

Santa Clara County Benefits Service Center Task-Based Model: Recommendations for Alameda County

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EXECUTIVE SUMMARY

The Affordable Care Act will bring an additional 70,000 individuals to Alameda County Social Services Agency (ACSSA) to enroll into health insurance. In order to meet the needs of this newly eligible population and to address the existing workload issues, ACSSA must examine the current case-based business model that is utilized in the Adult, Aging and Medi-Cal Services (AAMS) department, and consider moving to a task-based business model. ACSSA AAMS also needs to examine the current staffing classifications and determine if the internal structure and utilization of staff has become a barrier to an effective and efficient service delivery model.

Santa Clara County Department of Employment and Benefits Services (DEBS) uses a task-based business model environment that began in 2004 and has evolved to include intake and ongoing case maintenance of CalWORKs, CalFresh, and Medi-Cal programs.

This case study makes recommendations for ACSSA AAMS, based on an analysis of the task-business model currently being utilized at the Santa Clara County Benefits Service Center (BSC) and to examine its ability to serve as a model for the AAMS department. This case study also compares and recommends how best to organize and utilize staff based on the Santa Clara County BSC business model.

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Introduction

The mission of ACSSA is to promote the economic social well-being of individuals, families, neighborhoods and communities. However, due to the increase in Medi-Cal and CalFresh cases, the AAMS department has been unable to meet the caseloads' processing requirements in a consistent or efficient manner. Compounded by the caseload issues, limited staff, and the financial implications of budgetary cuts, ACSSA is faced with the challenge of doing more with less. The AAMS department processes Medi-Cal and CalFresh applications and renewals for eligible county residents. Currently, Alameda County serves approximately 86,000 Medi-Cal cases and 53,000 CalFresh cases.

Although other California counties are plagued by high caseloads and limited staff, the lack of a business model that tracks and assigns work on a needs-basis magnifies the problems for Alameda County. The other factors that exaggerate these problems for Alameda County are the staffing classifications and classification protocols that prevent the fluid movement of staff to meet the needs of the workflow.

Santa Clara County was selected for this case study because the BSC has a task-based service delivery model that is effective and efficient, utilizing data to determine performance goals and staffing levels. The BSC has processes and workflows that can be easily adapted and may provide a resolution to the AAMS department's caseload maintenance problems.

Lastly, Santa Clara County was selected because the BSC task-based business model indicates that the key to a successful service delivery model is not to do more with less, and illustrates how health and human services agencies can do more by doing it differently.

Background

In 2004, the County of Santa Clara Department of Employment and Benefits Services (DEBS) moved to a task-based business model opening the Medi-Cal Service Center, which had no client contact. In 2009, CalFresh cases were added to the Medi-Cal Service Center, and existing service center staff were retrained on CalFresh eligibility.

In 2011, DEBS expanded the tasked-based business model and opened the Benefits Service Center (BSC), making enhancements to the existing task-based business model to improve the efficiency and effectiveness of the case maintenance operations.

The BSC facility is co-located with the Assistance Application Center (AAC), and serves as a centralized hub for intake and continuing services for Santa Clara County residents. The AAC is responsible for processing intake applications for all aids (CalWORKs, CalFresh and Medi-Cal). The BSC is responsible for providing case maintenance for ongoing Medi-Cal and Non-Assistance CalFresh cases. The AAC and BSC both operate a call center.

The main functions of the AAC and BSC are operating a call center and performing tasked-based case processing and management. The AAC and the

BSC use task management software and telephone technologies to manage staff and assign work. The CISCO telephone system is used to manage and track the assignment of customer calls. For case processing, management, and the assignment of tasks, the AAC and BSC use a Task Management Tool (TMT), which is a task scheduling system.

The TMT was developed by Santa Clara County staff and utilizes the Computer Associates (CA) Service Desk (IT Help Desk) ticketing methodology to generate/create tasks. The BSC uses version I of the TMT, and AAC uses version II of the TMT.

