



May 15, 2017

The Honorable Edward J. Kasemeyer  
Chairman, Senate Budget & Taxation Committee  
3 West Miller Senate Building  
Annapolis Maryland 21401-1991

The Honorable Maggie McIntosh  
Chairman, House Appropriations Committee  
131 Lowe House Office Building  
Annapolis Maryland 2101-1991

**RE: 2016 Joint Chairmen's Report – Weighted Caseload Analysis for Family Investment**


Dear Chairman Kasemeyer and Madam Chair McIntosh:

The Department of Human Resources (DHR) is required to submit a report to the Joint Chairmen of the Senate Budget and Taxation and the House Appropriations Committees on the Weighted Caseload Analysis for Family Investment in accordance with the provisions of the 2016 Joint Chairmen's Report, page 88.

DHR requests a four week extension with the intent to submit this report on or before June 15, 2017.

As always, if there are any questions or if additional information is needed, please contact Nicholette Smith-Bligen, Acting Executive Director for the Family Investment Administration at 410-767-7949.

Sincerely,

  
Lourdes R. Padilla  
Secretary



June 15, 2017

The Honorable Edward J. Kasemeyer  
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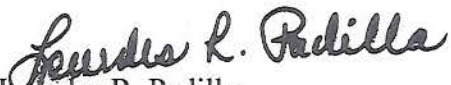
**RE: 2016 Joint Chairmen's Report – Weighted Caseload Analysis for Family Investment**

Dear Chairman Kasemeyer and Madam Chair McIntosh:

The Department of Human Resources (DHR) is required to submit a report to the Joint Chairmen of the Senate Budget and Taxation and the House Appropriations Committees on the Weighted Caseload Analysis for Family Investment in accordance with the provisions of the 2016 Joint Chairmen's Report, page 88. In accordance with this reporting requirement, DHR is pleased to provide you with the enclosed report.

As always, if there are any questions or if additional information is needed, please contact Nicholette Smith-Bligen, Acting Executive Director for the Family Investment Administration at 410-767-7949.

Sincerely,

  
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**REPORT ON THE WEIGHTED CASELOAD ANALYSIS FOR FAMILY INVESTMENT**

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MARYLAND DEPARTMENT OF HUMAN RESOURCES

*Completed pursuant to the 2016 Joint Chairmen's Report*

June 15, 2017

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## 2016 JCR REPORT REQUIREMENT

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This report is hereby submitted by the Department of Human Resources (DHR) in response to the following excerpt from the 2016 Joint Chairmen's Report:

*Further provided that \$100,000 of this appropriation may not be expended until the Department of Human Resources (DHR) submits a report including the results of a weighted caseload analysis to the budget committees. The weighted caseload analysis shall consider:*

- (1) the number of public assistance cases;*
- (2) the type of public assistance cases; and*
- (3) the time and effort each type of public assistance case requires.*

*The analysis shall be conducted for each jurisdiction. The report should also discuss whether the planned information technology modernization would allow DHR to conduct these types of analyses in the future. The report on the results of the analysis shall be submitted by May 15, 2017 and the budget committees shall have 45 days to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted. It is the intent of the General Assembly that the Executive Director of the Family Investment Administration (FIA) and Secretary of DHR use the results of the analysis to allocate personnel to efficiently and effectively carry out the public assistance programs of FIA.*

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## STATUS REPORT

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The Department of Human Resources is committed to providing the best customer service to the vulnerable Maryland residents who depend on our benefits and services. With a focus on multiple points of contact, DHR reaches out to potential and existing customers to ensure timely and accurate service is provided. This request for specific analysis has enabled DHR to examine its various service delivery methods across jurisdictions and to prepare for concrete changes in the months and years to come.

DHR contracted with Towson University's Regional Economic Studies Institute (RESI) to conduct a weighted caseload analysis as per the JCR requirement.

RESI's conclusions from the focus groups included five principal findings:

**Finding 1:** Too much variation in business process exists across local offices to enable reliable calculations of weights for public benefit program tasks.

**Finding 2:** Time and effort required for processing cases varies depending upon the household size and complexity of the household circumstances.

**Finding 3:** Applications require more time and effort than redeterminations for active cases.

**Finding 4:** Complex cases require a level of knowledge that requires a designated, trained case manager.

**Finding 5:** Accurate casework depends upon case managers taking the time to consider all factors that need to be addressed.

