Department of Human Resources
Division of Family and Children Services

Childcare and Parent Services Section

Business Process Reengineering Project
Current Business Environment

Prepared by

GovConnect

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SECTION 1 – EXECUTIVE SUMMARY

1 EXECUTIVE SUMMARY

This section provides a synopsis of the Current Business Environment. Recommendations for a new business model and functional requirements for automated support will be presented in future documents.

1.1 OVERVIEW

This document constitutes the Business Process Reengineering (BPR) Team's deliverable to the Georgia Department of Human Resources (DHR), Division of Family and Children Services (DFCS), Childcare and Parent Services (CAPS) Section providing the information discovered during the BPR study to define the current "As Is" business model and current environment. The BPR study focused on:

- Administrative processes;
- Interfaces and linkages;
- Customer inquiry and application;
- Case management;
- Provider invoicing and management;
- Opportunities for improvement and quick fixes;
- Best practices; and
- Barriers.

1.2 APPROACH

The contents of this deliverable were created in four (4) steps:

Step One involved dialogues with CAPS Managers and the Project Steering Committee to discuss the required staff commitments to complete the BPR Team and to define the goals of the BPR study.

Step Two involved conducting interviews and a focus group session of Central or "State Office" staff from CAPS and intra-divisional partners for a baseline understanding of the CAPS Section's operating philosophies.

Step Three involved conducting interviews and shadowing activities of CAPS staff in eleven (11) county offices for a baseline understanding of the CAPS Section current "As Is" business model and current environment. This

understanding was enhanced from the state assigned BPR Team members' respective positions and expertise.

Step Four involved the documentation of the composite "As Is" model and preparation of this deliverable to document the baseline understanding of the CAPS Section current "As Is" business model and current environment.

1.3 SUMMARY

The BPR study revealed a highly complex maze of manual processes that lack uniformity and are overloaded with redundant tasks. The BPR Team discovered that nearly every county has its own methods of performing everything from staff deployment to accounting for claims payments. Even those counties benefiting from the use of the CAPS' application, MAXSTAR™, continue to manually duplicate many of the functions performed by the system due to distrust of the system and slow response times.

The BPR study revealed for related case information, case management and maintenance, the CAPS county staff primarily screen print child support and other public assistance information from the following DFCS systems:

- SUCCESS
- STARS
- CRS (Client Registration System)

The majority of the screen prints from SUCCESS are because this application is unavailable 20 percent to 25 percent of the time during each month and because supervisors tend to require *all* documentation in a single case file.

The BPR study discovered the lack of training in basic computer skills, Novell GroupWise and the Microsoft Office Suite, has prevented CAPS staff from fully realizing the potential of the MAXSTAR™ application or improve communications with e-mail.

During the BPR study, Team members and participants expressed concern about problems that inhibit effective administration of the child care program. For many of the situations, immediate, easily implemented solutions or "Quick Fixes" were offered and are discussed later in this document.

The BPR Team learned from the county visits that many counties have adopted successful coping strategies. Some will be included in the new business model, and uniformity of this new business model will eliminate the need for others.

Finally, the BPR Team was asked to look at why the CAPS section is not currently meeting the goals established by the Steering Committee. The BPR Team was challenged to look beyond just what doesn't work well to identify why. Although not all of the obstacles are process related, the Team's findings

regarding the barriers to meeting the project goals form the basis for development of the new model. The following will be given primary consideration:

- A training approach that has some workers on the job for months before getting basic program training and inadequately addresses on-going training needs;
- A general misunderstanding of what program "flexibility" means that leads to some counties operating well outside program rules and others begging for "black and white" policy;
- A perception that communication is a one-way street with CAPS communicating out, but other sections and programs failing to reciprocate;
- A lack of adequate support for local offices in the area of budget management and planning that keeps counties guessing about fund availability and sometimes requesting additional monies due to over expenditure of funds;
- Inconsistent use and understanding of the waiting list that has lead some counties to unconsciously use the waiting list as a workload management tool;
- Limited access to child care benefits due to an "appointment to apply" mentality, funding limits, priority setting, and traditional 8:00 a.m. to 5:00 p.m. office hours;
- Programmatic silos that foster proprietary information gathering, isolate child care case managers, and erode customer service levels; and
- Staffing philosophies and practices that effectively close the door on a case manager career path within the child care program.

1.4 CONCLUSION

While the focus of business process reengineering is process and not policy and relationships, as the BPR Project Team moves forward from this point, it will be challenged specifically to build a new business model that provides a streamlined method of program administration that is practical, flexible, and removes or deters the hurdles. The objective is to build a model that not only meets the goals established by the Steering Committee, but one that adequately addresses philosophical and operational barriers.

SECTION 2 – BACKGROUND

2   IMPETUS FOR CHANGE

The program "explosion" in CAPS, due to exceptional population growth within the State and Welfare Reform initiatives designed to reduce welfare dependency by providing families with the resources needed to access child care services as they transition from welfare to work, has challenged the CAPS Section to provide robust services without sacrificing levels of customer care. Unfortunately, this growth has not been supported by the solutions necessary, both technical and procedural, to ensure administrative efficiency or accuracy. In fact, most counties continue to manually complete required documentation, which can result in inconsistent or inaccurate policy interpretation and benefit administration by staff.

The processes currently in place have the following potentially negative impacts:

- Inefficient customer service;
- Increased potential for lost revenue due to error or fraud;
- Sacrifice of efficiency of operations;
- Increased difficulty in effectively managing workload demands;
- Increased potential for errors or delays in provider enrollment and payment processes; and
- Difficulty coordinating with other Sections or Agencies.

The CAPS Section has recognized the need for redesign of business policies and procedures that define service delivery to reduce the risks associated with using manual operations almost exclusively in most of the State's 159 counties. In an effort to ameliorate the associated risks, CAPS contracted with a private vendor, MAXIMUS, Inc., to develop a child care provider payment system currently in use in the 26 counties that comprise most of the child care fund utilization statewide. CAPS has also requested assistance from GovConnect to assist with the Georgia CAPS Business Process Reengineering (BPR) Project with the expressed goals of redesigning the business processes and systems within the CAPS Section to improve customer service, caseload management, workload management, collaborative efforts and efficiency of operations and to simplify provider enrollment and payment processes.

2.1 BUSINESS PROCESS REENGINEERING – THE OBJECTIVE

The objective of BPR is to optimize processes by eliminating redundancy and duplication, assuring that every remaining process adds value to the end product. BPR is imperative to form a comprehensive view of all components of the CAPS Program's delivery of services, including providing an independent and impartial evaluation of procedures. CAPS desires streamlined and standardized procedures and processes, including the use of efficient case management tools, as a result of the BPR. In addition, the BPR will provide a thorough analysis of technology needs and provide DHR with a blueprint for leveraging technology in child care program administration. This will also serve to align the strategy developed for CAPS with the innovative strategy for a statewide portal.

BPR builds a model that:

- Removes Hidden Costs;
- Minimizes Redundancy and Overlap;
- Hunts Down Sacred Cows; and
- Keeps Value-Adding Processes.

In the administration of child care services, most of what is done is process, which can be defined as a series of related steps, activities, or tasks that take one or more kinds of input and creates an output that is of value to the customer.

GovConnect consultants facilitate and support progressive levels of learning and discovery by the CAPS BPR Project Team, leading each individual to assume a sense of control over both process and outcomes. Through this methodology, traditional work methods previously accepted as important, and perhaps even critical, are quickly reevaluated as to whether the processes add value to the organization's mission and purpose. BPR is designed to streamline the necessary administrative processes required to effectively and efficiently administer the child care program.

Administrative Process
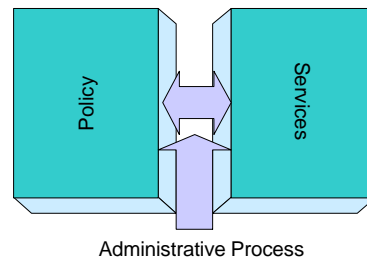
In addition to processes, technology needs must be examined. Most states are discovering, as they anticipate their future system needs to support increasingly complex business environments, that system implementation is more difficult now than it has been in the past. The issues of today encompass major organizational changes driven by funding controls or legislative action, rapid technology infusion, intense demand for information, and changing contractor skill sets. Today, and in the future, the major value of any information system will be in its ability to remain efficient in a wide range of transaction processing while making major improvements in information management, analysis, and reporting.

2.2 THE GOVCONNECT APPROACH

GovConnect facilitated a kickoff meeting with members of the steering committee to ensure commonality of purpose by defining roles and responsibilities of all stakeholders and providing a brief overview of BPR. Roles and responsibilities of the steering committee include providing support, guidance and direction to the Team, to provide assistance in establishing the expectations and goals of the project and to act as a sounding board for the Team. The roles and responsibilities of the CAPS BPR Project Team are to internalize the BPR methodology, work to understand the current model's shortcomings and limitations, develop a new business model with reengineered core processes and develop a change management plan outline. GovConnect's roles and responsibilities include facilitation of project team meetings, documentation of findings, complete technology analysis, and assistance in subsequent RFP development. Every effort was made to balance the BPR Steering Committee with a cross-section of persons representing all organizational levels (both at the State level and County level), functional areas, and geographic areas. A list of Steering Committee Members can be found in Appendix A.

During the Steering Committee kickoff meeting, the CAPS Section Director and the DFCS Division Director also shared their visions, experiences, and observations concerning the administration of child care services. They addressed subjects such as what works well, what needs improvement, and where they have seen overlap or redundancy among Sections or Agencies. In addition, GovConnect facilitated a group exercise designed to identify the

strengths and weaknesses of the current model, culminating in the development of preliminary goals for the New Business Model. Multiple layers of organizational input produced a rich discussion concerning the CAPS Section's value added and non-value added processes.

The strengths are many. The CAPS Section and partner agencies and Sections truly work diligently to serve the citizens of Georgia. It became apparent that the individuals working in the CAPS Section truly enjoy their jobs and feel like they provide valuable services to the community. Their defining goal is to serve the needs of the customer, which is defined as low-income families (often single parents) who are in need of child care for their children to allow them to participate in activities to further their self-sufficiency, such as school, training, job search, and employment. However, there are also areas in which the Section recognizes the need for improvement. From the discussion of the potential weaknesses within the current model, a set of project goals was developed. The project goals for the new model are to:

- Simplify Service Delivery;
- Improve Access to Services;
- Improve Efficiency in the Delivery of Services;
- Facilitate Communication Among All Partners;
- Leverage Automation; and
- Strengthen Program Integrity.

Inherent to the project goals is the need to analyze existing processes and identify those with redundancy, overlap and excessive handoffs. In addition, barriers to implementing a new model, such as communication and lack of training must be revealed. The purpose of the study is to effectively address the following:

- Examine all components of the CAPS program's delivery of services, including processes and procedures, in a cohesive environment;
- Perform an evaluation of current business practices and make recommendations for retaining or modifying practices as appropriate;
- Identify best practices for implementation;
- Make recommendations of products in the marketplace that would be appropriate for the needs of the CAPS Project;
- Provide assistance in writing and incorporating recommendations made into an RFP;

- Ensure that the strategies developed are in compliance with CAPS Federal and State policies and procedures, and effectively capture Federal and State reporting requirements; and

- Evaluate CAPS BPR Team Charter and make recommendations for modification, as appropriate.

2.3 THE PROCESS CHANGE TEAM

The DFCS Division Director and the CAPS Section Director were charged with establishing an internal Business Process Reengineering (BPR) Team to collaborate with the GovConnect team in conducting this reengineering effort. The Section experienced significant delays in the formation of the Team due to county level staffing limitations. The State believed it was critical to include seasoned county level child care front-line staff on the CAPS BPR Project Team to ensure that its efforts reflect the realities of the work. The Division approved the CAPS Section to hire and train five temporary FICM I's to provide workload support to the counties that gave up their experienced case managers to participate on the CAPS BPR Project Team.

Every effort was made to balance the CAPS BPR Project Team with a cross-section of persons representing all organizational levels (both at the State level and County level), functional areas, and geographic areas. Together, the State and County staff and the GovConnect staff form a single CAPS BPR Team, hereafter referred to as the "Team". A list of Project Team members is included as Appendix B.

Membership on the CAPS BPR Project Team is time-sensitive and very important to the success of the project. Mandatory attendance requirements have been established for all Team sessions. No substitution attendance is allowed. State and County Project Team members are expected to attend all meetings of the Team. If a Team member cannot attend a meeting due to extenuating circumstances, the remaining Team members continue with Team business as usual. No decisions are deferred due to the absence of a Team member. Additional staff who are process "experts" that are knowledgeable of the processes under study are included in BPR Team meetings or facilitated sessions, as needed.

The project was originally scheduled for six months; however, the delay experienced in receiving authorization to hire temporary staff and the time it took to prepare them to assume the case management responsibilities within the counties impacted the timelines for completion. The time frames of the project were extended an additional eight weeks. However, as county level staff joined the Team in late May, their commitment requirements remain at approximately six months. In the weeks prior to the May orientation for all Team members,

GovConnect and CAPS Section staff completed as many of the BPR tasks as possible, concentrating on those that did not absolutely require the participation of the full CAPS BPR Project Team. Once the entire Team was able to work as a single unit, care was taken to update members on the activities and findings that occurred in the early weeks.

Team members are asked to commit at least three days per week to the project with contractor staff documenting Team activities on the other two days. The use of a three-day schedule demands that the time the Team is together is particularly focused.

Team members attended an orientation session facilitated by GovConnect, designed to prepare them for working with the GovConnect Team in documenting the current business model and developing a new business model. Stand-up training was combined with discussion and exercises that encouraged out-of-the-box thinking. Orientation included discussions regarding the particular challenges to successful BPR in a government setting, general information on the steps required for an organization to transition to a new business model, and the steps the Team would take to develop its new business model and change management plan outline.

2.4 THE BPR CHALLENGE

Long-held business traditions within state government pose a significant challenge to reengineers. The intensity of the day-to-day business environment and the need to serve the public has seldom permitted administrators and managers the planning time needed to develop innovations that would produce the incremental changes needed to keep business practices current. Business process innovation has taken a back seat to policy development innovation, yet public expectations of modern efficiencies applied to government have grown with the information revolution.

"When the rate of change outside the organization is greater than the rate of change inside the organization, the organization is in trouble."

Jack Welch, GE Corporation

Unfortunately, most government organizations fit this picture. From the Team's evaluation of current practices, the services provided to the State's thousands of child care applicants are no exception.

The Team was compelled to acknowledge that with the possible exception of leveraging automation, the business objectives identified as the project goals for a new model are, in fact, the same as those which staff at all levels strive daily to achieve. The CAPS Section is to be commended for its proactive approach to improving the way in which it does business.

The reengineering process, to be successful, has to divorce itself from organizational values placed on existing processes, skills, and individuals. This is a difficult realization, and one that will continue to challenge the Team.

It became clear to the Team, as it reviewed the many existing business activities, that there is a need for significant change throughout the day-to-day operations in the CAPS Section. Questions arose regarding the disparity between the business processes and lack of standardization in those counties with limited automation and those with an entirely manual means of providing services. One of the obvious barriers to change is the desire among staff to remain autonomous contrasted against the need to streamline processes. The willingness of the Team to work toward a common goal goes a long way in overcoming this hurdle.

2.5 DATA GATHERING PROCESS

GovConnect's philosophy concerning reengineering in the government setting is to keep what works and makes sense, and to reengineer around those successful practices within the business model. Except in rare instances, the GovConnect staff does not encourage the blank piece of paper approach to developing a new business model. That is not to say, however, that a radical approach to redesign is to be avoided. What brings most agencies to reengineering is a fundamental realization that the current way of doing business falls considerably short of public expectation or desire and the agencies' own goals for effective business practices.

In order to develop a new plan for doing business, it is important to understand how business is currently conducted and the reasons that it is not operating at its optimum. Therefore, the Team spent the first several weeks building the current business model and assessing its effectiveness in meeting the Section's goals as determined in the kickoff meeting.

The GovConnect approach to Business Process Reengineering uses a method of progressive discovery. Team members are assisted in changing their outlooks from what they believe they know about the agency and its method of doing business to what really happens day to day. The challenge for team members is to be able to redesign their own paradigms about the business model based upon information gathered during discovery.

The high-level GovConnect approach to BPR includes the following tasks:

- Understanding the Current Business Model;
- Identifying Core Processes for Redesign;
- Developing the New Business Model;
- Analyzing the Gap Between "As Is" and "To Be";

- Identifying Enabling Technology; and
- Preparing for Change.

The first step is to document the functions within the current business model as understood by Team members. The purpose of this exercise is to provide a visual depiction of the business model from which Team members could more easily recognize and pinpoint areas of redundancy or extreme complexity. Team members mapped sequential events in the current flow for managing inquiries, waiting lists, intake, ongoing case management (i.e. six-month reviews, changes, 12-month recertifications, transfers) and the full spectrum of provider management.

During the first phase, information gathering, eleven (11) individuals accepted invitations to speak to the Team concerning their specific duties and processes within their respective Sections or agencies. Care was taken to provide a representative cross-section of employees from Section staff and staff from partner agencies and Sections with a variety of job duties. Interviews were scheduled for one and one-half hours each. The purpose for interviewing this mix of individuals was to obtain a variety of perspectives regarding the current, "As Is," business model.