The TMT ensures the following:

- Clerical and supervisory staff have the ability to concurrently assign tasks
- Eligibility staff have the ability to self-assign task
- Staff have the ability to search for tasks that have been assigned
- Staff have the ability to mark tasks as completed or closed
- Managers have the ability to review statistical data of tasks (assigned or completed) during a specific time frame
- Performance reports are generated based on defined goals

Staffing the BSC and AAC in Santa Clara County Department of Employment and Benefits Services

Santa Clara County's BSC is staffed by 357 employees, which include Eligibility Workers (II/III), Eligibility Worker Supervisors, Social Services Program Managers (II/III), Office Support Clerks, Office Specialists (II/III), Clerical Office Supervisors, and Management Analysts.

The BSC has six clerical teams that consist of the following staff:

- 2 Clerical Managers
- 13 Customer Service Technicians
- 2 Office Specialist III (both are OS III Leads)
- 19 Office Specialist II
- 1 Stock Clerk

Clerical staff at the BSC assign tasks using the TMT. The clerical team members are also responsible for sorting mail, imaging documents using the Integrated Document Management (IDM) system, and other clerical related duties.

The BSC has 31 eligibility units performing task-based functions. Each unit consists of 8 Eligibility Workers (EW), comprised of seven EW IIs and one EW III. The EW III serves in a lead capacity by assisting workers with interpreting regulations and completing the most difficult eligibility determinations.

The Santa Clara County AAC is staffed by 169 employees, with 53 providing clerical support. The classifications include the following: EW IIIs, Eligibility Worker Supervisors, Social Services Program Managers (II/III), Office Support Clerks, Office Specialists (II/III), Clerical Office Supervisors, and Management Analysts.

In the AAC, the intake unit configuration consists of 12 units performing task-based functions related to initial eligibility determinations. Each unit consists of eight EW IIIs. The EW IIIs assigned to intake determine eligibility for CalWORKs, CalFresh, and Medi-Cal.

Staffing the Alameda County Social Services Agency

Alameda County Social Services Agency was reorganized in 2011, splitting the Department of Workforce and Benefits Administration (WBA) into two separate departments. The Medi-Cal program and staff responsible for processing eligibility to the Medi-Cal program joined the Adult and Aging Department. This merger formed the AAMS department. WBA has the responsibility of determining eligibility for the CalWORKs, CalFresh, and General Assistance programs.

The AAMS and WBA departments within ACSSA are staffed as follows:

- 517 Eligibility Technicians (I, II & III)
- 72 Supervising Eligibility Technicians (SETs)
- 127 Eligibility Support Clerks (ESCs)

Eligibility Technician (ET) IIIs are specialist positions that require knowledge of eligibility requirements for all aid categories in both intake and ongoing or specialized employee caseloads. Currently, there is no caseload standard imposed for ET IIIs.

ACSSA eligibility staff consist of:

- 286 ET IIIs
- 202 ET IIs
- 29 ET Is

The AAMS department has clerical units located within each Self-Sufficiency Center. Clerical staff located within the AAMS department are responsible for eligibility support and other clerical related duties including mail, imaging documents, and answering phones. Although AAMS does not have a formalized call center, ACSSA has a call center.

The call center is the centralized hub for receiving calls, mail, and document imaging for ACSSA.

The call center staffing consists of two units of Eligibility Support Clerks (ESC) with a total of twenty-three ESCs, two Supervising Clerk IIs, one Supervising Clerk III, ten Clerk IIs in an Imaging Unit, two Supervising Clerk IIs, and one Supervising Clerk III.

The AAMS department has 14 Medi-Cal intake units that consist of eight ET IIs and ET IIIs who are responsible for processing 41 Medi-Cal applications per month.

In the AAMS department, there are 15 ongoing Medi-Cal units that consist of eight ET IIs and ET IIIs. ETs in ongoing units are assigned cases and are responsible for all ongoing case maintenance activities. ET IIs assigned to process ongoing eligibility have a case standard of 277 cases. The ET IIIs assigned to ongoing eligibility units do not have a case standard and currently have approximately 700 cases per worker.

As caseloads continue to increase, AAMS ongoing eligibility staff are faced with the challenge of how to manage the workload and still provide good

customer service and meet the performance standards issued by the Department of Health Care Services.

AAMS needs a viable option for a new service delivery model; the needs-based approach may be the solution.