Attached is RESI's report, including its methodology, the challenges faced in gathering the data, and its findings. In short, the current technology that DHR is using for eligibility determination lacks reliable information that can inform calculations of time and effort for tasks that comprise benefit program casework. Moreover, the legacy eligibility system is hard-coded with security access so only the case managers in a particular office can update that office's cases. Special logon IDs are needed for staff who work for one local department but are assigned cases from another local department. This is a challenge that many states face or have faced when trying to evolve their business processes. As a result, other states, like Maryland, have moved or are moving to statewide systems that allow many casework tasks to be assigned to case managers across the state, without regard to physical proximity to the customer.

DHR submits this report referencing its current caseload ratios knowing that upcoming technology improvements will overhaul the delivery of services. Maryland has received \$195 million in federal funds to build a groundbreaking technology platform that will transform the state's ability to deliver vital human services to Marylanders. Maryland's Total Human-services Information Network (MD THINK) is a cloud-based data repository that will break down traditional silos and data barriers between state agencies and provide integrated access to programs administered by DHR, the Department of Health and Mental Hygiene (DHMH), and the Department of Juvenile Services (DJS). Work has already begun for building the new platforms for casework in public assistance programs and full implementation of a new public assistance eligibility system anticipated by fiscal year 2020. Because Maryland is in the midst of designing and implementing its MD THINK, it is the position of DHR that any significant restructuring to staff allocation at this point would be short-lived and thus programmatically impractical.

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## WEIGHTED CASELOAD ANALYSIS

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### Background

Members of the public who are in need of public assistance benefits appear in person at the local department of social services in the jurisdiction where they reside (including homeless individuals), or they can apply online in the consumer portal *myDHR*, or mail in or fax a paper application. Nearly all casework is completed in the local departments with very few casework tasks completed at the central office of the Department of Human Resources (DHR).

Maryland has 24 local departments of social services – one in each County and one in Baltimore City. Multiple offices in larger jurisdictions provide convenience for residents as well as a stable community presence for emergency services on a walk-in, as needed basis or for deployment when natural disasters or other emergencies occur in the local catchment area. In total, more than 40 separate facilities provide front-line casework across the state.

## **Methodology**

Attached to this document is the report from Towson University’s Regional Economic Studies Institute (RESI), including the methodology used and the challenges with analyzing the data collected.

RESI collected data directly from front-line staff across the state for this report, by conducting a case manager survey, in which the respondents self-reported the amount of time required to complete public assistance case tasks, and two focus groups of front-line supervisors from caseload units around the state. The supervisors were tasked with assessing the level of effort required to complete each type of public assistance case.

## **Public Assistance Programs**

The Family Investment Administration (FIA) within DHR determines eligibility for seven public assistance programs. Each was assessed within this analysis:

1. Food Supplement Program (FSP) – Nutrition assistance for eligible, low-income individuals and families.
2. Temporary Cash Assistance (TCA) – Financial assistance and employment training to achieve self-sufficiency for parents.
3. Non-Modified Adjusted Gross Income Medical Assistance (Non-MAGI) – Health coverage for aged, blind, or disabled individuals.
4. Temporary Disability Assistance Program (TDAP) – State-funded financial assistance for low-income, disabled Marylanders experiencing short-term disability or while awaiting approval of federal disability support.
5. Public Assistance for Adults (PAA) – Financial assistance established to add to Supplemental Security Income (SSI) benefits.
6. Emergency Assistance for Families with Children (EAFC) – Emergency cash assistance to families who need emergency help paying rent or utilities or for other emergencies.
7. Burial Assistance (BA) – Financial assistance with funeral expenses of deceased recipients of Public Assistance programs when their families cannot afford funeral costs. The program provides a cash benefit to the funeral director when the deceased individual was either already receiving assistance or met the eligibility requirements of a program administered by DHR.

## **Total Number of Public Assistance Cases By Type of Case**

More than 600,000 cases are handled in 24 jurisdictions and in more than 40 local district offices. DHR defines “caseload” as the total active cases plus denied applications in the most recent month.