During debriefing sessions following the interviews, Team members discussed and documented problems and issues, including administrative issues, identified during interviews. They also documented opportunities for innovation, best practices, and possible quick fixes for hindrances to optimum productivity brought up by interviewees.

The interviews provided a wealth of information about how various Sections and individuals approach tasks. However, interviews traditionally provide limited insight into how work is actually accomplished. For this reason, the Team chose two other methods of information gathering to complete the composite picture of how business is actually conducted, case manager 'shadowing' and county 'walk-throughs'. Shadowing activities allowed the Team to observe the "day-in-the-life experience" and to gain first-hand knowledge of the many different functions performed by various individuals delivering child care services at the county level. County walk-throughs allowed for further county input and insight as CAPS case managers and supervisors provided detailed information about their daily processes. The following counties were included in this phase of the study:

County	Class Size	MAXSTAR™
Fulton	- 6 -	Yes

Dougherty	- 5 -	Yes
Bartow	- 4 -	No
Barrow	- 3 -	Yes
Butts	- 2 -	No
Franklin	- 2 -	No
Pickens	- 2 -	No

™

Georgia's counties are very diverse and there is little standardization among them; therefore, the team felt it was imperative to include additional site visits to ensure that a clear picture of the "As Is" model was developed. The entire Team also visited four additional county offices for interviews and observation of the business processes.

Following the site visits, the Team reassembled to discuss members' findings and impressions. The Team focused on the efficiencies, best practices, and inefficiencies of the current business approach. Team members focused on how current processes add or fail to add value to Section services. The Team found that there is a high degree of specialization leading to much redundancy among offices and that every county has a slightly different way of doing almost everything.

Following is the discussion of the findings and observations related to the Team's common understanding of the current business environment.

SECTION 3 – CAPS CURRENT BUSINESS MODEL

3   THE CURRENT ENVIRONMENT

The GovConnect approach to reengineering begins with documenting the "As Is" business model and evaluating the gap between the CAPS Section Steering Committee vision and goals for the future, and the state of CAPS processes and current business environment. From this goal analysis, the Project Team will determine reengineering strategies that will be most effective in building a business model that can support the most efficient and effective delivery of services on behalf of DFCS and the State of Georgia.

3.1 CENTRAL OFFICE PERSPECTIVE (INTERVIEWS AND SECTION FOCUS GROUP)

Definition of the CAPS "As Is" business model and current environment begins with a baseline understanding of the CAPS Section's operating philosophies, from the Central or "State Office" perspective. In addition to providing executive level interpretations of CAPS policies, processes, and procedures, this baseline allows the Project Team to become accurately familiar with the program, key issues and important stakeholders, and to establish a common BPR-project frame of reference.

To develop this baseline understanding, GovConnect scheduled two separate forums for soliciting information from important central office stakeholders. First, ten (10) interviews were arranged between the Project Team and a cross-section of CAPS central office representatives and partners. The purpose was to develop an enterprise-wide understanding of current central office responsibilities and matters of concern.

Second, GovConnect scheduled and facilitated a CAPS Section Focus Group session where, again, central office personnel were asked to contribute to an understanding of the CAPS "As Is" business model, for the benefit of improving processes and supporting the reengineering effort.

In both instances, the Project Team made a conscious effort to obtain a wide variety of representative inputs. In addition to gaining a "big picture" understanding of CAPS, this process provided for the necessary communication channels for promoting buy-in for the BPR effort throughout the Section.

3.1.1 INTERVIEW STRUCTURE

Four dates in April 2002 were scheduled for ten (10) central office interviews (Apr. 2nd, 3rd, 11th, & 18th). The participants represented the following CAPS functional areas and partners (refer to Appendix C for a complete list):

- Policy Development;
- Budget;
- Evaluation and Reporting;
- Field/Program Consultants;
- Partner Sections (TANF/CPS); and
- County Executives (Deputy Director/ Program Administrator).

The interviews ranged from one and one-half to two hours in duration, as participants were each asked a series of predetermined questions relating to the current CAPS process environment. The format for each interview was 'open-discussion', following the guide of seven basic questions relating to the subject's position and current CAPS administration (See Appendix D). Each participant was encouraged to comment on those topics about which he/she felt most knowledgeable and were most relevant to the BPR effort. Not all interview guide questions were applicable to each interview.

Project Team members took turns asking primary and probing/follow-up questions while the other team members documented the responses. The Team met at the end of each interview day to discuss the interviews and debrief findings.

3.1.2 CAPS SECTION FOCUS GROUP

The Project Team invited numerous central office representatives of the CAPS Section to attend a facilitated discussion concerning the current process environment. Program Unit Chiefs, Field Consultants, State Office Consultants (policy writers, special projects, MAXSTAR™, etc.), and some of the Section's Program Assistants were asked to participate in this half day session (June 11, 2002) for the benefit of identifying "What Works Well" and "What *Does Not* Work Well" concerning the administration of the CAPS program.

The participants were organized into two large groups, and later smaller groups of five and six, in order to discuss and articulate a list of CAPS process areas that may be in the most need of improvement, including suggestions for doing so. The smaller groups were then brought back together for consensus-building activities facilitated by two GovConnect Team members. In addition to providing a diverse range of input for the "As Is" model and promoting buy-in for the participants, the session was valuable in so far as the information gleaned from

this exercise was used to validate and confirm target CAPS functional processes that are in dire need of reengineering.

3.1.3 CENTRAL OFFICE INTERVIEW FINDINGS

The wide variety of central office representatives and partners provided the Project Team with a number of quality insights into the current CAPS process environment. Although each interview subject focused on his/her own area of expertise and perspective concerning the state of CAPS processes today, many common themes were identified throughout all of the interviews that served as a catalyst to prioritizing and initiating the identification of the CAPS "As Is" business model.

A summary analysis of the information collected during these interviews allowed the Project Team to develop a baseline understanding of "What Works Well" and "What *Does Not* Work Well" within the current CAPS process environment.

3.1.4 "WHAT WORKS WELL"– CENTRAL OFFICE INTERVIEWS

The following themes represent the most positive aspects of current CAPS process environment, as identified during central office interviews:

3.1.4.1 *RESPONSIVENESS TO CUSTOMERS, PARTNERS, AND THE COMMUNITY*

CAPS central office representatives take great pride in the Section's ability to satisfy the requests and needs of its customers, partners, and other important stakeholders. The Section is extremely sensitive to the concerns of its customers and the community at large and is dedicated to providing quality services at the county level. Partner representatives of CPS and TANF also consider CAPS to be dependable for the care and quality assistance needed to support those functions. In general, there is a sense that current CAPS values reflect a high degree of responsiveness within the Section's functional areas of operations, among important stakeholders and customers, and to the state and local community.

3.1.4.2 *HAVING THE RIGHT PEOPLE AND A WILLINGNESS TO COLLABORATE*

The need for child care has been consistently on the rise in Georgia and there is a general consensus that CAPS effectively manages a large program, with limited resources. This success is often attributed to the recruitment and selection of the right people for the right job. CAPS staff are considered to be passionate, assertive, and diverse, providing a spectrum of skills, ideas, and experience to support the complex nature of CAPS services. CAPS has a rich

history of relying on teamwork to accomplish the common goal of supporting customers working towards self-sufficiency. Collaboration among regions/units, with other agencies, organizations, advocacy groups, parents, providers, etc. are all important aspects of quality CAPS administration.

3.1.4.3   THE SECTION'S PRACTICE OF CONSULTATION, MONITORING, AND SUPERVISION

The current structure of having consultants coordinated and deployed in the field provides counties with the additional expertise and oversight needed to support program administration and integrity. This adds value in so far as consultants are able to view the program from the county perspective and apply their knowledge to real life situations. Cooperation is considered to be strong between central office personnel and the field consultants. The availability of field consultants has also made trend data and reports more accessible for the benefit of enhancing program management at the local level.

Finally, the Section's practice of conducting quarterly meetings for supervisors and various other regional gatherings provide an internal forum for Section-wide input, discussion, and/or suggestions.

3.1.4.4   AUTOMATED SUPPORT FROM A MUCH-IMPROVED MAXSTAR™ SYSTEM

Recent improvements to the system have dramatically improved the ability of the twenty-six (26) MAXSTAR™ counties to leverage automation to support their case management activities. For example, if a client has already established child care services in another MAXSTAR™ county, the system will identify the case (*Note*: this is not applicable to information that passes between MAXSTAR™ and non-MAXSTAR™ counties). Although MAXSTAR™ primarily supports Provider management activities, CAPS Section case management is where automated support provides the greatest value to CAPS staff. The MAXSTAR™ reporting functions also provide a measure of data accuracy previously unavailable to the program and central office personnel.

3.1.5   "WHAT *DOES NOT* WORK WELL" – CENTRAL OFFICE INTERVIEWS

The following themes represent the CAPS processes embedded in the current environment that were identified to be in greatest need of attention and reengineering. These will help to serve as a catalyst for initiating BPR activities and identifying the CAPS "As Is" business model.

3.1.5.1   PLANNING AND BUDGET MANAGEMENT

The Section often operates in 'crisis mode' and is considered more reactive than proactive when planning for change. This reactive approach can make the effective execution of lasting planning efforts more difficult than necessary, and more prone to failure. Operating in constant crisis mode can give the impression that planning efforts are rushed, poorly communicated, and/or have no consideration for outcome.

A lack of consistent budget administration at the local level can also greatly compound the difficulties associated with efficient CAPS program administration. Even MAXSTAR™ counties claim no confidence in that system's rate of accuracy concerning timely payments and budget management. Counties that are manually managing provider invoicing and funds, whether in-house or through regional accounting, vary in their ability to accurately track payments and available program funds.

Insufficient program funding can further intensify planning and budget problems experienced by a majority of county offices. This, for example, translates to poor customer service as the very definition of the program's 'Inquiry Process' and 'Waiting List' is distorted by the inability to accurately predict projected costs to the local/state budget. Many counties could benefit greatly from further consultant and supervisory training concerning projected county expenditures and "managing slots".

Difficulties concerning effective planning are not only limited to budgetary impacts. The Section could also greatly benefit from more positive planning relationships with partner Sections and other agencies. Communication among and between Sections is in need of improvement, especially when changes have a direct impact on policy and customer benefits. It is important that CAPS continue to coordinate thorough and timely planning with greater consideration for the impacts on other stakeholders and the CAPS environment. Establishing multi-program teams for planning initiatives may help to breach program silos currently limiting this degree of administrative coordination.

3.1.5.2   COMMUNICATIONS AND POLICY

In addition to the need to improve communications among the DFCS Sections, CAPS' internal communications require attention as well. The Section has no formal communication plan and breakdowns in communications appear to be the source for many internal success barriers. This can have a negative impact on the ability to maintain uniform policies and procedures throughout the Section. Given the lack of efficient communication channels for policy clarification, "rogue counties" can often compound problems by following their own initiatives. Inadequate notifications, complicated or "gray-area" policy preferences, poor

information dissemination, and misunderstandings between the programs and related cases can all contribute to a rise in agency caused errors. This is especially true for related CPS or TANF cases. There is an internal perception that CAPS goes out of the way to effectively communicate related case information with the other programs; however, the effort behind this very necessary "courtesy notification" is seldom reciprocated.

Finally, the manual nature of this program is a source of too much delay in the reporting, analysis, and communication of caseload information. There is a need for centralized reporting and the sharing of instant and common data in a "real-time" environment.

3.1.5.3   TRAINING

The training available to the CAPS Staff is limited in so far as scheduled opportunities vary; there are no dedicated training staff or vendor tutorials; and it is not as comprehensive as training received for the other DFCS programs. The current model relies heavily on the trickle down effect of consultant-to-supervisor-to-case manager training. However, there is a perception that many county supervisors have an inadequate knowledge of child care policy. CAPS supervisors are often shared among the various eligibility programs and due to the common background that is representative of more experience with the other programs, specific knowledge and expertise concerning CAPS administration can be lacking.

Also, there are no 'on-going' CAPS training modules. CAPS could greatly benefit from standardization within training requirements and on-going training initiatives. Potential solutions include dedicating more in-house resources and/or out-sourcing training responsibilities to a third-party vendor.

3.1.5.4   LACK OF AUTOMATED TOOLS, LACK OF "SINGLE SOURCE" INFORMATION

The most common comment taken from all interviews involved the desire to obtain, at a minimum, one uniform system that can provide the automation and case management support and robust interfaces to other systems to account for strong integrity within CAPS program administration. Many of the interview responses went further to describe a vision of having a single integrated system for all eligibility programs as being the best case scenario.

Poor accountability associated with the storage of historical hardcopy records and data, the lack of system interface/integration with other programs, the inability to cross-reference case files with other counties, etc. creates major limitations on the accuracy and reporting capabilities of the CAPS program.

Even Federal reporting processes are supported by multiple sources of data (CCRS and MAXSTAR™).

Currently, eligibility programs and the child care program have no system interface. It is interesting to note, however, that all of the county DFCS offices participating in the study mandate a "SUCCESS-Inquiry" when screening applicants for CAPS eligibility verification. This information is currently obtained through independent system inquiry, compounding case management processes.

There are a large number of other partner organizations supporting CAPS processes that currently cannot interface with CAPS systems. Many of the processes supporting customer as well as provider management could be greatly simplified, and represented more accurately, through logical systems interface. Examples of beneficial systems interface include, but are not limited to: SUCCESS (ESS); ORS & Child Care Licensing; OSR/GBI; The Georgia Child Care Council; ACET; OIS; DOL; DOE; E&R; ABCD – STAT TRAC; STARS; EBT.AS; and CPS.

Finally, it was often noted that field consultants do not have the proper technology or remote access tools necessary to support current responsibilities.

3.1.5.5 HIGH TURNOVER

The allocation of child care and economic support staff is historically lopsided. The past few years have experienced a population explosion concerning the volume of requests for CAPS services. Current CAPS job descriptions, position requirements, and compensation packages do not promote a viable career path for the FICM I case managers supporting CAPS processes. Although there is consensus that case managers often enjoy working within the program, and might otherwise choose to stay, these conditions often lead to high percentages of personnel turnover rates. An evaluation of the current staff allocation process may aide the Section in creating career ladders and advancement opportunities for child care staff.

Many of the program's administrative processes require the expertise of seasoned child care veterans, such as counseling customer care decisions and managing provider invoices. Opportunities for advancement could help to encourage this much needed experience and program knowledge to stay within the Section.

3.1.5.6 TOO MANY MANUAL PROCESSES

The manual, pen & ink processes that permeate the administration of the CAPS program provide for too much human error and far too many redundancies. The

automation support available for CAPS case management is limited, and there are no automation supports for customers of the program. Therefore, counties often feel compelled to create "coping strategies", or additional manual processes that support accuracy in the services they provide. Even the automation afforded to the MAXSTAR™ counties is often supplemented by manual coping mechanisms (i.e: data tracking logs) that validate accuracy. This is partly due to the fact that many county staff simply do not trust the system to support current case management processes.

This reaction is not completely without merit as MAXSTAR™ was originally intended to support *provider* invoicing processes, not *customer* case management processes. MAXSTAR™ was not designed to account for the many varieties of circumstances, special preferences to other programs, and paperwork redundancies that currently complicate case management.

Without the proper automated support, human error contributes greatly to a rise in agency caused errors as well as increased difficulty tracking and managing CAPS program resources and funds. Potential improvements through new automation and technology solutions can provide opportunities for, but are not limited to, the following sample process-enhanced benefits:

- Web-enabled applications;
- Web-enabled provider and care selection aides;
- Appropriate systems interface for greater communications and accuracy;
- Reduced duplication through electronic document management;
- Auto-generated notifications and communications; and
- Improved flexibility for ad-hoc reporting.

3.1.6   CAPS SECTION FOCUS GROUP FINDINGS

The CAPS Section Focus Group session facilitated by GovConnect had two primary objectives: first, to continue to provide opportunities for Section-wide input and participation with CAPS BPR activities; second, to identify and confirm the top CAPS processes in need of attention. This included the identification and discussion of potential opportunities for improvement. As stated above, the session participants were separated into two primary groups. Each group participated in a series of exercises designed to solicit information similar to that collected from the central office interviews.

Specifically, each group was asked to compile lists pertaining to "What Works Well" and "What *Does Not* Work Well" within the current CAPS process environment. The groups were asked to narrow these lists to expose the top areas within CAPS that are in the greatest need of attention, improvement,

and/or reengineering. The groups were also asked to identify potential resolutions and opportunities for moving forward.

3.1.6.1   *"WHAT WORKS WELL" – FOCUS GROUP*

The following information represents a summary of the common themes taken from the Section Focus Group session concerning positive aspects of CAPS processes in the current environment.

- Flexibility – There was consensus among the session participants that CAPS processes and polices are purposely flexible to afford county offices the ability to satisfy the complex requirements of administering the CAPS program on a day-to-day basis. Successful management of customer special circumstances and programmatic preferences require this flexibility. At a minimum, Case managers are usually left to organize and manage their own workload and schedules.

- Consultation - Utilizing Consultants in the field provides for dedicated and knowledgeable resources that are easily accessible and available to facilitate problem solving, budget management, and program/policy clarification at the county level. This organizational structure also provides a distinct line of communication between the state and county office.