Needs-Based Service Delivery Model

The needs-based or task-based service delivery model provides county health and human services departments the ability to increase staff efficiencies, staff work performance, and client access. The needs-based service delivery model is about process and priority management, while the traditional case-based service delivery model is about case management only.

There are two fundamental shifts in the needs-based service delivery model. The first is a business process change from a case-based to task-based system where customers are no longer assigned to an intake or continuing eligibility worker. The second fundamental shift is the reliance on technology to support the distribution of work and to open up access points for customers.

In the needs-based delivery model, the eligibility worker works in a team environment, and the work functions/tasks are divided equally amongst the team, ensuring the workload is equal.

The needs-based service delivery model allows a county health and human services department to become a service center where eligibility workers are able to complete interviews, make eligibility determinations, and act on reported changes through various access portals including online applications, phone, mail, fax, lobby, etc. This leads to the customer having a first-class experience because they receive faster and easier ways to obtain information and receive eligibility determinations.

Lastly, the needs-based service delivery model can change the culture of a county health and human services department by empowering staff and improving morale, improving processing times, using technology, and providing customers with a first-class experience.

The Santa Clara County-Medi-Cal Service Center

The Medi-Cal Service Center (MCSC) opened in 2004, and by 2008 had a total of 22 units including both Long Term Care (LTC) and Qualified Medicare Beneficiary (QMB) units located in the MCSC. The 22 units provided case maintenance services for Medi-Cal cases only. The cases at the MCSC were banked, and used the task-based business model to assign tasks rather than cases to EWs. The MCSC used TMT to assign and track tasks. The eligibility staff within the 22 units were assigned to two different functions at the MCSC:

- Outreach-answered phones at the call center
- Processing MC redeterminations, transitional Medi-Cal cases, and Mid-Year Status Reports (MSR)

By November 2009, CalFresh cases had been added to the MCSC, and by September 2010 the MCSC housed approximately 90,000 cases. In order to address the additional workload and backlog of tasks, the MCSC had to re-invent their current business processes.

The Santa Clara County-BSC

In June 2011, the IntelliBridge Partners Business Support and Consulting firm conducted a Time and Motion study at the BSC.

A Time and Motion study is a method of established employee productivity standards in which:

- A complex task is broken into small, simple steps;
- The sequence of movements taken by the employee in performing those steps is carefully observed to detect and eliminate redundant or wasteful motion; and
- Precise time taken for each correct movement is measured

From these measurements, production and delivery times can be computed and a business process devised.

The IntelliBridge assessment determined performance goals/productivity standards for eight

primary tasks. These tasks include processing the following case-related activities:

- CalFresh Recertifications
- CalFresh Verifications
- Medi-Cal Redeterminations
- Medi-Cal Verifications
- Medi-Cal Mid-Year Status Reports (MSR)
- CalFresh Quarterly Report (QR-7)
- Transitional Medi-Cal
- Add-a-person requests

The IntelliBridge assessment also found several issues that increased task time, including:

- Unclear or poorly filled-out forms from customer, which was the strongest factor increasing tasks times
- Additional training for staff in CalFresh eligibility, which was the strongest factor to decrease task time

Based on their assessment, IntelliBridge provided 11 recommendations to improve task processing times and reduce call volumes, including a change to the existing task-based model.

The BSC management formed a business process workgroup in October 2011 to review the feasibility of implementing a pilot based on the IntelliBridge recommendations to transition to a task-based system, including assigning pools of cases to smaller work units; providing each work unit with a specified number of cases; and maintaining all case-related activities through a task-based system within each unit.

In March 2012, the caseload pilot started with three units at the BSC. In June 2012, two additional units were added to the pilot.

The units consisted of eight EWs and one EW Supervisor. The EWs in the pilot were all Combo Workers, meaning they worked MC and CalFresh cases. Each EW had a two-hour phone shift with rotation of work assignments. These units were assigned cases by language, using the following formula:

- Percent of language case at the BSC is the same percentage in the unit (e.g. if the total number of Spanish cases at the BSC is 25%, the unit with Spanish-speaking EWs would receive no more than 25% Spanish-speaking cases).