**Figure 1: The Total Number and Type of Public Assistance Cases by Jurisdiction, for March 2017**

Local Department	TCA (Active)	TCA (Denied)	FSP (Active)	FSP (Denied)	TDAP (Active)	TDAP (Denied)	MA	PAA (Active)	PAA (Denied)	Burial Assistance	Emerg. Assistance	Total
Baltimore City	7,898	955	107,717	1,715	9,656	925	61,276	1,019	33	34	291	<b>191,519</b>
Baltimore Co.	2,362	459	46,796	1,214	1,577	347	22,539	406	-	1	89	<b>75,790</b>
Prince George's	1,744	484	43,111	1,230	578	198	22,652	467	3	-	9	<b>70,476</b>
Montgomery	1,037	247	32,400	663	569	202	24,845	387	5	1	25	<b>60,381</b>
Anne Arundel	1,261	212	19,301	538	556	163	9,373	275	8	-	11	<b>31,698</b>
Washington	764	123	11,320	200	446	124	6,258	82	1	-	21	<b>19,339</b>
Harford	465	84	10,397	223	292	83	5,565	75	1	1	18	<b>17,204</b>
Wicomico	535	61	9,508	147	273	45	4,296	90	-	-	6	<b>14,961</b>
Howard	339	91	8,369	179	201	54	5,344	147	3	1	6	<b>14,734</b>
Frederick	350	69	8,580	177	330	72	4,550	198	-	-	7	<b>14,333</b>
Allegany	358	25	7,682	77	410	32	4,217	38	-	-	20	<b>12,859</b>
Charles	310	45	7,696	172	168	46	3,812	42	1	-	-	<b>12,292</b>
Cecil	464	50	6,969	116	253	72	3,183	37	-	-	14	<b>11,158</b>
St. Mary's	453	56	6,261	117	289	37	2,843	53	-	1	21	<b>10,131</b>
Carroll	161	33	5,535	97	218	47	2,691	68	-	-	2	<b>8,852</b>
Dorchester	184	15	4,389	32	132	12	2,067	39	-	-	1	<b>6,871</b>
Calvert	111	29	3,529	77	93	29	1,763	20	-	-	2	<b>5,653</b>
Worcester	87	11	3,492	45	111	27	1,577	12	-	-	1	<b>5,363</b>
Caroline	142	19	3,119	49	99	19	1,364	12	-	-	-	<b>4,823</b>
Somerset	186	12	2,916	28	104	6	1,407	15	-	-	3	<b>4,677</b>
Garrett	68	7	2,173	19	83	3	1,377	5	-	1	2	<b>3,738</b>
Talbot	85	11	2,270	33	67	8	1,107	10	-	-	-	<b>3,591</b>
Queen Anne's	86	12	2,145	33	54	3	877	22	-	-	1	<b>3,233</b>
Kent	56	5	1,516	11	30	4	651	16	-	-	2	<b>2,291</b>
<b>State Totals</b>	<b>19,506</b>	<b>3,115</b>	<b>357,191</b>	<b>7,192</b>	<b>16,589</b>	<b>2,558</b>	<b>195,634</b>	<b>3,535</b>	<b>55</b>	<b>40</b>	<b>552</b>	<b>605,967</b>

DHR's Human Resources Development and Training (HRDT) maintains the count of case manager positions within the local departments of social services. The Family Investment Specialist (FIS) series includes three levels that perform nearly all casework duties -- FIS I for newly hired case managers, FIS II for case managers with at least one year's experience, and FIS III for case managers who perform specialized casework, such as Long Term Care Medical Assistance, appeals, and overpayments.

**Figure 2: Public Assistance Caseload Ratio by Jurisdiction**

	<b>March 2017 Cases**</b>	<b>Total Case Manager* Positions Allocated</b>	<b>Ratio: Cases to Case Managers</b>
<b>Washington</b>	19,339	32	604.3
<b>Harford</b>	17,204	30	573.5
<b>Baltimore City</b>	191,519	350	547.2
<b>Anne Arundel</b>	31,698	58	546.5
<b>Charles</b>	12,292	23	534.4
<b>Baltimore Co.</b>	75,790	143	530.0
<b>Howard</b>	14,734	29	508.1
<b>Cecil</b>	11,158	22	507.2
<b>Wicomico</b>	14,961	30	498.7
<b>Carroll</b>	8,852	18	491.8
<b>Worcester</b>	5,363	11	487.5
<b>St. Mary's</b>	10,131	21	482.4
<b>Caroline</b>	4,823	10	482.3
<b>Prince George's</b>	70,476	157	448.9
<b>Frederick</b>	14,333	33	434.3
<b>Allegany</b>	12,859	30	428.6
<b>Somerset</b>	4,677	11	425.2
<b>Montgomery ***</b>	60,381	147	410.8
<b>Dorchester</b>	6,871	17	404.2
<b>Queen Anne's</b>	3,233	8	404.1
<b>Kent</b>	2,291	6	381.8
<b>Calvert</b>	5,653	15	376.9
<b>Garrett</b>	3,738	12	311.5
<b>Talbot</b>	3,591	12	299.3
<b>State Totals</b>	<b>605,967</b>	<b>1225</b>	<b>494.7</b>