- Responsiveness – Paperwork for walk-in applicants/inquiries is processed in a timely and efficient fashion. The Standard of Promptness (SOP) rates for CAPS are good. CAPS staff take great pride in the ability to provide the appropriate care and counseling for their customers.

- Collaboration – The Section, as a whole, is more organized than ever before and has participated in many strong contracts and projects that are based on innovative partnerships and collaborations (for example, the close relationship between CAPS and Resource & Referral Agencies);

- Quality within Federal and State Reporting – There is consensus that the reporting mechanisms in place accurately reflect the information required by Federal reporting guidelines.

- Policy Development – Policies are not considered to be too complicated and the policy development process is adequate for the Section's needs.

- Strong Workforce – Leadership is viewed as highly supportive of Section initiatives. Management is considered experienced and appropriately knowledgeable. Throughout the CAPS Section, workers are known for enjoying their jobs and contributing to a solid internal support framework.

- MAXSTAR™ – MAXSTAR™ counties have benefited from the implementation of recent enhancements to this automated support. Removing the burdens of manual provider invoicing processes has

allowed MAXSTAR™ counties to find more time for accuracy in case management and attention to quality customer service.

3.1.6.2   TOP FUNCTIONAL AND PROCESS AREAS IN NEED OF IMPROVEMENT ("WHAT DOES NOT WORK WELL")

The following information represents the collective findings of the CAPS Section Focus Group Session facilitated by GovConnect, concerning the top CAPS functional and process areas in need of improvement. The functional and process areas identified below will help serve as a catalyst for initiating reengineering activities. Where applicable, the group's suggestions for resolving these specific deficiencies are noted.

- Lack of Communication - There is strong consensus that communication barriers exist within all levels of CAPS program administration and between partner Sections/other agencies. Automation and integration opportunities offer more thorough and more dependable lines of communication.

- Lack of Uniform Application (Inquiry) Processes – The proper understanding of definitions and true intent for the program's "inquiry process" and "waiting lists" has become dramatically distorted. There is little confidence that these tools are currently being used effectively and seldom are they accurately tied to the county office budget status. In some cases, CAPS waiting lists are simply used to control workflow/workload processes.

- Lack of Automation – Currently, there is no single system available to manage all CAPS activities (i.e.: case management; provider invoice processing; reporting; budget management; communications; and oversight). Accuracy within the program is measured using a variety of data sources that are largely supported by manual processes. At a minimum, CAPS should have automation support that will interface with other important systems, such as SUCCESS, CPS, Licensing, ORS, etc. Also, implementation of new automation should always be thoroughly communicated, provide for appropriate training, and include the appropriate technical staff and help desk support.

- Lack of Training – There is a need for more consistency concerning CAPS Section training policies, methodologies, and initiatives. CAPS staff represent many different levels of cognitive skills and the structure of training modules and new technology should account for this. New worker training requirements should be further defined to include standard and appropriate time-lines for skill development. For example, CAPS is federally mandated to provide customers with quality child care selection

counseling. Additional training in this area could improve quality care and integrity throughout the program. The Section should also emphasize refresher training for veteran staff and supervisors for the benefit of integrity, heightened policy awareness, and potential career advancement. 'Cross-training' with other programs is also highly recommended.

- Lack of Funding – CAPS is frustrated by the reality that there is not enough money to serve all potentially eligible customers within the State of Georgia. However, there is consensus that more efficient and effective planning and budget management control at the county level may dramatically improve this problem. Other solutions include forming partnerships with the local business community to help fund subsidized child care.

- Lack of Priority Consideration – CAPS often supports the success of other programs at its own expense. There is a perception that CAPS' needs are secondary to the other Sections; therefore, they are faced with fewer resources and more obstacles. This can have a negative impact on program accuracy as information important to the quality administration of CAPS is compromised. Changing this perception begins with upper level management for all Sections. Emphasizing the equal importance of all programs, especially concerning related cases, is key to quality services, enterprise-wide.

- Lack of Uniform Statewide Policies and Procedures and Lack of Accountability – Creativity and flexibility can often benefit the work performed by veterans of the CAPS program. However, this flexibility can compound problems and processes for new or less experienced supervisors and case managers. Accountability is suspect because there is no consistent understanding of all CAPS processes. There is no 'one-way' to accomplish specific tasks and no one source for information and policy clarification. This can be particularly problematic concerning state to county communications and county to county related cases.

- Too Many Manual Processes – Finally, the entire CAPS process is too manual. CAPS processes involve multiple touch points with a wide variety of partners and customers and there is little automation to support them all. As stated, even the automation available (CCRS/MAXSTAR™) is considered cumbersome and ineffective concerning administrative needs and processes at the county level, resulting in the proliferation of manual or back-up coping strategies for ensuring accuracy within the program.

3.2 COUNTY BUSINESS MODEL INFORMATION GATHERING

The Project Team took a two-pronged approach to information gathering at the county level. First, GovConnect staff conducted county interviews and performed

shadowing activities in three county offices. The goal of the county office visits was to begin developing a clear understanding of the CAPS environment from the county perspective and to provide sufficient depth of detail to facilitate and challenge the Team as they redesign Section processes.

Second, once the entire CAPS BPR Project Team was assembled, the Team visited four county offices to discuss their operations in detail with CAPS supervisors and case managers. These activities served to ensure that the Team accurately documented the current workflow in a way that developed a common understanding among the Team members.

Information gathering activities at the county office level are summarized below.

3.2.1 INTERVIEW SUMMARIES

During April 24, 2002 through May 15, 2002, GovConnect staff visited three county offices and interviewed a total of ten (10) staff based on the questions in Appendix E. To understand both the formal and informal organization of the CAPS Section, GovConnect requested that counties identify dedicated child care case managers and supervisors responsible for managing child care workers to participate in the interviews and shadowing activities. When appropriate, County Directors, Deputy Directors and Program Administrators participated as well.

3.2.2 SHADOW SUMMARIES

During April 24, 2002 through May 15, 2002 individuals from the GovConnect Team shadowed a total of seven (7) staff. (See Appendix F for the tool used during shadowing activities.) The GovConnect staff observed child care case managers and child care supervisors, where appropriate in each of the counties. Each individual was shadowed for at least four hours. The different types of tasks performed by staff were logged, along with the time spent on each task and whether or not the task involved using a computer system.

3.2.3 COUNTY WALK-THROUGHS

The entire Team participated in additional "county walk-through" interviews to ensure that the Team obtained a common understanding and thorough first-hand perspective of the various processes at the county level. Team members from county offices documented the workflow from their individual county perspectives. They highlighted the similarities and differences of approach and operations among the four (4) offices. During May 29, 2002 through June 5, 2002 the Team visited four county sites and interviewed a total of seven (7) case managers and supervisors. The Team developed an interview guide to be

utilized during the interview sessions. (See Appendix G for the template of the walk-through interview guide utilized.)

3.3 "AS IS" OPERATIONAL BUSINESS MODEL SUMMARY

Once county visits were completed, GovConnect facilitated extensive sessions with the CAPS BPR Project Team to identify the current business model within the CAPS environment based on the perspectives of the individual Team members and the observations made during the county site visits. The following were defined as the current administrative operations and program operations of the CAPS "As Is" environment. Appendix H provides a detailed flow chart of the "As Is" Operational Business Model.

3.3.1 ADMINISTRATIVE OPERATIONS

Administrative operations within CAPS are defined as those which do not directly affect the customer and his eligibility determination but which are vital to the effective administration of the Child Care Program. Although there are many administrative functions within the program, the BPR Team chose to concentrate on those that have the greatest overall impact on service delivery.

3.3.1.1 TRAINING

While there are no dedicated trainers in the CAPS Section, procedures have been developed to facilitate training activities performed by the central office staff and the field consultants. Central office and field consultant staff generally conduct formal new worker training, training on extensive policy changes, training on new automated systems and specific policy training at the request of the county. Training conducted at the supervisory level is conducted at the supervisor or county's discretion.

Administrators must first determine the appropriate trainers based on the curriculum required of the training session. Ideally, the designated trainer begins planning the training sessions six to twelve months in advance. It is critical for a trainer to determine the location of the training session, identify the appropriate equipment and technical support needed, obtain directions and notify potential parties of the training opportunity. Once reservations have been received for the training sessions, the trainer confirms registrations and disseminates meeting location information to the appropriate parties.

Prior to the training session, the trainer is responsible for creating or updating the appropriate curriculum, developing an agenda, compiling all training materials, including training scripts and relevant exercises or activities. Once training has been conducted, the trainer must collect and tally the evaluations and report the

results to her supervisor and respond to any questions received from participants in writing or by phone and disseminate the information to the entire training class, as appropriate. If necessary, modifications are made to the curriculum for future training sessions.

3.3.1.2   POLICY INQUIRY

The Team observed during county visits that there are a number of ways to make policy inquiries. First and foremost, each county has at least one hard copy of the CAPS policy manual. The policy manual is also available on-line; however, several case managers reported that they do not have access to the manual in its entirety on-line. For example, all appendices are not currently available.

Case managers may discuss policy with their peers, both inside the county and from other counties or receive supervisory clarification. This is not an avenue universally utilized because case managers reported that the supervisors sometimes had less policy training in CAPS than the workers themselves. In most cases, supervisors have an eligibility background in the related programs, such as Food Stamps, TANF and Medicaid with little experience in the CAPS program. As the need warrants, case managers may also request policy clarifications from their Program Administrators, County Directors or state office personnel.

County case managers may make policy inquiries via submission of the question to the help desk or performing a review of the frequently asked questions (FAQ) segment of the help desk bulletin board. County case managers indicated that they rarely avail themselves of these tools because they now have direct access to the consultant staff and because the FAQ information hasn't been updated recently.

In the last year, the CAPS Section has assigned a field consultant staff member to each county. The consultants' responsibilities include providing the counties assigned to them with policy clarifications. Counties reported differing access to the field consultants. In some counties, child care case managers are encouraged to contact the consultant directly; in others, a specific, intricate chain of command is followed for all policy inquiries. The deployment of consultants to each county has improved the accessibility of consultant staff when policy questions arise; however it has also hampered the Section's ability to compile and disseminate frequently asked questions on a statewide basis.

The case manager may request policy clarification via telephone or in writing. Consultants generally prefer to receive policy questions in writing. Resolutions or answers are generally received within 48 hours via telephone or in writing from consultant staff; however, depending on the chain of command followed, case managers may not receive the information until significantly later in some cases.

3.3.1.3   POLICY DEVELOPMENT

While many of CAPS processes are highly flexible, policy development is a process that is very structured. There are detailed, formal procedures for developing CAPS policy. These procedures are followed whenever policy changes are implemented, unless a formal mandate is received to implement specific policy changes immediately. Policy is developed by the Policy Work Group, which includes six (6) state child care consultants (two from the North Unit, two from the South Unit, and two from the State Unit), the Policy Consultant, and Unit Chiefs (on a rotating basis). The Policy Consultant is responsible for identifying proposed policy issues and goals. Policy issues may be identified by county staff, identified by the administration or be required federal policy changes.

The Policy Consultant is responsible for creating an agenda for the two to three day monthly meeting facilitated by the Training and Development Section. In addition, the Policy Consultant is responsible for identifying the proposed issues to be resolved, defining the issues, identifying the origination of and priority of the issue, clarifying the purpose of the change and determining the goals and objectives of the policy alteration prior to the monthly Policy Work Group session.

The Policy Work Group determines if the proposed policy meets administrative guidelines and goals. When developing revised or new policies, the work group follows the steps below:

- Review DHR Mission Statement, DFCS Statement of Purpose and CAPS Policy Statement;
- Ensure new ideas are in line with federal regulations;
- Determine from whom approval will need to be obtained (federal/state/other) and timeframe for doing so;
- Determine if the policy is in line with Business Model;
- Follow protocol to obtain all necessary approvals to proceed with idea/solution (work group has authority to make recommendations to CAPS Section Director); and
- Keep administration informed of workgroup activities and solicit feedback.

The Policy Work Group also clarifies and discusses policy ideas and options. They discuss policy problems or trends and evaluate what is not working and why. They are ever vigilant in searching for ideas for simplification or standardization in policy. They feel it is essential to gather input from the appropriate stakeholders prior to implementation of policy changes. The workgroup must first identify all stakeholders, including customers, providers, county staff, partners and other programs/unit affected. They then begin to gather input from stakeholders, including determining the impact of the policy

change. The Policy Work Group also consults with the Quality Task Force on a quarterly basis.

Prior to implementing a policy change, the Policy Work Group performs extensive research, including documenting pitfalls, benchmarks and best practices from other states and programs. They document the implications of implementing the policy change, consider how the change may be affected by automation, select options to recommend and determine the fiscal impact of the change. Finally recommendations with full documentation, including expected outcomes, are submitted to the administration for approval. A reply to the proposed policy is completed within a week to ten days after the scheduled monthly meeting. If the proposed policy is accepted, the CAPS Section Director is responsible for encouraging the DHR Commissioners to proceed with implementation.

Once a proposed policy change has been approved, the Policy Work Group must develop a project plan outlining the steps to be taken to reach the goal in a realistic time frame, including lead-time before implementation and adequate time to resolve issues. Time frames for implementation development, testing, distribution of training materials and providing thorough staff training must be considered. To ensure effective policy change implementation, the Policy Work Group must ensure that assignments are made and followed up on and each step in the action plan is completed within the appropriate time frames.

The Policy Work Group must create a draft of the revised policy and develop a document detailing the impact on stakeholders. Once complete, the draft is distributed to appropriate stakeholders for review and comments within a specific period of time. Once all comments are received, the draft is edited based on the feedback received.

Ideally, the policy change will be pilot tested prior to full implementation to ensure that the change is robust and effective. The Policy Work Group evaluates the results of pilot testing and revises the procedures as necessary. The final document is then created and administrative approval is received for full implementation. The revised policy is distributed internally and advance copies are issued. The Policy Work Group develops strategies for informing all stakeholders, determines the best method for dissemination of policy and distributes the policy accordingly. The Policy Work Group then determines who will be responsible for training staff, develops the curriculum and provides the training to the appropriate staff and/or stakeholders.

3.3.1.4   Case Accuracy Reviews

The Team discovered that the processes for conducting supervisory case accuracy reviews are somewhat flexible. Supervisors may pull samples from each caseload on a monthly or quarterly basis. The cases to be reviewed may

be identified by the case manager or may be identified randomly by the supervisor. The supervisor may utilize several sources, depending on the county, to identify the cases to be reviewed, including MAXSTAR™ reports, CCRS reports, monthly work cards, monthly invoices or related case documentation. Supervisors are required to read a prescribed percentage of cases within each UAS code per review period.

When reviewing cases for accuracy, the supervisor reviews each aspect of the following elements of the case:

- Eligibility Determination;
- Enrollment;
- Notification/Communications;
- Claims;
- CCRS Updated Correctly (Non-MAXSTAR™ Counties); and
- Provider Files (Non-MAXSTAR™ Counties).

The supervisor completes the Accuracy Review Guide for each case, periodically compiles a summary of accuracy reviews and forwards the results via GO-MAIL to the state office. Summary copies are retained in a county central file for easy accessibility when a review is requested by Field Directors, Program Consultants or Evaluation and Reporting.

3.3.2 PROGRAM OPERATIONS

Program operations refers to the functions and tasks required to directly support service delivery and customer service at the county level.

3.3.2.1 INTAKE

The Team discovered that intake processes are rarely uniform throughout the county offices visited. Non- MAXSTAR™ counties predictably have developed extensive and diverse manual processes in the absence of automated support. MAXSTAR™ counties have also developed diverse manual processes to support the intake process partly because problems with MAXSTAR™ implementation fostered an overall distrust of the system and partly because the MAXSTAR™ system was designed to facilitate provider invoicing and not geared towards case management functionality.

3.3.2.1.1 INQUIRY

In most counties intake currently begins with customer completion of an Inquiry/Screening for Child Care Services Form (Form 66). The customer may call, walk-in or request this information by mail, depending on the county. The counties then, either pre-screen for potential eligibility and place the client on the waiting list, place the client directly on the waiting list without pre-screening for priority eligibility or set up an appointment (either in the future or for the same day if there is no waiting list or the client meets the priority requirements) for the client and provide them with a verification checklist detailing the required verification necessary to complete the interview. In addition, a county brochure may be provided detailing program and provider information. If the county elects to process the Inquiry/Screening for Child Care Services Form (Form 66) prior to the customer's completion of an application and the client is deemed ineligible, the Inquiry/Screening for Child Care Services Form (Form 66) is placed in the closed inquiry file. The customer may or may not be notified that he/she is ineligible. Customers placed on the waiting list may or may not be notified as well.

Non- MAXSTAR™ counties either manually track the clients who have inquired or track them via a county developed automated mechanism, such as an Excel spreadsheet. Some MAXSTAR™ counties utilize the MAXSTAR™ Waiting List; however the lack of client numbering presents an obstacle to effectively managing the waiting list in MAXSTAR™. Therefore many MAXSTAR™ counties elect to track the waiting list via alternate county specific tracking mechanisms.

There are at least two features of inquiry that the Team feels require attention during the project. First, there is currently no Standard of Promptness for processing customer inquiries. There are inconsistencies in county policies for customer notification and potential eligibility screening. However, it was reported that the CAPS Policy Workgroup is currently addressing these issues. It appears that there is no standard definition of the waiting list statewide. While they most likely are not doing so consciously, some counties appear to be utilizing the waiting list as a coping mechanism to manage their increased workloads, regardless of funding issues. It is also of concern that most customers do not understand the difference between the Inquiry/Screening for Child Care Services Form (Form 66) and the application itself. It is potentially misleading to provide the customer with an Inquiry/Screening for Child Care Services Form (Form 66) without adequate explanation when they request to apply for child care.