Cases were also assigned to the units based on the Medi-Cal redetermination due date. Assigning cases in this manner assisted with ensuring cases were assigned equitably.

Within the caseload pilot, 15 tasks were given priority and the unit supervisor managed daily work assignments by priority. The supervisors either used the TMT listing to assign work to the EW, or gave the EW the listing to self-assign.

In September of 2012, the caseload pilot unit structure business process model was rolled out to all units at the BSC.

Successes and Challenges

Santa Clara County has realized more efficient and effective business processes with the transition to a tasked-based service delivery model with pools of cases assigned to smaller work units. Task processing times were improved and call volumes were reduced. BSC management also found that this new unit structure:

- Encouraged team work
- Built accountability for EWs and supervisors
- Created a new “culture of ownership”

Prior to the new unit structure, the BSC had a backlog of pending tasks. With implementation of the smaller work units and other improved business processes, the BSC was able to substantially reduce the number of pending task to 20 pending tasks per day.

The BSC management team also learned that allowing staff to have input in business process workflows leads to more engaged, supportive, and productive staff. As a result, Santa Clara County EWs are always eager to transfer to the BSC.

Another key to the success of the BSC is the use of technology to manage and track work, and to develop reports in order to monitor productivity. The BSC uses CalWIN, TMT, and other data systems to create queries using Business Objects. The queries generate reports to monitor the number of tasks assigned or completed, the number calls received, and the number cases within each unit. These technological advances have proven to be instrumental in the task-based business process model.

Conclusion

As caseloads continue to grow, most if not all California counties have transitioned to service centers and the task-based service delivery business process model. The majority of the counties report that the move from case-based maintenance to task-based case maintenance has improved business processes. In most instances, customer service and employee morale have been positively impacted as well.

Santa Clara County is operating a very efficient task-based service delivery business model. The overall business operation is well organized. The BSC is managed using well thought out and documented business processes, workflows, and protocols. The use of the TMT has allowed the BSC management team to track, assign, and monitor the workload, ensuring that the quantity of work is equitable and that the quality of work is not compromised. The use of the CISCO telephone software has enabled the BSC management team to view and document call volumes, and to make the necessary scheduling adjustments to ensure clients are not negatively impacted due to high call volumes.

Santa Clara County DEBS BSC has taken the concept and guiding principles of the task-based service delivery business model and refined the process, ensuring that there is an improvement in staff efficiencies, staff work performance, and client access.

Recommendations

With the implementation of the ACA, it is an opportune time for the Alameda County AAMS department to pilot a Medi-Cal Service Center using a task-based business model. Alameda County's transition to a task-based service center has the ability to:

- Better handle the increased demand for services,
- Become customer service focused,
- Reduce lobby traffic and improve lobby experience,
- Leverage new technology such as Benefits CalWIN (BCW), kiosks, and Task Management Tools, and
- Improve employee morale

It is recommended that the ACSSA AAMS department pilot a Medi-Cal Service Center where Medi-Cal and Combo CalFresh cases are banked, use the classification of ET II to staff the Service Center, and use the task-based business model to manage these cases.

It is also recommended that the ACSSA AAMS department pilot use ET IIIs for intake. Traditionally in Alameda County, the classification of ET III indicates that the staff person is knowledgeable in all aid categories and is not held to a caseload standard or maximum. When the classification of ET III is used in intake versus district, it allows the department to accommodate more applications with the implementation of health care reform.

However, there are some challenges that will be associated with moving to a task-based service delivery model and opening a Medi-Cal Service Center. Some of the challenges to be considered are:

- **Labor** – It may be difficult getting the unions to agree to change the existing eligibility case processing and management standards and protocols.
- **Space Limitations** – Alameda County has very limited space for eligibility staff. Implementing a pilot may not be a true reflection of the needed space to accommodate staffing a Medi-Cal Service Center.

- **Cost** – The initial costs to open a Medi-Cal Service Center would be high, and include the following:
 - Purchase of a Task Management Tool (TMT) software
 - Purchase of imaging equipment, if the existing equipment is not compatible with other technologies
 - Rental or purchase of facility
 - Additional office equipment
- **Staffing** – Some staff may be resistant to change, and all staff will require training on service center protocols.

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