\* Case Manager counts includes Merit Family Investment Specialist I,II & III positions  
\*\* Active Cases and denied applications for the most recent month for TCA, FSP, non-MAGI MA, PAA, Burial Assistance, Emergency Assistance.  
\*\*\* Totals reported by Montgomery County DHHS.

**Time and Effort for Each Type of Case**

The 24 local departments of social services operate different types of business process models currently, ranging from a more task-based process to a model of alpha caseloads, with a few offices operating a hybrid of both. Under a task-based business model, no one case manager handles a customer’s complete case. Teams of case managers are organized based on their functional task or sub-task. Under an alpha caseload model, one case manager is responsible for completing nearly all tasks associated with public assistance cases.

**Figure 3: Local Departments Arrayed by Business Process Model**

<b>Task-based Business Model</b>	<b>Caseload Business Model</b>		<b>Hybrid Business Model</b>
Baltimore City	Montgomery	Somerset	Charles
Baltimore County	Washington	Queen Anne's	Carroll
Prince George’s	Harford	Kent	Calvert
Anne Arundel	Frederick	Garrett	Talbot
Wicomico	Allegany	Dorchester	
Howard	Cecil	Worcester	
Caroline	St. Mary's		



In addition to the variation in business model and staffing complement, Family Investment casework varies by the task (even across the types of public benefit cases), and some tasks require a higher level of skill, prompting local departments to specialize those tasks and assign them to higher-skilled case managers, even in the offices that use the Caseload Business Model for most public assistance cases. Figure 4 displays the number of local departments that specialize particular public assistance benefit programs or particular casework tasks.

**Figure 4: Types of Specialized Tasks**

<b>Specialized Task</b>	<b>% of Offices With Specialized Staff</b>	<b># of Offices With Specialized Staff</b>
Long Term Care Medical Assistance	100%	24
Child Care Subsidy Program	96%	23
Temporary Cash Assistance Work Programs	79%	19
Emergency Assistance for Families with Children	63%	15
Pre-Review	63%	15
Accretions & Deletions	58%	14
Foster Care/Adoption Medical Assistance	58%	14
Appeals	54%	13
Public Assistance for Adults	54%	13
Maryland Health Connection tasks	54%	13
Self-service Lab	46%	11
Overpayments/Underpayments	42%	10
Able-bodied Adults Without Dependents	38%	9
Office of the Inspector General Matches	38%	9
Interim Changes	33%	8
Temporary Disability Assistance Program	29%	7
PARIS/New Hire Alerts	25%	6
Refugee/Asylee cases	17%	4
Front Desk Reception	17%	4

### **Staffing**

In addition to the variation of business models, there is variation in the staffing levels across local departments. DHR has a total of 1,162 allocated case manager positions in classifications that depend on years of experience or intensity of casework:

- Family Investment Specialist I (FIS I), Grade 10 (for newly hired case managers).
- Family Investment Specialist II (FIS II), Grade 11 (for case managers who have successfully completed one year of casework).

- Family Investment Specialist III (FIS III), Grade 12 (for case managers who perform more intensive types of casework, for example, appeals, overpayment or Long Term Care casework).
- Other front-line staff positions include Leadworkers, Grade 14 (often referred to as Assistant Supervisors); Unit Supervisors, Grade 15; Clerks, Grade 8; and, Family Investment Aides, who are hired using 100% federal funds from the Temporary Cash Assistance caseload into a Grade 8 position that can increase to a Grade 10 with training and experience.
- Positions in management vary by local department; those with multiple offices have District Managers as well as the Family Investment Deputy/Assistant Director.

