaction than originally thought. The results will be shared with the individual units. Additional surveys will be sent out at the beginning of February 2011 and at the end of May 2011.</p>
Eliminate Waste	Weld	<p>Strategy: Create a tracking form to be used on PW applications in order to determine the amount of time spent on each step of the application process so that they can determine if there are any inefficiencies and bottlenecks.</p>	<p>Results: (PDSA 13) 199 cases have been tracked. The following data was collected: Mail room: between 2 seconds to 2 1/2 minutes to date stamp the applications. AI unit: an average of 1.16 days to complete the AI (including weekends, but not holidays). AI unit: an average of 5 days to get the applications to the Back Up Doc person. Verification was typically requested manually the same day the back-up docs were completed- this took an average of 11.3 minutes/case. It took an average of 27 days to complete II after the verification was requested. II took an average of 48</p>

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			minutes to complete. Overall average processing time- 35 days. Continued to 11/8/10 pending more data. Continued to 12/13/10 pending more data.
Improve Customer Service	Weld	Strategy: Notify clients of the verifications that need to be submitted by creating a flyer to attach to the front of all FM applications. The flyer will include the three required forms of verification needed – pregnancy, income and DRA. The applications will be identified with an ‘S’ stamp for tracking.	No additional information documented Results: (PDSA 8) No data available
Improve Customer Service	Weld	Strategy: Increase the number of RTW applications received by providing an upfront checklist explaining what needs to be returned.	Results: (PDSA 12) The checklist was created. The checklist is in the process of being translated to Spanish. An "A" will be placed on the top left corner when applications are sent with the checklist attached. When received, the AI unit will place a "M" on the upper right hand corner to identify the applications that are mailed in. A basket will be created for mail in applications to be reviewed and logged daily. Updates will be provided to the WCPIT weekly. Update: 11/1/10- The mail in applications are not received by staff until the day following the day they are received. From 10/26/10-10/29/10, they received 27 mail in applications. Out of those 27, 9 were submitted as ready to work. One application had an "A" on it and was submitted as ready to work. In addition the checklist was sent to the area Nursing Homes and they are now using the checklist with the familys when faxing in applications. Update 11/8/10- They are seeing an average of 32% of their mail in applications submitted as ready to work. They will continue to track the mail in applications once they start coming in with "A" attached to see if more applications are submitted as ready to work. Update 11/15/10- As of 11/1/10 the Adult unit received 60 mail in apps- Rachelle only saw 30 to review. Rachelle is going to research where the rest of the apps are. Rachelle only received 2 apps back with "A" attached- one was RTW and one was not RTW. More data will be provided 11/29/10.

APPENDIX B: CEPIC Team Activities

No additional information documented

Improve
Workflow

Weld

Strategy: Evaluate the current level of RTW PW applications by manually counting the number of PW apps that are received in one week.

Results: (PDSA 1) Out of 17 new PW apps, 76% (13) were submitted RTW based on a one week study. They determined that identifying apps that are RTW will speed up processing time since the majority were submitted RTW. They will continue the PDSA for triaging new applications for pregnant moms to further identify ready to work applications. The ready to work applications will be worked first. They also plan to include flyers on new applications and include a PowerPoint on the television in the lobby to further decrease their processing times.

Improve
Customer
Service

Weld

Strategy: Identify more efficient ways to inform the customer of what is needed at the time of application and re-determination by creating PowerPoints with FAQs and helpful information.

Results: (PDSA 14) 11/8/10- A power point completed for the MSP program and has received feedback from the team. Get the power point translated and have it posted. Complete another power point to be reviewed at the 11/15/10 meeting. 11/15/10- Based on feedback from the WCPIT, the next powerpoints to be worked are the PEAK inquiry, Check my benefits, and FA Household Composition. They are working on getting the MSP powerpoint translated. 11/29/10- The FA Tidbits PP has been completed and it is in the process of being translated. FAQs were submitted. Next power points to be worked on: PEAK, health care reform and HB 09-1293.