3.3.2.1.2 APPLICATION

Counties approach the scheduling of initial interviews in many different ways. Counties may allow walk-in applications and interviews, require appointments or conduct group orientation and screening sessions prior to conducting interviews.

Some counties require that the customer have all required verification and provider information with them prior to conducting an interview. The customer is made aware of the verification requirements through many different mechanisms, including providing information along with the appointment letter, providing customers with a "Quote Sheet" detailing all required verification necessary along with the necessary provider information and providing stand-alone verification checklists.

Applications for customers with internal referrals (TANF, CPS, Pre-K, Teen Parents, TANF Payees) may go through a slightly different process since they are currently the highest priority for service. They bypass the inquiry/waiting list and immediately begin the county application process.

Waivers may be issued to customers if special circumstances warrant. The county has the discretion to issue a waiver if:

- Customers who cannot afford the fee;

- There are no funds for CPS and Teen Parents;

- Special circumstances require moving a customer up on the Waiting List; or

- The case manager is unable to verify the income of a CPS client. In this instance, a request for clearance/waiver is sent to the County Director and if necessary, to Section staff for signature approval.

The process for conducting initial interviews varies by county. For example, some counties simply schedule individual interviews as they become available, while other counties may provide a "group orientation" prior to the first one-on-one interview. All counties conduct a "face-to-face" meeting with the client for initial interviews and annual recertifications.

The amount of eligibility information obtained from the client prior to the actual interview varies from county to county. The applications utilized by the counties are inconsistent as well. All non-MAXSTAR™ counties utilize the manual Application for Child Care Services (Form 60). Some MAXSTAR™ counties utilize the manual Application for Child Care Services (Form 60) and the MAXSTAR™ on-line application. Other MAXSTAR™ counties utilize the MAXSTAR™ on-line application only.

The time necessary to conduct the initial interview varies from fifteen to sixty minutes. Each county performs eligibility determinations based on program requirements, including documenting and verifying the number of children, income and participation hours. All counties verify public assistance, however the means for obtaining this information vary by county, often due to limitations in automation. Child care case managers do not always have access to SUCCESS, the eligibility system for related programs or the systems for other

state sponsored programs, such as DOL. These counties require that the case manager send an Interagency/Interoffice Referral and Follow-Up Form (Form 713) to the related case manager to verify public assistance. The related case manager has from zero to ten days to provide this verification to the child care case manager. In other counties, the case manager verifies public assistance by accessing multiple related systems, however the systems are not universally accessible. There are county variations to the requirements for accessing related systems and printing the associated documentation.

In all counties, if the customer does not provide all necessary eligibility information at the interview, a Disposition and Parent Information Child Care Services Form (Form 62) is completed. The form delineates the information required and provides a deadline for submitting the documentation. Generally, if the required information is not received within ten days, the case is denied.

In MAXSTAR™ counties, all eligibility information is entered in the MAXSTAR™ system and a system-generated application and certificate are created. In Non-MAXSTAR™ counties, the information is manually documented in the case record and a manual Child Care Certificate (Form 77) is issued. This certificate must be signed by the provider and returned to the case manager within a specified number of days. The case manager signs and distributes copies of the Child Care Certificate (Form 77) with a Disposition and Parent Information Child Care Services Form (Form 62) to the customer, provider and any related eligibility workers. Case managers in MAXSTAR™ counties complete Disposition and Parent Information Child Care Services Form (Form 62), as well.

During the application process the case manager attempts to determine if the customer has a claim. This is often a difficult process because there is no way to determine if a claim exists across county lines in Non-MAXSTAR™ counties. MAXSTAR™ counties can screen for claims, but only within the twenty-six counties served by MAXSTAR™. Some counties keep claim information on spreadsheets or filed in special claims files to assist in identifying those who are not eligible due to outstanding claims.

3.3.2.2   ON-GOING CASE MANAGEMENT

The Team discovered that the mechanisms in place to support case management also varied widely from county to county. Non-MAXSTAR™ counties utilize coping strategies that have resulted in the development of a highly manual means of tracking responsibilities, from Rolodex notations, card files, and desktop calendars to spreadsheets and MS Word documents to complex case record filing systems. Most MAXSTAR™ counties also rely on manual coping strategies for tracking responsibilities because the system wasn't designed to fully support case management functions. Most case managers are

not confident that the reports generated by the system are accurate; therefore, they devise alternate means of tracking reviews and recertification due dates and other critical actions that are very similar to those of their colleagues in non-MAXSTAR™ counties.

3.3.2.2.1 REVIEWS

Each case must be reviewed or monitored every six months. These reviews may be conducted via the mail or face-to-face, if policy requirements dictate.

The review process begins with the case manager referring to his/her personal system of manual case management strategies and determines which customers require a review. A county letter is sent to the customer requesting income and activity verification. The Team found that counties use many different letters to instruct the customers of their review requirements. Some use state generated forms; some use county developed forms; still others extensively modify existing state forms to meet their needs in detailing all review requirements. The letter available in MAXSTAR™ is not widely used because case managers feel that it doesn't provide the customer with sufficient information. The customer is given at least ten days to return the required information.

Once the customer has submitted the information, the case manager completes essentially the same steps utilized during the intake process. This includes performing a review of need for care, the verification provided and customer utilization of other public assistance. As necessary, the case manager completes a Disposition and Parent Information Child Care Services Form (Form 62). In Non-MAXSTAR™ counties, the case manager may issue an amended Child Care Certificate (Form 77), as appropriate. In MAXSTAR™ counties, the case manager end-dates the old certificate and creates a new certificate if circumstances dictate a change. If necessary, case managers notify the related workers of changes in circumstances via an Interagency/Interoffice Referral and Follow-Up Form (Form 713). Non-MAXSTAR™ counties update CCRS information if applicable.

3.3.2.2.2 RECERTIFICATIONS

Again, the mechanisms in place to determine who is due for recertification vary from county to county. The same types of coping mechanisms described in the preceding section are used to determine which customers are due for recertification. MAXSTAR™ recertification reports are under-utilized because it is often difficult to determine the correct span of time necessary to generate a report of recertifications due and they include extraneous information such as closed and denied cases.

Appointment letters and/or quote sheets, Disposition and Parent Information Child Care Services Form (Form 62) with appointment information in the comments section and the verification checklist required for the scheduled interview are sent to the provider and customer. Counties have group orientation, appointments or walk-ins for recertification. Case managers allow fifteen to sixty minutes to conduct recertification interviews depending upon the number of children in the family, the number of providers, and the amount of verification available and other factors such as the case manager's caseload size. The case manager completes essentially the same steps utilized during the intake process. This includes performing a review of need for care, verification and documentation provided by the customer, customer eligibility for other public assistance and payment of the assessed fees. The Disposition and Parent Information Child Care Services Form (Form 62) is completed if the customer does not have all required documentation that must be returned within ten days. If not received within ten days, the case may be closed; however, often a second chance is given to provide the information based on customer circumstances.

Once the recertification is complete, as necessary, the case manager completes a Disposition and Parent Information Child Care Services Form (Form 62). In Non-MAXSTAR™ counties, the case manager may issue a new Child Care Certificate (Form 77), as appropriate. In MAXSTAR™ counties, the case manager end-dates the old certificate and creates a new certificate. If necessary, case managers notify the related workers of changes in circumstances via an Interagency/Interoffice Referral and Follow-Up Form (Form 713). Non-MAXSTAR™ counties update CCRS information if applicable.

3.3.2.2.3 CHANGE PROCESSING

The customer is instructed to report all changes in circumstance to the CAPS case manager, regardless of whomever else she/he must notify within the other programs. The Contact Sheet (Form 452) documenting case activity is completed and placed in the case record. Non-MAXSTAR™ counties then complete documentation in CCRS, including projected payments for the twelve-month certification period.

Child care case managers are responsible for processing the following types of changes reported by customers:

- Address Change;
- Change number of persons in the family unit;
- Change in wages and/or hours of participation;
- Change of employment;
- Change in Public Assistance;

- Provider Change;
- Rate Change; and
- Assessed Fee Change.

There are currently limited mechanisms in place to support child care change processing. There are few formal mechanisms in place to report other public assistance changes to child care case managers. CAPS changes are not submitted to the Metro Change Center and the Metro Change Center has limited ability to determine if there is an active child care case. For the most part, case managers depend upon the customer or case managers handling the related programs to report changes. While child care case managers report making a concerted effort to communicate with case managers in related programs, the communication from related case managers to child care case managers is often inconsistent in many of the counties visited. Counties seem to struggle with establishing a reliable system of communication among the various programs. The only instance where inter-program communication was a non-issue was in the county that had a single case manager with a completely integrated caseload. The case manager is responsible for TANF, Food Stamps, Medicaid, and CAPS for all of her customers.

Once a change has been reported and processed, the case manager completes a Disposition and Parent Information Child Care Services Form (Form 62) and forwards it to the customer, provider and related worker (as appropriate). Depending on the nature of the change, the case manager in MAXSTAR™ counties will terminate the existing certificate and create new certificate. In non-MAXSTAR™ counties, the certificate is amended to reflect the change.

3.3.2.2.4 SUSPEND CASE

Child care case managers periodically have the need to issue a case suspension to ensure that when the need for care resumes, funds for immediate reinstatement are available. There is a twelve-week maximum time frame for suspension of cases. Suspensions are issued for the following reasons:

- Maternity/medical leave;
- Seasonal or temporary job leave;
- Temporary absence of children; and
- Good Cause - unique situation of the family unit.

The change may be reported from any source. Once it has been determined that a suspension is warranted, the case manager sends a Disposition and Parent Information Child Care Services Form (Form 62) to the customer and provider

with the required information to re-instate the case. In MAXSTAR™ counties, the case manager must update MAXSTAR™, end date the certificate and enter Case Close based on length of suspension.

Non-MAXSTAR™ counties must remove projected payments for suspended cases from CCRS. All counties send Interagency/Interoffice Referral and Follow-Up Form (Form 713) to the related eligibility worker, as appropriate, and manually track the period of suspension on a desk calendar or other tracking device. Once the period of suspension has ended, the case manager completes a review of eligibility. The customer must verify work return date, income and participation, provide a letter from employer and/or doctor and if applicable, birth certificate or confirmation of birth.

3.3.2.2.5 CASE TRANSFERS

There are two types of case transfers. The first is the intra-county transfer. This type of transfer occurs within a county office. It is done to reassign cases, to balance caseloads, or for other administrative reasons. In non-MAXSTAR™ counties, the administration of the transfer is without automated support. Caseload lists are kept in various manners by supervisors. Some have file cards; some MS Word documents; still others use spreadsheets. The transfer of cases involves notifying both the losing and receiving case manager and locating and redistributing the case file. Notification may be verbal or in writing. Written communication may be formal with the use of a state or county form or informal using a handwritten note.

The second type of case transfer is the inter-county transfer. Often, customers move from county to county. There are currently no set procedures in place for county-to-county transfers and the practices vary widely.

Most often the sending county initiates the transfer, but it can be initiated by the receiving county. The sending county continues payments until the new county begins making payments. Establishment of a transfer date is negotiated between the two counties. To transfer a case out of county, the case manager is responsible for gathering information by phone or mail and for completing the following tasks:

- Verify employment, income and hours from Income Verification Form (Form 809), pay stubs, fax, verified employment letter, etc;
- Verify address and phone numbers;
- Issue new Certificate if there is a provider change, which may require creation of a new provider file;

- Send a Disposition and Parent Information Child Care Services Form (Form 62) to the customer, old provider and new provider after new county accepts transfer;
- Notify new county office by e-mail and/or by sending Interagency/Interoffice Referral and Follow-Up Form (Form 713), most recent review/re-certification and other appropriate information;
- Document transfer on Contact Sheet (Form 452);
- Track case in a transfer file. Some MAXSTAR™ counties document MAXSTAR™ with the new child care worker's caseload;
- Some counties monitor MAXSTAR™ if they do not receive an Interagency/Interoffice Referral and Follow-Up Form (Form 713), an e-mail or a phone call accepting or denying the transfer; and
- Non-MAXSTAR™ counties update CCRS.

When receiving a transfer case from another county, case managers receive notification from the old county or the customer and complete the following tasks:

- Generate an appointment notice for face-to-face interview or evaluate the customer's situation based upon the most recent review and determine that a face-to-face interview is not required;
- Follow the standard review process or document why a review is not necessary and verify pertinent information, as appropriate;
- Verify employment, income and hours from Income Verification Form (Form 809), pay stubs, fax, verified employment letter, etc;
- Verify address and phone numbers;
- Issue new Certificate;
- Send a Disposition and Parent Information Child Care Services Form (Form 62) to Customer, new Provider and old provider (if appropriate);
- Document transfer on Contact Sheet (Form 452);
- Notify former child care case manager of acceptance or denial of the transfer via e-mail, Interagency/Interoffice Referral and Follow-Up Form (Form 713), Disposition and Parent Information Child Care Services Form (Form 62) or phone call; and
- Non-MAXSTAR™ counties update CCRS.

3.3.2.3   CASELOAD MANAGEMENT

Each county, and sometimes each worker within each county, has devised a means of ensuring effective caseload management. The most common method seems to be individualized filing systems. Case files are filed in a manner that

most accommodates the individual case manager's style. In some instances case managers have multiple file systems. Physical case folders may be filed alphabetically or by review date, but there are parallel filing systems with desk card or filing lists that are used to facilitate invoice processing or other actions. Nearly every worker interviewed had more than one filing system to support case management. The Team discovered that filing must be flexible to accommodate changes as needed. Cases are filed by a combination of one or more of the following:

- UAS codes;
- Alphabetically;
- Monthly;
- Claims;
- Pending action; and/or
- Closed cases.

Case managers identify the need for scheduling customers for reviews and recertifications from multiple sources as well, including:

- MAXSTAR™ reports;
- Logs;
- File cards;
- Calendars; and/or
- Word Documents.

3.3.2.3.1 PROVIDER CHANGES

A customer may request change of provider by telephone, appointment, walk-in, or in writing. The customer can change providers up to two times per year, unless the customer can establish good cause for additional changes. However, the State pays for no more than two registration fees per year. Once the customer selects a new provider, the case manager must verify the rates of the new provider and determine that there are no outstanding assessed fees from the old provider. The manner in which this information is gathered varies. The case manager may utilize a county generated form or letter or may simply place a few phone calls.

In all counties, the case manager must verify the customer's eligibility and send a Disposition and Parent Information Child Care Services Form (Form 62) to the old provider and to the customer ending care. In non-MAXSTAR™ counties, the case manager issues a new Child Care Certificate (Form 77) and a Disposition and Parent Information Child Care Services Form (Form 62) to the new provider and to the customer with effective date for care. In MAXSTAR™ counties, the

case manager must end date the old certificate in the system and create a new certificate in the system and distribute a Disposition and Parent Information Child Care Services Form (Form 62) to the new provider and to the customer with effective dates for care. Case managers also send an Interagency/Interoffice Referral and Follow-Up Form (Form 713) to any case managers handling related cases. In Non-MAXSTAR™ counties the certificate must be signed by the new provider and returned to the case manager. The case manager signs and distributes copies to customer and provider and updates CCRS, as appropriate.

3.3.2.4 REPORTING

In both non-MAXSTAR™ and MAXSTAR™ counties, case managers may be required to keep manual logs or manually track various caseload data. Depending on individual county requirements, case managers may be responsible for tracking the following data elements:

- Applications;
- Changes;
- Re-certifications/Reviews Monitoring;
- Case Closures;
- Caseloads;
- Claims for STAT-TRAC;
- Transfers;
- Expenditures by UAS Code;
- Waiting List for STAT-TRAC;
- Total Caseload; and/or
- Total Children.

There is no single method for gathering the required information; however, case managers described various methods of logging from handwriting a note about each action to month end counts to on-going MS Word documents and Excel spreadsheets. On a monthly basis case managers compile data from logs by UAS Code and Eligibility Codes for submittal to their supervisors. Supervisors are responsible for compiling and submitting county information to various parties within the County, CAPS Section, and Evaluation and Reporting.

3.3.2.5 CUSTOMER CLAIMS

The methods for handling claims from county to county vary widely. Each county has the flexibility to create its own claims processing system, from creating a

position solely dedicated to claims processing, to allowing each case manager to process his own claims. Claims processing is a highly manual process even in MAXSTAR™ counties because there is little or no automation to support claims scheduling and recoupment.

There are several types of claims that a case manager must identify:

- Intentional Program Violation (IPV);
- Inadvertent Error (IE); or
- Administrative Error (AE).

Once an untimely change report is made or a case manager discovers the need for a change, several steps must be followed. The case manager must first confirm the change. If the claim is the result of a suspected IPV, the case manager completes and submits a referral or Request for Investigation (Form 5667) to the Office of Investigative Services (OIS).

If the claim is the result of IE or AE, the case manager then verifies the information, determines payments, completes and documents the correct benefits and the amount owed on the Child Care Claim and Repayment Agreement Form (Form 111). Once supervisory approval is received, the Child Care Claim and Repayment Agreement Form (Form 111) is distributed to all involved parties. Once notified, a repayment agreement must be obtained to schedule the claim.