No formal formula exists in Maryland or nationwide to allocate case manager positions across jurisdictions, and the mix of case managers at the FIS I and II levels is dependent upon the local department's turnover rate (because newly hired case managers are hired at the FIS I level). The number of case manager positions within each local department can fluctuate due to: position abolition; requests for reclassification of vacant positions (for example, from a supervisor to case manager); and, targeted re-assignment of a case manager position by DHR from one local department to another.

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## DISCUSSION

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DHR agrees with RESI's conclusions and recognizes that during the past ten years, local offices' business processes have evolved differently across the state, which complicates efforts to derive reliable time and effort estimates. As a result, workload standards are not uniform and cannot realistically be used to reallocate staff.

### **New Eligibility System**

The construction of a new eligibility system has already begun and is anticipated to be completed during fiscal year 2020, using resources provided for MD THINK. The new system will standardize the business processes across offices. Its design is similar to the existing Maryland Health Connection (MHC). The new system will be task-based and allow cases from all jurisdictions to be processed in a statewide queue. For example, in the more modern Maryland Health Connection system, a case manager clicks on a "Get Work Items" button and five tasks appear for customers from all over the state. Some tasks require telephone contact or mailings, and the case managers handle those regardless of the customer's geographic location.

Under MD THINK, a cloud-based shared data repository will house statewide data and enable staff with specific roles to perform specific tasks related to applications, redeterminations and household changes throughout the eligibility period. Automated interfaces with external data systems for Social Security, wages, identity, citizenship and several other data points will relieve case managers of the current requirement to log into those systems in order to obtain required information. As with the MHC system, MD THINK will enable a customer's application or redetermination to be auto-assigned to any case manager statewide. It will not matter where the case manager is physically located. Notices (and even emails if desired by the customer) can be

generated, telephone interviews or follow up can occur as needed, and measurable productivity targets can be designed and implemented for each task and sub-task.

Physical offices will still be important anchors within the community for direct service, disaster relief and emergency services. However, already, the majority of applications filed today are received through the *myDHR* online portal, which when connected through MD THINK, will flow the applications, redeterminations and interim changes to the statewide queue to be auto-assigned to case managers statewide. Moreover, data matches for new hires, death, imprisonment, other states' eligibility programs, lottery winnings, and federal disability benefit changes will automatically create tasks and add them to the statewide queue to be auto-assigned as well.

### **Allocating Personnel**

Future analyses of time and effort regarding casework tasks by benefit program will be collected automatically in DHR's new eligibility system. For example, reliable data in the new system could help DHR ensure that each local district office has a sufficient number of case managers to handle the walk-in customers (whether applying or renewing their cases or just inquiring about services). Casework tasks that would not need to be handled onsite (such as telephone interviews for customers who applied online or for renewing customers who prefer to be interviewed by telephone or for validating returned verifications) would be assigned to the statewide queue for distribution equitably across case managers statewide.

## 1.0 Case Manager Survey Analysis and Methodology

The Maryland Department of Human Resources (DHR) contracted with the Regional Economic Studies Institute (RESI) of Towson University to conduct a study of Family Investment Administration casework to determine time and effort required for each type of public assistance case. To this end, DHR disseminated a survey constructed by RESI to 987 case managers across all Local Department of Social Services (LDSS). The survey was disseminated on Monday, April 10, 2017, and was active for one week. The following presents a preliminary analysis of the time and effort required for cases in selected public assistance programs.

### 1.1 Survey Cleaning

The survey tool captured 670 partial or complete responses. These responses were reduced to include only those responses that indicated a geographic LDSS and were viable for analysis (that is, not blank). In total, 560 responses were included in the analysis. The survey tool was designed to prevent repeat participation, eliminating the need to clean responses for duplicate entry.

### 1.2 Preliminary Results

To determine the average time requirement for each benefit program, RESI utilized the survey questions that asked respondents to estimate the number of minutes on average that specific subtasks take to complete for the program that the respondent works on:

- Most frequently and
- Second most frequently.

These subtask averages were aggregated to the task (that is, application, redetermination, or case maintenance-related) level. RESI utilized the aggregated times for each task per respondent per benefit program to determine the number of minutes, on average, that is required to complete a case for each program. These benefit programs were then ranked for the amount of effort required, determined by the amount of time required to complete them. The preliminary results appear in Figure 1.