No additional information documented

APPENDIX B: CEPIC Team Activities

Improve Customer Service	Weld	Strategy: Utilize upfront requests for verification by calling clients within 5 days of receipt of the RRR and request verification be submitted. They will keep a log of the requests to analyze the effectiveness of the upfront request.	Results: (PDSA 7) (10-11-10) Only a few RRRs were received and they did not have income verification required. (11-15-10) The PDSA was extended with 25 RRRs received, 12 had no income, 7 had income attached and the 1 had self employment income which was verified by phone. (11-29-10) They will try the test again with a different unit to see if the results are different. No results noted
Improve Customer Service	Weld	Strategy: Triage PW applications so RTW applications are completed first.	Results: (PDSA 5) 11/8/10 Update-They received 11 tracking sheets from Sunrise. The data shows the average day from the application being submitted to Sunrise to getting to the technician was 8.2 days. Suzanne is going to contact Linda Mendez regarding them submitting applications to Weld County more timely. This PDSA will be continued to 12/13 in an effort to gather more data. No additional information documented
Improve Workflow	Weld	Strategy: Evaluate usefulness, costs and drawbacks to up front imaging	Results: (PDSA 20) They plan to submit a proposal. They met on 06-06-11 to discuss the plan and questions/concerns that will need to be worked out prior to implementation. 06-13-11 The team met and responded to the questions from the meeting of the previous week. They will contact Boulder and Larimer to schedule time to view their imaging process. 7/11/11- Some of the members of the WCPIT will be going to Boulder County to view their up front imaging system on 7/19 and will update the WCPIT at the meeting on 8/1/11. Rachelle will be resending her figures for the ROI for the Greeley office and Jamie will correct her ROI for the FTL office to present at the 8/1/11 meeting. No additional information documented.

APPENDIX B: CEPIC Team Activities

Improve Workflow	Weld	Strategy: Pull rather than push work	Results: (PDSA 2) The AI unit has determined that they save 1.5 to 2 hours per day by not reviewing the Medicaid applications twice. They are saving 2 to 2.5 hours per week by not printing out and reviewing the logs and they are saving 30 minutes at the end of each day by not doing the end of the day application run. In addition the applications are being passed on more quickly because the AI clerks are no longer letting them pile up on their desks and instead are putting them in the box immediately when completed. They decided to follow this process until 11-01-10 to determine if it is working for all units involved. Update 11-01-10: Supervisors reported that staff involved in the process got together and worked out the details and now everything is working well for all involved. PDSA complete.
Improve Customer Service	Weld	Strategy: Maximize the effectiveness of the customer service workers	Results: (PDSA 4) They tracked all interactions with customers for the week of 09-27 thru 10-1. The review of the data determined that 6 of the tasks completed by customer service staff were needed because the customer did not receive a call back from their technician. They also determined that the customer service workers spend a great deal of time helping customers fill out applications. They developed and distributed business cards for technicians. They also put envelopes in the lobby. PDSA complete.
Improve Workflow	Weld	Strategy: Simplify the distribution of new applications by identifying folders with the type of actions taken by AI.	Results: (PDSA 9) They created 4 sets of folders and labeled them the following: Applications that need appointments; Completed AIs; AI without application; Reschedules; and Medicaid applications. The unit clerk pick up the folders daily and return the empty folders to the AI unit at the next application run. They determined that the process works. Applications are getting to the right places and there have been fewer misplaced applications. Instead of piling the applications on their desks only to be sorted later, the AI unit is separating them at the time of AI. This process is eliminating the need for rework by not having to sort the applications at a later date. No further action needed. PDSA Complete

APPENDIX B: CEPIC Team Activities

Eliminate Waste	Weld	Strategy: Determine what steps are duplicated between AI unit and Intake unit.	Results: (PDSA 10) They reviewed the intake checklist to determine if there were any steps that were being duplicated between AI unit and Intake unit and determined that there was no duplication between AI and Intake. PDSA Complete
Eliminate Waste	Weld	Strategy: Reduce the amount of rework by making a uniform procedure in regards to defining clear and concise case comments and create case comments templates.	Results: (PDSA 11) All team members submitted their units' templates and suggestions. The information was compiled and one template was created for RRRs and one template for Intake. 11-29-10 – the template was completed and approved by the team after initial review and feedback from the team. The team will continue to monitor the success of the case comments templates in the form o case review scores and technician feedback. PDSA Complete.
Improve Workflow	Weld	Strategy: Analyze traffic flow and interaction between clients and employees by having people from different divisions observe the process in the reception area.	<p>Results: (PDSA 18) They had 13 people from different divisions observe the process in reception that resulted in the following suggestions: Numbering system in the lobby; full time traffic cop; red/green lights; better phone system and placing a screener in the lobby. Based on the above suggestions the following changes were implemented: Hiring of two temporary workers to be traffic cops and piloting a new phone system with a written script so clients can bypass reception. They hired a temporary worker to sit in the lobby and function as a service coordinator, who is able to check in clients who have appointments, certify documents and guide customers to the appropriate line/staff person. She has been able to help 60% of the customers walking in the door.</p> <p>They also plan to look at eliminating the need for copying and also look at doing a task based process for the AI unit by assigning applications for appointments and mail-in applications to different staff members.</p> <p>They plan to pilot the screener/scheduler model in the reception area 04-04-11 thru 04-15-11. Activity continues on this PDSA</p>