Case managers must manually track payments made by customers once a repayment agreement has been obtained. If there is no repayment agreement, the case manager must manually track and distribute a reminder to the customer every month for twelve months.

Payments are received and receipted by county bookkeeping or accounting staff in keeping with standard separation of duties practices. There are various methods of noting the payments and informing the appropriate case manager. Some counties send a copy of the receipt to the case manager. Some notify the case manager by internal memo or more informal notation. Some file a copy of the receipt in a separate claims file; others file the copy in the case folder. In most instances, both the account clerk and the case manager keep track of the claim balance.

3.3.2.6 HEARINGS

It appears that most counties process hearing requests in a uniform manner. Customers may request a hearing by documenting the request in writing, by phone or in person. If the request is received by phone, the case manager documents the request on paper and asks the customer to send a written and signed request for hearing and explains to the customer the action taken with

their options and attempts to resolve the matter without a hearing. If the request is received within ten (10) days of the action, the customer can elect to continue receiving benefits until a determination is made or to allow the proposed change to be implemented pending judgment. Customer hearing request documents are sent to the Supervisor and are reviewed, logged and sent back to the case manager. The case manager completes the OSAH Form 1, documents the issue, action and supporting policy. The case manager forwards the customer request documents, supporting case documents and OSAH Form 1 to the Office of State Administrative Hearings (OSAH). OSAH notifies the supervisor, the case manager and the customer of the hearing date and location by mail. The case manager manually places hearing date on her calendar. The supervisor may also note the hearing date and time.

County representatives are present with supporting case and OSAH documents when the hearing takes place. Mediation without the Administrative Law Judge (ALJ) is encouraged to facilitate an agreement without a hearing. If an agreement is reached, the case manager notifies the ALJ by phone, mail, or in person. If an agreement cannot be reached, the ALJ proceeds with the hearing. Once the hearing is complete, the court mails the findings and decision to the client, client representative(s) and the county. Based upon the decision of the ALJ, action is taken by the case manager:

- If the case is closed and it is to remain closed, information is filed in the case folder;
- If the case is active, and the ALJ determines that closure is necessary, the case is closed after ten (10) days;
- If the case is active, and the ALJ determines that the proposed assessed fee or other action is incorrect, the case is corrected with the appropriate certificate(s) issued or amended;
- Case manager documents and begins the scheduling process for any claims that result; or
- If the case is closed and the ALJ determines that the case should be reopened, the case is reopened.

3.3.2.7 PROVIDER MANAGEMENT PROCESSES

Provider management processes are vastly different in those counties served by the MAXSTAR™ system and those counties that do not have automated support. In MAXSTAR™ counties, provider management processes, especially invoice processing are almost exclusively the responsibility of the MAXSTAR™ vendor, MAXIMUS, Inc.. In non-MAXSTAR™ counties, the provider management process is solely the responsibility of the child care case manager with some supplemental activities performed by a supervisor or other management staff. In

these counties, the case manager can devote up to ten days a month exclusively dealing with provider management responsibilities, which often limits the amount of time available for effective, efficient service delivery to the customers.

There are two types of approved CAPS providers, formal and informal providers. The Office of Regulatory Services (ORS) or the Office of School Readiness (OSR) regulates formal providers. Regulated providers include centers, group homes, family child care homes and exempt non-profit agencies. Informal providers are monitored by ORS under an agreement with Childcare and Parent Services and include relative and non-relative home-based providers.

3.3.2.7.1 PROVIDER FILES

In both MAXSTAR™ and non-MAXSTAR™ counties, case managers maintain a manual provider file for reference. The term provider file has two meanings. In MAXSTAR™ counties, the term is used for a provider list that is generally a single notebook or list for the entire county, or may be maintained by each case manager or supervisory unit. The provider file, at minimum, is a listing of each approved provider for the county and the provider's rates. Some counties include other pertinent information such as the number of children for which the facility is approved or hours of operation.

Non-MAXSTAR™ counties create a physical file folder for each provider where required documentation is retained. They may or may not keep a notebook of summary information like that maintained by MAXSTAR™ counties.

3.3.2.7.2 FORMAL PROVIDERS

In MAXSTAR™ Counties, case managers are responsible for screening on formal providers and beginning the system registration process if they are not currently listed in the system; however, formal provider registration functions have been limited at the county level to those with supervisory access. The steps for registering formal providers in MAXSTAR™ include examining a copy of the Provider License and obtaining the Federal Employer Identification Number (FEI), which provides identifying information to register the provider in the system. In questionable cases, the case manager may call Child Care Licensing (CCL) to validate the license. If it is determined that the provider is not registered on MAXSTAR™, the information is forwarded to a supervisor who then enters the appropriate base information into the system. It should be noted that in some counties visited during this phase of the project, several case managers indicated that they have supervisory profiles in MAXSTAR™ so that they can perform the registration function. The system vendor is responsible for distributing a provider packet and handling the remainder of the provider registration requirements. Once registered in the system, if any changes need to

be made to the provider's identifying information, such as name or address, the case manager must complete and fax a request to the system vendor to make the appropriate changes. County staff cannot update provider information.

Non-MAXSTAR™ counties process formal providers differently. For formal providers that have not been previously registered in the county, the case manager generally calls the provider and inquires about rates. They request a copy of the registration, license, or if appropriate, a letter of exemption, a copy of Policies and Procedures and a completed W-9 and Civil Rights Compliance Form (Form 704) for centers and group homes. Formal providers may return this information via fax, mail or hand-delivery. The case manager then creates a physical folder for the provider and may enter the provider profile in the Provider List. These documents are copied and sent to regional or in-house accounting. The case manager may conduct individual training sessions for invoicing with each provider and may provide invoice samples.

3.3.2.7.3 INFORMAL PROVIDERS

New Informal providers must participate in a face-to-face interview to become approved to care for children in the CAPS program. This interview is generally conducted in conjunction with the customer eligibility interview. Both the customer and provider are present and the case manager sometimes conducts both the customer interview and the provider interview simultaneously.

In MAXSTAR™ counties, the case manager screens on the provider's identifying information within the system to determine if she is currently an approved provider. If she is already registered on the system, the case manager documents the number of children in care to ensure that she remains within policy limitations for number of children allowed. If she is not registered in the system, the case manager requests the following information from the provider:

- Photo ID;
- Informal Provider Affidavit;
- Age verification; and
- Social security card.

The case manager explains provider compliance requirements such as Health and Safety Training and requests the necessary Child Protective Services (CPS) screening.

MAXIMUS, Inc. is responsible for distributing to the provider a W-9, Care Brochure Form (Form 59), a Criminal Records Check (CRC) Form (Form 58) and fingerprint cards. The provider must return all documents with a $24 money order for the cost of the criminal background check. MAXIMUS, Inc. then

submits the CRC information to Child Care Licensing. MAXIMUS, Inc is responsible for monitoring provider compliance with health and safety training requirements. It is also responsible for training the provider on invoicing procedures.

New Informal providers must also participate in a face-to-face interview in non-MAXSTAR™ counties to become approved to care for children in the CAPS program. Again, this interview is generally conducted in conjunction with the customer eligibility interview. The case manager is responsible for documenting the number of children in care (which can be difficult without statewide automated support), obtaining from the informal provider photo ID, age verification and a Social Security Card. The case manager initiates the proper investigation documentation to request a CPS screening.

The case manager then provides the informal provider with a W-9, Care Brochure (Form 59), Criminal Records Check (Form 58) and a fingerprint card. The case manager notifies the provider that a criminal records check must occur. The informal provider is responsible for returning all appropriate documentation and providing a money order for $24 to authorize the criminal records check. The case manager forwards the criminal records check documents, social security number and W-9 to regional or in-house accounting. The case manager then conducts training on invoicing and establishes a provider file.

3.3.2.7.4 MONITORING PROVIDER COMPLIANCE

The initial informal provider compliance monitoring is done by CCL within six weeks of application to become an informal provider. The need for monitoring is triggered by completion of Criminal Background Check (Form 58) and the Criminal Records Check (CRC) request. Provider information is entered into the CCL database, the money order is forwarded to the Georgia Bureau of Investigation (GBI) and the informal provider is assigned to a Licensing Surveyor based on geographic area. The Surveyor schedules or notifies the informal provider of an appointment within 45 days of application. The Surveyor then schedules an appointment for a site visit. The Surveyor provides the informal provider with a CAPS Packet, emphasizes training requirements, performs a health and safety inspection and records the number of children in care to determine if all requirements are met. If the informal provider is not home and/or the Surveyor has been unable to gain access after two scheduled appointments, CAPS is notified of the need for dismissal of that provider.

The monitoring checklist is returned to the county, and the county files the document in the county provider file. The CCL Surveyor then enters the results of the site survey in the CCL database. If the provider is not in compliance with site survey requirements, a memo is generated to the county director, county

child care case manager and county program consultant. The county notifies the customer to choose a new provider and sends notification to the provider that she will be dismissed after the required ten-day timely notice period. Every six months case managers in non-MAXSTAR™ counties review placement. At review informal providers verify that they have attended training and validate the number of children in care, as well.

CCL is responsible for monitoring the results of the CRC as well. The results of the check are reported to CCL by GBI as either satisfactory or unsatisfactory. Counties are only notified if the results are unsatisfactory, and the entire process for the check and notification may take up to four (4) months to complete.

3.3.2.7.5 RATE CHANGES

Case managers are responsible for processing rate changes from providers. Providers may change rates with thirty days notice to the county. Notification is fairly straight forward, requiring only that the change be recorded by the appropriate staff in the provider file or MAXSTAR™. Providers who receive payments from more than one county may have to notify each county. All MAXSTAR™ counties are updated simultaneously, but in non-MAXSTAR™ counties, the provider must notify each county. This is necessary because each county operates independently without coordination among them due to the lack of automated support.

3.3.2.7.6 PROVIDER INVOICING

In MAXSTAR™ counties, case managers are relieved of provider invoicing responsibilities. MAXIMUS, Inc. is responsible for all aspects of provider invoicing. Case managers in non-MAXSTAR™ counties approach the invoicing processes in many different ways. Case managers may distribute a number of blank Invoices for Child Care Reimbursement (Form 69) and an annual calendar with monthly due dates to providers by mail or they may send the invoices on a monthly basis to providers for completion and return. Providers may be required to submit one invoice per child or per UAS code or be allowed to bill for all UAS codes and children in care on one invoice depending upon county preference.

Once the invoice is received, the case manager begins invoice processing. Each case manager has established her own system for processing provider invoices. For instance, the case manager may separate invoices by customer and/or UAS codes. The case manager is responsible for validating that an invoice is signed and dated by provider. If unsigned, the invoice is returned to the provider with a notification that the invoice must be signed. The case manager then validates the invoice against the certificate. The following information is validated:

- SSN;
- Child name;
- UAS Code;
- Type of care;
- Amount/number of weeks;
- Check calculations;
- Parent contribution; and
- Total charge to DFCS.

This is accomplished by reviewing documentation in the case folder or central provider file folder, depending on the case manager's filing system.

The case manager is responsible for calculating any claims offsets required, confirming that the invoice is accurate, initialing, signing and dating the invoice. Some counties file a copy of the approved invoice in the case record, provider file or separate invoice file. The county then sends the invoice to Regional Accounting or in-house accounting staff.

Often invoice reconciliation is necessary. The processes for reconciliation vary by county. In some counties, the case manager may change the invoice if under a county established threshold or change the UAS code and notify provider by phone. If the necessary change is above the established threshold, case managers notify the provider and request a revised invoice. If all invoices from a provider are inaccurate, case managers often notify the provider to come pick them up or correct them at the DFCS office. This allows the opportunity for the case manager to provide more detailed training to the provider.

If a provider contacts the case manager indicating an incorrect payment in non-MAXSTAR™ counties, the case manager investigates the payment by reviewing the case folder or provider folder and associated documentation and/or checking with the batcher and/or regional accounting. If a provider in a MAXSTAR™ county contacts the case manager in regards to incorrect payment, the case manager may assist in troubleshooting payment problems; however, the system vendor is responsible for insuring that accurate payments occurred. In MAXSTAR™ counties, if invoices are not received within sixty days of service, the system vendor may notify the county case manager for dismissal of the provider. In non-MAXSTAR™ counties if invoices are not received timely, case managers can also dismiss a provider; however, in largely rural counties, this does not always effectively serve the customer because it limits the options for care in the county.

3.3.2.7.7 PROVIDER CLAIMS

Case managers follow essentially the same procedures for determining provider overpayment as for customer claims as noted in Section 3.3.2.5. In MAXSTAR™ counties, case manager responsibilities end with notification to the provider and obtaining a repayment agreement from the provider. The MAXSTAR™ vendor is responsible for the actual collection. Unless another rate is negotiated, future payments are offset by 50 percent until the claim is paid in full.

In non-MAXSTAR™ counties, the case manager must manually track offset payments. Each month the manual invoice is received and verified against the case folder or provider folder, the case manager documents the provider offset for the month. If the provider is not active, a claim is set up and the case manager follows the same procedures as if processing a customer claim.

SECTION 4 – CAPS EXISTING SYSTEM ENVIRONMENT

4   CURRENT SYSTEM ENVIRONMENT

4.1   INTRODUCTION

During the interview process of the CAPS staff in the state and eleven (11) different counties and from questions to DHR technical staff, information was collected on the existing systems supporting the CAPS program.

From the information gathered from the state interviews, it was learned that in DFCS offices located in twenty-six (26) designated counties, the CAPS staff benefit from automation of child care provider invoicing and weekly payments. In the other one hundred and thirty-three (133) counties, CAPS manually receive and process provider invoices with payments generated monthly from in-house county or regional accounting.

Information gathered from the DHR technical staff, the four (4) counties represented on the BPR Team and the seven (7) counties visited helped Team members establish a high level understanding of:

- The data communications infrastructure;
- Line-Of-Business (LOB) applications;
- Office applications; and
- Third party automation vendors.

4.2   EXISTING TECHNOLOGY ENVIRONMENT

This section provides information on the existing data communications infrastructure and the LOB applications supporting CAPS.

4.2.1   DATA COMMUNICATIONS INFRASTRUCTURE

The existing data communications infrastructure for CAPS provides Personal Computer (PC) connectivity on Local Area Networks (LAN) in both state DHR locations and county DFCS offices. These LANs are connected with routers to digital communications links attached to the state data communications backbone. The LANs are Novell Netware attached to Novell and Microsoft servers for the below software products deployed by Novell's ZENWorks:

- Microsoft Windows;

- Microsoft Office Suite;
- Attachmate 3270 Emulation software;
- Adobe Acrobat Reader; and
- Anti-Virus software.

The Novell servers are primarily for local data files storage with the Microsoft servers utilized primarily for applications.

The Attachmate 3270 Emulation software provides IBM Mainframe sessions under Microsoft Windows for the LOB applications screens available from the DFCS INTEGRATED SYSTEMS SIGN ON MENU.

The ZENWorks is utilized for:

- Office Application Management – Software distribution;
- Desktop Management – Desktop configuration images; and
- Remote Management – Remote control, file transfers and program execution from the Help Desk

4.2.2 LINE-OF-BUSINESS (LOB) APPLICATIONS

The DFCS LOB applications discussed in the next two topics are the only applications seen accessed from the DFCS INTEGRATED SYSTEMS SIGN ON MENU during the seven (7) county site visits.

4.2.2.1 CAPS APPLICATIONS

For twenty-six (26) counties, provider invoicing and payments are automated with the MAXSTAR™ child care application developed by MAXIMUS, Inc.. In addition, CAPS has contracted with MAXIMUS, Inc. for automation support of the MAXSTAR™ application to the 4,500 – 5,000 child care providers servicing the twenty-six (26) counties. MAXIMUS, Inc. accomplishes this support with a call center located in Atlanta with initial provider contact supported by an interactive voice response unit (IVR) to address Frequently Asked Questions (FAQ).

For MAXIMUS, Inc. to process the provider invoices accurately, the CAPS staff in the twenty-six (26) county offices enter information either interactively with the customer or from the Child Care Application (Form 60) and/or the MAXSTAR™ Waiting List in eight (8) screens within MAXSTAR™ through Microsoft's Internet Explorer to create a child care certificate. Once the invoices are received by MAXIMUS, Inc. from the providers, customer service representatives match the invoices against the type of care and the payment rates provided on the system certificate, except for those received from the Internet. Internet invoices are

automatically validated within MAXSTAR™. If there are any discrepancies, the invoices are rejected and the provider notified to correct them for re-submission.

The CAPS supervisors have the ability to add any providers not registered in MAXSTAR™; however, for any changes to the provider information in MAXSTAR™, CAPS must fax a change sheet to the MAXIMUS, Inc. call center. Although MAXIMUS, Inc. enters the provider changes, the person in CAPS who submitted the change does not receive an acknowledgement from MAXIMUS, Inc.. He/she must monitor MAXSTAR™ to confirm the update. In addition, MAXIMUS, Inc. does not delete provider entries for misspelled names after the CAPS staff has re-registered the provider because they could not find the correct name in the system. This is creating too many duplicates entries of providers on the MAXSTAR™ Provider List Report that creates confusion in identifying providers.