**Figure 1: Average Time (in Minutes) and Effort Required to Complete Cases by Benefit Program Type**

Program	TASK			EFFORT	
	Applications	Redeterminations	Case-Maintenance	Total Time	Ranking
Medical Assistance: Non-MAGI (including S02-SSI, S98, S99, QMB, SLMB, LTC)	200	116	218	534	1
Medical Assistance: Other Medicaid (such as Juvenile Services, Foster Care/Adoption, X02)	131	180	164	474	2
Temporary Cash Assistance (TCA)/Welfare Avoidance Grants/Refugee Cash Assistance	136	117	182	435	3
Food Supplement Program (FSP)	135	90	154	379	4
Temporary Cash Assistance (TCA)/Welfare Avoidance Grants/Refugee Cash Assistance: Child Care Subsidies (CCATS)	111	73	176	360	5
Medical Assistance: MAGI (including Maryland Health Connection, Medicaid applications and verification tasks)	114	101	144	359	6
Temporary Disability Assistance Program (TDAP)	88	65	90	243	7
Emergency Assistance to Children with Families	79	n/a	122	200	8
Public Assistance to Adults (PAA)	74	45	43	162	9
Emergency Assistance: Burial Assistance	83	Not Applicable	Not Applicable	83	10

Source: RESI

As seen in Figure 1, cases in all programs under consideration require over 80 minutes to complete. On average, cases for the Medical Assistance: Non-MAGI program (which includes the Long Term Care Medical Assistance cases) require the most time, at an average of 534 minutes. Cases for Emergency Assistance: Burial Assistance require the least amount of time on average, at an average of 83 minutes.

## 1.0 Focus Group Themes

The Maryland Department of Human Resources (DHR) contracted with the Regional Economic Studies Institute (RESI) of Towson University to conduct a study of Family Investment Administration casework to determine time and effort required for each type of public assistance case. To this end, RESI conducted two focus groups with program supervisors. On Thursday, April 6, 2017, team members from RESI conducted focus groups at 10:00 AM and at 1:00 PM at DHR headquarters in Baltimore, Maryland. Each focus group consisted of 12 program supervisors from a variety of Local Departments of Social Services (LDSS). The following presents an overview of those focus groups.

### 1.1 Focus Group Composition

During the 10:00 AM focus group, the RESI team and DHR supervisors discussed two programs:

- Temporary Cash Assistance (TCA)
- Food Supplement Programs (FSP)

During the 1:00 PM focus group, the RESI team and DHR supervisors discussed five programs:

- Non Modified Adjusted Gross Income (MAGI) Medical Assistance
- Emergency Assistance to Families with Children (EAFC)
- Temporary Disability Assistance Programs (TDAP)
- Public Assistance to Adults (PAA)
- Burial Assistance

During the focus groups, RESI team members asked supervisors how long applications, redeterminations, and various case maintenance activities took the case managers they supervise to complete. RESI team members also asked supervisors to identify variables that make some cases more complex than others, their impressions on if the time currently being spent on tasks was too little or too much, and what steps DHR can take to help local offices process cases more efficiently.

### 1.2 Key Findings

RESI gleaned several key findings from the focus group discussions.

#### **Finding 1: Too much variation in business process exists across local offices to enable reliable calculations of weights for public benefit program tasks.**

While discussing how long it took case managers to complete various activities, supervisors immediately noted that each local office was structured in a different manner. These differences made it difficult for supervisors to arrive at a consensus for how long a certain task did or should take. For example, RESI team members began the focus groups by asking how long pre-application work took the supervisors' case managers. One supervisor mentioned that clearances for their office are handled by a different office, and thus case managers spend approximately five minutes reviewing the end results. Another supervisor mentioned that in their county, the case manager is responsible for handling clearances, and that it could take

their case managers thirty minutes for a case with one person to well over an hour for cases involving a large family. A large family takes longer to process because the case manager will need to log into each system, find the customer, and then image and review the different clearances.