Medicaid Client Caseload by County Colorado
Department of Health Care Policy & Financing Medicaid
Caseload Without Retroactivity By County Reporting
Month Ending on 06/30/2010

Age Group	Total Client Count by Age Group
Clients Age 20 and Under (EPSDT)	323,061
Clients Age 21 and Over	203,160
Total Clients - All Ages	526,221

	Clients Age 20 and Under (EPSDT)	Clients Age 21 and Over	Total Client Count (All Ages)
	Client Count by Age Group	Client Count by Age Group	
ADAMS	41,084	18,954	60,038
ARAPAHOE	36,289	19,954	56,243
BOULDER	11,871	7,700	19,571
EL PASO	38,883	23,329	62,212
GARFIELD	3,725	1,647	5,372
JEFFERSON	21,229	15,786	37,015
LARIMER	14,008	9,878	23,886
LOGAN	1,339	1,178	2,517
MESA	10,530	7,537	18,067
MONTROSE	3,558	2,503	6,061
ROUTT	653	359	1,012
WELD	20,172	10,237	30,409

Source for all caseload data provided is the MMIS data warehouse table Client Monthly Reports data. This table is consistent with the REX01/COLD (MARS) R-474701 report which is the source of the official Health Care Policy & Financing (HCPF) caseload numbers.

Eligibility types included in the report are: OAP-A(001), OAP-B-SSI(0020, AND/AB-SSI(003), AFDC/CWP Adults(004), AFDC/CWP CHILDREN(005), FOSTER CARE(006), BC WOMEN(007), BC CHILDREN(008), NON-CITIZENS (EMERGENCY)(009), QMB ONLY (010), SLMB(011), BCCP-WOMEN BREAST & CERVICAL CAN(020)

*Data have been suppressed for select counties with smaller populations per HCPF's threshold rule to comply with HIPAA regulations.

Medicaid Client Caseload by County
Colorado Department of Health Care Policy and Financing
Medicaid Caseload Without Retroactivity By County
Reporting Month Ending on 07/31/2011

Age Group	Total Client Count by Age Group
Clients Age 21 and Over	234,811
Clients Age 20 and Under (EPSDT)	357,032
Total Clients - All Ages	591,843

	Clients Age 20 and Under (EPSDT) Client Count by Age Group	Clients Age 21 and Over Client Count by Age Group	Total Client Count (All Ages)
ADAMS	46,091	22,355	68,446
ARAPAHOE	40,381	23,506	63,887
BOULDER	13,480	9,186	22,666
EL PASO	42,708	26,952	69,660
GARFIELD	4,364	2,085	6,449
JEFFERSON	23,676	18,196	41,872
LARIMER	15,866	11,931	27,797
LOGAN	1,456	1,294	2,750
MESA	11,620	8,748	20,368
MONTROSE	4,051	2,890	6,941
ROUTT	827	551	1,378
WELD	22,003	11,938	33,941

Source for all caseload data provided is the MMIS data warehouse table Client Monthly Reports Data. This table is consistent with the REX01/COLD (MARS) R-474701 report which, is the source of official Colorado Department of Health Care Policy and Financing caseload numbers.

Eligibility Types included in this report are: OAP-A (001), OAP-B-SSI (002), AND/AB-SSI (003), AFDC/CWP Adults (004), AFDC/CWP CHILDREN (005), FOSTER CARE (006), BC WOMEN (007), BCCHILDREN (008), NON-CITIZENS (EMERGENCY) (009), QMB ONLY (010), SLMB (011), PRENATAL STATE ONLY (015), BCCP-WOMEN BREAST&CERVICAL CANCER (020)

*Data have been suppressed for select counties with smaller populations per the Department's threshold rule to comply with HIPAA regulations.