MAXSTAR™ has over thirty (30) reports available to CAPS that based on information gathered from the county offices, are under utilized due to lack of training and identification of the purpose for each report. During the county visits, the following reports were accessed:

- Provider List by County;
- Active Case Load Reports I and II;
- 75 percent UAS Alert Report;
- Waiting List Report;
- Budget Summary Report;
- Provider Balance Due for Overpayment; and
- Summary Payments by Service Month.

Also, MAXSTAR™ updates the Child Care Reporting System (CCRS), the State's federal reporting mechanism, from a batch interface that begins in MAXSTAR™, goes to Novell GroupWise then, processed within CCRS for the updates. Listed below are the reports generated from CCRS provided in INFOPAC for all counties:

- Caseload by county or alphabetically;
- Quarterly Report for Program Consultants by county;
- Statewide UAS Summary Report generated the first Sunday of each month; and
- Error Report generated the last Sunday of each month.

4.2.2.2 OTHER DHR APPLICATIONS

For related case information, case management and maintenance, the CAPS county staff gathers child support and other public assistance information from the following DHR LOB applications:

- System Uniform Calculation Consolidation Economic Support Services (SUCCESS)
  - CLIENT PROFILE Screen
  - CASH/MA FINANCIAL ELIGIBILITY Screen with associated REMARKS and ASSISTANCE STATUS Screens
  - FOOD STAMP ELIGIBILITY Screen with associated REMARKS and ASSISTANCE STATUS Screens
  - EARNED INCOME Screen with associated REMARKS Screen
  - DEPENDENT CARE Screen with associated REMARKS Screen
  - UNEARNED INCOME Screen with associated REMARKS Screen
  - CHILD DEMOGRAPHIC INFORMATION Screen
- Support, Tracking, Accounting and Reporting System (STARS) – CHILD SUPPORT ENFORCEMENT CHECK SUMMARY Screen
- Client Registration System (CRS) – CLIENT PARTICIPATION HISTORY Screen with associated ASSISTANCE STATUS Screen

Child care case managers reported that they routinely gather this information from SUCCESS days before the anticipated need. This is done primarily because the SUCCESS application is unavailable up to 25 percent of the time during the month, sometimes for two or more days at a time. Also, the majority of the CAPS staff in the seven counties visited, print out to the desktop printers the DFCS LOB screens for placement in the CAPS case folder for the initial application and every time there is a change or review of the case to provide supporting documentation for their actions. The only exception to this practice appears to be in counties with case managers who support CAPS, TANF, Food Stamps and Medicaid simultaneously and maintain a single case file for all programs.

4.3 TECHNOLOGY OBSERVATIONS

This topic provides the information discovered from interviews and observing the staff in CAPS during the seven county site visits.

4.3.1 OFFICE APPLICATIONS

The staff in CAPS has access to Microsoft Office Suite on their PCs. However, the staff interviewed reported they have not received training on Microsoft Word

for word processing or Microsoft Excel for spreadsheets. The county observations reflected this lack of training when it was noted that only three (3) people in child care utilized Microsoft Word and only one (1) person utilized Microsoft Excel. It was also noted that one person uses an electric typewriter for letters with another using an electric typewriter for the Disposition and Parent Information Child Care Services Form (Form 62).

In addition, even though the Microsoft Office Suite includes Microsoft Outlook, due to critical security issues, the DHR standard is for all sections to use Novell GroupWise for e-mail. However, from the county observations, CAPS does not use e-mail extensively with the only exception being CAPS supervisors who use GO MAIL. GO MAIL may also be used from time-to-time by a very small number of CAPS case managers. It appears from this minimal use of e-mail that the CAPS staff does not recognize e-mail as an essential form of communications.

4.3.2 DATA ENTRY

From the counties observed, the CAPS section enters data in MAXSTAR™ and CCRS. The data entered in MAXSTAR™ by the CAPS staff is primarily for intake and case changes. In addition, MAXIMUS, Inc. enters changes such as name and address to the providers' profiles for the twenty-six (26) MAXSTAR™ counties. In the 133 counties that do not have automation support from MAXSTAR™, the staff in CAPS enters appropriate case information into CCRS.

4.3.2.1 INTAKE

For the customers who are requesting child care assistance in MAXSTAR™ counties, the CAPS staff may complete an on-line application in MAXSTAR™ from Inquiry Forms and/or the Child Care Application (Form 60) or as observed in one county, from an interactive interview. Also, if funding is not available, not all CAPS county staff completes an application in MAXSTAR™ for potentially eligible customers. The county may place these customers on a manual waiting list or the MAXSTAR™ waiting list, unless the customer has a priority situation to by-pass the waiting list.

After the customer's verification information has been entered in MAXSTAR™ and any case related information has been screen printed and entered into MAXSTAR™ from SUCCESS, STARS and sometimes CRS, MAXSTAR™ calculates eligibility. If eligible, MAXSTAR™ will bring up the Certificate Screen for the CAPS case manager to enter the types of child care and the providers' payment rates. The case manager will then print out the application and the certificate. The application requires a customer signature and in some counties, the customer has to also sign the certificate.

The application process for MAXSTAR™ seems to be fairly consistent among the MAXSTAR™ counties with the Inquiry steps of this process being very different for each county. Primarily, CAPS is pleased with this application process and would be even more satisfied if the long processing delays from the CITRIX Metaframe could be resolved. These delays seem to be the longest during the early afternoon and are being created from the amount of volume being generated in the twenty-six (26) counties.

4.3.2.2   CASE CHANGES

After notification of a case change from other DFCS case managers or from the customer or during a required case review, the CAPS worker makes any case related screen prints from SUCCESS and STARS. The case is then updated in MAXSTAR™ with case notes added in the notes screens. If appropriate, this process includes terminating the existing MAXSTAR™ certificate and creating a new certificate. If there are SUCCESS and STARS screen prints, they are placed in the case folder with the new certificate.

These case changes are generally done in a matter of minutes because the CAPS worker can easily move in and out of the MAXSTAR™ screens. If the case change is due from a case transfer, the CAPS supervisor must transfer the case before the case manager can update MAXSTAR™. This transfer is completed in less than a minute by the supervisor within MAXSTAR™.

4.3.2.3   SUPERVISOR CHANGES

The CAPS supervisors must add all new formal providers and complete case transfers within MAXSTAR™. The supervisor only access for new formal providers is to ensure that the provider has the appropriate licenses to administer childcare and the provider rate is not excessive to create hardship for the customers.

The supervisor only access for case transfers is to allow the supervisor to effectively manage the caseload within MAXSTAR™ for each case manager.

4.3.3 INQUIRY

Since the CAPS section is under DFCS, CAPS staff depends on Inquiry access to the other DFCS systems for related case information. From the county observations, the other DFCS systems accessed were:

- SUCCESS
- STARS
- CRS

- CCRS

Primarily, these other DFCS system inquiries are for the staff in CAPS:

- To make sure the customer's case for other public assistance has not been closed;
- To verify the customer is still eligible for the child care subsidy;
- To determine if a customer was receiving any child care subsidies from another county; and
- To determine if a customer has an outstanding claim from another county.

Also, as explained earlier, up to eighteen (18) of these inquiry screens are screen printed by the CAPS worker due to SUCCESS not being available more than 80 percent of the time each month. In addition, another county went directly to CRS for a case number due to SUCCESS downtime.

3.4.3 MAXIMUS, INC.

CAPS awarded MAXIMUS, Inc. the contract for provider invoicing and payments that covers about 4,500 to 5,000 providers across the designated twenty-six (26) counties within the state. The providers can complete their invoices through MAXSTAR™ on the Internet or mail them into the Atlanta call center; however, only 20 percent of the providers utilize the Internet. In addition, MAXIMUS, Inc. is responsible for submitting the required Criminal Records Check (CRC) to Child Care Licensing.

In order for the weekly provider payments to be processed by MAXIMUS, Inc., the CAPS staff in the twenty-six (26) counties must complete the on-line application for MAXSTAR™ to generate a Child Care Certificate. The certificate is mandatory to validate the accuracy of the provider's submitted invoice.

The CAPS staff have benefited from the deployment of MAXSTAR™ because invoicing, monthly payment processing and provider management was removed from their daily activities. The only major disadvantage has been that due to MAXSTAR™ not initially working as expected, a distrust of the system has continued a manual culture in the twenty-six (26) counties resulting in MAXSTAR™ being utilized as a backup rather than the reverse. To illustrate this point, one county not only required the customer to complete the Child Care Application (Form 60) in addition to printing the MAXSTAR™ version, the CAPS case managers also manually calculate income to verify that MAXSTAR™ calculated the income and determined eligibility correctly. This system distrust for MAXSTAR™ is why *every person interviewed from the eleven counties made*

the statement that any new CAPS system must be integrated with all DFCS systems and automate all of the CAPS staff daily activities.

3.5 AUTOMATION SUMMARY

The lack of training in basic computer skills, Novell GroupWise and the Microsoft Office Suite, has not allowed CAPS staff to fully realize the potential of the MAXSTAR™ application or to improve communication using e-mail. Add to this the problematic implementation of MAXSTAR™ and it is easy to understand the amount of manual activity occurring within CAPS.

The initial implementation of MAXSTAR™ was primarily difficult due to:

- A fragmented approach to automation support for CAPS;
- Counties misunderstanding the purpose of MAXSTAR™;
- Lack of involvement by DHR IT Section;
- Inadequate User Acceptance Testing of MAXSTAR™ before implementation;
- Inadequate timelines and resources to implement MAXSTAR™;
- MAXIMUS, Inc. under estimating the CAPS volume of activity by recommending CITRIX Metaframe that causes long delays in processing; and
- The lack of coordinated and consistent training for MAXSTAR™.

These MAXSTAR™ issues and the training issues along with the lack of dependability with SUCCESS have created an environment within CAPS that is primarily manual with systems used to only validate the recorded manual information.

This manual environment can be overcome if every county in Georgia implements a new CAPS Business Model that prescribes uniform processes before implementing automation. This will ensure that the new CAPS system's primary objective is to support the new Business Model and not drive it. This supportive approach to automation could begin a foundation for all DFCS systems to become one integrated system that will allow any DFCS worker access to all customer case information regardless of the type of public assistance being received.

SECTION 5 – CONCLUSIONS

4 FINDINGS AND RECOMMENDATIONS

4.4 QUICK FIXES

During the discovery phase of the project, the BPR Team members spoke and interacted with dozens of individuals who work in and with the child care program. It was enlightening to find that several of the issues that were presented as blocking effective program administration appear to have simple, easy-to-implement solutions. This section discusses many of those quick fixes that were suggested by those who were interviewed and members of the BPR Team. These solutions are presented so that the CAPS Section managers and other DFCS managers can consider them for implementation. The term quick fix is not meant to imply immediate remedy. Rather, the implications are that given priority and a moderate level of resources (people and/or funds), these suggestions could be accomplished within a reasonable amount of time and provide relief to those in need until a new model with its automated support is implemented. No attempt has been made to determine cost or complete a cost/benefit analysis.

4.4.3 ACCESS TO SUCCESS

The Problem: Although information from SUCCESS is vital to the accurate determination of eligibility for child care assistance, some county child care case managers do not have access to that system from their desktops. They do not have RACF identification (ID) and passwords.

The Suggestion: It was suggested that universal passwords for accessing SUCCESS are available. If possible, each child care worker should have his own RACF identification and password, and those should be assigned without delay. If there are limits to the number of SUCCESS users, a universal ID and password could be made available to those who cannot be accommodated with an individual ID.

4.4.4 TOOL FOR MANAGING COUNTY FUNDS AND WAITING LISTS

The Problem: One of the recurring themes around the Child Care Program is the need to understand all aspects of funds allocation, expenditure tracking, and projections to make sure the waiting list contains only those families for whom there are no child care funds available. There appears to be little support for

county staff who are responsible for monitoring and managing the waiting list. Some have developed spreadsheets for tracking; some rely on their accounting departments to tell them what the county's status is; others work closely with their field consultants.

The Suggestion: Create a brief budget calculation and monitoring manual and provide training in its use to county staff.

4.4.5   PROVIDER MANUALS

The Problem: Provider manuals have not been revised since MAXSTAR™ was implemented. Although many enhancements have been made to the system, they are not discussed or referenced in the current manual. Providers receive an out-of-date manual when they begin providing services to the Child Care Program. This leads to an incorrect understanding of MAXSTAR™ and how to correctly use the system.

The Suggestion: Update the provider manual to reflect the MAXSTAR™ enhancements and offer system training to new providers. Many established providers would benefit from new manuals and training as well.

4.4.6   TRAINING OF CPS AND CHILD CARE STAFF

The Problem: CPS cases that include child care in the safety plan are frequently shared between CPS and child care workers. However, there appears to be a general lack of understanding on the part of both the CPS staff and the child care case manager about when the use of child care funds is appropriate and what information can be shared.

The Suggestion: Provide cross training of both CPS and child care staff. Training would be jointly developed by Social Services and CAPS staff at the State level.

4.4.7   PERSONAL COMPUTER AND E-MAIL TRAINING

The Problem: The staff in CAPS has not received formal training on basic personal computer skills and utilizing e-mail in Novell GroupWise.

The Suggestion: To effectively prepare CAPS for implementation of a web-based CAPS application, training can begin for basic computer skills. To improve statewide communications within CAPS, training can begin on utilizing the e-mail functionality in Novell GroupWise.

4.4.8 ON-LINE ACCESS TO POLICY INFORMATION

The Problem: Part of the CAPS Policy Manual is available through the CAPS web site; however, not all of the supporting reference material that is found in the Manual's appendices is available. This renders the web version of the manual incomplete and, therefore, unreliable. Many users have given up accessing the on-line version because it does not fully support them, and it is difficult to know which information is available in its entirety on-line and which must be retrieved from a paper copy of the Manual.

The Suggestion: Complete the loading of all Manual documentation onto the web site so users with Internet access can rely on a single source for complete and consistent information.

4.4.9 SUPPORT FOR CHILD CARE CASE MANAGERS

The Problem: Many child care case managers expressed a feeling of isolation. Often there is only one child care worker in the county, and sometimes the supervisor is not expert in child care policy. Field consultants and the state help desk are options for assistance, but some counties' adherence to chain of command policies effectively prevent case managers from direct access to that help. Case managers indicated a need to have a network of peers with whom they can discuss case situations.

The Suggestion: Sponsor periodic, regional Peer Group Meetings that allow case managers to become acquainted with their counterparts in other counties and come together to discuss and obtain clarification for program and policy questions.

4.4.10 POLICY CHANGES ARE IMPLEMENTED WITHOUT COUNTY INPUT

The Problem: Policy is developed at the State level. Every effort is made to anticipate the effect of a policy change at the local level; however, as the policy developers do not have the exact same perspective as those "in the trenches," some changes may unintentionally adversely affect counties and/or customers. Similarly, policy directives may be perfectly clear to the staff who write them, but they are not to those at the County level who must interpret and implement them. This sometimes leads to incorrect policy implementation.

The Suggestion: Create a technical assistance group (TAG) made up of both State and local office staff to review policy directives in draft form and provide input. The TAG's responsibility would be to identify potential adverse effects and to suggest areas for clarification. The composition of the TAG should change periodically to allow input from a variety of child care staff throughout the state.

4.5 BEST COUNTY PRACTICES

As the BPR Team traveled to county offices, several individuals mentioned local practices that allow them to function in a more effective manner in the current environment. These were recorded as Best County Practices.

These practices represent effective coping strategies that various counties and their staffs have developed. They are presented here as mechanisms other county offices may wish to consider to assist in administering the child care program in the current environment. Some of these practices may be incorporated into the new business model. Others may become obsolete in a new model with adequate automated support. These county practices are presented for consideration for implementation in the current operating environment. These practices are not mandates and not every county may receive sufficient payback to make implementation worthwhile.

4.5.3 LOCAL CHILD CARE BROCHURE

One county has developed a brochure emphasizing three areas: Choosing quality child care, child care resources, and application information. The quality child care portion emphasizes visiting potential providers and what questions parents should ask. Child care resources lists the names and telephone contact numbers for the local resource and referral (R&R) agency, programs not directly affiliated with Child and Parent Services, and licensed centers and homes. Basic program information along with the county office contact person is found in the final section.

This type of resource may be especially useful to counties with a limited number of child care providers. However, it could also be adapted for counties with offices covering specific geographic areas. In counties with many providers and a single location, the concept could be modified to provide general information about provider types or instructions to contact the local R&R.

4.5.4 CUSTOMER AND INFORMAL PROVIDER INTERVIEWS

Joint interviews with applicants and their chosen informal providers are not unusual. However, there are concerns about customer confidentiality when customers are interviewed in the presence of the provider. In addition, the joint interview can become somewhat confusing for both the customer and provider. The case manager essentially attempts to carry on two conversations simultaneously. Counties that take care and time to conduct the interviews separately seem to have less confusion and are better able to protect confidentiality. In addition, they believe they may have better timeliness, accuracy and efficiency. Consideration could be given to bringing the customer

and provider together to receive information about program requirements and procedures, and to sign the certificate.