The supervisors identified a number of office-level variables which affected how long it took case managers to process applications, redeterminations, or to handle other case maintenance activities. These include:

- Number of Related Agencies Located On-Site or Nearby;
- Staff to Customer Ratio;
- Clearances Handled by Non-Case Managers;
- Permissions (i.e. access to information from other agencies);
- Staff Structure (Specialist vs. Generalist case managers);
- Technology (e.g., number of case managers per scanner);
- Other Division Provides Phone Support;
- ABAWD-Exempt vs ABAWD Mandatory (need for coding in two systems, and sometimes three systems); and
- Local Office Systems with Outside Coordination.

**Finding 2: Time and effort required for processing cases varies depending upon the household size and complexity of the household circumstances.**

Supervisors mentioned that tasks had high variance in the time it took case managers to complete. Supervisors mentioned that conducting interviews during an application could take 15 minutes for a very straightforward case to well over an hour if the case involved a family requiring a citizenship check.

Program supervisors provided a number of case-level variables during the two focus groups that impact the ability of case managers to quickly process cases. These variables include:

- Household Size
- Citizenship Check
- Amount of Previous Narration
- Age of Applicants

**Finding 3: Applications require more time and effort than redeterminations for active cases.**

Although the supervisors were reluctant to discuss how long various sub-tasks took their case managers, they did agree that, in general, it takes a case manager twice as long to process an application as it does to process a redetermination. Supervisors also stated that case maintenance activities were significant and took up at least two to three hours each day.



**Finding 4: Extremely complex cases require a level of knowledge that demands a designated, trained case manager.**

When comparing activities, supervisors stressed that Long Term Care cases took the longest to process; it is not infrequent for one of these cases to take all day. While most counties have separate staff handle these cases, if those designated staff are sick or on vacation, then case managers or supervisors need to cover these cases. Figure 1 shows how long supervisors estimated it takes a case manager to process an application for each program. Redeterminations were estimated to take half as long as applications.

**Figure 1: Time to Process Applications (All Tasks) For Each Benefit Program**

Rank	Program	Approximate Time Provided by Supervisors
1	Long Term Care Medical Assistance	All Day
2	Temporary Cash Assistance (TCA)	2.5-3 Hours
3	Emergency Assistance/Burial Assistance	1-1.5 Hours
4	Temporary Disability Assistance Programs (TDAP)	1 Hour
5	Food Supplement Programs (FSP)	1 Hour
6	Non Modified Adjusted Gross Income (MAGI) Medical Assistance	Unspecified
7	Public Assistance to Adults (PAA)	Unspecified

Source: RESI

**Finding 5: Reducing Caseload for Case Managers may result in higher quality work.**

Although supervisors were hesitant to discuss how long certain tasks took their case managers, they were unanimous in stating that they believed case processing should be slowed down. Supervisors were especially concerned about the “human element” of their jobs being overlooked if staff were expected to process cases faster. Supervisors noted that it is extremely common for customers to come in requesting one service, but after assessment, actually be eligible for a variety of benefit programs and services. Having case managers speed up processing will reduce their ability to provide effective, high-quality care to customers.

Additionally, supervisors were concerned that encouraging case managers to process cases faster would result in more errors. One supervisor mentioned that their case managers are often asked to handle 20 redeterminations in a day, but the supervisor found that a case manager who handles more than 14 to 16 redeterminations in a day is often making errors, which need to be corrected later. Reducing the number of customers that case managers are expected to see in person may result in fewer errors.

Despite expressing a clear preference for a goal of emphasizing quality of care over quantity of customers seen, supervisors mentioned that there were ways to speed up the process to enable case managers to see more customers and take longer with each customer. Many of the office-level variables referenced in **Error! Reference source not found.** slow down processing time. For example, supervisors stated that if a scanner is provided for each case manager, it

would reduce the amount of time spent away from their desks performing clerical work. Similarly, locating offices (when possible) near other government agencies would help reduce the processing time of TCA applications and free up case managers to help additional customers.

### **1.3 Conclusion**

Due to the variation in how different Local Departments of Social Services (LDSS) are organized, case supervisors were unable to agree on a standard amount of time a case manager should take to complete each subtask within an application, redetermination, or case maintenance activity. Case managers also cited a number of case-level characteristics which made it difficult to assign a standard amount of time for each task or program. Given these issues, the best source of data within the existing terms of the contract between DHR and RESI to determine the relative intensity of one benefit program to others is the Case Manager Survey. The survey reaches case managers at each LDSS and could provide the guidance that DHR needs for immediate decision-making.