4.5.5   USE OF AUTOMATED INTERVIEW TOOLS

Most MAXSTAR™ counties use the State's pre-printed paper Application for Child care Services (Form 60). Information from that form is then input into MAXSTAR™, often while the applicant is still present. Some county staff have the applicant sign both the pre-printed form and system generated document. However, the paper application is not required in MAXSTAR™ counties. MAXSTAR™ produces an application that can be signed. Some case managers conduct an interactive interview taking information provided verbally by the applicant and entering it directly into MAXSTAR™. At the end of the interview the application is printed with all of the information provided by the customer conveniently displayed. Once the accuracy of the information is confirmed and the rights and responsibilities fully explained, the client signs the document. It is the only documentation requiring retention.

4.5.6   CENTRALIZED PROCESSING OF CLAIMS

Coping with customer claims seems to be a universal frustration within the child care program. One county has adopted a practice of having a dedicated claims manager who computes and manages all child care claims along with claims from all other programs. The claims manager is better able to manage the claims and track and record payments. A copy of each payment receipt is filed in the claims folder.

4.5.7   CLAIM SCREENING

One county screens applicants for existing claims. When a new application is received, the case manager researches the claims file to determine whether an active claim exists. The county reports that the practice has prevented staff from granting child care to ineligible families many times since they began the practice. The same county periodically researches CCRS for families with claims. If an individual with an active claim is found receiving child care assistance in another county, the county is notified about the claim's existence, amount, and status.

4.5.8   COLOR-CODED FORMS

Several counties have adopted the practice of color-coding forms that are sent outside the child care section. Form 713, Interagency/Interoffice Referral and Follow-up, is most frequently color-coded. The form is typically printed on

brightly colored paper and used within the county office to notify staff in other programs such as TANF, Medicaid, and Food Stamps about changes to the child care case. The uniquely colored form alerts eligibility workers that the child care change may affect other benefits. Many counties also report using color-coding to correspond with providers as well.

4.5.9 CHANGE NOTIFICATION

One office has had success with faxing copies of the Form 713 to the Metro Change Center when a change in the child care case affects the related case. Other counties have developed internal procedures for using electronic notification between child care and eligibility. Both methods reportedly generate a better response rate than paper forms or telephone calls.

4.5.10 PROVIDER MONITORING

One county uses MAXSTAR™ to pull reports of providers who have not invoiced in the previous month. Those providers are contacted by county staff regarding why they have not submitted an invoice. The county often learns if there have been changes in child care arrangements, loss of employment, or other case related information that has not yet been reported.

4.5.11 EXTENDED HOURS

Many case managers try diligently to accommodate interviews that are convenient to the customer. Several counties offer early interviews, as early as 6:30 a.m. Some who work a flexible work week (e.g. four (4) ten-hour days) schedule appointments well into the evening. At least one county offers Saturday hours. This flexibility affords customers and opportunity to conduct business without disrupting their own work day.

4.5.12 TEMPLATES

Several counties have developed forms and letters as Microsoft Word document templates. The template allows for county specific information to be incorporated into each document and provides a professional looking document. Use of templates is especially useful in developing provider correspondence.

4.5.13 INTEGRATED CASELOAD AND CASE FILE

In one county, the person who carries the child care case carries all the related cases as well. The benefits are many. The first benefit is in the area of communication. The customer and provider have only one person to report

changes to, therefore there is no concern for having to share information among multiple workers. Child care recertification and other program periodic reviews could be synchronized so that only one interview for all programs is required. Under this model, there would be much less likelihood that new information could be lost or left in limbo. An integrated case file also eliminates the need for multiple copies of supporting documentation. Most importantly, one individual would be responsible for the accuracy of all programs, eliminating the universal communication issues between child care and other eligibility programs.

4.6 BARRIERS TO ACHIEVING BPR GOALS

Once all of the interviews were analyzed, processes were identified and the "As Is" business model documented, the Team took time to consider why the goals of the BPR project are not currently being met. The Team compiled a list of barriers that essentially prohibit the effective accomplishment of the goals in today's environment. The Team's list reiterates what we heard from the many individuals who answered the question, "What does not work well?" In the barrier analysis, the Team was asked to drill down past just identifying the barriers to discuss their causes and implications. It is interesting to note how interconnected these barriers are. A discussion of one almost inevitably leads to another as one of the root causes. For that reason, some of the information in the discussions that follow may be referenced in other sections.

4.6.3 LACK OF TRAINING

Basic CAPS program training is scheduled periodically. In addition, field consultants conduct two training sessions with varied subject matter each quarter. Many of the case managers that the Team interviewed said they had received little training. Several asserted they had no CAPS training. One, with her supervisor's full agreement, said to her knowledge no training had ever been offered in the five years she has worked in the program. Clearly, one of the implications is a communication gap. Training is offered, but the information is not reaching the targeted audience in all instances. There are also issues around when a case manager should receive initial training. Many are on the job for many months before training is even offered. By that time, they have learned the program, either correctly or incorrectly, from reading the policy manual and interpreting the information or from other staff and supervisors. Once learned, bad habits and poor policy interpretation are not easily corrected.

The length of the training is also an issue. Whereas policy training for other Division of Family and Children Services (DFCS) programs may last weeks and

includes many of the related administrative and case management procedures in great detail, CAPS training is condensed to the most essential information and lasts only a few days. State staff revealed that there are two reasons for the abbreviated initial training. First, there is no dedicated training staff for CAPS. Training is conducted by policy staff and field consultants who consider training just one responsibility among the many they have. Second, Section staff strive to be responsive to County administrators who express concerns that when staff is gone (even for training) workloads and customer service suffer and ask their staff not be taken out of the county offices more than absolutely necessary.

CAPS workers are very much dependent upon information from other programs to support eligibility determinations. Most of the information required resides in the State's SUCCESS computer system that supports TANF, Food Stamps, and Medicaid. Child care case managers would surely benefit from SUCCESS inquiry training, but it is not offered. Unless the case managers have been or are case managers in the SUCCESS programs, they do not receive training in how to locate the essential information and navigate SUCCESS. They are usually shown how to access the screens someone else determines they need most. From there, they are on their own. Some do not even have access to SUCCESS on their computers and are not given RACF IDs. Many have devised ingenious work-arounds. Some ask another worker with access to print the pertinent screens; some find a desk where the worker is logged onto SUCCESS but away from his desk and quickly access the necessary screens; some use another worker's ID to log on.

Informal training on new policy directives or policy clarification is an issue as well. There is no established method of conducting this type of training. Field staff-offered training is not always uniformly presented, and some staff simply are neither well suited to training nor skilled in its delivery. In other instances, supervisors are responsible for training. In still others, no training occurs at all.

For CAPS workers, there is no established network of peer support in which workers can share experiences, discuss policy, and look to a more experienced worker for mentoring. For workers in TANF, Food Stamps and Medicaid, the support is almost automatic because most counties have at least two case managers who can confer. For child care, however, many counties have only one case manager who is responsible for all of the cases. Often supervisors are not expert in child care policy leaving the case managers feeling isolated and without support.

4.6.4   CONFLICTING PHILOSOPHIES WITHIN THE PROGRAM

One of the "works well" comments the BPR Team heard almost universally was "program flexibility." Flexibility was zealously touted from the Steering Committee to the smallest county office. When asked what should not change in a new model, "flexibility" was far and away the number one answer. But, flexibility was also frequently mentioned as a "doesn't work well. " As one CAPS central office employee put it during the CAPS focus group, "We are extremely flexible, and it is killing us."

There seems to be a perception that flexibility means doing whatever one wants to do, that there are no rules. Case managers most often stated that they wished that the program eligibility requirements were "set in stone." In fact, eligibility requirements are fairly concrete. There is some flexibility concerning under which UAS code families may participate if children are categorically eligible under more than one. And, there is extreme flexibility in the processes and procedures that counties develop for administering the program. Other factors are not so much flexible as they require case manager judgment in determining what most accurately represents the customer's situation. For instance, if a customer receives child support, what is most representative of what will continue in the future? Is it a four-week average or three-month average? Has the payer recently been incarcerated and therefore no child support should be anticipated? This type of judgment is a universal requirement among case managers in all programs.

The child care program was born in Social Services and carries a stigma of not being a "real" eligibility program. It is viewed as a support service with few rules. Unfortunately, in this area, CAPS' relative inexperience with administering an eligibility program shows. CAPS staff have steadfastly clung to the services aspect of the program. The true meaning of "services" is quality child care. And, CAPS sincerely wants case managers to provide thoughtful consultation concerning what constitutes quality care for each family. The Section, however, has unwittingly contributed to its second-class image by presuming that other eligibility program workers have little or no responsibility for service delivery. There has been too little emphasis on what Food Stamps, Child Care, TANF, Medicaid have in common and too much on what is perceived as their differences.

4.6.5   INADEQUATE COMMUNICATION

Communication is the cornerstone of the CAPS program. It is essential in all aspects of program administration from policy development, to budget allocation, to training, to sharing information on related cases, to policy clarification. The program cannot and staff does not wish for it to operate in a vacuum. Yet,

examples of inadequate communication at all levels were shared in almost every interview and staff interaction. Within the past year the CAPS Section has deployed program consultants in the field throughout the State to help with the communication gap that existed. While that action has undoubtedly improved county access to program staff, there are still many areas where communication is inadequate.

While many counties have found a way for case managers to communicate information about shared cases, many more complain that communication at the most fundamental level breaks down. The perception among child care case managers is that communication about shared or common cases is strictly one-way. They dependably provide pertinent information to their coworkers. For example, Fulton County will fax a copy of case related changes to the Metro Change Center, ensuring an update to the SUCCESS case files. However, there is little reciprocation. Important information such as employment termination that is reported to the Food Stamp case manager is not consistently shared with the child care case manager. Child care case managers feel they are left to their own devises to learn of changes that may affect child care benefits.

The CAPS program policy staff attempts to align policy with other programs. However, there is no well-established method of sharing policy changes. It is not unusual for changes in Food Stamp or TANF policy to occur months before CAPS policy staff are aware of the change. Sometimes by the time CAPS can adjust its policy it has changed again. The lack of a well-defined communication method contributes to the continued practice of operating in programmatic silos.

Following an established, intricate chain of command contributes to communication difficulties as well. Many child care case managers do not have direct access to CAPS field and policy staff to solicit policy clarification or affirmation of planned actions. In a structured environment, a child care worker who, after consulting his program manual, has a question takes it to her supervisor. If the supervisor cannot determine the proper course of action she contacts the county's program administrator. If the program administrator cannot answer the question, she contacts the field consultant. The field consultant may confer with a colleague. If they do not agree on an answer, the field consultant refers the question to State policy staff. The answer is given back to the field consultant and it makes its way back down the chain to the case manager. This entire process may take weeks to complete. While some shortcuts are generally taken like policy staff sending the answer to the consultant and county supervisor simultaneously, the turnaround time for the answer is significant. There are two dangers to this formal chain of command approach. First, the question or the answer may be distorted as it is passed up and down the chain. And, much like the children's game of telephone, it may cause an answer that does not accurately address the issue. The other possibility is that the case manager

needs to complete a case in order to meet standard of promptness (SOP) guidelines and takes action before receiving the answer.

As mentioned earlier, communication regarding availability and conduct of training is an issue. Many of the staff that were interviewed during the discovery phase indicated that they had not had nor had been offered training beyond the basic CAPS beginning worker training. Yet, field staff offer training of some sort twice per quarter. It is not apparent whether the communication breakdown is between the State and the county or within the county office. Clearly information is not reaching its intended audience.

One of the discussion topics during visits to county offices centered on county management of child care funds. Supervisors and directors assert that they continually walk a tightrope while juggling funds that are allocated to them. They use various means to ensure they do not overspend their funding. In addition, it is obvious that in most counties staff feel powerless to influence the allocation of funds received from CAPS. However, in the interviews with state level staff, the budget representative expressed a philosophy of working with counties to adjust allocations when the counties run low. All they have to do is call and budget will try to get them additional funding. While some counties have learned how to negotiate the budget process, many have not.

4.6.6 LACK OF PROCESS AND PROCEDURE UNIFORMITY

As was discussed in Section 3 there are as many ways of doing business, as there are counties—and case managers. County staff have been allowed, and in some instances encouraged, to develop processes, forms and procedures that make the program work for them—all in the name of flexibility. There has been a hesitancy to prescribe specific processes and methods for working within the child care program. The result is a program that can look fundamentally different in every county and even worker-to-worker. There has been a proliferation of county developed forms, letters, and notices as well as elaborate tracking tables, spreadsheets and other devices. Process flexibility has evolved into program flexibility as well.

Some counties do not make applications available to anyone who requests one; rather, all individuals who request assistance are given inquiry forms. In some counties inquiry forms are not screened for immediate need; they are just a means of adding names to the county waiting list. No further contact is made until the customer is called in for an interview. In other counties anyone requesting and application gets one. Inquiry forms, when received, are carefully screened and the customer is provided feedback or notification about the disposition of the form that may include information about the waiting list and even the approximate amount of time he/she may wait.

4.6.7 LACK OF SUPPORT FOR BUDGET MANAGEMENT AND PLANNING

During discussion of funds administration with county staff, a recurring concern was how manage their child care funds. Only one county indicated that its staff has developed a process, with which it was comfortable, and that county relies heavily on monthly direct input from the field consultant and the DFCS budget staff. The vast majority of counties do not have ready access to the budget staff for consultation on a monthly basis nor would budget be able to support all counties monthly. Most consult field staff and together they arrive as some reasonable estimate of where the county is in its expenditures. A description of the process sounds more like educated guessing than managed budget projections. There is no automated support except for an alert from MAXSTAR™ when 75 percent of the funds have been expended.

4.6.8 NO UNIVERSAL USE OR UNDERSTANDING OF THE WAITING LIST

Counties are instructed to create a waiting list when they do not have sufficient child care funds available to serve all eligible families who request assistance. The CAPS Section determined that it wanted a policy of not routinely denying customers assistance for lack of funds. It did not want to put customers in the position of filing multiple applications hoping that funding would eventually be available. Rather, CAPS policy staff wished to provide a way for eligible customers to be placed in a queue until funding became available. A separate form was created to capture information and was titled Inquiry/Screening for Child Care Services (Form 66). The intent is for county staff to screen each inquiry and determine potential eligibility and/or special need. Those who have qualifying circumstances are to be served immediately; those who are obviously ineligible are to be notified of their ineligibility; and those who are potentially eligible but who cannot be immediately served are to be put on the waiting list. As funding becomes available through discontinuance of a case or receipt of additional funds, the next family is to be assisted.

While the intent of the policy and the waiting list is altruistic in nature, the effect is not always as intended. Customers arrive at the local DFCS office stating they need assistance with child care. They are told there are no funds immediately available and asked to complete the inquiry form to get on the list. It is not clear to the customer that he/she has not applied for assistance, and often there is no correspondence from the county office until the customer is sent an appointment letter informing him when to come in and apply. Time on the waiting list varies from a few weeks to many months. None of the counties the Team visited operate on a "one off, one on" system. Most wait until they have several openings and send letters to one and a half or two times the number of families they estimate to serve. This is done in anticipation of some being ineligible, and

others not responding because their circumstances have changed/they no longer need child care assistance.

Some counties serve all eligible customers who apply and maintain no waiting list; however use of the waiting list is widespread. Further, counties have unintentionally begun to use it more as a method for managing the workload, rather than as a true 'CAPS funding waiting list'. Although they believe they work the list when funds are available, they really work the list when they have funds *and* when they have time to interview customers and process applications.

4.6.9   LIMITED NUMBER OF WAYS TO ACCESS CHILD CARE SERVICES

In the current environment there is really only one way to access child care services: go to a local DFCS office during regular office hours and request assistance. Referrals come from a number of sources such as providers, schools and other agencies, but program applications are not widely distributed outside the agency. There is little opportunity for customers to access information or apply outside the traditional 8:00 a.m. to 5:00 p.m. timeframe. Setting an appointment for a customer to come in and apply is nearly a universal practice.

4.6.10 PROGRAMMATIC POLICY AND OPERATIONAL SILOS

At the State level, the "big three" eligibility programs, Food Stamps, TANF, and Medicaid are operated entirely separately from CAPS. Child care resides in the Childcare and Parent Services Section, the others in the Economic Support Services Section. Operationally, the programs are self-contained in two silos. There is a significant shared customer base; estimates from child care workers indicate as much as 80 percent of their cases have related cases. Action in one program can impact another. Child care subsidy affects the child care deduction for the Food Stamp program. Loss of TANF benefits may change a family's share of cost for child care. The programs are really interdependent, but there is no consistent, organized method of communicating and little, if any, teamwork concerning policy development. While separate sections are not in and of themselves barriers to change, lack of communication and collaboration is.

For the most part, the child care program is operated at the county level independently of the other eligibility programs. Supervision, however, is generally multi-program with a single supervisor responsible for overseeing all four programs plus employment services. In counties the BPR Team visited, supervisors readily admitted with no small amount of pride that their CAPS case managers were independent and self-sufficient. They expect child care case managers to know the program thoroughly and to find answers to questions on their own. By all accounts, the child care case managers do not disappoint. The

inference is that supervisors oversee all programs but usually give last priority to child care.

When asked about communication among child care and the other programs, there were mixed responses. A few counties felt that they had found ways to facilitate excellent communication. One county had paired a single eligibility worker with a child care worker and between them they carried all the child care and related cases. The two case managers were equally responsible for communicating and apparently did so effectively. Most, however, admitted they had not found a completely effective way of ensuring that information in common was, in fact, shared. Only one county the Team visited seemed to have solved the communication problem completely. That county had a single worker who was responsible for eligibility for all programs for a family. That worker had no responsibility for sharing pertinent information about the family with another worker because no other worker was involved. This situation had the added advantage of the families having only one worker to report changes to, and the worker was able to synchronize review dates among programs so that the customer made fewer trips to the office for routine case reviews.

4.6.11 LACK OF A CAREER PATH FOR CHILD CARE CASE MANAGERS

Nearly all child care case managers are classified as Family Independence Case Manager I (FICM I), an entry level position. The exceptions are those workers like the one described in the preceding section who are responsible for child care and other programs. As long as a child care case manager carries only child care cases, he/she is not eligible for promotion to a FICM II. Moreover, supervisory opportunities are nearly non-existent. A few counties have entire child care units where a child care-only supervisor position is found. Most, however, have supervisors who are responsible for all of the programs. It is nearly impossible for a child care case manager to gain such a position due to lack of experience in programs other than child care.

In short, there is no incentive for an individual to seek a career in the child care program. The reality is if a child care case manager wants to be promoted within the county, he/she must leave the program and go to another. The predictable result is turnover. By the time a worker is really proficient in the child care program, he/she is gone. The BPR Team noted that most of the workers interviewed during county visits only have about two years experience. Frequent turnover puts a strain on training resources and case accuracy. But, maybe most importantly, program proficiency that could be leveraged by the county office is instead discarded.

4.6.12 INADEQUATE SYSTEM SUPPORT

There is very little in the way of automated support to county offices. Twenty-six (26) counties utilize MAXSTAR™, a system that is designed largely to assist in provider management and invoicing. MAXSTAR™ is part of a full service system, but the State of Georgia purchased only the provider payment portion. MAXSTAR™ supports an interactive interview, calculates monthly and annual income from raw data that is entered, determines the customer's co-payment, and prints child care certificates and some notifications. It does little else to support a child care case manager, and from case manager observations, even some of the functions it performs are completed manually as well.

The State's public assistance and child support systems, SUCCESS and STARS, are routinely accessed in inquiry mode to assist in eligibility determinations. SUCCESS provides verification of program participation in TANF, Medicaid, and Food Stamps. It also allows child care workers to discover or confirm other sources of income. STARS verifies child support payments.

The Child Care Reporting System (CCRS) is not a support system at all; it is an automated reporting system that was designed solely to meet federal reporting requirements. Entering data into CCRS is tedious and is a required activity for workers in non-MAXSTAR™ counties. (MAXSTAR™ interfaces with CCRS to provide information for its 26 counties) Further, there is no payoff for the case manager who enters the data. It is strictly a one-way communication. Two reports are generated, one is an error report highlighting suspected data entry errors and the other is a caseload listing.

Even though child care case managers have access to these systems, there is no consistent automated method of getting or recording data. Verification of eligibility factors, the eligibility determination, notification, case tracking, and in 133 counties, invoice processing is all manual. There is no way for case managers to be alerted of changes in shared data from the other system. Sharing of information that has been entered into MAXSTAR™ or SUCCESS is a totally manual process, and the process is not entirely satisfactory.

4.7 BARRIER IMPACT

Many of the barriers are complex in nature and are complicated by cross-organizational dynamics. Even so, these are the matters that impede the effective administration of the child care program at both the State and county level. They are the topics that have lead to the CAPS Section to seek a better way of conducting business.

While the focus of business process reengineering is process and not policy and relationships, as the BPR Project Team moves forward from this point, it will be

challenged specifically to build a new business model that removes or deters these barriers. The objective is to build a model that not only meets the goals established by the steering committee, but one that adequately addresses philosophical and operational barriers.

APPENDIX – A
STEERING COMMITTEE

CAPS Steering Committee Members

Juanita Blount-Clark: Director, Division of Family and Children Services (DFCS)

Steve Love: Deputy Director, Division of Family and Children Services (DFCS)

John Hurd: Chief Information Officer, Department of Human Resources (DHR) Commissioner's Office

Bonnie Murray: Director, Childcare and Parent Services Section (CAPS)

Howard Willis: Director, Economic Support Services Section (ESSS)

Wilfred Hamm: Director, Social Services Section

Ellen Skinner: Director, Field Coordination Section

Linda Russell: Director, DHR/IT

Alan Davis: Director, Fiscal Services Section

Godwin Akhirome: Assistant Director, Office of Financial Services

William Presley: Director, Greene County DFCS

Susan Maxwell: Executive Director, Georgia Child Care Council

Marsha Moore: Acting Director, Office of School Readiness (OSR)

Geraldine Jackson-White: Director, Professional Development Section

Edward Fuller: Director, Evaluation and Reporting Section

Jo Cato: Director, Child Care Licensing Section

Kathy Wilcox: Deputy Director, Child Care Licensing Section

Lynn Sims: Chief, DHR/IT

Roger Smith: Budget Administrator, DHR/DFCS

APPENDIX – B
BPR PROJECT TEAM

<u>The CAPS BPR Project Team</u>

The CAPS BPR Project Team is comprised of GovConnect staff and CAPS representatives from both the state and county office.

<u>GA CAPS State and County BPR Team Members:</u>

Frenda Norwood: CAPS BPR Project Manager

Carol Hartman: Policy Consultant, State Unit CAPS

Danielle Brown: FICM I, DeKalb County CAPS Case Manager

Brenda Cash: FICM I, Columbia County CAPS Case Manager

Ari Gosa: FICM I, Richmond County CAPS Case Manager

Yvette Laverne Seales: FICM I, Clayton County CAPS Case Manager

Gloria Washington   Consultant, State Unit CAPS

<u>GovConnect Staff and BPR Oversight:</u>

Gwen Williams: S.E. Delivery Manager; Project Oversight

Cheryl Baxter: CAPS BPR Project Manager

Michael Lawrence: Business Analyst

Kathy Harris: Business Analyst

Robert Zwald: Technical Analyst

Jeri Webb: Administrative Assistant

APPENDIX – C
CENTRAL OFFICE INTERVIEWEES

<u>Central Office Representatives and Partners</u>
(<u>Central Office Interview Participants</u>)

Emilie Allen:	State CAPS Consultant
Mary Hawkins:	Budget Analyst
Carol Hartman:	Policy Consultant, State CAPS Consultant
Dale Hill:	Business Analyst, CSE-DFCS Systems
Gloria Moore:	State CAPS Consultant
Rebecca Jarvis:	Social Services Consultant (Joint Interview)
Kay Campbell:	Social Services Consultant (Joint Interview)
Edward Fuller:	Director, Evaluation and Reporting Section
Wallace King:	Policy Consultant, State Unit TANF
Leigh Bennett-Connor:	DeKalb County Program Administrator
Sandra Chaves:	Deputy Director, Henry County DFCS

APPENDIX – D
CENTRAL OFFICE INTERVIEW GUIDE

GA CAPS BPR Project
<u>Central Office Interview Guide</u>

1. Tell us about your responsibilities as they relate to the administration of child care services. What types of information do you share (or need to share) with CAPS (or other sections, if you work for CAPS)?

2. What do you think the Section does well with regard to providing assistance in child care services?

3. What *does not* work well?

4. What opportunities do you see for improving processes, interfaces with partner sections and agencies, automation, and customer access within the child care program?

5. What opportunities do you see for the agency as a result of this BPR Project?

6. Given your past experience with implementing policy/procedure changes, is there anything that you suggest we consider as we go forward with redesigning the CAPS business processes?

7. Do you have additional comments or information that you would like to share?

APPENDIX – E
COUNTY OFFICE INTERVIEW GUIDE

GA CAPS BPR Project
County Office Interview Guide

1. What is your definition of a CAPS' customer?

2. Describe your responsibilities with regard to the child care program. What is the most important thing that you do?

3. What do you think your office or Section does well with regard to providing assistance in child care services?

4. What *does not* work well?

5. What opportunities do you see for improving processes, interfaces with partner sections and agencies, automation and customer access within the child care program?

6. What types of complaints do you receive from your customers and/or providers with regard to the child care program?

7. How do you collaborate with CPS when an investigation of a child care provider occurs?

8. What data do you need to administer the child care program that is *not* currently available?

9. Where could automation help you the most?

10. How can customer access to services be improved?

11. Please describe any types of quality assurance or monitoring initiatives that have been implemented in your area. What could be done to reduce fraud and agencies errors?

12. Do you have additional comments or information that you would like to share?

APPENDIX – F
COUNTY SHADOWING TOOL

Case Manager Activity Shadowing Tool (Interviews)

	On System	Off System
TIME: _____ TO _____ 5 10 15 20 25 30 Time Bar ||||| ||||| ||||| ||||| ||||| ||||| **JOB ACTIVITY COMMENTS: INTAKE/REVIEW/ PROVIDER INTERVIEW (Circle One)** **CC**= Childcare Program **T**= TANF Program **F**= FS Program **M**= Medicaid Program **CPS**= Child Protective Services Program (Circle Applicable Programs to Indicate Type of Intake/Review)		
Prepare for Client Intake/Review: (Describe Activity)		
Intake/Review Process with Client Present (Describe Activity)		
Manual Forms Completion Type of Form(s) _____ Type of Form(s) _____ Type of Form(s) _____		
System Down/Data Entry Problem/Resolution Time Type of Problem _____		
Supervisor/Co-worker/Clerical (Circle One) Consultation During Interview		
Fax/Copier / Printer Time (Circle)		
Phone work: Call Out/Call In (Circle and Describe) Call In/Call Out _____ Call In/Call Out _____ Call In/Call Out _____		
Contact Other Agency/Collaterals (Name)		
Breaks/Personal Time During Interview		
Other (Describe)		
(Must equal time span at top of sheet) **TOTAL MINUTES**		

COMMENTS: **CC**= Childcare Program **T**= TANF Program **F**= FS Program **M**= Medicaid Program **CPS**= Child Protective Services

GovConnect

Case Manager Activity Shadowing Tool (Non-Interviews)

TIME: _____ TO _____ Time Bar	5 |||||	10 |||||	15 |||||	20 |||||	25 |||||	30 |||||	On System	Off System
JOB ACTIVITY COMMENTS: NON-INTERVIEW								
View E-mail/Other – Comments:								
Changes in Client Circumstances – Comments								
Inquiry via System – Type of Inquiry: _____ Type: _____ Type: _____								
Data Entry_____ _____								
Supervisor/Co-worker/Clerical (Circle One) Consultation _____								
Manual Forms Completion- Type of Form(s)_____ Type of Form(s) _____ Type of Form(s) _____								
Phone work: Call Out/Call In (Circle and Describe) Call In/Call Out _____ Call In/Call Out _____								
Fax/Copier / Printer Time (Circle)								
Breaks/Personal Time								
Other (Describe)								
Other (Describe)								
(Must equal time span at top of sheet) **TOTAL MINUTES**								

COMMENTS: **CC**= Childcare Program **T**= TANF Program **F**= FS Program **M**= Medicaid Program **CPS**= Child Protective Services

APPENDIX – G
COUNTY WALK-THROUGH GUIDE

GA CAPS BPR Project
County Walk-Through Interview Guide

1. Walk us through your processes. What happens when: (Applications and Inquiry, On-going Case Management, Provider management and/or Invoicing, Communication with colleagues and others, Claims, etc.)?

2. A. Tell us about the child care training you received when you started with CAPS.
   B. What additional training have you received?

3. A. What are your reporting responsibilities?
   B. What reports do come to you?
   C. How do you use them?

4. Why is this program important?

5. What in your job is working well and should not be changed?

6. Where do you need the most help for what is not working so well?

APPENDIX – H
CAPS FLOW CHARTS

Legend

These descriptions represent the objects utilized in the drawings on the following pages.

New Data ----------------
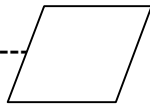
Decision ---------------
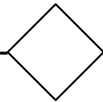
Document -------------

Manual Input ----------

Manual Operation ----

Preparation -----------

Process ----------------

Stored Data -----------

CAPS BPR Project "As Is" Process Charts

Application Process Chart

Application Process Continued and Case Review Process Chart

MAXSTAR

Non-MAXSTAR

File application, certificate and eligibility screen prints in case file

File eligibility screen prints, printed application and certificate in case file

Form 452 - Contact Sheet or Word Documents for Case Notes

Form 452 - Contact Sheet or on-line Case Notes

Case Reviews determined by:
Logs
Card Files
Desk Calendar
Word Documents

Eligibility Case Worker from Form 713

SUCCESS Data

Case filed

Case closed and filed

Case Closed

NO

Customer Eligible

Eligibility Screen Prints and Wage Verification

Customer Eligible

NO

MAXSTAR Data

YES

YES

Case Activity Log

Form 62

Forms 62, 713 / 492, 452 in case file

After Form 62 returned from customer within 10 days, Form 713 and/or 492

Form 62 mailed to customer and provider

Case Activity Log

Eligibility Case Worker from Form 713

SUCCESS Data

MAXSTAR

Case Recertification Process Chart

Non-MAXSTAR   MAXSTAR

Case Re-certification
determined by:
Logs
Card Files
Desk Calendar
Word Documents

Case filed

Eligibility Screen
Prints and Wage
Verification

Case
Closed

Case closed
and filed

NO   Customer
Eligible   NO

MAXSTAR
Data

YES

Form 77 -
Certificate

Case
Activity
Log

Form 62

Printed
Certificate

Forms 62, 713
/ 492, 452 in
case file

After Form 62
returned from
customer within
10 days, Form
713
and/or 492

Certificate for
provider or Form
62 given to
customer

Case
Activity
Log

Eligibility
Case
Worker
from
Form 713

SUCCESS
Data

Provider Registration Process Chart

Provider Registration

MAXSTAR - CAPS Supervisor Performs Formal and Informal Provider Registration with Monitoring and Management performed by Maximus

Formal Provider Registration

Informal Provider Registration

For Centers and Group Homes - Complete W-9 and Civil Rights Compliance

Contact Vendor for rates and copy of registration and/or license

Same day Face-to-Face interview as eligibility customer

Create Vendor File and input Profile in Vendor List

Prepare Investigation Documentation:
- Photo ID
- Age Verification
- SSN
- W-9
- Form 59 - Care Brochure
- Form 58 - Criminal Background Check
- Fingerprint Card
- Criminal Records Check (CRC)

Send copies of FEI/TIN, W-9, Business License or Exemption Letter to In-House or Regional Accounting

Provider returns requested docs w/$24 Money Order

Provider attend Training for invoicing

Send CRC package with copies of SSN and W-9 to In-House or Regional Accounting

Create Vendor File and input Profile in Vendor List

Provider Invoicing Process Chart

Provider Invoicing

MAXSTAR - Maximus processes the provider invoices

Mail blank invoices and monthly due dates to providers

Providers mails invoices to local DFCS office that are distributed to CMs

CMs separate invoices by customer and/or UAS and validates providers signed and dated invoices

CM reconciliation:
- Under threshold, change invoice and notify provider
- Above threshold, notify provider with the new amount
- Change UAS code
- Reject invoices and notify vendor to re-submit

CM validates invoices to certificate for:
- SSN
- Child Name
- UAS
- Type of care
- Amount x # of weeks
- Verify calculations
- Parent Contribution
- Total Charge to DFCS

CM verifies each invoice is:
- Complete
- Any existing offsets
- Circle final invoice amount
- Initial, sign and date

Copy of each invoice filed in case file or provider file or monthly invoices file

Invoices are batched and sent to In-house or Regional accounting

For incorrect or missing Payments, CM will:
- Validate invoice filed
- Notify batcher
- Validate with accounting

Provider receives payment

APPENDIX – I
ANACRONYMS AND GLOSSARY OF TERMS

<u>*A*</u>
AE　　　　　– Agency Error
ALJ　　　　– Administrative Law Judge

<u>*B*</u>
BPR　　　　– Business Process Reengineering

<u>*C*</u>
CAPS　　　– Childcare and Parent Services
CCL　　　　– Child Care Licensing
CCRS　　　– Child Care Reporting System
CPS　　　　– Child Protective Services
CRC　　　　– Criminal Records Check
CRS　　　　– Client Registration System
CSE　　　　– Child Support Enforcement

<u>*D*</u>
DFCS　　　– Division of Family and Children Services
DHR　　　　– Department of Human Resources

<u>*E*</u>
ESSS　　　– Economic Support Services Section

<u>*F*</u>
FAQ　　　　– Frequently Asked Questions
FICM　　　– Family Independence Case Manager

<u>*I*</u>
IE　　　　　– Inadvertent Error
IPV　　　　– Intentional Program Violation
IVR　　　　– Interactive Voice Response

<u>*L*</u>
LAN　　　　– Local Area Network
LOB　　　　– Line of Business

<u>*M*</u>
MAXSTAR　– Provider Management and Payment System
MAXIMUS　– Provider Management Vendor
MS　　　　　– Microsoft

O

ORS	– Office of Regulatory Services
OSAH	– Office of State Administrative Hearing
OSHA	– Occupational Safety and Health Administration
OSR	– Office of School Readiness

P

PC	– Personal Computer
Pre-K	– Pre-Kindergarten

R

R&R	– Child Care Resources & Referral Agency

S

SOP	– Standard of Promptness
STARS	– Child Support System
SUCCESS	– DFCS Eligibility Verification System

T

TANF	– Temporary Aide to Needy Families

U

UAS	– Uniform Accounting System